

## Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (\*), which are mandatory and require a response.

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1A-1. CoC Name and Number:** IA-502 - Des Moines/Polk County CoC

**1A-2. Collaborative Applicant Name:** City of Des Moines

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Institute for Community Alliances

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	No
EMS/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	No	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

<b>Other:(limit 50 characters)</b>		
Universities	Yes	Yes
Business Organizations	Yes	Yes
Philanthropic Organizations	Yes	Yes

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)**

Strategies used by the Polk County Continuum of Care (PCCoC) to solicit and consider opinions of others interested in preventing/ending homelessness include (a) Monthly meetings of the 24 member PCCoC board (CoCB) and 9 CoCB committees where public comment is sought to gather input before final decisions are made. The majority of members on each of the 9 committees are non-CoCB members. (b) The CoCB has formed separate work teams, which meet monthly, to implement and monitor strategies in key areas to prevent and end homelessness. These four work teams focus on the areas of centralized intake, ending veteran’s homelessness, ending chronic homeless, and diversion. (c) As a result of the CoCB’s submission of a HUD youth demonstration grant in 2016, a Youth Advisory Board has been formed which meets monthly and provides input into strategies addressing youth homelessness. This board is made up of youth agency representatives, and advocates as well as current and formerly homeless youth. (d) The Directors Council, comprised of CoC funded and non-CoC funded homeless services and housing agencies, legal aid, VA, State of Iowa, Des Moines HUD field office, local PHA, & other agencies; meets monthly providing comment and advice to the CoCB on planning, policies, strategies and initiatives to reduce homelessness.

**1B-2.Open Invitation for New Members. Applicants must describe:  
 (1) the invitation process;  
 (2) how the CoC communicates the invitation process to solicit new members;  
 (3) how often the CoC solicits new members; and  
 (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.  
 (limit 2,000 characters)**

The membership of the Polk County Continuum of Care is open to all community stakeholders who are interested in preventing and ending homelessness in Polk County and willing to engage in and support the work of the Polk County Continuum of Care. Solicitation of new members is a standing item on CoCB's monthly agenda. In January and July of each year, the PCCoC holds membership meetings, in part, to solicit new members. Invitations and announcements are posted on the PCCoC’s website as well as sent to existing PCCoC/CoCB members, service providers (HUD- and non HUD- funded) and local government officials with a request to post and circulate within their networks. Special outreach was done prior to the June 2018 CoCB meeting to

fill vacancies on the CoCB resulting in the addition of representatives in the categories of Legal (legal aid), Health and Provider (community-based healthcare provider), substance abuse treatment (non-profit substance abuse program), Education/K-12/Youth (Local Education Agency), and Housing Authority (local PHA).

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)**

The PCCoC has a two-step CoC application process. The first step is the submission of a Letter of Interest (LOI) from agencies wishing to have new and/or renewal projects considered for submission to HUD. The LOI release announcement was sent out on April 13, 2018 to PCCoC/CoCB members and on April 17 2018 to service providers (HUD- and non HUD- funded) and local government officials with a request to post and circulate within their networks. The LOI release announcement was also posted on the PCCoC’s website on April 13, 2018. Two organizations that have not previously received CoC Program funding, Central Iowa Shelter & Services and the Children and Families of Iowa, Domestic Violence Services, responded to the LOI. Notice of the open meeting to learn about the application process was sent to PCCoC/CoCB members, services providers, and local government officials on June 29, 2018. The announcement of the open meeting was posted on the website calendar on July 2, 2018. On July 16, 2018, the application forms for new and renewal projects were released and an open meeting was held, for those agency’s whose LOIs were approved, to learn more about both the local and HUD CoC application processes.

# 1C. Continuum of Care (CoC) Coordination

## Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

**1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:**  
 (1) consulted with ESG Program recipients in planning and allocating ESG funds; and  
 (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.  
 (limit 2,000 characters)

(1) The PCCoC & City of Des Moines (local ESG recipient) have formed an Integrated Grant Committee (IGC) composed of city staff & CoCB Grant Committee. IGC functions include: Setting priorities, informed by HMIS data, for ESG-eligible

activities to be funded & the % of total ESG allocation designated to each eligible activity; Determining performance evaluation standards for ESG-funded activities, based on HUD criteria & PCCoC objectives, & evaluate ESG-funded programs as part of the local application review process; Reviewing subrecipient application requests & recommending to the CoCB projects for funding, (to be approved by Des Moines City Council). (2) CoCB and city staff met on August 9, 2017 to discuss the development of the city's 2018 Annual Action Plan. CoCB staff provided materials on the CoCB's updated governance charter, committees, CI policies and procedures and performance measures for ESG grantees. City staff have an established relationship with HMIS lead and obtained PIT and HIC data directly from them. On 9/8/17, CoCB ED responded to a list of questions posed by city staff to obtain information and data for the city's 2018 Annual Action Plan. On 9/26/16, CoCB ED met with City of WDM staff & in subsequent communication provided requested materials and data for 2018 Annual Action Plan. This type of communication, which will occur again over the next month, is the principal way the PCCoC ensures that local homeless information is clearly communicated and addressed in the City of Des Moines and City of WDM's ConPlans.

