

The Path Forward: *Strategies to advance an end to homelessness in Polk County*

Homeless Response System Community Plan



July 1, 2019

Prepared by Jill Spangler

Barbara Poppe and associates

The collective for impact

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Jill Spangler is a mastery-trained facilitator with a long record of success in collaborative program development and funding, strengthening organizational and system level capacity and effectiveness, results-based planning and evaluation, and multiple-partner visioning and accountability. Her practice is grounded in the belief in the inherent dignity and worth of all people, the practical use of factual qualitative and quantitative shared data, expert knowledge of rules and funding trends, deep understanding of best practice models and approaches, and years of experience in planning and outcome evaluation. Ms. Spangler has worked with many cities, counties, states and nonprofit organizations and during an eight-year stint at Abt Associates (from 2010 to 2018) served as Co-Chair of HUD's Continuum of Care Program Workgroup and answered questions for HUD's Ask-A-Question desk. Ms. Spangler founded the Spangler & Associates consulting firm in 1997 as a flexible

way to develop capacity, collaboration and impact in programs, organizations and communities working to end homelessness and tackle other important issues of our time. In addition to her consulting work for Spangler & Associates and [Barbara Poppe and Associates](#), she is currently a HUD Technical Assistance contractor through Training and Development Associates (TDA).

Barbara Poppe assisted in the refinement of strategy recommendations and production of the final report.

Acknowledgments

I would like to thank Angie Arthur, Jim Cain, Gary Wickering, and Patrick Schacherer for their passion, dedication, and collaboration on this project. Additional thanks to the Vision Work Group members for their guidance and input on the broader community response to homelessness. Thanks also to all the individuals who participated in the stakeholder interviews, for their willingness to share their knowledge and expertise.

Executive Summary

The negative impacts of homelessness and housing instability have been well documented. Stable housing improves child, youth, and adult outcomes for health, education, and economic well-being. Communities which strive to ensure all households are safely and stably housed will also achieve the ambitious goal of ending and preventing homelessness. To attain this vision, communities must implement and invest in best practices, tailor solutions to their community's specific assets and needs, and mobilize the broader community to stem the flow of families and individuals into homelessness and avoid entry into the homelessness response system. Strategy that supports and encourages public-private partnership and investments is a critical ingredient for success. Homelessness is an issue that can only be solved by working together, focusing on the needs of the family and individual, and implementing best practices to foster a path to economic and housing stability for each family and individual.

What does ending homelessness mean?

An end to homelessness means that every community will have a comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, **it is a rare, brief, and one-time experience.**

Specifically, every community will have the capacity to:

- Quickly identify and engage people at risk of and experiencing homelessness.
- Intervene to prevent people from losing their housing and divert people from entering the homelessness services system.
- Provide people with immediate access to shelter and crisis services without barriers to entry if homelessness does occur.
- Quickly connect people experiencing homelessness to housing assistance and services tailored to their unique needs and strengths to help them achieve and maintain stable housing.

U.S. Interagency Council on Homelessness

In January 2019, the Polk County Continuum of Care¹ (PCCoC) contracted with Barbara Poppe and Associates (BPA) to support and facilitate a community effort extending beyond the PCCoC Board. The intent was to identify, develop, and inspire support for a Homeless Response System Community Plan to benefit those experiencing homelessness or near homelessness that can be executed over the short- and mid-term to reduce homelessness in Polk County. The PCCoC has broadened and strengthened its governance infrastructure recently and is comprised of a strong cadre of organizations and institutions, including the Polk County Housing Trust Fund, local government, business, faith-based organizations, grant makers, public schools, the police department, and others. Furthermore, the PCCoC has a strong Homeless Management Information System (HMIS) lead in the Institute for Community Alliances (ICA) and has worked hard getting data from all primary organizations that serve homeless people.

¹ A Continuum of Care (CoC) is a community planning body required by HUD to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The CoC Program is a set of components and projects funded annually through a CoC Program Notice of Funding Availability (NOFA).

VISION WORK GROUP MEMBERS

- Matthew C. McDermott, *Attorney, CoC Board Chair*
- Eric Burmeister, *Polk County Housing Trust Fund*
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- Shelby Ridley, *Primary Health Care*
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- Chris Johansen, *Des Moines Municipal Housing Authority and City of Des Moines*
- Sarah Boese, *Polk County Supervisors*
- Cynthia Latcham, *Anawim Housing*
- Toby O'Berry, *Iowa Homeless Youth Centers*
- Angie Arthur, *Polk County CoC*

This project was led by the PCCoC and a separately established Vision Work Group that guided BPA consultant Jill Spangler to develop recommendations for strategic actions to reduce homelessness in Polk County. Through the community planning process, a view of the current state of homelessness in Polk County emerged, a specific set of priorities for action were identified, and clarity around a common vision was achieved. This document lays out the new Polk County Homeless Response System Community Plan, including information on the process, the current state of homelessness, foundational values described as platforms, and key focus areas described as pillars for the plan. It is designed to inform program implementation and development, funding

opportunities, and system enhancements for the region.

Table 1 The Community Plan at a glance –Platforms and Pillars

Right-Size Permanent Housing	Fidelity to Housing First	Implement Rapid Resolution	Cross-System Synergy
Community Collaboration			
Housing First			
Racial Equity			

Plan Platforms and Pillars

Platforms

Serving as a basis for this community plan and implementation of the recommendations, three (3) platform themes are integral. They are described in detail on pages 11-16 of this report, but Table 3 provides a summary of the themes and recommended actions related to them.

Table 3 The Platforms (additional recommendations and tactical actions are presented on pages 11-16 of this report)

<p>1) Community Collaboration: A collective impact framework will undergird implementation of the community plan and its elements.</p> <ul style="list-style-type: none">❖ Build PCCoC capacity to act as the backbone organization.❖ Set up a central website to provide consistent and shared information.❖ Use the community plan to support a shared community agenda and mutually enforcing activities.❖ Use data to make decisions. Expand capacity for real time data entry from emergency shelters and outreach; ensure a high level of data quality overall.
<p>2) Housing First: The homeless response system will quickly connect homeless people to permanent housing with few to no treatment preconditions, behavioral contingencies, or other barriers. Housing First yields high housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.²</p> <ul style="list-style-type: none">❖ Develop and widely disseminate educational and marketing materials to immerse the community and the homeless response system in the information and skills necessary to fully evolve a Housing First system.❖ Develop and track benchmarks to evaluate progress in the system change process.
<p>3) Racial Equity: The homeless response system has dedicated itself to understanding and ending the use of tools, processes, eligibility barriers and other yet-to-be-identified actions that caused an over-representation of black or African-American households in the homeless population while undermining equal access to permanent housing.</p> <ul style="list-style-type: none">❖ Continue work to remove bias in the assessment and referral process.❖ Include racial data in dashboard reports on performance.

² Lipton, F.R. et. al. (2000). "Tenure in supportive housing for homeless persons with severe mental illness," *Psychiatric Services* 51(4): 479- 486. M. Larimer, D. Malone, M. Garner, et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems." *Journal of the American Medical Association*, April 1, 2009, pp. 1349-1357. Massachusetts Housing and Shelter Alliance. (2007). "Home and Healthy for Good: A Statewide Pilot Housing First Program." Boston.

Pillars

Table 2 The pillars and key recommendations (additional recommendations and tactical actions are presented on pages 17-28 of this report)

Pillar 1	Right-Size Permanent Housing
	<ul style="list-style-type: none"> ❖ Scale permanent supportive housing (PSH) for singles and youth to fully meet needs. Leverage partnerships and new funding to provide for rental assistance, services, and development. ❖ Scale rapid re-housing (RRH) for families, singles and youth and implement using progressive engagement and fidelity to best practices. Leverage partnerships and new funding to provide for rental assistance and services.
	<i>Rationale: Homelessness ends when households have housing. There is currently insufficient PSH and RRH to end homelessness.</i>
Pillar 2	Fidelity to Housing First
	<ul style="list-style-type: none"> ❖ Undertake a system wide system change process (readiness, assessment, transition plan and timeline) to evolve to a fully Housing First system and network of programs.
	<i>Rationale: Homelessness ends when households have housing. Housing First ensures that even those with the longest periods of homelessness and greatest needs are able to be housed.</i>
Pillar 3	Implement Rapid Resolution
	<ul style="list-style-type: none"> ❖ Adopt rapid resolution (diversion) as a system-wide first response and secure funding for full implementation (staff/volunteer training, flexible client assistance funds and additional staff at high volume system access points).
	<i>Rationale: Rapid resolution is a tested process that focuses on solving immediate housing issues that have led to homelessness. It saves emergency shelter spaces for those who have no alternative.</i>
Pillar 4	Cross-System Synergy
	<ul style="list-style-type: none"> ❖ Undertake a systematic review of the movement of people into homelessness to understand interaction with key systems (e.g. criminal justice, behavioral health, healthcare, subsidized housing) and identify opportunities to reduce inflow into homelessness and increase outflow to sustainable housing.
	<i>Rationale: Coordinated efforts can stop or slow the movement of people into homelessness due to interaction with key systems (e.g. criminal justice) or lack of access to key systems (e.g. behavioral health, healthcare, subsidized housing). It is also easier for other systems to better and more inexpensively serve clients who have housing (e.g. public schools, behavioral healthcare, healthcare).</i>

Current State of Homelessness in Polk County

Since 2005, HUD has required all CoC applicants to complete a Point in Time (PIT) count every other year in the last week of January, in order to collect national data to report to Congress. The PIT includes an attempt to count all of the people living outside as well as all people living in emergency and transitional beds on a given night. This provides a snapshot of homelessness that can be compared annually. The PCCoC goes beyond the federal requirements and conducts a regional PIT with community volunteers and CoC member organizations in both winter and summer each year.

According to a comparison of five years of PIT count information, Polk County's homeless population has slowly declined, except for a slight increase in 2018. The 2019 PIT showed about half of the number of families with children experiencing homelessness in 2015 PIT count. Furthermore, only two family-households were chronically homeless in the 2019 PIT count, and none were unsheltered. The number of individuals experiencing homelessness between PIT counts in 2015 and 2019 decreased by 18%.

Unfortunately, there are two exceptions to the downward trend: 1) the number of youth aged 18-24 who are experiencing homelessness has increased by 27 percent; and 2) the number of households experiencing unsheltered homeless was about the same in 2019 as 2015, after a strong dip in 2016 and 2017, and a spike in homeless single individuals in 2018. The increase in youth homelessness may be due to an actual increase and/or to the addition of a youth drop-in and engagement program run by the Iowa Homeless Youth Centers which facilitated a better count of homeless youth since youth are often among the hidden homeless.

