CRHC CoC Grant Application

(One project per application)

FUNDING _ 2019 HUD NOFA
CoC Program interim rule at 24 CFR 578

GRANT PERIOD_____20-21__

Application due to matt.stevenson@lansingmi.gov by noon Thursday, August 22, 2019

Application organization must have tax-exempt status under 501(c) of the IRS, DUNS Number and an active registration in SAMS

Date of Application: _____

PART I: Program Information

Renewal ● **Reallocation Project** ○ **Non-DV Bonus Project** ○ **DV Bonus Project** ○

Consolidation ○ **Transition** ○ **Expansion** ○

Organization: _City of Lansing HRCS Dept_

Contact Person: Dr. Joan Jackson Johnson/ Katrina Urista   Title: HRCS Director/Contract Manager

Telephone: 517-483-4482/483-4082 Email: joan.jacksonjohnson@lansingmi.gov/
katrina.urista@lansingmi.gov

Project Grant Name: Transitions + RRH   Minimum # Units (see table):__3_____

Renewal only: Previous Year Award Amount: $_141,277__Amount Requesting: $141,277_____

Circle the Program Component for Which You Are Requesting Funds:

*Permanent Supportive Housing * Transitional Housing * Rapid Rehousing * Joint TH-RRH
* DV-RRH * DV-Joint TH-RRH * DV-Coordinated Entry * HMIS * Coordinated Entry

A. Are other funds leveraged with the requested funds?

Yes: ___ No: __X_ If yes, please identify the amounts and sources for all leveraged funds.

Amount $_____Source: _____

Amount$_____Source: _____

B. This grant requires a 25% cash or in-kind match. Please describe in detail:

a) type (cash or in-kind); Cash - $26,515 – City GF grant - $19,765; Program Income – $6,750 (client rent co-pays); In-Kind – Cooperative Agency (MOU forthcoming) - $10,000 for substance use counseling services. All will be documented monthly with financial reports based on amount received and used in the program.

C. Does/Will the agency follow the Orders of Priority as defined in CPD-16-11 (See Exhibit A of this application)? Yes: _X_ No: ___

D. How many households will be housed during the funding year? _12- 6 for RRH; 6 for TH___

Part II: Narrative
Please be concise. Use bullets where possible.

1. Describe the **target population** for the Project. Specifically identify <u>who</u> the project will serve. i.e. individuals; families; chronic; Special populations. What is the **average acuity** level?

   If the Project has admission preferences for different sub-populations, please explain.

   > Our Transitional Housing part serves the HUD identified special population, individual male gender identified clients diagnosed with chronic substance use disorders. In most cases clients also have co-occurring mental health disorder. This part will run for the entire 12 months (column A below).
   > For both TH and RRH programs, clients are pre-screened utilizing the VI-SPDAT in order to prioritize service to the most vulnerable clients, the average acuity level of 7.9 (throughout our most recent fiscal year the lowest was a 4 and highest was 11). These individuals may be living on the streets, in places not fit for human habitation and/or living in unsafe households; they may be exiting incarceration without a safe place to return or be doubled-up with other households and facing eviction, abuse, neglect, violence, drug-trafficking and/or human-trafficking occurrences. All clients have experienced homelessness and are identified as homeless upon intake. For TH, intake decisions are based on highest acuity also prioritizing service to Veterans, while for RRH it will between a 4-8 VI-SPDAT based on state guidelines/best practices. We use a variety of additional pre-screening questions to gain better assessment of substance use history; potential or identified mental and/or physical health concerns and occurrences of unsafe housing or homelessness to ensure appropriateness of services.
   > For RRH priority will be given to those "hard to house" persons for whom securing a unit may prove difficult. RRH units will begin to be occupied in month 7 of the transition year (column B below) for 3-6 months with exceptions where needed.

2. Provide examples of how the **Project outcomes** will contribute to improving the CoC's system-wide performance, as measured by HUD's system performance measures below:
   - **Reducing the length of time people are homeless** – Length of time homeless will be decreased for this special target population by moving out of Transitional housing more quickly through the RRH component. Ongoing case management will support them beyond the rental assistance for another six months to increase housing stability.
   - **Increasing discharges to permanent housing** – having the RRH component will ensure greater chances of PH stability. For those who come from TH to RRH, they will have time to work on deeper issues that have caused recidivism, discharges or evictions and/or community & family support. Case managers and peer coaches will help address barriers to PH, helping them maintain sobriety and explore substance use as an underlying cause of homelessness.
   - **Preventing returns to homelessness (reducing recidivism)** – case management connections to mainstream resources will ensure addressing multiple causes of homelessness, reducing recidivism.