**1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?** Yes to both

**1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?** Yes

**1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:**

- (1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
- (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.**  
**(limit 2,000 characters)**

(1)Victim service providers are not required to use CoC Centralized Intake (CI) process but may do so. CI staff and outreach workers who engage persons self-identifying as domestic violence, dating violence, sexual assault, &/or stalking survivors (Survivor) immediately contact Children & Families of Iowa's Domestic Violence Services (DVS). If needed, DVS transports to the domestic violence shelter. If DVS program is full, DVS & CI staff identify & transport the household to another domestic violence shelter. All data collection adheres to VAWA. All CFI-DVS advocates, ESG & CoC-funded RRH staff & CoC-funded PSH, TH-

RRH & SSO-CI staff are trained, & incorporate trauma-informed & victim-centered practices with Survivors. September 10, 2018, CoCB adopted a policy to implement VAWA provisions (24 CFR Part 5, Subpart L & 81 FR 80798) in CoC & ESG-funded housing programs. The policy includes an Emergency Transfer Plan (attached) that CoC & ESG-funded housing programs are implementing. (2) To insure continued Survivor safety & privacy, those seeking assistance at CI are given a choice about potential referral to DVS, the central point of intake for individuals who make that choice. DVS is the only DOJ & HHS funded dv shelter & services in Polk County. HHS & ESG funds are used to provide RRH. When survivor is no longer in danger, DVS may refer them to an ESG or non-ESG funded shelter. DVS assesses safety of survivor before making referrals to CoC-funded RRH & PSH programs. The variety of housing options ensures minimally resourced dv survivors can obtain housing. DVS will continue to provide services & make referrals for legal & mental health care. Re-traumatization is minimized by allowing Survivors to make choices re: housing & services that best meet their needs. DVS informs CI staff of amenities & areas to avoid, ensuring safety in housing placement. When moving to non-dv shelter & housing, clients maintain choice re personal information being entered into HMIS.

**1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)**

At least annually, staff from Children and Families of Iowa, Domestic Violence Services (DVS) provide training on best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. The next training will occur at the October 17, 2018 Service Council meeting. The Service Council is comprised of front line staff from HUD and non-HUD funded programs. Informal training on specific dv issues, safety and barriers to housing occurs on a daily basis through conversations between DVS and CI staff re: referrals for shelter, housing and services. On an as-needed basis, shelter & housing staff reach out to DVS staff with questions specific to dv survivors currently being served in their programs.

**1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)**

In January of 2017, Iowa launched the Domestic Violence Information Management System (DVIMS) under the direction of Iowa Finance Authority (as State ESG Grantee) and in coordination with the other two Iowa CoCs. This network is provided by the Iowa HMIS Lead agency, and is a separate implementation of the same tool used for HMIS. Client information is entered by a method that creates a unique client ID, but scrubs personal identifiers from the record. This allows DV system-wide reporting for ESG CAPERs, and CoC APRs and fully supports the report upload functions required by both systems. Prior to that time, the DV providers in Iowa were not utilizing any consistent comparable data base that would provide useful data. As part of the process for



determining the priorities and ranking for the 2018 PCCoC competition, the CoCB Grant Committee obtained VI-SPDAT data from DVS, the central point of intake for survivors and/or persons fleeing domestic violence, dating violence, sexual assault, and stalking. This data, which quantifies the need for RRH and PSH for this population, was the principle reason RRH and PSH for survivors and/or persons fleeing domestic violence, dating violence, sexual assault, and stalking was ranked as the #1 priority for the 2018 PCCoC competition.

**1C-4. DV Bonus Projects. Is your CoC Yes  
 applying for DV Bonus Projects?**

**1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.**

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input type="checkbox"/>

**1C-4b. Applicants must describe:**

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;**
- (2) the data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**  
**(limit 2,000 characters)**

(1) 871 (2) Data source is the comparable database Domestic Violence Information Management System (DVIMS) utilized by Children and Families of Iowa, Domestic Violence Services (DVS). DVS is the central point of intake for survivors and the only program in the CoC's geographic area providing shelter and housing to domestic violence survivors. (3) DVS has established internal controls to track and manage data collections efforts through the DVIMS data tracking system. DVIMS is a comparable database that utilizes all required HUD data elements for ESG/CoC grantees and tracks all victim service providers clients served.

**1C-4c. Applicants must describe:**

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
- (2) data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**  
**(limit 2,000 characters)**

(1) 1,149 (2) Data sources are Children and Families of Iowa, Domestic Violence Services' (DVS) internal data system. (3) DVS has established internal controls to track and manage shelter, outreach and VI-SPDAT data collection efforts through an internal data base. Data is entered at the first point of contact; crisis line for shelter or through contact with an Outreach Advocate. Documentation of housing need based on Family VI-SPDAT range was

collected by DVS using the same Family VI-SPDAT tool as used by Centralized Intake. Data is combined into a master data and duplicated on a monthly basis.

**1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:**

**(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**

**(2) quantify the unmet need for housing and services for DV survivors;**

**(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**

**(4) describe how the CoC determined the unmet need for housing and services for DV survivors.**

**(limit 3,000 characters)**

(1) 35% have employment barriers (most often due to sabotaging behavior of abuser), and housing barriers (evictions due to domestic violence & survivor unaware of housing rights) and are recommended for RRH; 5% just needed to get away from the abuser and are not recommended for housing or support services; and 60% have multiple housing barriers (employment, housing, mental health, co-occurring disorders) and are recommend for PSH. (2) The unmet need for housing and services is 278 domestic violence survivors. (3) The comparable database Domestic Violence Information Management System (DVIMS) and DVS' internal data system. Both data collection systems were described in detail in 1C-4b and 1C-4c. (4) The need for housing and services quantified in 1C-4c. minus the number of survivors currently being served quantified in 1C-4b.

**1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)**

The unmet need for RRH for domestic violence survivors is estimated 97 people (35% of 278) – see 1C-4d (1). Children and Families of Iowa, Domestic Violence Services proposes to house and support 33 clients (29 in families and 4 individuals) utilizing 9 units of RRH with an average of 4 months of assistance. CFI will implement trauma-informed approaches to achieve its goals through interconnected service areas including substance abuse and mental health therapy, family counseling job training, and domestic violence services.

**1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:**

**(1) rate of housing placement of DV survivors;**

**(2) rate of housing retention of DV survivors;**

**(3) improvements in safety of DV survivors; and**

**(4) how the project applicant addresses multiple barriers faced by DV survivors.**

**(limit 4,000 characters)**

(1) Children and Families of Iowa, Domestic Violence Services' (DVS) rate of housing placement of DV survivors is 95%.

