Homelessness System Needs Assessment and Centralized Intake Evaluation

Des Moines/Polk County Continuum of Care
January 2024

THE ASSESSMENT PROCESS

Core Assessment Questions

In September of 2023 Homeward, the lead planning organization for the homelessness system in Des Moines/Polk County, IA contracted with Housing Innovations, a homelessness training and technical assistance firm, to conduct a needs assessment of the homelessness system in Des Moines/Polk County, Iowa. The needs assessment also included an evaluation of the Coordinated Entry System, referred to locally as ***Centralized Intake (CI)***, a U.S. Department of Housing and Urban Development (HUD) required system for operating homelessness assistance projects.

The Housing Innovations team organized the needs assessment and CI evaluation around 5 core planning questions:

1. **What is the extent, scope, and nature of homelessness in Polk County?** How many people experience homelessness? What are their characteristics?
2. **How is the homelessness system structured?** What is the number of beds, resources, and service slots available to meet the needs of different households experiencing literal homelessness and at risk of homelessness?
3. **How well does the current system configuration and structure meet the needs of people experiencing a housing crisis?** Are resources aligned to meet the need?
4. **What system adjustments, resource re-alignment, and management shifts would yield greater impact?** How can system performance be improved?
5. **What new resources, programming and service strategies are necessary to achieve Des Moines/Polk County homelessness system goals?** What would it take to prevent homelessness for households at risk of literal homelessness? How can the community reduce the incidence of homelessness, including rates of unsheltered homelessness? How can the community accelerate access to successful housing outcomes for persons in crisis, and ensure that people maintain permanent housing?

To answer these questions Housing Innovations completed a ***system modeling analysis***. System modeling uses existing data about the homelessness system – demand for crisis services and supply of emergency shelter, rehousing, and support services – to model the amount of crisis services and rehousing options necessary to meet the forecasted future demand. The future homelessness system is organized in an "optimal" configuration where the right amount of resources are organized in the most impactful manner possible.

After the optimal system configuration is identified, average unit costs for each component are then multiplied by any system gaps to determine additional investments necessary to achieve the optimal system.

Optimal system configuration alone is not sufficient to achieve the goals of reduced inflow, shorter periods of homelessness, and accelerated access to rehousing resources. Active system management of ***Centralized Intake*** is a critical component of ensuring that homelessness system resources are prioritized and distributed effectively. Active system management describes the core function of Centralized Intake.

Centralized Intake includes 5 core active system management activities which, when effectively applied, help to ensure the homelessness system operates efficiently and achieves the following:

- **Centralized Access** to crisis services, emergency shelter, and housing resources.
- **Standardized Assessment** to ensure the needs of persons seeking crisis services are objectively captured and documented.
- **Intentional Matching** of persons experiencing homelessness to the right type and amount of assistance best equipped to help people resolve their housing crisis.
- **Prioritization of Resources** to ensure limited crisis services and housing supports are allocated first to persons with the highest level of need.
- **Active Management** of wait lists of people seeking assistance and care coordination for people navigating complex systems of documentation, applications, and access

SYSTEM MODELING RESULTS

Key Findings

The System Modeling activities performed in support of the development of the Des Moines/Polk County homelessness system needs assessment are described herein. For Des Moines/Polk County to achieve an "optimal" homelessness response system, defined as sufficient high-quality services, emergency shelter, and rehousing capacity to meet the forecasted number of households anticipated to enter the homelessness system, the following key annual improvements are necessary:

Individuals (including unaccompanied Youth):

- An additional 43 slots of **Homelessness Prevention**
- An additional 48 units of **Emergency Shelter**
- An additional 43 slots of **Diversion/Rapid Exit**
- An additional 333 slots of **Rapid Rehousing**
- An additional 523 units of **Permanent Supportive Housing**

Families (including parenting Youth):

- An additional 6 slots of **Homelessness Prevention**
- An additional 6 slots of **Diversion/Rapid Exit**
- An additional 29 units of **Emergency Shelter**
- An additional 4 slots of **Rapid Rehousing**
- An additional 17 units of **Permanent Supportive Housing**

Immediate Next Steps for Greatest Impact

During a series of onsite planning meetings, stakeholder interviews, homelessness assistance project tours, and community engagement sessions in November and December of 2023, several critical community concerns consistently emerged as priorities for immediate action. Des Moines/Polk County requires additional emergency shelter capacity to address the crisis needs of families experiencing homelessness. And the increasing visibility of unsheltered homelessness on the streets of Des Moines requires concerted strategic focus to engage and rehouse this most vulnerable homeless population.

1. **Create an additional 29 units of emergency shelter for families**. Currently families experiencing homelessness experience wait times for shelter and often make complicated decisions to break up or split family members across multiple friends or family members, or families stay in unsafe situations while waiting for crisis housing units to become available. In 2023, 13 families in cars, the most ever at any one time, were sheltered in hotels during summer weather amnesty. Families sleeping in cars or staying in unsafe locations should be the priority for available emergency shelter units.

2. **Expand rehousing capacity through Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) and other permanent housing (OPS) for single adults.** In 2023 less than 5% of single adults eligible for CoC-funded RRH or PSH received it. This lack of housing opportunities increases unsheltered homelessness and contributes to larger homeless encampments visible throughout the Des Moines metro area.

3. **Institute housing-focused case management for all persons experiencing homelessness**. Housing-focused case management quickly engages persons in problem-solving conversations focused on rapid resolution of homelessness that include solutions such as relocation, reunification with family and/or friends, shared housing and other forms of low cost and interim housing options.