     > **Increasing client income** – connecting to mainstream employment or educational services and ongoing case management will result in increased income. Also SOAR assistance for benefits application for those with longer term disabilities or who are eligible for SSI/SSDI. Empolyment and income are key factors to maintain housing. The success of TH is based on providing a supported individualized experience in a more intimate therapeutic environment for this vulnerable sub-population. The TH

services allow clients to learn and practice life-skills including household management, budgeting and financial management. Healthy social skills are applied in this unique group atmosphere. These skills can be carried on to jobs and maintaining their RRH units. The program addresses barriers specifically related to chronic substance use (i.e. history of trafficking, violence, unit damage and/or community disturbances, non-payment of rent and reliability and accountability related to curfews and or punctuality).

3. Using Exhibit B-Describe the Project's implementation of the **Housing First** approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients as it pertains to substance use, income, criminal records (with exceptions for restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Include descriptions of program policies and procedures to address situations that may lead to termination. How will the project assist clients in finding decent housing?

1) Our Transitional Housing part serves the HUD identified special population, individual clients diagnosed with chronic substance use disorders. Although males are the specific target, the program is open to serving all genders. This project does not serve families as the CoC has specific RRH programs for families. In many cases clients also have co-occurring mental health disorders. This part will run for the entire 12 months.

2) For both TH and RRH programs, once the RRH program is on-line, (at month 7) clients will be allowed to choose which type of housing they prefer to enter. Clients are pre-screened utilizing the VI-SPDAT in order to prioritize services to the most vulnerable eligible clients. These individuals may be living on the streets, in places not fit for human habitation and/or be fleeing DV; they may be exiting incarceration (for 90 days or less) without a safe place to return, be facing eviction within 14 days (TH), and/or human-trafficking occurrences.

Eligibility screening for each component will follow HUD regulations for TH and PH-RRH, and Project Eligibility Thresholds in the 2018 NOFA for RRH eligibility at V.C.3.b.(4)(c)(i)-(vi)that includes those residing in Joint TH & PH-RRH projects.
All clients are identified as homeless, under a specific category, upon intake. For TH, intake decisions are based on highest acuity also prioritizing service to Veterans, while for RRH it will be between a 4-8 VI-SPDAT based on state guidelines/best practices. We use a variety of additional pre-screening questions to gain better assessment of substance use history; potential or identified mental and/or physical health concerns and occurrences of unsafe housing and homelessness to ensure appropriateness of services.
For RRH priority will be given to eligible "hard to house" persons for whom securing a unit may prove difficult. RRH units will begin to be occupied in month 7 of the transition year (column B below) for 3-6 months with exceptions where needed.

3) Many clients have criminal histories prior to joining the program. These will not be used as reasons for termination. Reasons will be threat of physical violence to other residents or staff or self-harm. We also work with people who relapse but they do make a commitment to remain sober while in the TH house.

Decent housing: Adding this rapid rehousing component (3-6 months of assistance) will provide medium-term rental assistance for clients in need

of additional rental support in order to access and secure housing. For those who come from TH to RRH, they will have time to work on deeper issues that have caused recidivism, discharges or evictions and/or community & family support. Case managers and peer coaches will help address barriers to PH, helping them maintain sobriety and explore substance use as an underlying cause of homelessness. They will obtain housing with help with housing searches, landlord lists, Rent Smart classes, transportation, counseling, assessment, life skills and peer support. Retention will be improved by community and mainstream resource connections, benefits applications and employment/skills training.

4. Explain how the **needs assessment** process ensures that participants are directed to appropriate services. How are participants connected to **mainstream resources**? Are there **MOUs or letters of commitment**? (These must be dated between May 1, 2019 and September 30, 2019.) Include collaborations with other programs or agencies. For renewals, how successful have these collaborations been?
(See Mainstream Resources definition in glossary)
Case managers work closely to develop housing plans with participants. Based on this plan referrals are made to mainstream resources. All participants will be linked to community agency resources including the MMRS substance use clinical team to obtain additional assessments administered by experts with this target group. Linkages to community self-help groups will provide additional support.

5. How will clients be assisted in maximizing their ability to live independently? What **criteria** are used to evaluate participants' readiness to "graduate" or **transition** from the project to other permanent housing?

   Case managers will provide an additional six months support and will transition to other ongoing agency services serving this population.

6. CoC policies require that participants be **referred from the Coordinated Entry Agency (CEA)**. What is your estimate of the % of referrals you accept from the CEA? Please explain how you track/verify this information.   Estimate 100% from CEA referrals. Tracked through HMIS.

7. How will the project **engage those with the most severe needs or vulnerabilities, disabilities or limited English proficiency** per the CRHC CoC/HUD prioritization policy? Describe any Outreach efforts. Reaching participants throughout the County that may not otherwise have known of the Project? Through the CEA and other CoC partners, will work with the By Name List process and IDT team to identify those most in need.