- (2) DVS's housing retention rate is as follows:  
 % who retained housing for six months: 70%  
 % who retained housing for 7 months to a year: 50%  
 % who retained housing for 13 months to 2 years: 25%

(3) Those experiencing homelessness, in addition to family violence, are at risk for re-victimization resulting in complex trauma. Survivors are less likely to go back to the abuser when they are housed in safe, affordable housing. The degree of choice available using a Housing-First model assures survivors that their housing will be safe. The housing will be tailored to their needs such as location, secured entrances, level of crime and other amenities that create a safe environment for the survivor.

(4) Case management plans are developed with each family. The case manager/advocate utilizes the self-sufficiency matrix and information gained from the VI-SPDAT as a baseline for self-sufficiency planning. These instruments help the family and case worker/advocate to identify strengths, areas of risk and barriers to housing. Once the case plan is developed it becomes the roadmap for moving forward. CFI implements trauma-informed approaches to assist survivors in achieving their goals through interconnected service including substance abuse and mental health therapy, in-home family counseling, job training services and overcoming barriers created by the abuser such as poor credit and/or rental history.

**1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:**

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Des Moines Municipal Housing Agency	17.11%	Yes-HCV	Yes

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

**1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has**

**taken to encourage the PHA to adopt such a policy.  
 (limit 2,000 characters)**

Not applicable

**1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?** No

**1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)**

CoCB staff have done an assessment of all HUD-funded programs to ensure their facilities are designed to address the needs of LGBT persons. The assessment revealed that the highest proportion of LGBT persons are youth and singles and that HUD-funded programs were already addressing their needs by providing equal access to facilities, benefits and services. Staff at Iowa Homeless Youth Centers receive regular training on working with LGBT clients. All CI staff have been trained in working with LGBT clients and action to take if a referral is rejected due to an individual being LGBT. Staff from One Iowa, a statewide LGBTQ organization that preserves and advances equality for LGBTQ individuals, will be a part of the PCCoC's next Equal Access training to discuss cultural competency on LGBT issues. This training will be required for all front-line staff at CoC and ESG-funded programs.

**1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.**

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

**1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**1C-8. Centralized or Coordinated Assessment System. Applicants must:**  
**(1) demonstrate the coordinated entry system covers the entire CoC geographic area;**  
**(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;**  
**(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and**  
**(4) attach CoC’s standard assessment tool.**  
**(limit 2,000 characters)**

(1) On 6/12/17, CoCB approved revisions to CI Policies & Procedures (CIP&P) to meet requirements of 24 CFR 578.7(a)(8). CIP&P state: 2.1 “All people in the CoC’s geographic area have fair and equal access to the coordinated entry process ... “ & 2.2 “People in all populations and subpopulations in the CoC’s geographic area, ... are assured to have fair and equal access to the CI process.” (2) CI staff & others distribute CI information cards to people experiencing homelessness. Weekly street outreach by PHC ensures all homeless have access to CI services, with intakes completed at camps or by transport to CI location. PHC staff coordinate outreach services & engagement with other street outreach programs. Outreach occurs weekly at meal sites throughout Polk Co. CI provides English & Spanish flyers about CI to Polk Co. to hospitals, fire & police departments, EMS, schools, churches/other community groups. CI staff meets with community stakeholders twice a year to educate about CI & regularly attend meetings with other community providers to ensure understanding of CI services and how homeless households can access services. (3) Each of the attached VI-SPDAT tools, with questions pertaining to vulnerability & severity of need, generate a score that informs CI staff of the most appropriate housing intervention. CI staff maintain a priority list for housing intervention & shelters and prioritize referrals based on this score. If a housing intervention corresponding to the score has no openings, the next lower housing intervention will be offered. CI staff keep apprised of open beds & units by daily contact with shelter & housing providers - speeding up referral process.

A person has 6 hours to respond, after being apprised of a shelter opening; 72 hours in the case of a housing intervention, or the next person will be contacted. When filling a chronically homeless PSH unit, the unit will only remain open 10 days before it is offered to the next highest priority person.

## 1D. Continuum of Care (CoC) Discharge Planning

**Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

# 1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

## Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:**

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

**1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:**

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

**(limit 2,000 characters)**

(1) A threshold requirement in the PCCoC project application is that applicants accept referrals only from the Centralized Intake (CI). CI uses the youth, family and individual VI-SPDAT tools to assess, prioritize and refer youth, families and individuals to the appropriate housing intervention or shelter. The needs and vulnerabilities considered in the VI-SPDATs include interactions with police, emergency rooms or crisis mental health services; current and past health problems or substance abuse; legal issues and criminal history; history of victimization, domestic violence, sexual assault and childhood abuse; chronic homelessness; low or no income; family composition including the number and age of children, the number of parents and pregnancy of female parent, the frequency of changes in household and the involvement with protective services. (2) The severity of need and vulnerabilities of program participants was incorporated in the aforementioned threshold requirement that programs requesting CoC funds receive referrals only from the CI. Thus, all CoC-funded programs must accept anyone within the population they serve regardless of severity of need and vulnerabilities.



**1E-3. Public Postings. Applicants must indicate how the CoC made public:**

- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
- (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
- (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

**1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.**

**Reallocation: No**

**1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects. (limit 2,000 characters)**

The CoCB adopted a Performance Monitoring Plan (PMP) on April 10, 2017. The intent of the PMP is to align housing and services with community needs and engage in resource allocation, including reallocating resources from exiting projects to new projects to meet new priority needs or to increase the project’s performance in meeting intended results. The CoCB’s executive director is responsible for implementing the PMP. She has worked with the HMIS-Lead on the development of a monitoring report which CoC-funded projects can access online and run for any time period. CoC-funded projects have been encouraged to run their report monthly. The metrics in the monitoring report include HMIS

data completeness; numbers of clients served and from where they came, permanently housed and exited clients, increased income: adult leavers and stayers; change in exits to PH destinations, and in exits to or retention of PH; and number and percent of CH served. The CoCB ED runs each program's report quarterly and works with the CoCB's Grant Committee to identify any consistently under-performing projects. Projects identified as under-performing are required to develop a Quality Improvement Plan (QIP) to be approved by the CoCB ED. Technical assistance also is a component of the QIP. It may be requested by the grantee in their QIP or recommended by CoCB ED following their review of the QIP. The project staff engages in quarterly monitoring with the CoCB ED for one year at the conclusion of which a determination will be made by the Grant Committee about QIP termination, continuation or reallocation of CoC funds.