Overview of System Modeling

System modeling analysis uses the most current information available about the number of households experiencing or at imminent risk of homelessness, the inventory of resources available to meet the needs of households experiencing homelessness, and the program models and pathways available throughout the homelessness system.

The system modeling analysis includes a set of assumptions defining an optimal or "right sized" homelessness response system. Those assumptions were tested and confirmed during a preliminary site visit in November 2023.

System modeling results provide estimates of the number of shelter beds, housing units, and resource slots needed of each program type to meet the needs of households experiencing homelessness every year. This information is combined with average per unit cost data to estimate the cost of the 'optimal' system.

The concept of an 'optimal' system is aspirational. The results provide a directional perspective on necessary system changes and additional investments necessary to move in the direction of optimization. In addition, system elements contributing to this optimal status are subjective. The transition to this optimal status would likely take several years of deliberate, phased improvements and substantial additional investments.

System modeling should be updated regularly with revised assumptions and fresh data and input from community stakeholders, including people with lived experience of homelessness, to reconfirm the directional approach to optimization continues to be on target.

Program Models

Program models included in the Des Moines/Polk County CoC system modeling include the following:

Homelessness Prevention - Financial assistance and housing resource coordination, advocacy, and mediation. 3 months of rent assistance.

Diversion/Rapid Exit – Rapid resolution of housing crisis during short shelter stays. Modest, flexible funding available to address housing barriers.

Emergency Shelter - Short-term crisis housing that provides a safe, clean place to stay with focus on housing needs assessment, rapid housing placement and linkage to other services. Average 75 day stay.

Transitional Housing - Project-based, time-limited housing with on-site services targeted to homeless adults and families in subpopulation groups (DV, Youth, Veterans). Average 6 month stay.

Rapid Rehousing - Community-based permanent housing with transitional subsidies and on-site services targeted to higher need households able to maintain housing after temporary assistance ends. Average 12-month enrollment period, but up to 24 months.

Permanent Supportive Housing - Project-based, clustered, and scattered site permanent housing linked with supportive services that help residents maintain housing. Targeted to persons with significant barriers to self-sufficiency. No limits on stay as long as participant meets obligations of lease.

System Modeling Expectations

The system model is built on several expectations about system design and operations including:

- **The number of households entering the homelessness system is even throughout the year** without large swings from month to month or season to season in the number of households that need to be served. Although homelessness systems likely experience some degree of seasonal variation in inflow or outflow rates, system modeling manages these differences by modeling annual prevalence distributed evenly throughout the year.
- **The optimal system includes sufficient year-round bed capacity to address emergency shelter needs for all persons requiring crisis housing assistance**. Crisis shelter beds and rehousing resources operational on only a temporary basis

during periods of especially harsh weather conditions are extremely difficult to quickly implement and manage as an ad hoc, seasonal resource. Historically, these types of temporary shelter beds are often poor quality, do not support successful rehousing outcomes, and can exacerbate participant trauma and dislocation.

- **The number of non-chronically homeless households does not change each year** after the initial investment in housing is sufficient to end homelessness for people who meet the definition of chronic homelessness. In other words, existing system participants will not graduate into chronicity because an optimized system addresses their rehousing needs more efficiently.
- **Households returning to homelessness are included with the annual inflow into homelessness** rather than being accounted for separately.
- **Every program is expected to operate effectively and efficiently**, achieving the length of stay and housing outcomes described in the system program models.
- **Net demand for services stays constant**, with improvements in the system balancing out increases in homelessness.
- **The pathways through the homelessness system developed as part of the system modeling work are estimated** to guide planning and budgeting decisions. Actual placement decisions for each household are made on a case-by-case basis based on assessment results, consultation with clients, and program eligibility requirements.

System Modeling Factors

There are several interrelated factors and data that impact modeling of the optimized system. Some of the factors are based on existing information about the homelessness system and others are based on the system program models that form the optimized system. The modeling calculations use this information to develop the different scenarios of the optimized system.

The factors and data are:

- **2023 Annual and Point-in-time (PIT) Count data** on the number of households experiencing homelessness in the system. Additional data are also included to supplement PIT counts due to households who experience homelessness in unsheltered locations but were not included in the PIT because they were not encountered.
- **Annual homeless counts from HMIS** are used to estimate system prevalence or the number of individuals and families that are:
  - inflowing annually to the homelessness system
  - long-term homeless (i.e., people who meet the definition of chronic homelessness)
- **Service strategies or pathways** based on the system program models needed for each group of households (individuals, inclusive of youth, and families) include the following distinct models:
  1. Homelessness Prevention (HP)
  2. Emergency Shelter (ES)
  3. ES + Rapid Exit/Diversion supports to accelerate exits from ES
  4. Rapid Rehousing (RRH) directly from unsheltered locations
  5. ES + RRH
  6. ES + Transitional Housing (TH)
  7. ES + RRH + OPH
  8. Permanent Supportive Housing (PSH) directly from unsheltered locations
  9. ES + PSH
- **Projections of pathway utilization:**
  - Estimates of the percentage of households using each program model pathway are based on aligning household need to program and service type, intensity, and duration.
  - Estimates of the length of stay in each prevention, shelter or housing program are based on the most efficient but practical time necessary for households to resolve.
- **System inventory and cost information** to model housing units and costs over time, including:
  - Existing shelter, housing and subsidy inventory remains constant or increases
  - Current turnover rates for permanent housing resources are held constant
  - Total (services and operating/rent) costs for current system program models are based on HUD-defined Fair Market Rents (FMR) and industry standards for best-practice program models
  - Project costs used in this analysis also reflect average operating costs for high-performing homelessness assistance projects in Arlington (VA), Austin (TX), Cleveland (OH), Columbus (OH), Dallas (TX), Detroit (MI), Oklahoma City (OK), and St. Louis (MO).

