

FY2023 Continuum of Care New Project Application – Supplemental Questions

Agencies that apply for funds through the CoC Funding Process must complete an application for each program in E-snaps by September 11, 2023 at Noon. Agencies may choose to complete the alternative word document application, New Project Application (E-snaps), for the due date of **Tuesday, August 29, 2023 at Noon**. In addition, agencies must complete this New Project Application –Supplemental Questions for each program.

This form is due on **Tuesday, August 29, 2023 at NOON** by e-mail to <a href="https://hsc.doi.org/hsc.d

Agencies with more than one CoC project must submit a separate form for EACH project.

Agency Name	Housing Initiatives, Inc.
Project Name	Rental Assistance Expansion Grant
Project Type	 ✓ Permanent Supportive Housing (PSH) ☐ Rapid Rehousing (RRH) ☐ Joint Transitional Housing – Rapid Rehousing (TH-RRH)

Project Contact Name	Brad Hinkfuss
Phone Number	608-620-1751
E-Mail	<u>bhinkfuss@initiatives.org</u>

Funding Request	\$384,450
Proposed # of Units	84
Proposed # of Beds	116
DV Bonus Project – Yes or No?	No

Threshold Criteria			
Does the agency have any outstanding HUD monitoring findings? If yes, please provide explanation.			
Does the project comply with the <u>CoC Interim Rule 24 CFR 578</u> ?			
Does the agency have a SAM.gov registration?			
Does the agency have an active Unique Entity ID (formerly DUNS Number)?			
Does the agency have any delinquent federal debt? If yes, please provide explanation.			
Is the agency under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list? If yes, please provide explanation.			
Does the agency currently enter data into the Homeless Management Information System (HMIS) or comparable database for Domestic Violence providers? If no, please explain how the agency plans to become an HMIS agency by the project start date in the narrative below.			
Does the agency commit to participating in system-wide continuous quality improvement activities?			
Does the agency agree to participate in the <u>Coordinated Entry System</u> and follow Coordinated Entry <u>policies and procedures</u> ?			
Does the agency agree to follow the <u>Dane CoC Written Standards</u> ?			

Please answer the following questions:

Project applications will be reviewed based upon adherence to the HUD CoC Program Interim Rule and FY23 CoC NOFA.

1. Please describe how your project takes proactive steps to minimize or overcome barriers to housing retention.

The objective of the proposed project is to introduce a new, highly focused dimension of supportive services to Permanent Supportive Housing Rental Assistance clients of Housing Initiatives.

Years of direct experience have demonstrated that the highly vulnerable population served through permanent supportive housing (PSH) present with many barriers to successful housing beyond the basic acquisition of housing. Years of homelessness, severe mental illness, substance abuse, and other trauma make the transition to permanent housing a challenge and a process. This expansion grant would fund an increase in specialized staffing that would provide more frequent and intensive intervention to support the process and the journey to stable housing. This will involve more targeted interventions during mental health crises. It will also involve more assertive support in the days, weeks, and months right after move-in. The ability to offer more support, closer to the moment, is often crucial to averting further decline, reinforcing stability, and building an understanding of individual circumstances. This support will be offered at one of the most critical junctures in combating chronic homelessness, when clients are newly housed in a PSH program. It offers an experience-informed strategy to build stability, self-reliance, and independence.

The agency adheres to a Housing First approach, and supportive service staff employ a harm reduction, trauma-informed care model in carrying out supportive services. In doing so, clients are offered multiple options to retain housing and improve their participation and longevity in the program. Examples include direct support for emergent needs such as the need for food, basic household supplies, and medications. Staff will triage and support clients during personal crises and develop personal service plans with clients to help prevent further decline. Meanwhile, property management staff work with clients to provide flexible repayment plans, payee arrangements, and accommodations. The Client Services team connects clients with mainstream resources including SSI/SSDI, FoodShare, employment, transportation assistance, and basic needs.

The local coordinated entry system works extremely well at identifying the most vulnerable people who present with both extensive histories of homelessness and severe mental illness. As stated above, the experience of Housing Initiatives staff is that this population often requires an extraordinary amount of focused attention and intervention to stabilize and maintain their housing. That level of services is not possible with the current level of program staffing. With this expansion, Housing Initiatives proposes to introduce a focused team of highly trained and experienced staff who can intervene more frequently, more directly, and with more resources.