**1E-5. Local CoC Competition. Applicants must indicate whether the CoC:**  
**(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**  
**(2) rejected or reduced project application(s)—attachment required; and**  
**(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.** Yes

**2A-1a. Applicants must:** 2018-19 MOU: Pages 3-5. Governance Charter: Pages 14 & 15  
**(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and**  
**(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).**

**2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.** Yes

**2A-3. HMIS Vender. What is the name of the HMIS software vendor?** Mediware (formally Bowman Systems)

**2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.** Statewide HMIS (multiple CoC)

**2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:**  
**(1) total number of beds in 2018 HIC;**  
**(2) total beds dedicated for DV in the 2018 HIC; and**

**(3) total number of beds in HMIS.**

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	418	60	358	100.00%
Safe Haven (SH) beds	14	0	14	100.00%
Transitional Housing (TH) beds	228	0	228	100.00%
Rapid Re-Housing (RRH) beds	112	10	102	100.00%
Permanent Supportive Housing (PSH) beds	550	0	550	100.00%
Other Permanent Housing (OPH) beds	185	0	185	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)**

The Polk County Continuum of Care is fortunate to have 100% bed coverage for all project types. Through continued collaborative planning and strong HMIS network support, we intend to maintain this level of coverage.

**2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?** 12

**2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** 04/20/2018

## 2B. Continuum of Care (CoC) Point-in-Time Count

### Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).** 01/31/2018

**2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).** 04/20/2018

## 2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

**Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.  
 (limit 2,000 characters)**

Our CoC did not change the implementation steps or methodology for the Sheltered PIT Count from 2017 to 2018.

**2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?** Yes

**2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.**

Beds Added:	19
Beds Removed:	29
Total:	-10

**2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count?** No

**2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.** No

**2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?** Yes

**2C-5a. If “Yes” was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)**

Iowa Homeless Youth Center (IHYC) was directly involved in the planning and execution of the street count and their staff along with youth volunteers made up one of the count teams that searched and surveyed on the night of the count. IHYC staff participated in training for the PIT event and provided input for the design of the mobile module used for street count PIT surveys. Youth with lived experience provided information and advice on potential known locations for youth and assisted by letting other youth experiencing homelessness that the count would be happening. The Polk County CoC has a youth advisory team - organized cooperatively with IHYC, the CoC Board, and community youth stakeholders (school district, Polk County, Iowa DHS) and this advisory board was also briefed on PIT count implementation plans.

**2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count: (1) individuals and families experiencing chronic homelessness; (2) families with children experiencing homelessness; and (3) Veterans experiencing homelessness. (limit 2,000 characters)**

(1) Expanded advertising for volunteers resulted in more volunteers which allowed for the creation of more survey teams than in 2017. Advertising was done through the CoCB, Directors Council, Service Council, United Way of Central Iowa and the Polk County Housing Trust Fund. More scouting of potential sites was done prior to the PIT, resulting in identification of new sites to send survey teams. The positive relationship with the City of Des Moines' Community Development Department enabled the PIT planning team to appeal to the City to hold off on a planned camp eviction until after the PIT. Thru the

use of conditional logic programing the HMIS Lead can calculate chronic status more accurately and quickly for individuals and families encountered in places not meant for human habitation via the online street survey tool. (2) This year, instead of just running a report on the day of the PIT for each shelter, transitional housing and permanent housing program in HMIS, and then incorporating that into the final count, telephone interviews also were scheduled on the day of the PIT. Each program was sent their report in advance of the PIT and asked to review it to ensure client data was current and correct, and to be prepared to explain any changes in their bed inventory. The HMIS online process was specifically designed to more easily report households with children, electronically linking members together for easier counting and inclusion in subpopulations. (3) Included on the PIT team were staff from the Central Iowa VA, encompassing their full range of programs. Each survey team had one representative from the VA. Our unsheltered online tool has specific sections designed to gather veteran supplemental data to better connect those veterans encountered in places not meant for human habitation with VA resources.



## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

#### **3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.**

Number of First Time Homeless as Reported in HDX.	2,696
---	-------

#### **3A-1a. Applicants must:**

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;**
- (2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)**

(1) A report on the primary and secondary causes of homelessness completed by the HMIS Lead combined with CI staff experiences while completing intakes, have identified economic crisis, family break up, the occurrence of domestic violence and co-occurring disorders as the major risk factors in a person becoming homeless. (2) CI works closely with non-CoC funded prevention services to meet the needs of people imminently at risk of homelessness. Clients in need of cash assistance for prevention or diversion are referred to General Assistance (GA) and to non-CoC funded assistance agencies. Referrals are made to Iowa Legal Aid & HOME, Inc. for legal counsel & tenant/landlord mediation. The CoCB formed a Diversion Work Team in November 2017 to research and make recommendations for development of a diversion program as a tool to reduce the occurrence of first-time homelessness. The work team will be making its recommendation to the CoCB at the November CoCB monthly meeting. (3) CoCB is responsible for overseeing these strategies.