System Modeling Analyses

Housing Innovations applied the system modeling analysis to forecast the program capacity and pathways the Des Moines/Polk County homelessness system needs to ensure that strategic system improvement objectives are realized.

Using optimal project types and services strategies developed during the analysis process, the modeling spreadsheet calculates the number of units of each project type needed to serve all the households expected to experience homelessness each year.

The spreadsheet is designed in Microsoft Excel as a Worksheet with links to all source data in companion tabs. For the purposes of the spreadsheet, modeling is done for families and individuals separately.

All population numbers are for the number of households experiencing homelessness **not** the number of people in households.

Key Assumptions About System and Data

Annual Need

Data used throughout the spreadsheet for the number of households experiencing homelessness are based on adjusted annual need derived from the FY2023 HUD Longitudinal System Analysis (LSA) Upload for the Des Moines/Polk County Continuum of Care (CoC)

Timeframe for the data is 10/01/2022 – 9/30/2023.
Households are included who **entered** any of the following project types during the reporting period:

- Emergency shelter
- Transitional housing
- Rapid rehousing
- Permanent supportive housing

Adjustment
An adjustment was made to the annualized need number based on input and direction from system stakeholders. The adjustment is highlighted below. Final annual need numbers are included in Table 1.

Because the project types included in the U.S. Dept. of Housing and Urban Development (HUD) LSA* report do not include street outreach services the annual counts for the system modeling analysis were increased to account for persons who were unsheltered during the reporting period but did not enroll in any other project reported in the LSA. In other words, they were not counted in the FY2023 Official HUD LSA report. Data from clients in outreach-based HMIS projects who had no other project type enrollments represent the adjustment made to LSA data to achieve an estimated annual need amount inclusive of unsheltered persons served through street outreach but not in any other program type.

Table 1: Annual Need for Homelessness Services

10/1/2022 – 9/30/2023	Single Individuals	Families
FY2023 Official HUD StellaP Upload	1,968	197
Unsheltered Adjustment	200	52
Total Adjusted Annual Need Count	**2,168**	**249**

*Note that LSA annual count numbers were adjusted after preliminary results were shared in the fall of 2023. Updated numbers reflect more recent and complete data supplied by Institute for Community Alliances.

Point-in-Time Count

Data used throughout the spreadsheet for the number of households experiencing homelessness at a single point in time are derived from the winter 2023 Point-in-Time (PIT) count, as mandated by HUD.

An escalator of 25% of the baseline PIT count is used to account for persons who experienced unsheltered homelessness but were not encountered during the PIT and therefore not counted. The additional escalator provides a more likely amount of the true extent of unsheltered homelessness. Table 2 highlights PIT numbers used for the system modeling analysis.

Table 2: 2023 Point-in-Time Count of Persons Experiencing Homelessness

	Single Individuals	Persons in Families
2023 PIT Count	496	138
Unsheltered Escalator (25%)	124	35
Total Adjusted PIT Count	**620**	**173**

The unsheltered homelessness escalator rate may not be sufficient if the crisis response system improves to the extent that street outreach enagement and ES stays become more attractive options for persons experiencing unsheltered homelessness and more people actively seek assistance. Escalator rates for unsheltered homelessness should be assessed and updated in subsequent system modeling analyses. An improved system may actually generate additional counts of homelesness due to people actively seeking assistance through SO rather than intentionally avoiding homelessness system first responders.

Housing Inventory Chart

Data about shelter bed and housing resource inventory are derived from the 2023 Housing Inventory Chart (HIC) summarized in Table 3. Any resource with special, one-time funding that was not expected to continue in 2024 was excluded from HIC counts for purposes of modeling.

HIC resources that are exclusively available to a limited subpopulation of people and not universally available to a general population are also excluded. These excluded special population beds and housing resources include VA-funded resources for persons who meet VHA eligibility requirements and persons living with HIV who meet HOPWA eligibility requirements.

Table 3: Housing Inventory Count of Beds/Units Included in Modeling

2023 – Beds/Units Available during PIT Count for Individuals and Family Household Units	Single Individuals (beds)	Families (household units)
Emergency Shelter (ES)	274	43
Transitional Housing (TH)	2	24
Rapid Rehousing (RRH)	57	58
Permanent Supportive Housing (PSH)	242	41

Housing and Service Strategies (Pathways Used to Resolve Homelessness)

Service strategies represent the project types and combination of project types that people use to resolve their homelessness. Each service strategy is used by a particular proportion of the total annual prevalence count of homelessness. Collectively all service strategies make up the homelessness response system for Des Moines/Polk County.

The following homeless assistance programs and combinations of programs make up the pathways to housing within the Des Moines homelessness response system.