This is akin to an Assertive Community Treatment (ACT) team combined with Crisis Intervention Team approach, and the expansion grant would provide the opportunity to operate differently and at a higher level. Housing Initiatives is uniquely positioned to develop this service expansion because the agency would serve as the landlord, property owner, maintenance, and supportive service provider.

2. Describe your agency's overall quality improvement efforts. Please include how you solicit and incorporate feedback from program participants.

The expansion of services would empower the development of a higher level of services to improve the quality of life for individuals with more complex needs, involving more frequent contacts and methods of receiving vital feedback from clients. The agency's ability to receive more direct feedback from clients with serious mental health issues will prove invaluable in tailoring services to the needs of each individual.

The agency's overall quality improvement efforts this past year have focused mainly on communication engaging clients in opportunities to share input and feedback. A new website dedicated to clients was introduced in February of 2023 to help connect clients with opportunities to express their ideas and have input in the events and activities offered in the future as well as a chance to join groups of peers online or in person. Clients use the website to read articles and learn about agency services. They often reach out by contacting the Director of Client Services in response to an article or invitation. A few examples include responding to an invitation to a client picnic, requesting repairs, and showing up at Client Services Office after being invited to check out the on-site coffee bar and personal essentials pantry. This warm welcome helps build relationships and leads to better service delivery.

Another feedback loop introduced last year was to mail a survey to all clients of which 70% of households responded. The survey included a return postage paid envelope and opportunity for clients to update annual assessment information and share how they are doing and how they would like to be supported. All surveys were reviewed by the Director of Client Services who responded directly.

The Property Manager mailed regular direct correspondence to update clients concerning their compliance standing, upcoming lease renewals, and any other matters of concern offering support and opportunity to connect in person or by phone to share feedback.

The agency maintained regular office hours with ample opportunity for clients to call, drop in, or make an appointment to meet with staff to discuss any issue. Clients visited the Property Management Office located at a Housing Initiatives Permanent Supportive Housing campuses whether to pay rent, or to stop in and share about a conflict or challenge and receive help. Clients regularly visited the Client Services Office at the Calypso Road Housing First Project often to pick up a personal essential item, have a cup of coffee and vent about a problem and be heard and supported by a case manager.

Client home visits, client drop-ins to staff offices, phone calls and emails revealed patterns of needs related to delivery of services by Housing Initiatives which became the topic of Management Meetings and strategic planning. For instance, there are challenges with washers and dryers being broken into by individuals who gain entry to basements perceiving that coins would be available to steal. Management is working on a solution to this recurring problem which impacts the quality of life for clients as well as expense for repair and maintenance.

3. CoC-funded projects are required to comply with the Dane County Written Standards. Describe how the agency plans on ensuring compliance with the Written Standards including plans for internal review and monitoring of project policies and practices.

Ensuring compliance with the Dane County Written Standards is built into roles at the agency starting with the Executive Director who serves on the Written Standards Committee and leads agency operations. The Housing Initiatives Continuum of Care Specialist works closely with the Executive Director, Client Services Director and Property Manager, a pivotal role in coordinating efforts and operations in accordance with the Dane County Continuum of Care Written Standards. The agency's Continuum of Care Specialist is responsible for attending Homeless Services Consortium (HSC) meetings, Core Committee meetings, and regularly attends the Re-Imagining Coordinated Entry Committee and its Data Workgroup. Additional responsibilities include grant reporting and analyzing aspects of Permanent Supportive Housing Rental Assistance delivery of services from Pre-enrollment to exiting the program to contribute recommendations to management on process improvements. This position works with all levels of operations continuously examining and helping to improve tasks and procedures in accordance with each level of the Written Standards: Section I (General Requirements) and Section II (Program Requirements).

Examples of improved operations in accordance with Written Standards at an agency level include the Property Manager being trained on Clarity HMIS in March of 2023 and being able to access referrals working with the Coordinated Entry Manager and Housing Initiatives Continuum of Care Specialist to document referrals in accordance with Written Standards. At this time, the Property Manager does not have access to the Coordinated Entry program earmarked to occur by the end of year to be able to access referrals to directly to document contacts and access chronic homelessness and required documentation within the Coordinated Entry program of HMIS.