#### **3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:**

- (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);**
- (2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;**
- (3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
- (4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time**

**individuals and families remain homeless.  
 (limit 2,000 characters)**

(1) The average length of time that individuals and persons in families remained homeless in 2017 was 65 bed nights. (2) CI Work Team has recommended exploring funding to hire a second housing navigator (HN) for CI. CI recently began a program funded by the Polk County Housing Trust that will pay for rental and/or utility deposits, utility arrears, or application fees that will reduce the amount of time persons in families and individuals spend searching and applying for these resources before they can move into housing. Increasing the available housing stock so individuals and persons in families can move out of shelter more quickly: Twenty more units of RRH and 13 more units of PSH are being requested in this application; Central Iowa Shelter & Services has submitted a grant to the Iowa Finance Authority for \$2.7 million in National Housing Trust Fund support to create 24 units of affordable housing for individuals experiencing homelessness; In January 2018, Anawim Housing informed the CI they had HOME-TBRA funds to house 15 individuals and persons in families experiencing homelessness. (3) Identification of individuals and families with the longest length of time homeless (LOT) homeless occurs through a variable in VI-SPDAT tools used by CI. LOT homeless and degree of vulnerability are the two most significant variables that determine housing placement & assistance from the HN. Concerted focus using by-name lists through the Mayor’s Challenge to end veteran’s homelessness and the Chronic Homeless Work Team where individual members of each team focus on housing one person at a time; Through a biweekly meeting of case managers from family shelters, RRH programs & CI staff where case counseling occurs to identify housing resources that families with longer length of stays can access to move out of shelter - this includes accessing the services of the housing navigator. (4) CoCB is responsible for overseeing these strategies.

**3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:**

- (1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and**
- (2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.**

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	29%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	91%

**3A-3a. Applicants must:**

- (1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**
- (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing**

**destinations.  
 (limit 2,000 characters)**

(1) CoC monitors exit destination rates on a provider & community level thru Community System Performance Dashboard, Agency Level Performance Dashboard & Program Monitoring Reports. The HMIS-Lead worked with CoC to establish a better & more standardized definition of permanent destination & for choosing the most accurate destination possible given all client factors. Permanent exits % are measured as part of the CoC renewal competition and the State ESG application process where thresholds are set to increase community performance. CoC focuses on reducing unknown destination error rates by including them in future CoC renewal performance metrics that will have a positive effect on placement. Programmatic strategies include: Quickly assess housing barriers so hard-to-house can be quickly referred to CI housing navigator; provide transportation assistance to view units; at shelter entry secure all documentation needed to complete housing applications, so application process is not impeded when housing is found; identify housing out of Polk County where housing is more affordable; Immediately work on increasing income through employment & application for all eligible public benefits. (2) Retain housing: Practice Harm Reduction & Housing First strategies to maintain housing; landlord negotiation on tenant's behalf; program staff assist tenants to clean and organize units as well as to facilitate monthly rent payments, referrals for outside agency supports, unit transfers when a tenant has burned a bridge with a landlord. Exit to other Permanent housing destinations: Utilizing Section 8; Increasing income through employment, assisting tenants in the development of realistic family reunification plans to insure family members are in fact expecting the tenant and are prepared for their arrival; Facilitate more appropriate housing interventions through nursing home placements or supported living situations. (3) CoCB is responsible for overseeing these strategies

**3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.**

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	11%

**3A-4a. Applicants must:**

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
  - (2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and**
  - (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.**
- (limit 2,000 characters)**

(1) The CoC utilizes the CI to identify trends and common factors in returns to homelessness. Families who return to homelessness within 12 months of a previous shelter stay complete a staffing with relevant providers to identify why they returned to homelessness and to create a plan for how they can return

quickly to housing. Households who re-enter homeless also complete another Centralized Intake, where staff better understand the household's re-entry and in the case of major life change, may re-administer the VI-SPDAT. The CI staff then reports any trends in reasons that households re-enter the system to the CoC. Additionally, the CoC has looked at client answers for primary reason for homelessness to better understand why they have entered the system. (2) Biweekly case reviews by 3 family case managers/CI staff ensure appropriate housing & services match. "Aftercare programs" utilized by 3 family shelters assist families to manage crises that might lead to homelessness return. Use of Critical Time Intervention case management, whereby the same case manager provides individualized case management services during the client's stay in emergency shelter and up to nine months after moving into housing. Outside 3rd party mediates appeal hearings of tenants receiving termination notices from PSH programs, with goal of achieving win-win outcome, preserving tenant's place in program. Developing diversion program to prevent reentry into the system (3) CoCB is responsible for overseeing these strategies.

**3A-5. Job and Income Growth. Applicants must:**

- (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;**
  - (2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
  - (3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.**
- (limit 2,000 characters)**

1) CoC's employment readiness assessment reviews client's work history, ability to work, & eligibility for cash & non-cash benefits at entry. Based on need, client is referred to mainstream employment organizations, given a list of employers who hire ex-offenders, & assisted with transportation. Among CoC employment partners are Iowa Workforce Development, Goodwill, Project Iowa, & the Evelyn K Davis Center for Working Families. Clients are also referred to training opportunities with Central Iowa Works (United Way), Des Moines Area Community College (DMACC), & Project Iowa. Eligible clients not receiving mainstream benefits are referred to Iowa Department of Human Services for eligibility assessment & to apply for cash assistance, food stamps, & healthcare. Clients are also connected to community services & classes for ELL & High School Equivalency Diplomas. Employers are educated about flexible corporate culture that supports & ensures employee retention. Clients not seeking employment due to disability may be referred to Iowa Voc. Rehab, Iowa Legal Aid or a community SOAR worker for SSI/SSDI applications or appeals. CoC providers have moved to implement workforce training. Iowa Homeless Youth Center is initiating (2019) a 3-month youth apprenticeship program to work at a roof top garden. It will enable youth to learn employment skills (including soft skills), create a work history, & earn funds to secure housing. A Central Iowa Shelter & Services (CISS) program, the Community Kitchen, trains & employs up to 15 clients each year. In the last year, 34% of adults leaving the homeless system increased their total income. 2) In addition to above programs, the CoC connects with employment/training organizations by including participation of United Way & DMACC on the CoCB. CISS & Project Iowa are co-located, allowing better collaboration for individuals experiencing homelessness. 3)

CoCB is responsible for overseeing the strategies to increase job & income growth.