	Basis for Estimating Need
Homelessness Prevention	Based on current proportion of households who call Primary Health Care CI, seeking any housing crisis service (such as eviction prevention, emergency shelter, or relocation assistance) and are served by a Des Moines/Polk County funded services designed to prevent homelessness. Note that substantial resources of additional prevention-oriented resources exist in Des Moines for lease-holder and mortgage-holder households who are

	in arrears with housing payments. These other housing retention resources are not included as baseline homelessness prevention resources in system modeling because those resources are not exclusively targeted to households at imminent risk of literal homelessness.
Emergency Shelter Only	Based on attributes of households who use emergency shelter as a one-time crisis intervention and can resolve without any additional intensive assistance. These households experience homelessness as a one-time event, have homeless lengths of stay that are less than the system average, exit emergency shelter and do not return to the homelessness system.
Emergency Shelter + Diversion/Rapid Exit	Based on current proportion of households who call CI, seeking any housing crisis services (such as eviction prevention, emergency shelter, or relocation assistance), receive emergency shelter assistance but are unable to quickly resolve their homelessness without additional supports. These households tend to have the following attributes: first time homeless, earned income greater than zero, no disability, and presence of family/friends and/or community-based support systems that can support the household's transition back to stable housing.
Rapid Rehousing	Based on households accessing ES but who have housing barriers that inhibit the household's ability to quickly resolve their homelessness. These housing barriers include lack of income, lack of credit, legal histories such as past evictions or criminal convictions, and lack of connections to local family/friends or other community-based systems that can support the household's acquisition stable housing.
Rapid Rehousing Directly from Streets	Based on households who meet the criteria for Rapid Rehousing but who choose not to or are not able to access emergency shelter.
Emergency Shelter + Transitional Housing	Based on subpopulations who seek additional support beyond ES such as time-limited, intensive crisis services available in a residential setting to persons fleeing domestic violence, youth ages 18-24, and Veterans.
Emergency Shelter + Other Permanent Housing	Based on households accessing ES who require additional housing subsidy support that include publicly assisted housing, Section 8 housing vouchers, emergency housing vouchers, housing stability vouchers, family unification program vouchers, and other affordable or publicly assisted housing units.
Emergency Shelter + Rapid Rehousing + Other Permanent Housing	Based on households assisted in RRH but at the standard, 12-month termination point for RRH subsidies are still unable to maintain lease payment obligations due to a lack of sufficient income.
Emergency Shelter + Permanent Supportive Housing	Based on households accessing ES who meet the HUD-defined criteria for PSH. These criteria include at least 365 days of homelessness history (either cumulatively or spread across multiple spells of homelessness in a 3-year period) and a verified disability that inhibits the household's ability to acquire and maintain housing independently.
PSH Directly from Streets	Based on households who meet the criteria for PSH but who choose not to or are not able to access emergency shelter.

Anticipated Needs for Housing and Service Strategies

Table 4 shows the percentage of the total homelessness prevalence count that will use each service strategy pathway to resolve their homelessness based on participant need and housing and service type, intensity, and duration. Each service strategy is mutually exclusive.

Table 4: Housing and Service Strategies and Percent Anticipated to Need Each to Exit Homelessness

Strategies for People Presenting to the Homelessness System Each Month	Single Individuals	Families
Homelessness Prevention	2%	2%
Diversion/Rapid Exit	2%	10%
Emergency Shelter (ES)	55%	50%
Transitional Housing (TH)	0%	1%
ES + Rapid Rehousing (RRH)	18%	25%
ES + TH	1%	2%
Permanent Supportive Housing (PSH) from Streets	7%	2%
ES + PSH	15%	8%
	100%	**100%**

Housing-Focused Case Management Services

In addition to distinct pathways identified above, some households experiencing homelessness will require additional housing supports within their service strategy cohort.

These additional supports are called ***Housing-focused case management*** or ***navigation*** and include the following services: documentation compilation and management, housing search and location, housing application management, and a flexible fund of modest financial support to facilitate a household's transition to new housing.

A flex fund could support housing deposits, utility deposits, first-month's rent, transportation assistance, and other activities directly related to acquiring housing and/or building economic self-sufficiency to support lease payment obligations. Housing-focused case management should be built into Street Outreach, ES, TH, RRH and PSH program models as a standard element of case management within those program types. All participants enrolled in ES for greater than 14 days without TH, RRH, or PSH services should be offered housing-focused case management to support their housing placements. Rates of households benefiting from navigation support are highlighted in Table 5.

Table 5: Housing-Focused Case Management Services Required by Households

Housing Navigation Support Services	Single Individuals	Families
Households Enrolled in ES without TH, RRH, or PSH Referrals	50%	34%

Annual Unit Turnover in PSH

While PSH is designed with an indefinite program enrollment period, some PSH-assisted households experience significant improvement in housing stability, self-sufficiency, and economic well-being.

System Modeling assumes that with the provision of high-quality PSH services some of these high-improvement households will sufficiently address housing barriers such that they are ready to transition to other types of housing they can afford, but only if preferred by the client.

Other PSH residents may exit PSH because they need a higher level of care, and others may exit to institutional settings or die. As PSH residents move on from PSH housing, the vacated PSH units and/or subsidy sources become available for new PSH residents.

Table 6 shows how an optimized system turnover rate of **20%** impacts availability of PSH for new annual move ins.

Table 6: Annual Unit Turnover in PSH

Annual Availability of PSH	Single Individuals	Families
Inventory of PSH Units/Subsidy Sources	242	41
Annual Availability based on turnover of 20%	48	8

Optimal System Conversion Summary

System modeling forecasts the number of units needed in an optimized homeless system to fully meet the needs of all households entering the homeless system each year, including long-term homeless households. Using this model, Des Moines can develop a transition plan that phases in investment and system changes to develop a more optimized approach to homelessness system design and operation.

The Conversion summary below in Table 7 shows current system inventory and available inventory based on turnover. Optimal system assumptions are then modeled to determine the number of additional beds/units to achieve optimal status. Conversion tables are listed separately for single adult individuals and persons in households with at least one adult and one dependent child (i.e. families).