Another example of improving operations within the agency in accordance with Written Standards has been to consistently review and analyze the source of poor Data Quality with recommended changes by the agency's Continuum of Care Specialist implementing new protocols for process improvement in collaboration with the management team. Coordinating work and better serving clients has involved combining the Annual Rent Recertification and client program Annual Assessment (HMIS). This change in part was for efficiency, however, more importantly the trauma informed approach reducing the redundancy of asking clients for the same information twice which is comprehensive, time consuming and can be activating for clients. Further, this process is earmarked to begin 120 days out for planning and engagement to give enough lead time for clients to

be informed well in advance to alleviate stress, rushing and help prepare emotionally and logistically. Yet another example is improving case manager entry of case notes into HMIS consistently and within program enrollment so Housing Initiatives staff accessing HMIS can see a client's services and case notes and ensuring confidentiality of sensitive information contained in case notes entered within the program. The Client Services team will be utilizing the Services feature in HMIS to further serve clients documenting regular services such as assistance with prescriptions, coordination of medical appointments, transportation assistance, mainstream resources, and skill building activities. The Client Services Policies and Procedures manual is being edited to document these improvements and assist in training and guiding staff in accordance with Written Standards.

Seven out of ten staff members are certified in Clarity HMIS and one staff member in the Coordinated Entry Program (CoC specialist). Staff participate in annual HMIS training and receive emails from the Institute of Community Alliances (ICA) annotated by the agency's Continuum of Care Specialist to help relate specific information to Housing Initiatives PSH Rental Assistance project and effective utilization of HMIS.

4. All projects, including non-housing projects, must operate with the Housing First approach as described in the CoC Written Standards general requirements. Describe how the Housing First approach will be applied to the proposed project. Include aspects of project policies and staff training that can support the Housing First approach such as trauma-informed care and harm reduction.

Housing First is at the heart of Housing Initiatives Permanent Supportive Housing `program and the main reason the agency is applying for an expansion grant is to expand harm reduction and trauma informed care.

A new and more assertive focus on supportive service interventions will increase the agency's ability to provide a higher level of Housing First supportive services. Hiring staff with specialized skills and experience including Critical Time Intervention (CTI) training either pre-requisite or required upon first 90 days of employment for new hires correlating with this expansion grant would be a vital aspect of expanded services for individuals with a higher level of need and complex medical, mental health needs.

Alcohol or substance use is prevalent with program participants and is often connected with a client's documented disability. Building staff experience in harm reduction work will ensure support free of stigmatization. Non-judgmental perspective provides the basis for respect, engaging with clients and communicating helpful knowledge to offer insights about risky behaviors and safer methods. Staff will connect individuals to with resources such as Public Health or Vivent Health, and offer more access to harm reduction supplies. The agency will continue to engage Peer Support Specialists and hire staff with lived experience and cultural diversity.

At times, a client may be at risk of losing their housing related to behaviors connected with substance use. However, substance use is not an issue the agency would deem at risk of losing housing. Staff work to reduce harm including connecting clients with legal

support and any accommodations that may assist a client to be safe whether through the agency or a long-term care provider.

The agency encourages and financially supports continued education at both formal and informal levels. Required training will be formalized in the coming year as part of the agency's policies and procedures. Currently, specific training is required by staff which is indicated by their supervisory and management throughout the year.

5. Describe key partnerships your agency has established that will help with implementation of this project.

Housing Initiatives has developed key partnerships over the past 30 years. Partnerships the agency foresees as key to the implementation of this project include:

- ADRC
- Comprehensive Community Services (DCHHS)
- Dane County Health and Human Services
- Journey Mental Health (Community Treatment Alternatives, Crisis, CARES Team)
- Program of Assertive Community Treatment (PACT)
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Tellurian
- Veterans Administration
- 6. What percentage of staff members identify as Black, Indigenous or a Person of Color?

Currently, 40% (4 of 10) staff members identify as People of Color.