Another source of information on the numbers and experiences of people living in homelessness is HMIS data collected by outreach workers, emergency shelters, transitional and permanent housing providers, and the Polk County Centralized Intake system (CI). The HMIS enables an annual estimate of the number who experience homelessness. In each of 2017 and 2018, the system served more than 5,000 separate individuals, including children in families, over the course of the year. About 50% of people served in emergency shelters (less than that for families) were literally³ homeless before entering shelter. It is likely, based on experience in other

OVER PAST FIVE YEARS

- The number of people in households with children who were experiencing homelessness DECREASED 50%.
- The number of individuals in households without children DECREASED 18%.
- The number of Youth aged 18-24 INCREASED 27%
- The number of chronically homeless and unsheltered ultimately stayed the same.

³ Literally homeless individuals/families are individuals and families who lack a fixed, regular, and adequate nighttime residence, which includes one of the following: Place not meant for human habitation. Living in a shelter (Emergency shelter, hotel/motel paid by government or charitable organization). Exiting an institution (where they resided for 90 days or less AND

communities, that a high percentage of those households could have avoided homelessness (i.e. need to stay in emergency shelter) with light touch⁴ diversion resources.

Table 3 Polk Co. Trends in Homelessness 2015-2019

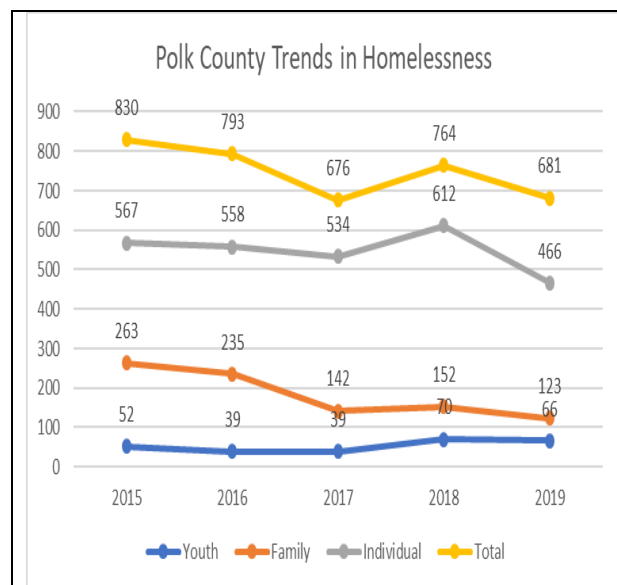
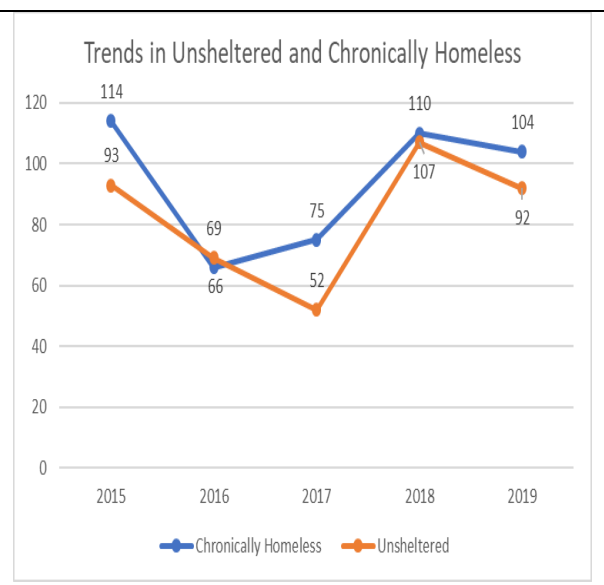


Table 4 Polk Co. Trends in Unsheltered and Chronically Homeless 2015-2019



The Polk County homelessness response system is comprised of:

- the response to the homelessness and vulnerability to homelessness of families with children;
- the response to the homelessness of single adult individuals; and
- the response to the homelessness of transition-aged youth (aged 18-24), who are represented in both of the other groups but are generally being assisted through a developing system of emergency day and overnight shelter, outreach, and housing assistance.

Each of the system's population-targeted parts is accessed through the CI, which is operated by Primary Health Care, Inc. (PHC). The purpose of CI is to provide common and consistent access to homeless assistance, including emergency shelter, housing, and diversion at time of assessment. Prevention assistance is not currently being accessed through CI. Components include assessment, referral and placement, ideally with all roads leading to quick resolution of homelessness via access to permanent housing.

In calendar year 2018, the CI conducted intake interviews with 2,314 households and completed assessments on approximately 1,600 of those households (see below for more on assessment).

were residing in emergency shelter or place not meant for human habitation immediately before entering institution).
Department of Housing and Urban Development.

⁴ <https://buildingchanges.org/news/2018/item/1007-diversion-can-help-families-exit-homelessness-quickly-simply-and-safely>

CI data showed that about 30% of homeless adult singles and families headed by adults, and 40% of homeless youth households (either single or families with children) needed permanent supportive housing and 60% needed rapid rehousing; 15% were deemed not to need CI housing assistance due to their ability to self-resolve by relying on their own resources and connections.

Data provided by CI can be used to track system level performance and identify unmet needs or glitches that cause delays in access to permanent housing. Unfortunately, although some individual programs report how many people leave their programs for permanent housing, at this time the HMIS and the CI have limited system-level data on actual entry into permanent housing due in part by the shortage of emergency shelter exit information. Not knowing the actual outcomes of the CI process is a real shortcoming for analysis and assessment and leaves the homeless response system working hard without knowing the results. Currently, thirty percent of the households completing assessments are referred to permanent housing of one type or another.

The PCCoC expectations⁵ are that CI will:

- Create a common language and message from the homeless assistance system.
- Eliminate multiple triages, intakes and referrals for clients to multiple shelters and/or housing.
- Create a single voice for available beds for shelters and housing; and
- Demonstrate efficiencies in matching homeless clients with appropriate community resources.

The CI uses the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT for individuals, VI-F-SPDAT for families, and VI-TAY-SPDAT for youth). The instrument is used to assess various health and social needs and then match them to the most appropriate housing interventions available (e.g., permanent supportive housing, rapid re-housing or affordable housing). The VI-F-SPDAT and VI-SPDAT have a built-in scoring mechanism that helps to assess the need for and prioritize access to housing assistance. A higher score usually leads to a higher prioritization for housing assistance. Families (headed by women or men) and individuals fleeing domestic violence have immediate access to specialized emergency shelter and are then assessed by CI for access to appropriate family or singles housing assistance.

The PCCoC has a range of housing interventions defined in detail in Appendix A.

- **Transitional housing (TH)** is a traditional housing model that provides housing for up to 24 months, along with a mandatory program aimed at preparing clients to access and remain in permanent housing. As this is inconsistent with HUD preferences for Housing First, TH in Polk County is funded through private dollars and does not participate in CI; the system would be stronger if TH projects did participate and were able to play a strategic role.

⁵ Polk County CoC Centralized Intake System for Homelessness Assistance Policies and Procedures, p.1

- **Rapid Re-Housing** (RRH) is a Housing First model that quickly links clients with rental assistance, case management and other flexible supports to resolve the existing housing crisis.
- The most intense and long-lasting housing option is **Permanent Supportive Housing** (PSH) that provides ongoing voluntary services and non-time-limited housing subsidy for people with disabilities and long-term homelessness.

The CI policy is to reserve openings in PSH for chronically homeless individuals and families. According to HUD definition, chronic homelessness is marked by having a disability and being homeless for at least 12 consecutive months or episodically for three years.⁶ For families that can include a disabled child; for singles it means the head of household is disabled. Disabilities may include serious mental illnesses such as schizophrenia and bipolar disorder, traumatic brain injuries and post-traumatic stress, HIV, severe physical limitations, and debilitating addiction. Many people who are chronically homeless have more than one of these conditions at the same time. This practice is consistent with HUD funding requirements and is a practical strategy for reducing chronic homelessness and the amount of public resources spent on people who are homeless for long terms. However, the inadequate supply of PSH means that other homeless individuals and families who may need PSH but have not been homeless multiple times or consecutively for more than a year, are not able to be placed in PSH. For now, the supply of available PSH and RRH in Polk County is insufficient for the need.

The PCCoC and the CI are making housing matches based largely on VI-SPDAT scores. Currently, they are undertaking a process to examine the assessment instrument for unintended bias, because of the data on the inequitable access to PSH for black households compared to white households. Another practice that appears to be having the impact of skewing scores is that the information for the VI-SPDAT is almost entirely based on self-reporting, even when evidence or documentation disputes the self-reported information. The assessment tool does not distinguish between degrees of disability, severity of needs, or level of threat or actuality of abuse or danger. National best practices suggest that the CI use a combination of scores and professional judgement, concentrating first on persons who are chronically homeless and unable to secure permanent housing without assistance. They have a rich data base of those scores and their clients' needs. With so much client-level data, the PCCoC also has the opportunity to dig further into the actual local supportive service needs necessary to maintain stable housing. This investigation and analysis should lead to ever more refined and customized responses to homelessness.

⁶ According to HUD's CoC Program interim rule, chronic homeless is the experience by an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

Homeless Families with Children

About 18 percent (123) of the 682 people experiencing homelessness identified in the January 2019 PIT count were living in families with children. That represented 39 family households. Thirteen of the individuals were in households headed by homeless youth (under 24 years). Two of the family households, comprising 9 individuals, were identified as being chronically homeless. Significantly, no homeless families with children were identified as being unsheltered in the 2019 PIT count, a finding that has been consistent in winter and summer PIT counts for several years. An array of emergency shelter programs, along with strategic use of a fund to pay for hotel/motel beds for families who do not fit in any of the emergency shelter programs, has prevented families with children from going unsheltered (i.e. not on the streets, in the Sky Walk, in a tent, under bridges, in an abandoned building, or a car or another vehicle, or anywhere else not meant for human habitation). Those efforts should continue.