For Individuals

Table 7 below shows results for an optimal system design for individuals experiencing homelessness.

Table 7: Conversion from Current to Optimal System – INDIVIDUALS

Program Types	Current Bed/Unit Inventory	Current Beds/Units Available Annually*	Total Beds/Units Needed Annually	Deficit Between Annual Available vs. Need
Crisis Response System				
Homelessness Prevention	0	0	43	**43**
Emergency Shelter	274	274	322	**48**
Rapid Exit/Diversion	0	0	43	**43**
Transitional Housing	2	2	0	-
Rehousing System				
Rapid Rehousing	57	57	390	**333**
Permanent Supportive Housing	242	48	571	**523**

*Annual availability of ES is determined by bed turnover every 60 days for existing inventory

For Families

Table 8 below shows results for an optimal system design for families experiencing homelessness.

Table 8: Conversion from Current to Optimal System – FAMILIES

Program Types	Current Unit Inventory	Current Units Available Annually*	Total Units Needed Annually	Deficit Between Annual Available vs. Need
Crisis Response System				
Homelessness Prevention	0	0	6	**6**
Emergency Shelter	43	43	72	**29**
Rapid Exit/Diversion	0	0	6	**6**
Transitional Housing	24	24	10	-
Rehousing System				
Rapid Rehousing	58	62	62	**4**
Permanent Supportive Housing	41	8	25	**17**

*Annual availability of ES is determined by unit turnover every 120 days for existing inventory

Average Costs

City of Des Moines and Homeward administer or coordinate over $6 million in annual funding for the Des Moines/Polk County homelessness system. Major funding sources include HUD CoC grants based on a competitive national competition for McKinney-Vento resources, and entitlement funds inclusive of Emergency Solutions Grants (ESG), and Community Development Block Grant (CDBG). Additional other sources include private foundation and philanthropic investments.

Housing Innovations consultants considered average costs from other jurisidctions operating nationally recognized program models for ES, RRH, and PSH. Local cost data were combined with national averages to develop estimated annual costs for ES, RRH and PSH as reflected for Individudals in Table 9 and Families in Table 10.

Table 9: Estimated Average Annual Cost by Project Bed/Unit/Service Type – INDIVIDUALS

Cost Category	Prevention	Diversion	ES	RRH	PSH*
Financial Assistance – 1 Bedroom *Fair Market Rent (*+ utilities)	$1,200	$600		$13,500	$13,500
Services	$500	$500		$5,000	$7,000
Operations			$13,500		
Administration	$100	$100	$675	$1,000	$1,000
TOTAL Annual Per Unit Cost	**$2,700**	**$1,200**	**$14,175**	**$19,500**	**$21,500**

*PSH cost projection data does not include one-time acquistion, new construction, or rehab costs

Table 10: Estimated Average Annual Cost by Project Bed/Unit/Service Type – FAMILIES

Cost Category	Prevention	Diversion	ES	RRH	PSH*
Financial Assistance – 2 Bedroom *Fair Market Rent (*+ utilities)	$2,400	$950		$14,400	$14,400
Services	$750	$500		$7,000	$9,000
Operations			$18,000		
Administration	$100	$50	$675	$1,000	$1,100
TOTAL Annual Per Unit Cost	**$3,250**	**$1,500**	**$18,675**	**$22,400**	**$24,500**

*PSH cost projection data does not include one-time acquistion, new construction, or rehab costs

When average costs per unit are multiplied by the estimated number of additional beds/units necessary to achieve optimal system design the results provide an estimate of total new additional investment needed for the Des Moines/Polk County homelessness system. Results reveal an estimated annual additional need of $19.6 million for individuals and families.

Table 11: Estimated Additional System Investment Needed to Achieve Optimzation – INDIVIDUALS

Current System - Individuals	Estimated Average Cost Per Unit	Additional Inventory for Optimization	Approximate Additional Annual Cost
Homelessness Prevention	$2,700	43	$116.100
Diversion/Rapid Exit	$1,200	43	$52.032
Emergency Shelter	$14,175	48	$680,400
Rapid Rehousing	$19,500	333	$6,493,500
Permanent Supportive Housing	$21,500	523	$11,235,900
TOTAL Additional Annual System Cost			**$18,577,932**

Table 12: Estimated Additional System Investment Needed to Achieve Optimzation – FAMILIES

Current System - Individuals	Current Average Cost Per Unit	Additional Inventory for Optimization	Approximate Additional Annual Cost
Homelessness Prevention	$3,250	6	$19,500
Diversion/Rapid Exit	$1,500	6	$9,000
Emergency Shelter	$18,675	29	$541,575
Rapid Rehousing	$22,400	4	$89,600
Permanent Supportive Housing	$24,500	17	$ 411,600
TOTAL Additional Annual System Cost			**$1,071,275**

CENTRALIZED INTAKE EVALUATION

Summary of Key Findings

Housing Innovations completed a compliance assessment and quality review of Centralized Intake for Des Moines/Polk County. The documentation and operational practices of Centralized Intake are largely compliant with HUD requirements for CES as defined in the federal **Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System** (CPD-17-01). The design of Centralized Intake could be reconfigured, however, to retain essential compliance with federal requirements but align core features of access, assessment, prioritization, and housing referral to achieve greater impact given the specific homelessness system design features of Des Moine/Polk CoC (IA-601).