7. How does this program work against systematic racism and other structures of oppression?

This expansion of services to include more direct, frequent, and assertive supportive services will further Housing Initiatives' commitment to the goals of Diversity, Equity and Inclusion (DEI). One of the greatest impacts the agency can make is building relationships with clients by getting to know each person through home visits. Listening to clients with an openness and ear toward equity changes the way agency staff perceive what is being said. Inviting clients to share their voice in ways that impact system level changes such as helping with voter registration and transportation. Other examples include engaging clients to be compensated for participating in Client Services Staff Retreats which began this year initiated by the Director of Client Services. A powerful experience occurred at the most recent Client Services staff retreat (July 2023) when a paid program participant shared about her experiences as a black woman experiencing mental health crisis and how interactions caused unintended harm, and conversely what would have been most helpful.

At an agency level racism and other forms of oppression are addressed in the adoption of policies embodied in the agency's Affirmative Marketing Plan and Tenant Selection Plan. Housing Initiatives partners with agencies including the Institute for Community Alliances that operates the Coordinated Entry program. Housing Initiatives is committed to accepting new clients

directly from Coordinated Entry irrespective of race, nationality, or other protected classes. HII staff engaged in all-staff meetings in which discussions about ways in which existing practices might have unintended racist effects and implications.

At the Board of Directors level, the bylaws require that the board contain at least three resident representatives drawn from the current residents. All members are elected for three-year terms. In filling these positions, the board seeks residents who reflect the racial, gender, cultural, and experiential diversity of the larger resident population. For the first time in HII history, during the past program year the Board of Directors and all staff gathered to begin Strategic Planning together. One issue identified during this process was the staffing composition and need for more diversity. This was followed up upon by the hiring of two staff members who replaced positions for individuals leaving the agency (one retired and one for career advancement) and both positions were filled by individuals of color who infuse greater cultural diversity, and together the Board of Directors and staff will implement a strategic plan of action including Diversity, Equity and Inclusion (DEI) training and practices connected to current policies and procedures.

At a systemic level, HII staff participate within the local Continuum of Care to identify and address system-wide issues that may be furthering systemic racism, and then working collaboratively to meaningfully address those concerns. One such issue became apparent in the past year when a data analysis showed that a disproportionately low number of Black people were being housed relative to the total number of Black people within the Coordinated Entry system. This resulted in a focused group to "reimagine" the coordinated entry system, and thereby how placement decisions are made.

8. How will this program and its practices be culturally responsive to the population(s) who participate?

The supportive service intervention team hired as a result of the expansion grant would follow the same agency program practices and cultural responsiveness serving individuals who participate in the agency's PSH Rental Assistance program. Hiring culturally diverse individuals with lived experience will help the agency continue to improve. Staff engage with clients by actively seeking out opportunities to listen from diverse client perspectives how the program is assisting participants best and what is most challenging. The annual assessment process provides an excellent feedback loop to collect required information and hear how the program fits participant needs and where the agency may fall short.

Since all clients at HII present with histories of chronic homelessness and severe mental health conditions, staff have developed an approach of building service plans with clients that are relationship-based, and that consider the mental health, physical health, trauma, cultural disposition, and behavioral history of each client. Cultural responsiveness is an integral component of this approach. Staff are committed to ongoing training; examples include Improving Cultural Competency and Person-Centered Planning (PCP) training.

Housing Initiatives has a long history of working with minority populations and people from diverse cultural backgrounds. The agency typically learns of these concerns upon referral and program intake, and since the agency does not take referrals from the general public. In those

cases where there is a cultural concern or English as a second language, the agency takes care to make accommodations and ensure effective communication and/or translation on a case-by-case basis. The Wisconsin Telephone Relay Service is an option if needs arise to communicate with a client and/or fellow service provider who may have hearing loss or speech disability by dialing 711 to reach the Relay Service.

9. What barriers does your project have for participation by Black, Indigenous and Persons of Color (e.g. lack of outreach)? What steps has your agency taken or will take to eliminate the identified barriers?

Housing Initiatives will continue to receive client referrals for PSH through the Dane County Continuum of Care Coordinated Entry process (VI-SPDAT) with the expansion grant. With the Housing First approach, the agency does not make the selections of who will participate in the project and have little to no criteria for denying someone housing (e.g., previous criminal record, substance use, etc.). With that in mind, interactions with individuals in person and receiving inquiries outside of the Coordinated Entry process have informed us that better communication is needed to engage participation by Black, Indigenous and Persons of Color with the Coordinated Entry process and local Continuum of Care. Often, the agency has found that the process was little known and felt overwhelming as staff listened and engaged with individuals from diverse backgrounds who reached out directly to HII seeking information about housing.