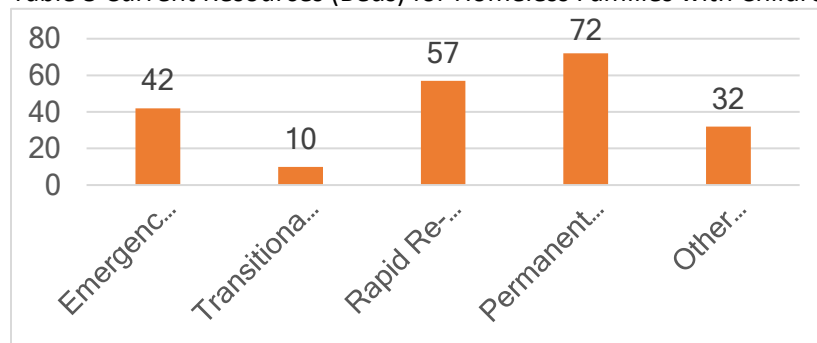
Very few families are homeless repeatedly or for long periods (at least a year). However, the PCCoC is concerned by the number of families with high levels of need who are housing unstable, including families at risk of homelessness who are identified by the public school system. New prevention and diversion efforts that focus on families facing eviction and those identified by the schools will reduce the impact of homelessness on the families and on the homeless response system. (See page 29 for details.) Increased access to RRH will move families more quickly into permanent housing and out of homelessness, but the data show little need for additional PSH for families.

The PCCoC has a deep and passionate dedication to sheltering and housing homeless families with children, including families without a fixed address who are at risk of literal homeless. Polk County, like communities everywhere in the country, has a shortage of affordable housing for low and very low-income households. This shortage leaves many households paying large percentages of their income to rent and extremely vulnerable to homelessness. The Des Moines Public Schools identified 1,117 school children who were literally homeless or “couch-surfing” homeless during the 2018-2019 school year. The PCCoC and its family shelter providers are trying mightily to meet the needs of those at-risk families, but sometimes find the family needs do not match system priorities, policies, or resources.

Notes on Utilization of Family Resources

- Fewer than 50% of families served by emergency shelter are literally homeless at time of admission (BPA benchmark 65% - see more in Appendix D).
- Older PSH models did not require long time homelessness or high vulnerability, so now half of current PSH units are occupied by individuals and families who were not chronically homeless at entry.
- Most high-scoring family households were served with RRH and the vast majority did not return to homelessness for at least two years.

Table 5 Current Resources (Beds) for Homeless Families with Children*



**For planning purposes, resources for Veterans have not been included in this chart, as they appear to be sufficient to meet current Veteran family needs and they are not available to non-Veterans.*

Homeless Households without Children (Singles)

In Polk County, chronic and unsheltered homelessness is experienced almost entirely by single adults living in households without children. These households include those with the least amount of positive interaction with public and private services and institutions, the most problematic credit and incarceration histories, and the most refractory substance abuse and mental health issues. Despite those challenges, they have friendships, significant others, pets, jobs, and the desire for a home. In 2018, the CI conducted intake interviews with 1600 single individuals who were experiencing homelessness.

Chronic Homelessness

To be considered chronically homeless by HUD and the PCCoC, a single individual or family must have a documented disability and have been homeless continuously for more than one year, or homeless multiple times in three years.⁷ The condition of being homeless – congregate living in noisy and crowded shelters; lack of a fixed schedule and location for eating, sleeping and taking medications regularly; exposure to the elements; high risk of danger, abuse, and victimization – exacerbates health conditions and disabilities. A long-term or permanent housing subsidy along with a range of ongoing and customized supportive services has been found to be the most effective intervention for people who are chronically homeless. Numerous cost studies across the country have also demonstrated the cost-effectiveness of PSH. PSH can be at a single site model or a scattered site model. In Polk County, 104 individuals were identified as chronically

Notes on Utilization of Single Adult Resources

- Only 50% of singles served by emergency shelter are literally homeless at time of admission. (BPA benchmark is 65% - see more in Appendix D)
- Older PSH models did not require long time homelessness or high vulnerability, so now half of current PSH units are occupied by individuals and families who were not chronically homeless at entry.
- Due to a lack of PSH, high-scoring households were served most often with RRH and the vast majority did not return to homelessness for at least two years

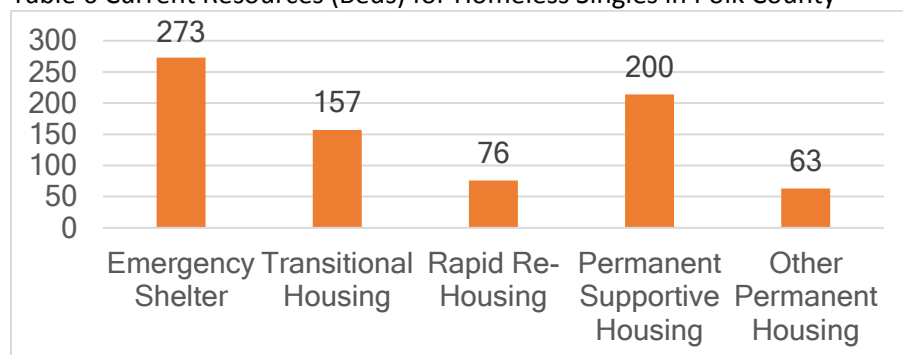
⁷ Per CoC Program interim rule: Chronic homelessness is the experience by an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

homeless in the 2019 Point in Time count. About half of those (60) were living in emergency shelter or transitional housing; the rest (64) were unsheltered.

Unsheltered Homelessness

In the 2019 Point in Time count, 92 individuals were identified as living and sleeping outdoors, in unsheltered conditions; 70 percent of those individuals were found to be chronically homeless. Unsheltered people in Polk County are living under awnings and in tents, in doorways, in the Skywalk, in abandoned and dangerous buildings, under pieces of cardboard, and in cars or other vehicles. In most situations they are living without access to electricity, running water or sanitary toilets. Unsheltered homeless people are more likely to have encounters with police and jail, fire departments and emergency management, and hospital emergency rooms. In Polk County, housing unsheltered chronically homeless people should be the first priority for the homeless assistance system.

Table 6 Current Resources (Beds) for Homeless Singles in Polk County*



**For planning purposes, resources for Veterans have not been included in this chart, as they appear to be sufficient to meet current Veteran family needs and they are not available to non-Veterans.*

Homeless Transition-Aged Youth

The picture for youth aged 18-24 who are experiencing homelessness is different than for single adults or families headed by adults. HUD and others consider the time period when children mature from childhood to adulthood as a transitional time, generally experienced by youth between the ages of 18 and 24. National data show many transition-aged youth (TAY) lack adequate education, employment, and bill-paying experience. They have a high risk of being sexually abused or trafficked for sex or labor; are more likely to be LGBTQ than the general population; and often have either run away from family or have aged out of the foster care system. In Polk County, the Iowa Homeless Youth Centers opened a drop-in center and emergency shelter, as well as provides access to a small supply of housing assistance. In the 2019 PIT count, 66 youth were identified as homeless; 53 were single and 13 of the youth were head of households for families with children. None were chronically homeless, but youth in Polk County tend to score higher on the vulnerability index and have housing challenges unique to

their age group. Increased access to both RRH and PSH as well as continued implementation of the Plan to End Youth Homelessness will decrease the needs.

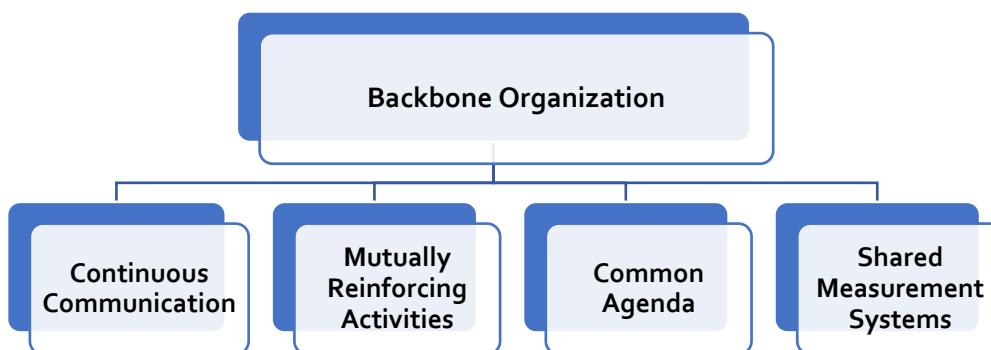
The PLAN: Platforms (Foundational Values)

The Community Plan process found strong consensus on three foundational themes or values deemed integral to any type of action or strategy to be implemented by the PCCoC currently and in the future. These “platforms” were envisioned to guide and support planning and implementation.

1) Community Collaboration
2) Housing First
3) Racial Equity

Platform 1: Community Collaboration

A “Collective Impact” framework has been adopted by many other communities and underlies their progress on reducing homelessness; the components are shown in the figure below. A collective impact framework will undergird implementation of the community plan and its elements.⁸



Backbone Organization

Important step:

- ❖ Build PCCoC capacity to act as the backbone organization.

The PCCoC is the best fit to serve as the backbone organization for collective impact in Polk County, since it exists as a HUD-recognized community planning body that convenes and

⁸ Fay Hanleybrown, John Kania, & Mark Kramer. Stanford Social Innovation Review, “Channeling Change: Making Collective Impact Work.” January 26, 2012 https://ssir.org/articles/entry/channeling_change_making_collective_impact_work. John Kania & Mark Kramer. “Collective Impact.” Stanford Social Innovation. Review. Winter 2011 https://ssir.org/articles/entry/collective_impact_work.

supports the regional homeless crisis response system. Membership is open to all organizations—private and public — that address homelessness within the region.

PCCoC oversees the Homelessness Management Information System (HMIS) led by the Institute for Community Alliance, the Centralized Intake System (CI), the annual Point-In-Time (PIT) Count, the collaborative application to the U.S. Department of Housing and Urban Development for CoC funding, coordinates other federal and state funding with local jurisdictions, and provides a forum for information sharing and networking among providers.

The PCCoC will do the following as backbone organization:

- Act as the homelessness thought leader and hub for resources and information.
- Serve as point-of-contact for media and public information with consistent messaging around homelessness, best practices, and local initiatives.
- Develop and implement fund development policies and priorities for the system that include grant research and proposal development, support for provider proposals and public initiatives, and queries to other funders and partners.
- Develop a “participating agencies” document for member organizations that defines roles, responsibilities, standards, as well as performance expectations. This furthers collective impact and accountability.
- Coordinate problem solving as issues arise.
- Organize a funders collaborative that includes current and potential local public and philanthropic investors. The Hilton Foundation recently issued a report⁹ about the Los Angeles Home For Good Funders Collaborative.