Non-compliance features requiring updates:

- **CI documentation is outdated**. Standard operating procedures, MOUs, manuals, and tools need to be updated to reflect current community policies, practices, definitions, and operational instructions.
- **Standardized assessment process is not defined**. Des Moines/Polk County needs to document the intended design and flow of intake, collection of client information, and role clarification for CI workers to match the actual assessment process and tools currently in use.
- **Prioritization tool currently in use (VI-SPDAT) is not an effective assessment tool and is no longer supported as an equitable accounting of participant risk or acuity.** Continue existing process to adopt a new assessment tool and prioritization strategy that reflects locally-specific goals and prioritization criteria without unintentionally advantaging or having a disparate impact on one protected class over another.

CI core features benefiting from redesign:

- **Update CI with focus on housing-focused case management.**
  CI Assessment process at Primary Health Care currently capitalizes on robust problem-solving intake and exploration of housing options but the result is not always carried forward as a long-term, actionable plan throughout client's involvement at other CoC system programs. Align practice with policy and make housing-focused case management the core feature of CI rather than RRH and PSH eligibility determinations and referrals.
- **Replace VI-SPDAT with *Predictive Risk Modeling***
  Prioritization factors based on publicly available data will enable automatic and reliably predictable risk assessment and vulnerability scores without invasive and subjective assessment questions related to risk.
- **Make CI Assessment for CoC Resources Optional**
  Most CoC participants exit the homelessness system without RRH or PSH. Update CI Policies and Procedures to reflect that CoC eligibility assessment for RRH and PSH is optional for clients not likely to be eligible and prioritized for such assistance.

Overview of Centralized Intake and Assessment Process

The Housing Innovations evaluation team reviewed the Des Moines/Polk County CoC Centralized Intake (CI) system to evaluate compliance with all required elements of the HUD-defined Coordinated Entry System and processes from the Coordinated Entry Notice, the Prioritization Notice, the Coordinated Entry Policy Brief, the CoC Program interim rule, the ESG interim rule and the HUD Equal Access rule. The evaluation also includes elements from the VA's DUSHOM Memo, mandating participation of each VAMC's homeless programs team and applicable programs to participate in the corresponding CoC's coordinated entry process. Any non-compliant standard or element for which insufficient evidence was available to verify compliance is noted within the text of this report.

The evaluation team's compliance evaluation of Centralized Intake process entailed the following:

- a review of CI documentation, including its completeness, accuracy, and relevance;
- interviews of CI staff, key stakeholders, and CI program participants;
- observation of CI intakes; and
- tours of facilities.

The evaluation team's qualitative review of the CI design, implementation, and management assessed the extent to which core design features are effectively in place and being followed. The results of the evaluation are outlined below. Where findings are noted, they signify areas of non-compliance with federal requirements at 24 CFR 578.7 (a)(8), 24 CFR 578.3, and Notice CPD 17-01. Findings require Homeward, CoC Lead Agency, to adjust CI to meet HUD guidelines. Following each finding are recommendations to correct them. Where there are recommendations without findings, they signify best practices in which operation procedures may be adjusted to provide better system performance.

Planning & Design Features of Centralized Intake

System Redesign Recommendations

The current **Centralized Intake** design is organized around HUD compliance, and largely meets all federal requirements, but does not adequately advance the critical system goal of efficiently navigating persons experiencing homelessness to the rehousing outcome that best fits their needs and eligibility. Although CI contains many components necessary to achieve successful housing outcomes for participants, the central design of CI is primarily organized to assess and queue people for CoC-assisted housing such as Rapid Rehousing and Permanent Supportive Housing. Of the more than 3,000 households who experience homelessness in Des Moines in a year only 20% receive RRH or PSH referrals. Shifting the design intent of CI to intentionally meet the needs of persons not eligible for RRH or PSH will be more wholistic and client centered and simultaneously contribute to greater system efficiency and impact.

General Recommendations:

- **Clarify CI guiding principles** and operational practices in alignment with CI system redesign
- **Codify role of CI lead entity.** Currently Primary Health Care performs this function. Document CI management functions and selection process for CI lead entiry.in CI Policy Manual and CoC Written Standards. Document expected management practices for CI intake, housing focused case management, active CI list management, eligibility determinations and referral management for family ES, and RRH and PSH for all populations.
- **Continue to leverage dynamic prioritization list management** as a strategy for maintaining an active list of eligible prospective referrals to RRH and PSH based on anticipated program openings in each of those component types.
- **Reinforce housing focused case management as a core feature of CI and a foundational element of the CoC design.**

Recommendations for Families and Youth:

- Maintain CI as a required triage and intake process for all families experiencing a housing crisis
- Use results of CI triage and intake to make ES bed reservation determinations for highest vulnerability families
- Leverage results of CI triage and intake to initiate a **housing focused case management** plan that is built on and continued at emergency shelter and throughout a family's involvement in the Des Moines homelessness system

Recommendations for Single Adults:

- Update written CI policies and procedures to reflect current practice of conducting an optional CI assessment with participants who are unlikely to meet eligibility and/or prioritization referral criteria for RRH and PSH.
- Complete CI triage and intake for single adults within 14 days of initial outreach or emergency shelter contact only when participants expressly request a CI intake, or if recommended by outreach or emergency shelter staff.
- Emergency shelter and outreach staff perform a presumptive eligibility determination for RRH and PSH. If presumptively eligible, participants are then instructed to receive a CI intake for purposes of RRH and/or PSH referral