Staff engage in a person-centered approach responding to individual preferences, feelings and needs which helps build a bridge to outreach workers, housing navigators and providers. HII works to eliminate barriers by listening and responding to a person's unique situation with cultural awareness and sensitivity. Listening to clients who shared about their positive experiences has been insightful and beneficial in the ability to facilitate connections such as with Centro Hispano, the Catholic Multicultural Center, Urban League, and organizations who specialize in services a client expresses a need. HII staff participate within the local Continuum of Care to identify and address system-wide issues that may be furthering systemic racism, and then working with other partner agencies to meaningfully address those concerns.

- 10. **FOR RRH Projects** Please describe the method the project uses for providing rental assistance (progressive engagement, flat fee for all participants, tiered payments, etc.) and the rationale for this approach.
- 11. **For PSH Projects** Please describe any resources, formal partnerships or best practices the project has to serve participants with the most severe needs.

Best practices serving participants in the agency's Permanent Supportive Housing Rental Assistance project involve implementation of an expansion grant to enhance and expand client services. Clients with the most serious mental health and more complex medical needs require more frequent support and crisis interventions. Building support teams around those clients with a specialized team encompassing new staff to create a team based on Assertive Community Treatment and Crisis Intervention approaches bring together the agencies current partners to enhance and further develop services.

Client Services intake upon entering the program is key to learning about and assessing what may be done to help each client remain stably housed. The expansion project will be incorporated into all of these formal partnerships and best practices.

At the time of a client's lease signing and enrollment into Housing Initiatives PSH Rental Assistance, the Property Manager and Director of Client Services meet with the client. The Property Manager goes over the lease and information related to tenancy. The Director of Client Services provides an orientation of Client Services and conducts the Program Enrollment as well as an intake. An enhancement of Client Services will involve a refined intake process improving upon the current process.

During the Client Services intake the following is covered:

- Ascertain past issues and difficulties in maintaining housing.
- Determine client desires and goals.
- Assess clients' mental and/or physical health diagnosis and if they are currently receiving any treatment.
- Determine if clients have situations that may require legal counsel.
- Obtain ROI signatures that include being able to speak with their existing providers, case managers, parole agents and any other potential agencies with insight to what staff can do to help the client stabilize, what to do when they are activated, and learn how best to interact with them.
- Develop a plan with client, existing providers and bring in appropriate and agreed upon identified services such as PACT, CIT, CCS, ADRC, and arrange for come in support with long term care plans/providers (I care, WisCares, etc.) or connect them with MAT or other treatment programs and the necessary transportation to be able to get to them consistently.
- Help them apply for SSI/SSDI and/or work, as appropriate, if they are no or very low income.
- 12. How did you hear about the CoC funding opportunity? (INFO ONLY)

Email from the Continuum of Care Coordinator.

BONUS POINTS

PSH and RRH projects that leverage housing and healthcare resources are eligible for up to 20 bonus points. For housing leverage, please attach a letter of commitment, contract, or other formal documents that demonstrate the number of subsidies being provided or units being provided to support this project. For healthcare leverage, please attach a written commitment that includes the value of the commitment and dates the healthcare resources will be provided.

Information for Bonus points, from p. 103-104 of the NOFO

Leveraging Housing Resources: CoCs will receive full points by demonstrating that they have applied for at least one PSH or RRH project that utilizes housing subsidies or subsidized housing units not funded through the CoC or ESG programs. The CoC must demonstrate that these housing units will:

-in the case of PSH, provide at least 25% of the units included in the project

-in the case of RRH, serve at least 25% of the program participants anticipated to be served by the project Housing leverage can come from the following sources: private organizations, state or local government (including through the use of HOME funding provided through the American Rescue Plan), Public Housing Agencies (including through the use of a set aside or limited preference), faith-based organizations or federal programs other than the CoC or ESG programs.

Leveraging Healthcare Resources: CoCs must demonstrate through a written commitment from a healthcare organization that:

-in the case of a substance use disorder treatment or recovery provider, it will provide access to