**3A-6. System Performance Measures Data** 05/30/2018  
**Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)**

## 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

### Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
  - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	152
<b>Total</b>	<b>152</b>

**3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.** Yes

**3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.**

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Applicants must:**

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
  - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
  - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

(1) As part of CoC’s CI processes, CI case managers use the Family VI-SPAT to determine most appropriate housing intervention for families with children. The CI housing navigator (HN) has established relationships with 70 area landlords, some of whom can be counted on to accept families with children who have a criminal background, income below 3 times rent, or poor/no rental history. Families meeting above criteria & greatest length of time homeless are assisted first. Housing search is expedited by HN networking with landlord pool & presenting housing options instead of family looking for housing. RRH application processes are started immediately with support documentation accepted as household obtains them. Shelter case managers’ #1 priority is assisting parents(s) to gather documents needed to complete housing application. RRH & PSH case managers work closely with landlords to complete paperwork in a timely manner & with city inspectors to ensure inspection completion within 72 hours. Family shelter & RRH case managers meet biweekly with CI family case manager for case conferencing to assess & identify solutions to housing barriers. HN are unable to find landlords who will rent to households without income. Due to this barrier, CoC exploring strategies for additional support to shelter case managers in assisting parent(s) secure employment as quickly as possible. (2) RRH case managers meet with households at least monthly to review income & service goals and to identify solutions to barriers encountered in achieving goals. Referrals are made, as needed, for services that support the household to remain housed. HN & RRH case managers build supportive relationships with landlords & educate them on Housing First model. Landlords have direct access to HN & RRH case managers to address problems with tenants as well as to mediate between the landlord and tenant to avoid eviction. (3) CoCB is responsible for overseeing these strategies.

**3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.**

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>

CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.

**3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:**

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

**3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.**

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

**3B-2.6. Applicants must describe the CoC's strategy to increase:  
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and  
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.  
 (limit 3,000 characters)**

(1) In December 2017, the CoCB & Youth Advisory Board released the Ending Youth Homelessness Plan (EYHP). Over 35 organizations were involved in the EYHP's creation which includes both qualitative and quantitative analysis to capture the perspective, strengths & challenges that impact youth & the systems and strategies designed to support them. Strategies to increase housing & services for all youth experiencing homelessness include: (A) Increase number of employer-based partners who will commit to hiring and training youth and young adults. Iowa Homeless Youth Centers (IHYC) has just secured a 4 year-\$70,000/yr USDA grant to fund a rooftop garden as a workforce-training program. The three-month apprenticeship program supports homeless youth learning employment soft skills & obtaining permanent employment with wages sufficient to secure housing. This program will be



operational early next year, serving 12 youth in year one and 24 in years 2 through 4; (B) Expand housing resources for doubled up youth who do not qualify for housing under HUD eligibility. Development of a 36-unit low-income housing project, utilizing Low Income Housing Tax Credits (LIHTC), is in the initial planning phase. The project, a collaborative between IHYC, a local developer and the Des Moines Area Community College (DMACC), would be constructed on land at DMACC's urban campus. Supportive services, including a food pantry, mental health assistance, substance abuse assistance, and shared study space with a library will be located on the main floor. Per LIHTC regulations, youth transitioning from foster care will be atomically eligible for these units; (C) Expand RRH units-particularly longer term (12-18 months) to rapidly connect youth & young families experiencing homelessness to permanent housing, supportive services & financial support. In January of 2018, twelve units of rapid rehousing were added to the housing inventory exclusively available to youth experiencing homelessness, lessening pressures on existing emergency beds. Another six units of TH/RRH for young families will be operational in October 2018; (D) Explore resources to provide apartment application & deposit fees to young adults. On September 12, 2018, Primary Health Care began a financial assistance program funded by the Polk County Housing Trust Fund. The program will provide funds for application fees, rental &/or utility deposits and utility arrears to individuals, families & youth and young families who are literally homeless. (2) The above strategies are also intended to increase the availability of housing and services for youth experiencing unsheltered homelessness. A fifth strategy to increase services access for youth experiencing unsheltered homelessness - to expand the hours of services offered through IHYC's Youth Opportunity Center-occurred in March 2018. The Center's operation hours were increased from 5 to 7 days per week, allowing increased access to drop-in and outreach services.

**3B-2.6a. Applicants must:**

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
  - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
  - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

(1) 3B-2.6 strategies are accomplished with community partners & address specific measures, in most cases counts of youth served in the project, & various demographics. The PIT, especially the unsheltered count of youth, will be monitored in winter & summer to evaluate the projects' utilization & continued unmet need. In addition to standard elements, COC has made a community-wide commitment to use HUD's system performance measures. To that end, HMIS-Lead has developed community dashboards that came on line this year. The dashboards provide 3 levels of aggregation: community level dash (<https://www.icalliances.org/iowa-polk-dashboard>); agency level dash (<https://www.icalliances.org/agency-spm-dashboard>) compares performance across participating agencies; & a demographics dash (<https://www.icalliances.org/demographic-polk-2017>) compares populations. Youth populations can be compared re their contribution to the community-level system performance measures. (2) S1: Increase number of employer-based