Role of Housing-Focused Case Management

Housing-focused case management is a critically important aspect to CI design and system operations when demand for CoC housing resources such as RRH and PSH substantially outstrips supply. The current Des Moines/Polk County CoC provider network successfully houses only 5% of all CI intakes through RRH or PSH. A much larger proportion of CI participants pursue non-CoC housing outcomes such as relocation, reunification with friends or family, shared housing with a roommate, or independent non-subsidized rental housing. Most of these non-CoC housing outcomes require the participant to negotiate the terms of their housing plan, secure income, obtain identification, and manage the transition from homelessness to successful placement. Housing-focused management supports this process with targeted assistance and supports geared to the specific housing plan for each individual and may include the following:

- Housing problem-solving interviews to identify participant goals, housing barriers, and immediate plans for safety and self-sufficiency
- Housing planning assistance, including relocation and unification with family or friends
- Housing search and location
- Assistance with housing applications; completion and follow-up on pending applications
- Referrals and connections to community resources and public benefits such as employment assistance, physical health care, behavioral health care,

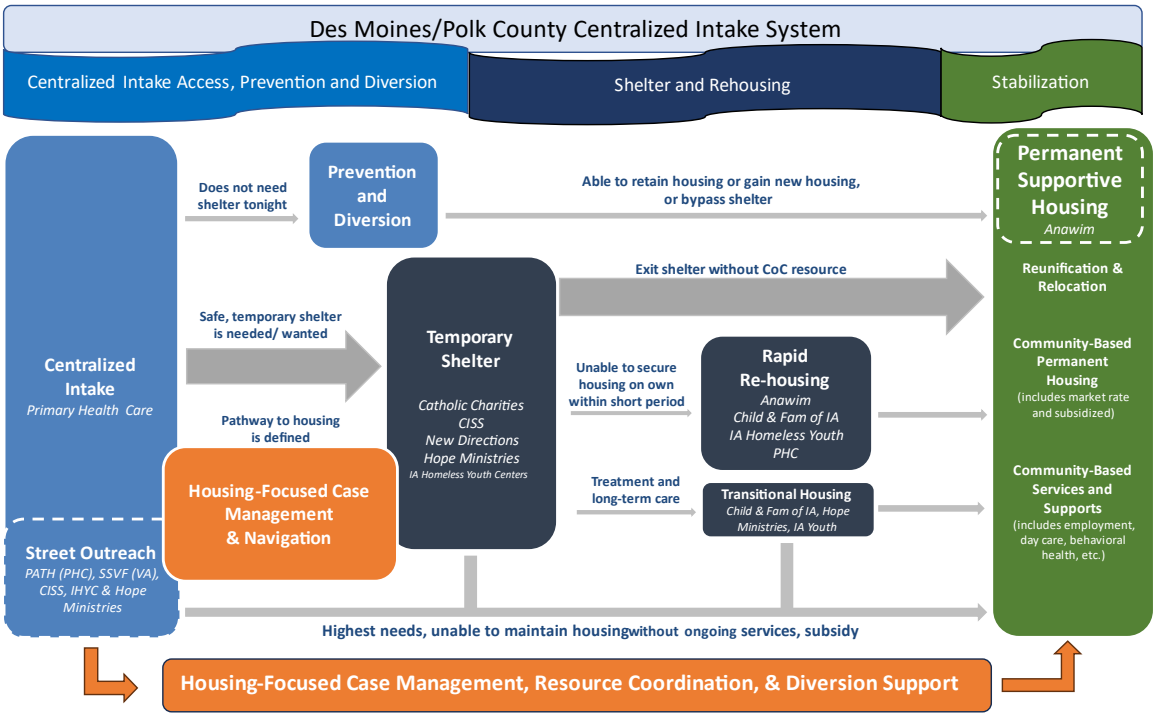
Recommendations for Housing-Focused Case Management:

- ✓ Strengthen **Housing Focused-Case Management** as a core feature of CI.
- ✓ Reinforce **Housing Focused-Case Management** as a core component of emergency shelter operations for all shelter participants.

Key to Success: *Housing-Focused Case Management*

- ✓ Individualized support provided to participants to address each person's specific housing barriers
- ✓ Participants are matched to suitable housing options based on their goals, needs, and barriers
- ✓ Support is provided in preparing housing applications and managing transitions to new housing, negotiating reunification with family/friends, relocation to communities where participants have reliable social connections
- ✓ Support services include family mediation, legal aid, building economic self-sufficiency through employment search and retention, acquisition of public benefits, personal safety planning and connection to health/behavioral healthcare.
- ✓ Housing focused case management can also be called navigation, housing central command and housing advocacy.

The figure below shows the important function of housing-focused case management (see orange sections of the system flow chart) as a design feature of the Des Moines/Polk County CoC CI.



Coordinated Intake Improvement Recommendations

CoC Provider Participation

Coordinated Intake works best when all CoC housing resources are included as part of the system management approach, receiving their referrals exclusively through CI. Some TH, RRH and PSH programs exist in the housing inventory count (HIC) as part of the system that serves people experiencing homelessness, but they do not manage their enrollment process through referrals from CI.

- ✓ Include all CoC housing resources in the Centralized Intake System. Consider supporting non-CoC funded or non-ESG funded programs with flexibility in referral acceptance protocols and data collection in HMIS as enticement to participate more fully in CI.

Marketing

While there are currently marketing strategies and efforts in place, they are not documented.

- ✓ Record, expand and track marketing strategies and efforts, ensuring access to those least likely to come for assistance.

Access

Centralized Intake at Primary Healthcare (PHC) is a highly impactful, housing-focused case management intervention. This is a model practice for integrating diversion and problem-solving with intake, resulting in a high-quality, client-specific crisis resolution plan.