8. Are there any **outstanding Civil Rights matters,** delinquent Federal debts, debarment or suspensions from doing business with the federal government? Yes _____ No__X__
Approved Code of Conduct is on file with HUD? Yes __X___ No_____
Please explain your response. (50 words or less)

9. Who is the agency contact person knowledgeable about **Fair Housing** and HUD priorities?
   Name:___Doris Witherspoon_____ Contact
   #_doris.witherspoon@lansingmi.gov

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ONLY Renewal Projects, complete questions 10-12

10. Are the agency **reports turned in on time** (%)? Is the agency **HMIS data error free** (%)?
    Are the agency monthly Financial Status Reports correct (%)?

11. **Project cost-effectiveness** – what was the average cost per person or family served in your
    project? (Take the cost to run the project including match divided by the actual number of
    households served per project year).

12. Attach the agency's response letter to **any findings or concerns** identified by the City during
    the **last monitoring/site visit** of the agency. Please provide any CAP (Corrective Action
    Plan) requested by the City or CoC if applicable.

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ONLY Reallocation, New Bonus and DV Bonus Projects, complete questions 13-17

13. Attach (one page or less) the general Objectives/Mission of the Organization and the
    Organization's **experience in providing the services** for which funding is being requested,
    including populations served. The City of Lansing will work with identified sub-recipients to
    provide these services who have expertise, capacity and positive reputations in the
    community.

14. Describe the plan to assist clients with **barriers to housing** (poor rental history, criminal
    history, bad credit, etc.) to rapidly secure and maintain permanent housing that is safe,
    affordable, accessible, and acceptable to their needs. The City of Lansing HRCS Dept has
    much experience with these populations and will provide additional help to this project.

15. Describe how the **project design** will fit the needs of project participants: 1) to help maintain
    housing; 2) to meet other client needs that contribute to instability and homelessness; 3) to
    establish performance measures for housing and income that are objective, measurable,
    trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.

    All design will be determined based on client needs and CoC priorities and measures.

16. Describe a plan for **rapid implementation of the project** documenting how and when the
    project will be ready to house the first project participant. Provide a detailed schedule of
    proposed activities for 30 days, 60 days, 120 days, and 180 days, if applicable, after grant
    award.
    The plan will be created within 10 days of submitting this application.

17. My agency is **willing to be trained** in processes and programs used by the CoC to manage
    and administer the HUD grant including but not limited to Homeless Management
    Information System (HMIS), the Coordinated Entry Agency (CEA) and the assessment tool
    (SPDAT).   Agree: ___X_____   Disagree: _____

DV-Bonus applicants only (18 – 20):

18. Do you have a **client-level database** that is capable of meeting HUD's Annual Performance Reporting requirements? (see document on GLHRN website for clarification)

    Yes_____   No _____

19. What are the **issues facing DV survivors in accessing local CoC** permanent housing assistance programs? Support your response with local data.

20. How do you **address/improve safety for the DV populations** you serve?

For further information, please see the HUD Notice of Funding Availability at:
https://www.hudexchange.info/resource/5842/fy-2019-coc-program-nofa/

Part III: Budget
Budget may also be submitted in an Excel Spreadsheet – contact HRCS for document.

	HUD CoC Expenses					
	PH: PSH	PH:RRH	TH	SSO	HMIS	
Rental Assistance		24,840				24,840
Leasing			7,200			7,200
Supportive Services*		50,186	50,185			100,371
Operating Costs			4,083			4,083
HMIS						
Total Admin		2,392	2,391			4,783
Sub Total		77,418	63,859			141,277
Cash Match (all line items except Leasing)		10,000	9,765			19,765
Program Income if used as Match (if applicable)		6,750				6,750
In-Kind Match (all line items except for Leasing)		5,000	5,000			10,000
Grand Total		99,168	78,624			177,792

Shaded areas not eligible for funding in designated categories. Match must total 25%, excluding Leasing costs.

	*Supportive Service breakdown
Salaries	98,271
Fringe Benefits	
Contractual services	
Travel	1,500
Supplies/materials	600
Utilities	
Repairs/Maintenance	
Financial assistance to clients	
Total	100,371

Program Income*	
Source	Amount
Client rent co-pays	6,750
Total	

*Program Income is funds generated by project activities such as participant contributions toward their rent.

Authorized Representative: (Please print or type)
Name: Joan Jackson Johnson / Katrina Urista
Title: HRCS Director / Contract Manager
Telephone Number: 517-483-4482 / 483-4082
Email: joan.jacksonjohnson@lansingmi.gov / Katrina.urista@lansingmi.gov
Fax Number:

By signing this application, I certify the statements contained in the APPLICATION herein are true, complete, and accurate to the best of my knowledge.

Signature of Authorized Official _____ **Date** 8/22/19