partners who will commit to hiring & training youth & young adults is measured by tracking income of involved youth compared to non-participating youth, as well as cohorts from before project operation, using the demographic dashboard. We expect the agency-level dashboard to show improvement in related youth focused projects where the expansion of resources should relieve related pressures. S2: Expand housing resources for doubled-up youth, not qualified for housing under HUD eligibility, will be measured with counts of affordable units produced, & counts of units occupied, as reflected in changes evidenced in the housing inventory. It should also be reflected in the agency level dashboard by improving measures in related youth focused projects, reducing length of episodes for youth in emergency beds. S3: Measure efficacy of expansion of available RRH units will use traditional system performance measures & renewal of these COC funded projects will be subject to the usual competitive ranking process. It also is expected that a targeted expansion of housing inventory for youth specific beds will reduce length of episode of youth in emergency shelter, and while increasing exits to permanent destinations, also reduce returns to homelessness for that cohort. S4: Provide financial assistance to move into housing will be measured by tracking length of time homeless & successful permanent housing placement. S5: Expand hours of operation of Youth Opportunity Center should keep youth aged clients from seeking services at the adult focused emergency shelter. In an effort to segregate youth from adult & chronic homeless, evaluation of the effectiveness of this effort will track the proportion of youth being seen at the adult emergency shelter. The goal is that no youth enter the adult emergency shelter. (3) By utilizing established HUD performance parameters, the CoC will be able to fairly judge the effectiveness of the strategies we are implementing.

**3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:**

- (1) youth education providers;**
  - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
  - (3) school districts; and**
  - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

(1) The CoC executive director (ED) met with the state Head Start director in Sept. 2017 to explore how the CoC could partner with Head Start. He was referred to the director of Drake Head Start, the local Head Start program. The director of Drake Head Start attended the Oct. 2017 Directors Council meeting & made a presentation on early Head Start & Head Start. During ensuing discussion, several providers mentioned their clients don't use Head Start due to the fact that the half-time program creates transportation problems for working clients. The CoC ED left that position at the end of October 2017 & a new ED was not hired until April 2018. A priority of the new ED is to reconnect with the Drake Head Start director to continue the discussion started in October 2017. (2) Local service providers work with neighborhood school liaisons in Des Moines, Johnston, Southeast Polk, Urbandale & West Des Moines school districts in enrolling children & youth as well as arranging bus transportation. If necessary, they contact the district LEA to assist a family or unaccompanied youth to overcome barriers to enrollment & attendance. The neighborhood school liaison & district LEA will contact CI for assistance when a family experiencing homelessness, or imminently at risk of homelessness, has been

identified. The Youth Advisory Board, a subcommittee of the CoCB, has reached out to the SEA to develop a plan to engage the LEAs in three other metro schools currently not engaged. (3) Des Moines Public School District, where the majority of homeless children attend school, has a representative on the CoCB to ensure policies & practices are consistent with McKinney-Vento requirements. Local programs are invited to speak at trainings of school social workers & SUCCESS case managers (program serving at risk students) who are the local school staff most likely to encounter homeless children & youth. (4) Des Moines Public School District appoints a representative to the CoCB.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)**

In September 2016, the CoCB implemented a policy to ensure all children and unaccompanied youth are enrolled in school, or in early childhood programs, and are connected to appropriate education related services in the community. The policy states (a) At least one staff person in a CoC or ESG-funded program be familiar with parent and student rights under the EHCY Act; (b) Within 24 hours of entering a program, parents should be assisted in enrolling their children in school; (c) Any resistance met at the neighborhood school level should be immediately reported to the district LEA; (d) Ensure that when a family or unaccompanied youth exits a HUD homeless program, the parents know their rights under the EHCY Act extend until the end of the school year; (e) At least one time per year, the CoC shall convene a meeting of district LEAs and HUD funded homeless programs to discuss education and early childhood issues. A section entitled, Collaboration with Local School Districts, is included in the CoC local project application. It requires the applicant to certify that they have policies and practices that are consistent with, and do not restrict the exercise of rights provided under subtitle B of title VII of the Act (42 U.S.C. 11432, et seq.) and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness. The applicant is required to attach the policy to their application.

**3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visiting Program	No	No

Other: (limit 50 characters)		

**3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)**

The CoC's Veterans Crisis Response Team comprised of shelter providers, street outreach, PSH providers, staff of the VA Central Iowa Health Care System (including staff representing SSVF, VASH, GPD, & street outreach) meets monthly to work to quickly identify and house veterans. Our CoC HMIS Lead staff convene the meetings and provides all reporting. The work team utilizes a "by-name" list of all homeless veterans and provides the team with detailed information on length of time homeless and sheltered/unsheltered status. At each meeting, the team discusses each veteran on the list and reports on needed services, and progress to placement in permanent housing. Central Iowa VA staff enters client information and housing status directly into the HMIS network, which includes HUD-VASH and VA Street Outreach clients. The SSVF and GPD programs are also participating in HMIS to further enhance the thoroughness of reach and accuracy of reporting the housing status for each veteran. This team worked collaboratively to meet the criteria and benchmarks for ending Veterans Homelessness and achieved that goal in January of 2016. The monthly work team looks at the benchmarks each month to assure they continue to meet all criteria.

**3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?** Yes

**3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?** Yes

**3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?** Yes

**3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the** Yes

**provision or outcome of homeless assistance;  
 (2) if the CoC conducted an assessment, attach a copy of the summary.**

**3B-5a. Applicants must select from the options below the results of the CoC's assessment.**

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

**3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.**

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

## 4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

**Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
  - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
  - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
  - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

(1) Each case manager works with their clients consistently throughout enrollment to ensure they maintain benefits and apply for any new benefit for which they may qualify. Benefits include but are not limited to Polk County general assistance, public housing, TANF, SNAP, Medicaid, WIC, WIOA, unemployment, state of Iowa rent rebate, SSI and SSDI. Assistance is also provided when a client seeks their six-month Medicaid or SNAP renewal. Clients denied benefits, often an application for SSI or SSDI, are assisted in appealing the decision either with the case manager or a referral to Iowa Legal Aid. PCCoC promotes SOAR certification for staff of funded projects and program partners. PCCoC is exploring hosting a one-day SOAR Fundamentals refresher training for individuals who have completed the two-day in-person

Stepping Stones to Recovery training or the SOAR Online Course. (2) Three sub-committees of the PCCoC (Coordinated Services Committee, Director’s Council and Service Council) take on the responsibility of updating and informing project and program partners about changes in benefit options including SNAP, SSI/SSDI, VA, TANF and substance abuse programs. Short presentations, offered by representatives of public and mainstream groups, are part of the continuing education program. All information is forwarded to the PCCoC through posted minutes on the website and announcements during meetings. Representatives from the 2 Managed Care Organizations attend Service Council meetings (CoC agency staff- monthly educational & training), Coordinated Services Committee &/or CoCB meetings. (3) CoCB is responsible for overseeing these strategies.