Further, the purpose, goals and tasks of the existing Director’s Council and the Homeless Coordinating Council (HCC) should be clarified within the context of PCCoC’s new roles. These councils could serve as CoC committees or advisory bodies. For example, the HCC as a group of key local policy makers and funders, could take on the task of preserving affordable housing and set aside a portion of the units for PSH. They can learn more from the Mental Health Association of Oklahoma (MHAOK), who has used this approach¹⁰ to preserve rental housing while adding units targeted for use as PSH.

Continuous Communication

Important step:

- ❖ Set up a central website to provide consistent and shared information.

⁹ Abt Associates Inc. Conrad N. Hilton Foundation. “Home For Good Funders Collaborative: Lessons Learned from Implementation and Year One Funding.” May 2013 <https://www.hiltonfoundation.org/learning/home-for-good-funders-collaborative-lessons-learned-from-implementation-and-year-one-funding>

¹⁰ Mental Health Association of Oklahoma. “How Our Housing Model Works.” <http://mhaok.org/our-work/our-housing-model/housing-model/>

All PCCoC documents, including PIT, HIC and other information about the experience of homelessness and the effectiveness of the homeless response system should be routinely posted on a well-publicized website. The Houston Coalition for the Homeless, acting as the collective impact backbone, led efforts to significantly decrease the number of people experiencing homelessness - their website helped that community understand the needs, strategies, and progress¹¹.

Shared Agenda and Mutually Reinforcing Activities

Important step:

- ❖ Use the community plan to support a shared community agenda and mutually enforcing activities.

While every provider, agency, organization and individual has its own organizational goals, responsibilities, legal parameters, constituency, the effectiveness of collective impact is setting a shared agenda carried out through mutually reinforcing activities. The Community Plan seeks to provide a shared agenda and ideas about mutually reinforcing activities. (More detail about synergy can be found on pages 31-33 of this report.)

Shared Measurement: What Gets Measured Gets Done

The first steps to take are:

- ❖ Use data to make decisions for planning, resource allocation, and tracking progress.
- ❖ Expand capacity for real time data entry from emergency shelters and outreach; ensure a high level of data quality overall.

The HMIS (homelessness management information system) should be the primary data system used to track progress. HUD's system and project level performance measures and benchmarks can form the foundation for system and program metrics. Additional locally defined measures and benchmarks should be developed and monitored for goals and actions not included in the HUD standards. The Institute for Community Alliances (the HMIS lead) can and should play a significant role: issuing and explaining performance reports, pointing out significant factors and results, and monitoring data quality. The PCCoC and its members must ensure data is accurate, complete and timely with strong incentives to do it well and consequences for failing to do so. This may require additional staff, ongoing training and technical assistance for the providers, customized reports that are reviewed regularly, and public sharing of the reports. Suggested areas of data and analysis enhancement are described below:

- Establish benchmarks and performance outcomes for the system and programs that make up the system (see Appendix F for BPA recommendations).
- Dashboards should include at least the number of unduplicated singles, families and youth served during specified time periods; number of people who enter each housing

¹¹ www.homelesshouston.org

type; and **number of exits to permanent housing** in each category. The Houston Coalition for the Homeless uses dashboards to help drive coordinated strategies resulting in cutting homelessness there by half.¹²

- Identify research partner to support data analysis and research necessary to undertake cross-system strategies (e.g. frequent users, police, fire and hospital data to identify and evaluate strategies to house frequent users of public services).

For more on how to organize a collective impact structure, see Stanford Social Innovation Review's publication on collective impact¹³.

Platform 2: Housing First

"This is what we mean by Housing First: that homelessness is a problem with a solution, and that the solution is housing. For everyone. Whether you follow the rules or not. Whether you are "compliant" with treatment or not. Whether you have a criminal record or not. Whether you have been on the streets for one day or ten years."

National Alliance to End Homelessness

Homelessness is a complex issue that has many causes and roots; first and foremost a lack of housing they can afford. People with symptomatic or refractory serious mental illness or substance abuse problems, histories of incarceration, repeated evictions or dismissal from emergency shelter or homeless housing programs, poor credit, and little or no income have even more challenges in obtaining permanent housing.

The second platform or core value is support for Housing First, a housing strategy that moves homeless individuals or families immediately from the streets or homeless shelters to their own housing while concurrently providing customized supportive services in a manner that emphasizes a non-coercive, recovery-oriented approach. It is more effective than the "housing readiness" approach that requires homeless people to improve their health, income, or skills before they qualify for permanent housing assistance. Housing First is proven and applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields

¹² <http://www.homelesshouston.org/continuum-of-care/dashboards-2/december-2018-continuum-of-care-dashboards/>

¹³ Christopher Keevil & John Martin. Stanford Social Innovation Review. "How to Organize Alliances of Multiple Organizations: Part 1." March 14, 2012 https://ssir.org/articles/entry/how_to_organize_alliances_of_multiple_organizations_part_1

higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.¹⁴

Core Components of a Housing First System¹⁵

- Street outreach providers, emergency shelters, and other parts of the crisis response system are working closely with housing providers to connect people to permanent housing as quickly as possible.
- The community has a data-driven coordinated assessment system for matching people experiencing homelessness to the most appropriate housing and services based on their needs.
- The community has a unified and streamlined process for applying for rapid re-housing, supportive housing, and/or other housing interventions.
- Community leaders work collaboratively to ensure that a range of affordable and supportive housing options and models are available to meet local needs.
- Policies and regulations related to supportive housing, social and health services, benefit and entitlement programs, and other essential services do not create needless barriers to housing.
- Communities work to ensure that people are not evicted back into homelessness whenever possible.

Housing First recognizes and responds to the unique needs and abilities of each homeless individual and family. Rapid re-housing and other housing placement assistance can provide a bridge from homelessness to sustainable housing, and emergency shelter can play a critical role by offering immediate and low-barrier access to anyone facing a housing crisis.¹⁶ PSH, with comprehensive, long-term support, is reserved for the relative few who are chronically homeless with severe disabilities.

Important steps:

- ❖ Develop and widely disseminate educational and marketing materials to immerse the community and the homeless response system in the information and skills necessary to fully evolve a Housing First system.
- ❖ Develop and track benchmarks to evaluate progress in the system change process.

¹⁴ Lipton, F.R. et. al. (2000). "Tenure in supportive housing for homeless persons with severe mental illness," *Psychiatric Services* 51(4): 479- 486. M. Larimer, D. Malone, M. Garner, et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems." *Journal of the American Medical Association*, April 1, 2009, pp. 1349-1357. Massachusetts Housing and Shelter Alliance. (2007). "Home and Healthy for Good: A Statewide Pilot Housing First Program." Boston.

¹⁵ "Deploy Housing First Systemwide." <https://www.usich.gov/solutions/housing/housing-first/>

¹⁶ *The Emergency Shelter Learning Series* from NAEH provides a collection of webinars and resources focused on explaining the philosophy and practice of effective emergency shelter. <https://endhomelessness.org/resource/emergency-shelter/>

Platform 3: Racial Equity

"The conclusion of this investigation shows there is significant racial disparity in the placement of emergency shelter clients and households into permanent supportive housing. Causal factors include significant racial disparity in disability determination, in scores on the VI-SPDAT, and a less significant disparity of household structures."

Dr. Ehren Stover-Wright in

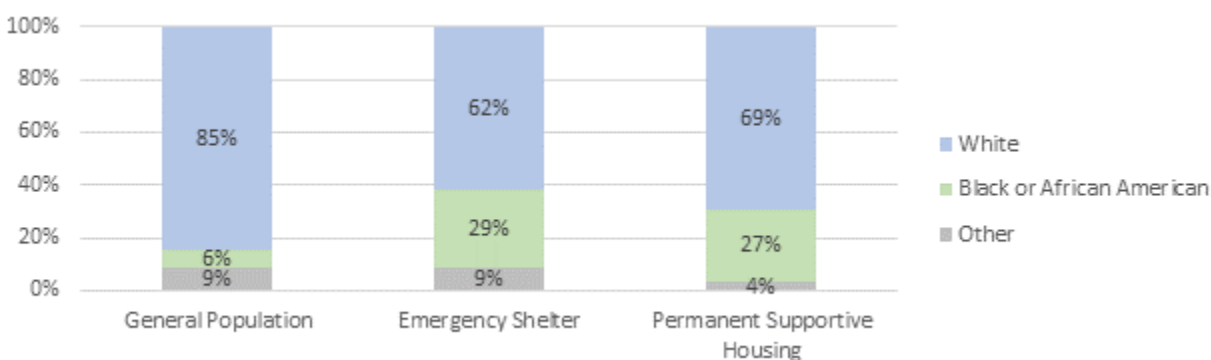
"An Analysis of the Impacts of Race on Homelessness and Homeless Service Provision in Iowa"

Striking data shows that homelessness is disproportional to black or African American people in Polk County¹⁷. Dr. Ehren Stover-Wright's August 2018 study found that 29 percent of emergency shelter services were utilized by Black or African American people even though they comprise only six percent of the general population. Studies have shown that eviction and incarceration effect black women and men respectively, at much higher rates than because black men are disproportionately incarcerated and black women are disproportionately evicted.¹⁸ Fidelity to Housing First could reduce some of this disparate impact since Housing First eliminates barriers related to incarceration, eviction, and income requirements.



Figure 1 Equality is treating everyone the same. Equity is giving everyone what they need to be successful.

Table 7 Polk County 2017 Homeless Household Placement by Program Type and Race¹⁹



¹⁷ Dr. Ehren Stover-Wright. "An Analysis of the Impacts of Race on Homelessness and Homeless Service Provision in Iowa." August 2018.

¹⁸ Matthew Desmond. "Evicted: Poverty and Profit in the American City." 2016.

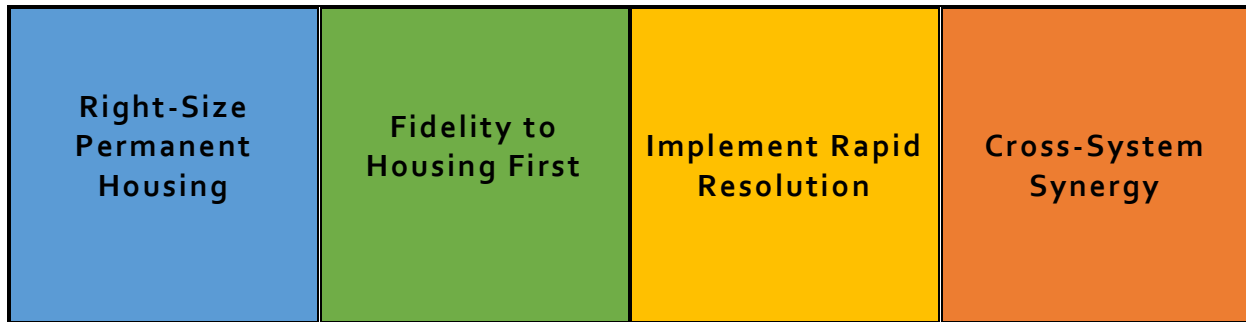
¹⁹ Email communication with Angie Arthur. August 2019.

