

# Optimizing the Homelessness Response System in Polk County

## January 2024

Due to increasing concerns among community leaders about the number of people experiencing homelessness in our community and the desire to provide an efficient and caring response, Homeward contracted with Housing Innovations of Columbus, Ohio, to review the homeless system in Polk County, Iowa. The resulting analysis helps the community understand what new resources, programming and service strategies are necessary to provide a robust response to meet the forecasted number of households we expect to enter the homelessness system. The report also made recommendations to improve Centralized Intake, a local service sometimes referred to as “the front door” of the community’s homelessness response.

## Overview of System Modeling

To create this report, Housing Innovations used the most current information available about the number of households experiencing or at imminent risk of homelessness and the current inventory of resources available to meet their needs.

The goal of this analysis is to create a set of reasonable assumptions to an “optimal” or “right-sized” homelessness response system that would fully meet Polk County’s needs. Many stakeholders in the community contributed to needed information to create the best possible model.

The model considers many types of services proven to help people experiencing homelessness, including emergency shelter beds, specialized housing units, and specialized support programs. This information is combined with average per unit cost data to estimate the cost of the “optimal” system.

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The concept of an ‘optimal’ system is aspirational. As Polk County works toward that goal, this report helps the community intentionally invest in services that are projected to make the biggest difference. The transition to this optimal status would likely take several years of deliberate, phased improvements and substantial additional investments.

As we work toward improvements, our community can continue to update this model to track progress and understand changing needs.

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## Program Models Considered in the Full Report

The “homelessness system” is comprised of many specialized interventions and services provided by a number of community partners working together to create a caring and effective response. Here are the types of services considered in the report:

**Homelessness Prevention** – Offers financial assistance (typically 3 months of rent assistance) and housing resource coordination, advocacy, and mediation.

**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 assessing housing needs, rapid housing placement, and linkage to other services. Average 60-day stay (singles), 120-day stay (families).

**Transitional Housing** - Project-based, time-limited housing with on-site services targeted to homeless adults and families in subpopulation groups (Domestic Violence, 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 available up to 24 months.

**Permanent Supportive Housing** - Project-based, clustered, or 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.

## Key Findings

For Des Moines/Polk County to achieve an “optimal” homelessness response system, our community needs to substantially expand several key services. The “optimal system” is an estimate of what it would take to provide sufficient high-quality services, emergency shelter, and rehousing capacity to fully meet the forecasted number of households anticipated to enter the homelessness system.

### To serve 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**

### To serve 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**

**Adding this capacity would require an estimated additional investment of \$19.65 million annually for individuals and families experiencing homelessness to have the appropriate resources and supports to become permanently housed.**

### Centralized Intake

Centralized Intake is a program managed by Primary Health Care at 1200 University Avenue in Des Moines that is often referred to as the “front door” of services for people experiencing homelessness in our Polk County. The research found that Centralized Intake currently complies with HUD federal requirements. Local advocates recognize substantial gaps exist between today’s homelessness response system and the optimal system. It is possible to build on today’s Centralized Intake program to provide the best possible service within current resources. The full report includes several recommendations to best leverage and maximize the impact of Centralized Intake.

### Immediate Next Steps for Greatest Impact

During the study process, several priorities for immediate action emerged. Des Moines/Polk County requires additional emergency shelter capacity for families. The increasing visibility of unsheltered homelessness on the streets of Des Moines requires concerted strategic focus to engage and rehouse this most vulnerable population.

**Create an additional 29 units of emergency shelter for families.** Currently, families experiencing homelessness must wait for shelter and often face hard decisions to break up their families or stay in unsafe situations while waiting for help. In 2023, thirteen families the highest number ever recorded in Polk County, were moved from their cars to shelter in hotels during the summer weather amnesty period. Families sleeping in cars or staying in unsafe locations should be priority for available emergency shelter units.

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

**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.

### 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.