- ✓ Clarify and expand policy whereby all people are ensured access to crisis services when PHC is closed.
- ✓ Track referral linkage rates and problem solve where eligible persons aren't receiving timely crisis response (e.g., shelter access, prevention, crisis intervention)
- ✓ Consider additional capacity to conduct CI assessments in the field or locations other than PHC offices to increase accessibility for people living unsheltered. This includes the potential for enabling street outreach workers to conduct the CI triage, intake, assessment.

Assessment

The assessment process must be a standardized practice across all entry points and populations. While different tools and questions may apply to specific subpopulations and household types, the process for administering the assessment must be the same.

- ✓ Define standardized CI assessment in the CI Policies and Procedures to include the following categories:
  - Core Components and Requirements for Centralized Intake
  - Coverage (geographic and subpopulations)
  - Marketing (Accessibility and Advertising)
  - Standardized Initial Assessment
  - Standardized Comprehensive Assessment Tool
  - Nondiscrimination (Fair Housing)

- ✓ Update current CI Policies and Procedures to describe the current standardized assessment tool and defined process with inclusion of the following specific assessment steps and data collection tools:
  - Basic Intake (i.e., Iowa Basic Intake)
  - Diversion screen – problem solving discussion prompts with disposition of Diversion/Rapid Exit results
  - Housing-focused assessment
  - Service needs assessment (identification of service needs that can be addressed by community-based providers outside the homelessness system)
  - Matching to housing intervention – determinations for potential CoC housing resources and inclusion of CI staff recommendations for housing pathways and service needs
  - Prospective eligibility determination – identification of possible housing resource options based on client self-reported response to program admission criteria
- ✓ Update CI Assessment training materials. Training materials provided were for Homeless Support Services at PHC. While more specific training may be provided, it was not specified in the documents reviewed. For instance, materials did not specify training related to trauma-informed care.
- ✓ Design an annualized CI system training program with printed or digital materials specific to the CI process, including but not limited to a slide presentation reviewing the CI Policy and Procedures manual
- ✓ Update CI Assessment protocols to expressly allow for a client grievance process aligned with clients' rights. Describe the process for clients who wish to file a complaint and any related procedures.
- ✓ Adopt a Participant Autonomy Policy indicating that participants may refuse to answer assessment questions without retribution which is reviewed with participants and requires a signature indicating participant receipt and understanding of the policy. As an alternative to having separate grievance and autonomy policies for participants to sign, consider having one signature form on which participants indicate receipt and understanding of multiple policies.

Prioritization

The prioritization process must be a standardized and transparent practice for all CoC housing resources and must align with CoC prioritization policy which defines criteria and data used to assess highest vulnerability, highest need, and highest acuity levels for prospective participants who are eligible and matched to available CoC resources.

CI prioritization factors are specific, well-defined, and well-positioned to match participants to interventions fitting their needs. While CI processes are designed to support access to CoC resources, those resources and very limited and the majority of persons experiencing homelessness in the Des Moines/Polk County CoC system resolve their housing crisis without them.

- ✓ Continue to pursue the practice of ***predictive risk modeling***. Predictive risk modeling uses available data from public systems (criminal justice, public health, child welfare, etc.) to automatically generate a risk score for each individual in a given HMIS, providing an efficient means of screening persons in HMIS without require additional data collection or entry.
- ✓ Continue use of dynamic priority list management where lists are actively managed to ensure all participants have active engagements in CoC services from the most recent 90-day period. Add new participants to project waiting lists only when sufficient project openings within the next 90 days are reasonably expected to accommodate at least 50% of participants on the waiting list.

Intervention Matching & Referral

The Centralized Intake process uses a Housing First and non-discrimination approach to the housing match and referral processes. Additional projects and resources within the Des Moines/Polk County CoC geographic area, not currently participating in the CI, provide shelter and supportive housing to persons experiencing homelessness or can be used as housing options.

- ✓ Expand CI housing match and referral options to include additional housing types for crisis resolution. Incorporate a standardized assessment that defines a housing resolution strategy or pathway for each household participating in CI. When capacity restraints limit the ability to refer households to RRH or PSH, identify other referral options such as the following:
    - Shared housing
    - Shallow subsidy
    - Relocation assistance for family re-unification
    - Diversion/problem-solving with Flex Fund
- ✓ While HMIS practices appears to be in alignment with HUD requirements, the CI policies approved by the Des Moines/Polk County CoC do not include a Participant Autonomy Policy stating that the receipt of services is not contingent on participant consent to share data in HMIS.

Evaluation

HUD requires CoC's to regularly evaluate CI compliance and functioning.

- ✓ Add an equity component to CI evaluation.
    - Determine outcomes by race, ethnicity, gender, age, and disability
    - Include follow-up steps as appropriate
- ✓ Develop performance measures and standards for Centralized Intake (e.g., length of time in program, length of time from CI assessment to CI referral, etc.)
- ✓ Use existing data and reports to track referrals and their outcomes to programs and/or housing created in response to system modeling to determine progress towards goals.
- ✓ The CoC should review and revise evaluation items at least annually to obtain meaningful feedback.
- ✓ Define specific steps or a more specific process to obtain feedback from CI participants and from CoC system partners at least annually.
    - Specify timing of evaluation and presentation of results
    - Include follow-up steps and time frames for any findings
- ✓ Consider updating the consumer survey to provide more meaningful feedback.
- ✓ Consider changing the timing of consumer surveys to facilitate ease of provision of feedback from all CI participants.