With the aid of data provided by the CI, the PCCoC is studying whether there are biases in the assessment questions or in the way the assessors ask the questions. The Des Moines Civil and Human Rights Commission is also working with the City of Des Moines to modify public policies that contribute to higher rates of poverty and homelessness for African Americans, and a regional vision plan called Capital Crossroads, works to advance three critical drivers of success through its Social Capital initiative. Their racial equity tool was used in the process of developing this community plan.

Important steps:

- ❖ Continue work to remove bias in the assessment and referral process.
- ❖ Include racial data in dashboard reports on performance.

The PLAN: Pillars (Areas of Focus)



These pillars will build upon the foundation that existing programs and providers have built over the past years, which are responsible for the progress to date. By focusing new investment in these specific areas, progress on reducing homelessness will be accelerated. The Four Pillar framework will also provide the flexibility to adjust the collective community response to homelessness over time.

Pillar 1: Right-Size and Expand Permanent Housing

"Permanent housing is what ends homelessness. It is the platform from which people can continue to grow and thrive in their communities."

National Alliance to End Homelessness

Key Strategies:

- ❖ **Scale permanent supportive housing (PSH) for singles and youth to fully meet needs. Leverage partnerships and new funding to provide for rental assistance, services, and development.**
- ❖ **Scale rapid re-housing (RRH) for families, singles and youth and implement using progressive engagement and fidelity to best practices. Leverage partnerships and new funding to provide for rental assistance and services.**

Rationale:

Study after study has shown that Housing First permanent housing (including both PSH and RRH): resolves homelessness and increases housing stability (up to 98% of chronically homeless tenants remain in permanent supportive housing); improves quality of life (fewer symptoms of mental illness, reduced use of substances, fewer incarcerations, fewer emergency room visits, better overall health, increased income); and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons.

There are many types of permanent housing, including market rate rentals and home-ownership, but in this case, we refer to housing that is at least partially subsidized for a short, medium or long-term to make it affordable to very low-income households. Permanent housing may or may not include access to a range of free supportive services to help with challenges related to housing stability. Typically, supportive services include access to regular and ongoing case management to help with problem solving and service linkages, mental health and substance abuse treatment and support, education and job skills, childcare, and legal services. Public Housing Authority Housing Choice Vouchers (aka Section 8) are an example of a long-term rental subsidy with no additional supportive services.

Key Strategy: Increase permanent supportive housing (PSH)

Permanent supportive housing (PSH) is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability. PSH provides community-based housing enabling formerly homeless individuals and families to live as independently as possible. PSH can be at a single site model or a scattered site model. Numerous cost studies across the country have demonstrated the cost-effectiveness of PSH.

The first priority for admission to PSH should be for those who experience chronic homelessness. National homelessness research experts, as well as HUD, agree that Housing First PSH is by far the most effective model for long term housing stability and is the most cost effective use of community resources because of the cost of chronic homelessness to the community when police, emergency medical, fire, hospital and other costs are factored in. Additionally, visible populations of unsheltered chronically homeless people add stress to communities and create resentment among housed and unhoused citizens. However, not all people experiencing chronic homelessness may need PSH; some can be helped with less intensive and long-term support such as RRH. Once all chronically homeless people have been housed, there will be room for non-chronically homeless people with severe disabilities who might be best assisted with PSH.

The CI reports that there are people on the by-name-list of people who are chronically homeless who have low VI-SPDAT scores and they are being housed in PSH ahead of non-chronically homeless people with very high scores. This situation should be studied further, to ensure that the scores are an accurate reflection of need, and if they are, it might be reasonable to occasionally change priority on a case-by-case basis specific to literally homeless individuals with very severe disabilities who are in current or very imminent danger.

Tactical Actions for PSH increase

- ❖ Fully fund the Expanding Choice in Housing Opportunities (ECHO) initiative²⁰ to make available up to 30 PSH units for chronically homeless individuals by giving Housing Choice Vouchers to long-term PSH residents who are stably housed.
- ❖ Develop a multiple-partner initiative to create a pipeline of at least 100 new PSH units by using Low Income Housing Tax Credit (LIHTC), HUD 811 Mainstream Vouchers, HOME, CDBG, and other affordable rental housing development tools.
- ❖ Continue to deploy housing vouchers with services for chronically homeless individuals and families through the CAP program but eliminate the income and mandatory service requirements.
- ❖ Set aside a portion of preserved affordable housing units for PSH and create services partnerships based on an approach by the Mental Health Association of Oklahoma (MHAOK).²¹

Based on a review of PIT and CI data, as well as national expertise, we estimate that the preponderance of need for new PSH is for single adults (more than 100 new or re-purposed units) and single youth. At the time this report is being written in June 2019, HUD CoC is not funding new PSH units for populations who are not chronically homeless (other HUD funding sources can be used). This design means that at least part of the funding for youth PSH will need to come from non-CoC funding sources.

Key Strategy: Scale rapid re-housing (RRH) for families, singles and youth and implement using progressive engagement and fidelity to best practices. Leverage partnerships and new funding to provide for rental assistance and services.

The housing intervention with the widest impact and least cost is rapid re-housing (RRH), and it should be more available in Polk County. RRH offers a cost-efficient, immediate and effective way to help people exit homelessness. RRH, informed by a Housing First approach with progressive engagement, is a critical part of a community's effective homeless crisis response system. Most households experiencing homelessness are good candidates for RRH including those with no income at admission, with disabilities, and with poor rental history. Exceptions include households that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction. In and of itself, RRH is not designed to comprehensively address poverty or all service needs.

²⁰ The ECHO initiative is currently awaiting startup of a "pilot" to provide vouchers for ten individuals now housed in Anawim PSH.

²¹ Mental Health Association of Oklahoma. "How Our Housing Model Works." <http://mhaok.org/our-work/our-housing-model/housing-model/>

Instead, RRH solves the immediate crisis of homelessness, while connecting families or individuals with appropriate community resources to address other service needs.²²

RRH rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. There are three core components of rapid re-housing: 1) Housing Identification; 2) Rent and Move-In Assistance; and 3) Rapid Re-Housing Case Management and Services. According to HUD's 2014 RRH Policy Brief, the focus of services in rapid re-housing is primarily oriented toward helping households resolve their immediate crises, find and secure housing, and connect to services if/when appropriate. Case managers should monitor and provide ancillary services in the short run to promote obtaining and maintaining housing. Progressive engagement refers to a strategy of providing a small amount of assistance then increasing assistance only when required. This may be a contrast to many programs in which the focus is providing comprehensive support to each household and remaining engaged for a longer period of time. Progressive engagement is a lighter-touch (typically six months or less) approach allows financial and staff resources to be directed to as many individuals/households experiencing a housing crisis as possible. At the same time, depending upon funder flexibility, programs should be designed to allow households to return for more assistance if they need it at a later time.²³ The National Alliance to End Homelessness (NAEH) has many resources available to help programs implement effective rapid re-housing, including rapid re-housing performance benchmarks and program standards.²⁴

RRH is being implemented in the Polk County community by Primary Health Care, Iowa Homeless Youth Centers, and West Des Moines Human Services. Generally, these RRH programs are serving households with a high number of challenges and vulnerability - 80 percent of the households in one project scored in the high vulnerability category, meaning they had needs that qualified them for PSH. With average rental assistance lasting six months, more than 70% of households that exited RRH to permanent housing did not return to homelessness after two years. There is critical shortage of RRH placements. In January 2019, 344 households were on a waiting list for RRH; they had been assessed as eligible but were unable to be matched due to lack of RRH capacity. The PCCoC currently has contracted capacity to serve about 133 households annually, although they typically serve more with short or medium-term rapid re-housing.

Tactical Actions for RRH

- ❖ Establish plan for RRH expansion through leveraging of partnerships and new funding to provide for rental assistance and services.

²² HUD's 2014 Rapid Re-Housing Policy Brief. <https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf>

²³ Ibid

²⁴ National Alliance to End Homelessness. "Rapid re-housing performance benchmarks and program standards." February 15, 2016 <https://endhomelessness.org/resource/rapid-re-housing-performance-benchmarks-and-program-standards/>

- ❖ Assess current RRH programs for fidelity to best practices and identify ways to improve program performance.²⁵
- ❖ Develop RRH standards for targeting, assistance amount and type, and duration of assistance.
- ❖ Use RRH as a bridge to PSH when RRH has proven to be insufficient in meeting household needs.

Other Permanent Housing Strategies

Recruit and support private landlords with affordable units

Given the tight market for affordable rentals across Polk County, it is even more difficult to place households with poor credit, history of eviction, or a criminal history. As noted by the United States Interagency Council on Homelessness (USICH), “Private market landlords are critical partners in the work to help people quickly exit homelessness. Successful landlord partnerships are locally driven and involve ongoing engagement.”

Tactical Actions for Landlords

- ❖ Recruit landlords to participate in a centralized listing process of currently available units for individuals and families in search of housing. [Open Doors Atlanta](#) is a strong model developed through partnership led by the real estate sector. In Oregon, they created an effort called “[A Home for Every Vet](#)” with one component focused on landlord recruitment. The NAEH offers other ideas on its website at www.endhomelessness.org.
- ❖ Create a housing stability or risk mitigation fund to cover costs due to excessive damage done to a unit beyond what the security deposit will pay. Per USICH, “Generally, communities have found that they are not used as frequently as expected, but that just having this added protection in place can be a game changer when asking landlords to rent to someone that they consider “high risk,” such as people with a poor rental history, low or no income, and/or past involvement with the criminal justice system.” For Open Doors Atlanta, a rent guarantee is paid in event the tenant defaults. In exchange for this guarantee the landlord waives some admission barriers. This guarantee is administered by a third party with expertise in providing rent guarantees and intermediary organization holds the funds that pay the claims for tenants covered by Open Doors Atlanta.
- ❖ Expand the Housing Navigator capacity to manage and administer the landlord recruitment and support efforts and to be accessible to a larger number of people seeking RRH and PSH. Require participating providers to agree to follow a landlord support protocol in an MOU that includes emergency contact information, so both landlords and providers know what to expect.