**4A-2.Housing First: Applicants must report:**

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	16
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	16
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

**4A-3. Street Outreach. Applicants must:**

- (1) describe the CoC’s outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC’s geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

(1) Street Outreach is conducted by three agencies: Primary Health Care, Iowa Homeless Youth Centers and JOPPA. Outreach includes engaging people at the Polk County Jail, on the street, at free meal sites, in camps located in sparsely populated wooded areas and in apartments occupied by multiple youth. Every known location is documented and updated by cross talk between agency staff, with law enforcement and by word of mouth from persons already engaged. (2) Street Outreach is conducted over 100% of CoC’s geographic area. (3) Street outreach teams are out daily. Engagement with specific individuals occurs at least weekly and in some instances daily or multiple times a day depending on their needs and vulnerabilities. (4) Outreach staff are trained to engage people with cognitive disabilities, may connect a person to CI

for referrals on the spot with use of hand held tablets and by transporting the person (disabled and non-disabled) to CI, hospital or other services. Non-English speaking persons will be assisted by bilingual staff or by use of Language Line services. CI maintains a contact list of other resources so that barriers to communication, such as Sign Language are eliminated. Outreach materials are produced in English and Spanish and distributed to clinics, pantries, campsites, hospitals & school SUCCESS case managers.

**4A-4. Affirmative Outreach. Applicants must describe:**

**(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and**

**(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above. (limit 2,000 characters)**

(1) Since referrals for housing and support services come through the Centralized Intake, CI staff affirmatively market available housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap. The CI has a grievance process associated with referrals. If an individual or family encounters a condition or action that impedes fair housing choice when referred to a program for housing and/or services, they can appeal the decision through this grievance process. Both the CI and individual agencies make referrals to Iowa Legal Aid when a client or staff think fair housing rights have been violated. (2) The CI and all CoC and ESG-funded programs are required to post information about rights and remedies under fair housing laws in areas that are easily accessible and that are in languages common to those they serve. Non-English speaking persons are assisted by bilingual staff or by use of Language Line services. CI maintains a contact list of other resources so that barriers to communication, such as Sign Language, are eliminated.

**4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.**

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	148	112	-36

**4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve** No



**families with children or youth defined as  
homeless under other Federal statutes?**

## 4B. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:  
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	2018 PHA Letter	09/16/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	TAY-VI-SPDAT-YTH	09/16/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	2018 Application ...	09/16/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting - ...	09/16/2018
1E-4. CoC's Reallocation Process	Yes	2018 CoCB Realloc...	09/16/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notification of P...	09/16/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Notification of P...	09/16/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Public Posting-Lo...	09/16/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	HMIS CoC MOU and ...	09/05/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policies & P...	09/05/2018
3A-6. HDX–2018 Competition Report	Yes	2018 HDX Competit...	09/05/2018
3B-2. Order of Priority–Written Standards	No	2018 CoCB Priorities	09/16/2018

3B-5. Racial Disparities Summary	No	Racial Disparity ...	09/11/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No	VI-F-SPDAT-FAM	09/16/2018
Other	No	VI-SPDAT-Adult	09/16/2018
Other	No	Emergency Transfe...	09/16/2018

## **Attachment Details**

**Document Description:** 2018 PHA Letter

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** TAY-VI-SPDAT-YTH

## **Attachment Details**

**Document Description:** 2018 Application Scoresheet\_Final

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Public Posting - Local

Comp.\_Rate\_Rank\_Review\_Selection Criteria

## **Attachment Details**

**Document Description:** 2018 CoCB Reallocation Process

## **Attachment Details**

**Document Description:** Notification of Projects Accepted.

## **Attachment Details**

**Document Description:** Notification of Projects Rejected

## **Attachment Details**

**Document Description:** Public Posting-Local Competition Deadline

## **Attachment Details**

**Document Description:** HMIS CoC MOU and Polk CoC Governance Charter

## **Attachment Details**

**Document Description:** HMIS Policies & Procedures Manual

## **Attachment Details**

**Document Description:** 2018 HDX Competition Report IA-502

## **Attachment Details**

**Document Description:** 2018 CoCB Priorities

## **Attachment Details**

**Document Description:** Racial Disparity Summary 2018

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** VI-F-SPDAT-FAM

## **Attachment Details**

**Document Description:** VI-SPDAT-Adult

## **Attachment Details**

**Document Description:** Emergency Transfer Plan

## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
<b>1A. Identification</b>	09/12/2018
<b>1B. Engagement</b>	09/15/2018
<b>1C. Coordination</b>	09/16/2018
<b>1D. Discharge Planning</b>	09/14/2018
<b>1E. Project Review</b>	09/16/2018
<b>2A. HMIS Implementation</b>	09/12/2018
<b>2B. PIT Count</b>	09/12/2018
<b>2C. Sheltered Data - Methods</b>	09/16/2018
<b>3A. System Performance</b>	09/16/2018
<b>3B. Performance and Strategic Planning</b>	09/16/2018
<b>4A. Mainstream Benefits and Additional Policies</b>	09/16/2018
<b>4B. Attachments</b>	Please Complete

  

FY2018 CoC Application	Page 48	09/16/2018
------------------------	---------	------------



**Submission Summary**

No Input Required