Additional resources and partners will be required to implement the above recommendations. Most communities raise private and philanthropic funding to support the risk mitigation fund.

²⁵ <https://www.huduser.gov/portal/sites/default/files/pdf/Systematic-Review-of-Rapid-Re-housing.pdf>

Preserve housing affordable to households earning less than 30% Area Median Income²⁶

With a shortage of affordable rental housing for extremely low-income households, Polk County and the cities within its borders must make every effort to preserve existing affordable housing residences, including non-traditional housing like weekly hotels/motels, single-room-occupancy (SRO) units, rooming houses, and group homes. For buildings in poor condition, efforts to work with property owners to make required improvements for health and safety will be necessary.

Tactical Actions affordable housing

- ❖ Expand the existing Landlord Mitigations Fund and the Tenant Assistance Fund through funding with assessments (Premiums) on landlords.
- ❖ Create a protocol with City code enforcement that connects with City housing and community development to advance efforts to preserve affordable rental housing.
- ❖ Develop an inventory of existing affordable housing and determine owner interest in upgrading and keeping their properties affordable to low income renters with histories of homelessness.
- ❖ Explore the efficacy of shared housing that uses written agreements and ongoing support to formalize the co-residence of two or more individuals or families within the same housing unit where each individual/family contributes to the household's finances and upkeep using their own income, benefits, and skills. A good place to learn more is Sacramento Self-Help Housing.²⁷

Key Values in Which to Operate

The PCCoC aims to operate a homeless assistance system that is efficient, effective and dynamic – meaning that people living in PSH or other subsidized settings should be able to move into more appropriate or desired settings as their needs change, i.e. move from one PSH program to another, move out of PSH, move from RRH to PSH without losing eligibility, and move from one subsidy to another (e.g. PSH to Housing Choice Vouchers or Section 8) without a decrease in subsidy. Because there is so little non-HUD funding of homeless housing assistance, there are fewer options available than are needed and choices are limited. This situation can be improved by increasing the number of housing options and housing units, as well as increasing the range of people who are eligible for housing assistance to include households with no income, criminal and eviction histories, etc. through an aggressive Housing First approach.

²⁶ Area Median Income (AMI) is the midpoint of a region's income distribution – half of families in a region earn more than the median and half earn less than the median. For housing policy, income thresholds set relative to the area median income—such as 30% of the area median income—identify households eligible to live in income-restricted housing units and the affordability of housing units to very-low-income households.

²⁷ <https://sacselfhelp.org>

When permanent housing is right-sized

More people will exit homelessness; homelessness will decrease; number of days homeless and days to housing will decrease; fewer people will experience repeated episodes of homelessness; less crowding and overflow in emergency shelter; and failure to house a person will be a system or program's inability to meet the needs of the person instead of a failure of the individual.

Pillar 2: Fidelity to Housing First

"We can speak the real truth that Housing First approaches are the opposite of one-size-fits-all and help ensure that we don't leave anyone behind."

U.S. Interagency Council on Homelessness

Key Strategy:

- ❖ **Undertake a system-wide system change process (readiness, assessment, transition plan and timeline²⁸) to evolve to a fully Housing First system and network of programs.**

Rationale

Homelessness ends when households have housing. Housing First is the most effective means of housing even those with the longest periods of homelessness and greatest needs. Local and national experience has shown the importance of changing organizational and system culture to fully understand and embrace Housing First principles. After all, organizations and individuals that embrace Housing First out of a conviction that it will improve housing outcomes for more of the households they serve will be more likely to succeed than those who are changing due to external mandates. In this spirit, organizational leaders interested in change must help all individuals affected by the change process to understand and embrace the reasons and benefits of change. Growing fidelity to Housing First will be a process, not an event or announcement.

Despite PCCoC and CI efforts to implement Housing First, two CoC-funded PSH projects (operated by a single organization) and some HUD-funded RRH are the only adherents. They provide leadership, education and experience to the rest of the CoC, but universal application remains elusive, especially among emergency shelters, transitional housing, and other permanent housing projects that are not HUD-funded. Most permanent housing in Polk County – even Housing Choice Vouchers (aka Section 8) and mental health system funded permanent

²⁸ "Organizational Change: Adopting a Housing First Approach." NAEH 2009. <https://endhomelessness.org/wp-content/uploads/2009/08/adopting-a-housing-first-approach.pdf>

supportive housing – requires income, adherence to mental health treatment and limited eviction/criminal histories. Emergency shelter and transitional housing also require program participation and strict adherence to operating rules. In practice, therefore, homeless individuals with no income, severe and actively symptomatic behavioral health issues, etc. have extremely limited access to the homeless response system and housing assistance.

When There is Fidelity to Housing First Across the System

Homelessness in general will decrease, and chronic homelessness will be reduced or eliminated. Those who are most vulnerable will be housed. The number of days individuals and families are homeless and the number of days to housing will decrease. Most importantly, failure to house a person will be a system or program's inability to meet the needs of the person instead of a failure of the individual.

Tactical Actions

- **First step: PCCoC should commit to Housing First as its primary framework then lead a community progress designed to understand readiness of all provider organizations to commit to Housing First, assess current alignment of programs with Housing First, develop a transition plan and timeline to bring all programs into alignment with Housing First.**
- Develop a Housing First marketing type of message that is aggressively disseminated to promote and increase support for a positive Housing First message.
- Increase the number of well-trained case managers to provide support for more people in supportive housing. Develop and deliver a Housing First curriculum to build a thorough understanding of and the skills necessary skills to implement Housing First practices. The curriculum could include skill building in Critical Time Intervention²⁹, Motivational Interviewing³⁰, and Harm Reduction³¹.
- Require all HUD-funded programs are low barrier and participate in Centralized Intake (CI).
- Expand the number of funders who mandate and monitor Housing First fidelity in the homeless programs they fund.
- Research how to use Housing First in substance abuse treatment and sober living options.

²⁹ Critical Time Intervention (CTI) is a time-limited evidence-based practice that ensures that a person has enduring ties to their community and support systems during critical periods. <https://www.criticaltime.org/cti-model/>

³⁰ An empathic, supportive, yet directive, counseling style that assumes that ambivalence about change is normal and provides conditions under which change can occur. <https://www.ncbi.nlm.nih.gov/books/NBK64964/>

³¹ **Harm Reduction** is a perspective and a set of practical strategies to reduce the negative consequences of drug use or other dysfunctional activities, incorporating a spectrum of strategies from safer use to abstinence. www.homelesshouston.org/wp-content/uploads/2014/10/2a-Harm-Reduction-9-2014.pdf

- Support affordable housing advocacy efforts that advance Housing First.

Pillar 3: Implementation of Rapid Resolution (Diversion)

Diversion ³²
Considered a “light touch” approach, Diversion is a process.
The Diversion process takes place during a family’s initial contact with the homeless response system—either at Centralized Entry or at the front door of an emergency shelter. A Diversion-trained staff member initiates an exploratory conversation with the family to brainstorm practical solutions for moving from homeless to housed in a hurry.
Families are prompted to identify safe housing options based on their own available resources, not those of the homeless response system. To help ease the transition out of homelessness, the system may offer families a flexible combination of short-term services and one-time financial assistance.
More than half of the families that participated in the Pierce County [Washington] diversion pilot were able to obtain safe housing through diversion. Among those families, most secured a place of their own. The median amount of time it took those families to become housed was 36 days and the vast majority did not return to homelessness within a year.

Key Strategy:

- ❖ **Adopt rapid resolution (diversion) as a system-wide first response and secure funding for full implementation (staff/volunteer training, flexible client assistance funds and additional staff at high volume system access points).**

Rationale

Rapid resolution is a tested process that focuses on solving immediate housing issues that have led to homelessness. It saves emergency shelter spaces for those who have no alternative.

Diversion

Assisted rapid resolution (also known as diversion) is a strategy that assists homeless people seeking emergency shelter by helping them identify immediate alternative housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. The PCCoC has begun plans to implement an assertive systemic diversion strategy that targets individuals and families who are seeking emergency shelter. At that critical juncture, the household has not yet actually entered the homeless system and may have un-tapped resources or options that can prevent them from becoming literally homeless. A typical range of services can include:

- | | | |
|------------------------------|--------------------------------------|--|
| • Housing Search | • Case Management | • Flexible funds for employment or other assistance (e.g. work clothes, tools, transportation) |
| • Rental Subsidy | • Mediation | |
| • Utility Assistance | • Connection to Mainstream Resources | |
| • Other Financial Assistance | • Legal Services | |

³² Building Changes. “Diversion – Building Changes.” <https://buildingchanges.org/strategies/diversion>

In Polk County, according to the 2018 Centralized Intake report, there was no systematic diversion process but more than sixty-six (66) percent of families and less than seven (7) percent of individual adults were helped with diversion resources. The outcomes of those efforts were not attainable. However, at least half of the persons served in emergency shelter were not literally homeless (coming from the street, shelter or other places not meant for human habitation). It is likely that many of those households could be helped with diversion resources and would not need emergency shelter or other housing assistance.

Prevention

Prevention is a rapid resolution approach that targets families and individuals who are at risk of homelessness. There are currently several sources of prevention funding (including ESG funds and faith organization funds) in Polk County, but they are not coordinated or targeted so their impact cannot be measured. The best use of prevention funding is to target the funds to key priority areas and then measure their impact. Following are two potential prevention projects that Polk County might consider.

- A potential model for families facing eviction can be found in the Eviction Prevention and Intervention Coalition (EPIC) in Montgomery County Pennsylvania, a project designed to stabilize vulnerable families and individuals in Montgomery County who are facing eviction by providing them with free legal and social services support on the day of their eviction hearing. The program also provides financial assistance to prevent evictions, and connections to the long-term financial and social supports needed to prevent future housing instability. Since its inception in January 2018, EPIC prevented 85% of evictions faced by the households it served.³³
- A comprehensive school-based homelessness prevention approach has been successful in communities such as Greater Cincinnati, Greater Phoenix, and Pottstown PA. Types of assistance include case management and school services; housing relocation emergency financial assistance employment, income and benefits; money management; and referrals for legal representation. Results from research on these programs shows two major outcomes: 1) children stay in school and achieve academically; and 2) families maintain stable housing, increase income, and obtain work.³⁴

³³ Eviction Prevention and Intervention Coalition (EPIC) 2018 Performance Analysis Report.
<https://static1.squarespace.com/static/59e4bd08d7bdce1e8a5b15bb/t/5c61bf3f8165f56031dd66e5/1549909824864/Your+Way+Home+EPIC+Performance+Analysis+Report.pdf>

³⁴ Barbara Poppe Associates. Eviction Prevention Research Project: Your Way Home of Montgomery County and Health Spark Foundation. May 2017.
<https://static1.squarespace.com/static/59e4bd08d7bdce1e8a5b15bb/t/5ab3089b70a6ad9909b20df2/1521682590557/YWH+Eviction+Prevention+Research+Study+May+2017+-+Comprehensive.pdf>

Prevention and diversion have been implemented in CoCs nationally and HUD supports it by making it an eligible activity for funding from its Emergency Solutions Grants (ESG) and CoC Program grants. However, it is often necessary to use private or other public funds to increase the coverage and availability and to create a flexible pool of funding for some prevention and diversion activities.

Key Values in Which to Operate

The Polk County community intends to implement a rapid resolution approach that has **multiple access points**, is **nimble and responsive**, and **does not add stress** for clients already living in a stressful situation. They envision a process that engages and trains the larger community and **involves the faith community** in a strategic way and utilizes resources most effectively. Emergency shelters play an important role in rapid resolution as a source of problem solving, collector of HMIS data, and liaison to housing assistance through CI.

When Rapid Resolution has been Implemented

Fewer families and individuals will become homeless and the number who are permanently housed will increase; less crowding and overflow in emergency shelter. Staff and volunteers will be skilled at problem-solving and recognize and correct for implicit bias.

Tactical Actions

- ❖ Identify organizations for Train the Trainer and other staff training. The Cleveland Mediation Center will provide August 2019 Rapid Resolution Workshop that also addresses implicit bias.
- ❖ Share the Rapid Resolution Diversion plan and system mapping with the CoC, schools, jails, hospitals, police, etc. engage and gather feedback.
- ❖ Seek funding to expand Diversion: 1) specially trained staff at key locations; and 2) increased flexible client assistance funds. Potential funding partners may include the faith community, local foundations, the business community, and individual donors.
- ❖ Apply the diversion process BEFORE assessment, before problems are escalated by the state of being homeless, and before resources are spent conducting the assessment.
- ❖ Identify HMIS data elements and protocol to support implementation, identify gaps and needs, and track progress.
- ❖ Pilot a School-Based Homelessness Prevention initiative aimed at Family Eviction Prevention and School-Based Prevention.
- ❖ Develop messaging to emphasize the value of rapid resolution to assist the emergency shelter system and build acceptance of the rapid resolution term.

Pillar 4: Increase Synergy: Develop Cross-System Partnerships

Key Strategy:

- ❖ **Undertake a systematic review of the movement of people into homelessness to understand interaction with key systems (e.g. criminal justice, behavioral health, healthcare, subsidized housing) and identify opportunities to reduce inflow into homelessness and increase outflow to sustainable housing.**

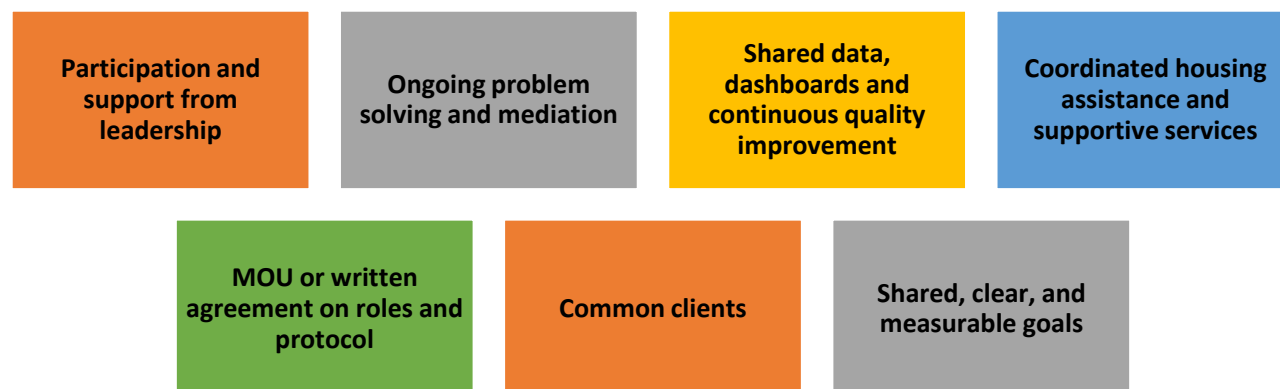
Rationale

Coordinated efforts can stop or slow the movement of people into homelessness due to interaction with key systems (e.g. criminal justice) or lack of access to key systems (e.g. behavioral health, healthcare, subsidized housing). It is also easier for other systems to better and more inexpensively serve clients who have housing (e.g. public schools, behavioral healthcare, healthcare).

Many households are rent-burdened, mentally ill or have substance abuse problems, but most do not become homeless. The homeless response system cannot resolve every housing challenge in Polk County. It must focus scarce resources on crisis support and prioritize housing assistance to families and individuals that experience homelessness. Other community resources and efforts must be leveraged to fully meet these needs, as well, as to address the needs of households who are unstably housed.

Key Values in Which to Operate

Client-centered, have a relentless focus on housing placement, be grounded in Housing First practices, support a disciplined use of “By Name Lists”, break down silos to reduce fragmentation, use data for planning and aligned funding decisions and actions, and leverage mainstream resources (resources targeted to larger populations that include some people who are experiencing homelessness) and funding. True cross-system partnerships include the following components:



Tactical Actions

- ❖ First step: PCCoC should undertake a systematic review of the movement of people into homelessness to understand interaction with key systems (e.g. criminal justice, behavioral health, healthcare, subsidized housing) and identify opportunities to reduce inflow into homelessness and increase outflow to sustainable housing. Identify key leaders in each system, share data reports, and find key actions to take together.

Polk County Health Services

- Work with the Municipal Housing Authority to eliminate income and criminal/eviction history restrictions for CAP
- Coordinate ongoing mental health and substance abuse services for people relocated to Section 8 from Anawim PSH via the Expanding Choice in Housing Opportunities (ECHO) initiative to open PSH to up to 30 people experiencing chronic homelessness

Polk County Housing Trust Fund (PCHTF)

- Use PCHTF financial resources as leverage for additional community support of affordable housing and innovative supportive services and programs for households exiting homelessness.

Des Moines Police Department/Polk County Sheriff's Office

- Create more understanding of the re-entry policies and housing requirements that lead most often to homelessness after jail or prison and/or prevent people leaving jail or prison from accessing housing. The Council of State Governments Justice Center provides county level technical assistance, information about model re-entry strategies and legislation, and information about funding opportunities.

Des Moines Public Schools

- See School-Based Homelessness Prevention on page 29 of this report

Des Moines Municipal Housing Authority

- See Eviction Prevention on page 21 of this report
 - Work with PCHS to eliminate income and criminal/eviction history restrictions for CAP
- ❖ Train provider staff and CI in Housing First so they understand the goals and roles in the partnership.

When synergy is reached within systems

Synergy happens when two or more separate agencies work together cooperatively and simultaneously, creating a combined effect or whole that is greater than the sum of its parts. In the efforts to end homelessness, the coordinated efforts of the homeless response system with systems that work or interact with some of its clients or consumers, can lead to amplified impact, including the following:

- Help resolve homelessness for specific people, populations through access to more support
- Increase the knowledge the different systems have about the people they are dedicated to serve

- Stop or slow the movement of people into homeless due to interaction with key systems (e.g. criminal justice) or lack of access to key systems (e.g. behavioral health, healthcare, subsidized housing)
- Help other systems better serve their clients by helping the clients access housing (e.g. public schools, behavioral healthcare, healthcare) and ultimately save resources.
- Ultimately reduce inflow into homelessness and increase outflow to permanent housing.

Moving Forward

Polk County, Iowa is a community that has historically supported individual organizations and projects aimed at aiding families and individuals experiencing homelessness. The Capital Crossroads process has given them regular experience with visualizing data and problem-solving in a variety of arenas, including racial equity. The Polk County Continuum of Care is gaining depth and capacity. Centralized Intake is a new source of system, project, and client-level information. The next phase for the work to solve homelessness will be for organizations providing existing services and funding to retool some of their approaches and develop new capacities within a collective impact framework.

A broad group of stakeholders contributed to making this plan multi-faceted and inclusive. Des Moines' mayor and a majority of Polk County's supervisors participated in this assessment and planning process, along with private business, local funders, the Veterans Administration, the Des Moines Police Department and public schools, faith-based organizations, nonprofit agencies and advocates. Individual emergency shelter, PSH and RRH programs are innovative and effective in the face of an influx of need and limited resources. And the people experiencing homelessness in Polk County have been flexible, creative and persistent in their efforts to help themselves and each other.

The first step after acceptance of this report by the CoC Board, the Homeless Coordinating Council, and the Director's Council, is to launch a collective impact initiative and adjusting the PCCoC staffing structure to support implementation. A collective impact initiative leadership group should begin establishing a work plan and priorities for Years 1 and 2. Some parts of the plan can be advanced more quickly as new public resources are secured and by partnering with the private sector to identify new local resources that can support the implementation of the work plan and priorities. Using the collective impact process and framework, the plan will likely evolve over time.

Ultimately, the success of the plan will be gauged by the community's success in making homelessness in Polk County rare, brief and non-recurring. The currently housed and the currently homeless residents of neighborhoods throughout Polk County should be able to see the first-hand impact of this effort over the next few years.

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APPENDIX A: Glossary of Terms

Continuum of Care (CoC): A community planning body required by HUD to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. Continuum of Care is often used to refer to the system of programs to address and prevent homelessness as well as the body that coordinates such efforts. HUD's CoC Program funding (applied for and awarded annually) provides the largest percentage of funding for homeless assistance and system coordination. *The PCCoC was awarded about \$3.5 million in the FY2018 CoC HUD competition.*

Centralized Intake (CI): A community-wide process designed to outreach to and identify households experiencing homelessness, assess their needs, and prioritize access to programs and resources to end their homelessness. An effective centralized intake process includes prioritization, Housing First orientation, emergency services, standardized assessment, referral to housing, outreach, and use of HMIS. *The PCCoC has designated Primary Health Care (PHC) as the lead agency to facilitate CI on behalf of the agencies that participate.*

Homelessness Management Information System (HMIS): A computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. *PCCoC has designated the Institute for Community Alliances (ICA) as the lead agency to facilitate the HMIS on behalf of the agencies that participate.*

Housing First: An approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible—and then providing services as needed. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed. *PCCoC has committed to this approach.*

McKinney-Vento Homeless Assistance Act: The U.S. law passed in 1987 and amended several times since that provides federal money for homeless programs, including Emergency Solutions Grant and Continuum of Care. It also protects the rights of homeless children in the public school system by granting them protected-class status. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes to the HUD programs, including a consolidation of HUD's competitive grant programs.

Point-In-Time (PIT): A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds. The PCCoC conducts the regional PIT with community volunteers and CoC member organizations in winter and summer.

APPENDIX B: Definitions

Chronic homelessness: Experience by an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

Homelessness—as defined by U.S. Department of Housing and Urban Development (HUD): Households who lack a fixed, regular, and adequate nighttime residence and are living in temporary accommodations such as shelter or in places not meant for human habitation; or families who will imminently lose their primary nighttime residence; or families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member (sometimes referred to as “literal homelessness”).

Homelessness—as defined by U.S. Department of Education (DOE): Homelessness means children and youths who lack a fixed, regular, and adequate nighttime residence and includes children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human; children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and migratory children who qualify as homeless (sometimes referred to as “precariously housed homelessness”).

Homeless Veteran: An individual who was served any branch of the U.S. military. All Veterans including those who are ineligible for Veteran Health Administration benefits.

Homeless Youth: Typically defined as unaccompanied youth ages 12 and older (up to age 24) who are without family support and who are living in shelters, on the streets, in cars, or vacant buildings, or who are “couch surfing” or living in other unstable circumstances.

Unsheltered Homelessness: Individuals or families living in places not meant for human habitation, i.e. tents, cars and RVs, abandoned buildings, encampments, or sleeping on sidewalks, doorways, etc.

Interventions

Bridge Housing: An interim housing used as a short-term stay when a Veteran has been offered and accepted to a permanent housing intervention (e.g., Supportive Services for Veteran Families [SSVF], U.S. Department of Housing and Urban Development Veteran Affairs Supportive Housing [HUD-VASH], or CoC) but is not able to immediately enter the permanent housing.

Diversión: Aimed at helping households stay safely in current housing or, if that is not possible, move to other housing without requiring a shelter stay first. Priority is given to households who are most likely to be admitted to shelters or be unsheltered if not for this assistance.

Emergency Shelter: A facility designed to provide temporary or transitional shelter for people who experience homelessness, typically (but not exclusively) for a period of 90 days or less. Housing-focused supportive services provided in addition to the provision of shelter. HUD encourages average length of stay to be less than thirty (30) days.

Permanent Supportive Housing (PSH): Decent, safe, affordable, community-based housing that provides tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing chronic homelessness.

Rapid Rehousing: Places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program. Time-limited services may include housing identification, rent and move-in assistance, and case management.

Shared Housing: Two or more people who live in one permanent rental housing unit (NOT 'doubling up' or 'couch surfing') and share housing costs. There is no standardized or fidelity model, but emerging promising practices. Shared housing can effectively meet needs of people with behavioral health issues who experience homelessness when operated with permanent supportive housing (PSH) best practices. Two primary service types of Shared Housing arrangements: 1) Home Sharing Homeowner rents room in exchange for monetary compensation or assistance with household tasks; and 2) Roommate Matching - Provider rents apartment/home to group of individuals who choose to live together or supports matches that access the private rental market.

Transitional Housing: A type of temporary housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months. HUD encourages that this be a limited portion of the community inventory and reserved for specific sub-populations (e.g. youth or domestic violence victims) or for purposes like short-term interim housing.

APPENDIX C: Process and Engagement

The process began in January 2019 with the formation of a Vision Working Group (VWG) charged with steering the process to successful completion through strategic direction, deliberation and visionary decision-making. This group of consensus builders had expertise and extensive knowledge of regional strengths and weaknesses related to homelessness and were required to put the needs of the region ahead of their own personal and organizational interests and to represent stakeholders not participating in the VWG. The VWG met at least monthly and played a key role in refining the project vision, scope, goalsetting and identification of strategies and focus areas.

In order to inform the plan, the process sought to answer these key questions:

- How well is the local homelessness response system and network of programs working to reduce homelessness? What are current assets, gaps, and barriers to progress?
- What are other communities doing to reduce homelessness that might be applied locally?
- How can the Polk County Continuum of Care and its key partners be better engaged and organized to reduce inflow into homelessness and increase exits from homelessness?

The planning process was laid out in three parts:

- **In the Data Analysis phase**, Jill Spangler and BPA reviewed local evaluations, reports, background about activities within the homelessness response arena, local HMIS, Point in Time (PIT), Annual Homeless Assistance Reports (AHAR), Annual Performance Reviews, and other data and program/system descriptions to develop overview of current homelessness response system performance. The VWG and ICA helped inform the form and content for analysis and content for inclusion in presentations and the final community plan. Spangler also conducted telephone interviews with 23 community leaders and stakeholders identified by the VWG to help understand perceived strengths, weaknesses, and opportunities to reduce homelessness. A list is shared in the Appendices.
- **During the Input phase**, Jill Spangler presented initial findings to the VWG and community and facilitated a community conversation to get broad input and response. She also met with Centralized Intake staff and the Housing Navigator, local landlords, visited local homeless assistance programs, including emergency shelter, youth drop-in, and permanent supportive housing. At Central Iowa Shelter & Services, she facilitated a focus group of people living in the shelter.
- **The Plan phase** involved facilitation of a strategic planning session with the PCCoC and other key individuals to explore how the current homelessness response system can be enhanced and develop elements of a community plan that includes opportunities for new or best-practice approaches including investment, partnerships, and collaboration. A draft plan was reviewed by the VWG and this document contains the final plan.

Appendix D: Polk County Conversation Partners

- AmeriCorp Public Allies
- Anawim*
- Bank Iowa
- Brain Injury Alliance
- Broadlawns
- Brookhaven Neuro Network
- Catholic Charities*
- Central Iowa Shelter & Services*
- CISS/Baton Global
- CFI-DUS
- Children and Families of Iowa*
- City of Des Moines (Mayor*, Council*, City Development)
- Community Foundation of Greater Des Moines
- CoC Board and Staff
- Des Moines Area Religious Council
- Des Moines Police Department*
- Des Moines Public Schools*
- Evelyn K Davis Center for Working Families*
- Family Promise of Greater DSM
- Goodwill of Central Iowa
- Hawthorn Hill*
- HOME Inc
- Hope Ministries
- Institute for Community Alliances
- Iowa Homeless Youth Center*
- Conlin Properties*
- JOPPA*
- McAfee Realty
- Mid-Iowa Health Foundation
- Nationwide
- Primary Health Care Centralized Intake (Director* and Housing Navigator*)
- Polk County (Supervisors*, PC Health Services*)
- Polk County Health Services*
- Polk County Housing Trust Fund*
- United Way of Central Iowa
- Veterans Administration*
- Wells Fargo
- Youth Policy Institute of Iowa

*Denotes telephone interview as well as onsite conversation

Appendix E: Examples of Subsidized Permanent Housing Currently Available in Polk County

Program	Type of Subsidy	Supportive Services Attached
LONG TERM		
HUD-funded housing and specialized vouchers (e.g. Housing Choice Vouchers (Section 8); mainstream 811, public housing units, and project-based assistance)	Rental assistance pays for a portion of the market rate rent	None
Broadlawns Community Action Program (CAP)	Rental assistance pays for a portion of the market rate rent	Medicaid-funded treatment for serious mental illness
HUD CoC-funded Permanent Supportive Housing	Rental assistance pays for a portion of the market rate or master leased units can be fully subsidized	HUD-funded case management; Medicaid-funded case management
HUD/VA-funded Veterans Affairs Supportive Housing (VASH) for homeless veterans	Rental assistance pays for a portion of market rate rent	VA-funded case management, medical services, behavioral health services
SHORT OR MEDIUM TERM (1 to 24 months)		
HUD CoC or ESG-funded Rapid Re-Housing	Rental assistance pays for all or a portion of market rate rent	HUD-funded case manager, other services possible
HUD/VA-funded Supportive Services for Veterans Families (SSVF) Rapid Re-Housing	Rental assistance pays for all or a portion of market rate rent	Case management and other VA services
HUD HOME-funded Tenant Based Rental Assistance (TBRA)	Rental assistance pays for all or a portion of market rate rent	Services may be available based on granting agency
Privately funded "Other Permanent Housing"	Mixed. Usually the property is owned by the sponsoring organization so rental subsidies may be partial or full.	Mixed. Usually the sponsor organization has a set of program-based services.

Appendix F: System-Wide Performance Targets for an Optimal System

Background

An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience. Specifically, every community will have the capacity to:

- Quickly identify and engage people at risk of and experiencing homelessness.
- Intervene to prevent the loss of housing and divert people from entering the homelessness services system.
- When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.

Recommendations

Barbara Poppe and Associates recommends that each CoC adopt System Wide Targets to achieve an “optimal” system that is focused on efficiently and effectively ending homelessness for all populations.

1. None to very few people unsheltered
2. Diversion offered to all (diversion = problem-solving conversation, perhaps light flexible financial assistance)
3. Short length of time homeless
4. High rate of exit to permanent housing across all types of interventions
5. Low rates of return to homelessness
6. Self-resolution from emergency shelter is positive for system (self-resolution = exit without requiring housing intervention)
7. Housing interventions reserved for literally homeless (i.e. from emergency shelter or streets) and for those who do not self-resolve
8. Most intensive (TH and PSH) serve highest need households
9. High utilization rates for housing interventions (RRH, TH, PSH >95%)

Table Key:
S&F = Singles and Families; YYA - Youth

CoC System Wide Targets					
Project Type	Core Outcomes			Entries from Homelessness ³⁵	Utilization Rate
	Exit Rate to PH	Length of Stay	Return Rate to Homelessness ³⁶		
Emergency Shelter	50% (S & YYA) 80% (F)	30 days (S & F) 20 days (YYA)	8% (S & F) 5% (YYA)	65%	95%
Transitional Housing	85%	90 days (S & F) 180 (YYA)	8% (S & F) 5% (YYA)	95%	95%
Rapid Rehousing	85%	90 days	3% (S & F) 5% (YYA)	95%	NA
PSH	90% ³⁷	N/A	3% (S & F) 5% (YYA)	95%	95%

³⁵ Literal homelessness is from emergency shelter and places not meant for habitation.

³⁶ For households exiting to permanent housing.

³⁷ Includes retain PSH and exit to PH.