

Homeless Action Plan for Des Moines and Polk County

*Strategies to Prevent and
End Homelessness*

2009

Prepared by the
Technical Assistance Collaborative, Inc.

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STRATEGY: CREATE NEW PERMANENT HOUSING OPPORTUNITIES FOR PEOPLE BELOW 40 PERCENT OF THE AREA MEDIAN INCOME

| Action Steps | |
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| PRIORITIZATION OF RESOURCES | <p>Create a specific numeric goal for the creation of housing for homeless persons over the next 5 years</p> <p>Conduct quarterly reviews to monitor success toward permanent housing goals and make mid-course changes if needed</p> <p>Educate City and County staff regarding expectations for helping to fulfill this commitment and ensure that all staff understand how to incorporate this prioritization of resources into their personal role and job responsibilities.</p> |
| MAXIMIZE HPRP-FUNDED RAPID RE-HOUSING (RRH) INITIATIVES | <p>Aggressively monitor utilization of outcomes of HPRP RRH funding</p> <p>Provide technical assistance to agencies receiving RRH funding to enhance capacity</p> <p>Avoid the 18-month ‘cliff effect’ through comprehensive assessment and triage</p> <p>Explore linkages to DMMHA resources or other mainstream housing resources for a portion of RRH participants that may need continued housing assistance</p> <p>Educate the community about the new RRH program and notify all agencies of availability and access points</p> <p>Redirect HPRP RRH funds if outcomes and benchmarks aren’t met</p> <p>Request funds through the next CoC application for at least 6-8 units of S+C assistance targeting individuals living in homeless camps.</p> <p>Create movement through a preference in the HCVP waiting list for current recipients of S+C or SHP-PH programs. Reserve turnover of S+C/SHP-PH units for additional residents of homeless camps.</p> |
| EXPAND HOUSING FIRST OPTIONS | <p>Maximize utilization of existing S+C grants by over-leasing and provide assistance with move-in and related costs when possible</p> <p>Create a pilot program of supportive housing units set aside within Royal View public housing development by:</p> <ul style="list-style-type: none"> • Using Section 18 Disposition Funds (Endowment Fund) to make capital improvements to public housing units • Using Endowment Fund to support a non-profit organization to provide on-site support services to residents living in PSH units • Using on-site services to help strengthen public perception of the development • Monitoring vacancies and outcomes • Creating movement opportunities in the future |
| CREATE ADDITIONAL UNITS OF PERMANENT SUPPORTIVE HOUSING | <p>Enhance partnerships and develop systems – level linkages between Polk County Health Services and DMMHA to increase access to housing resources by:</p> <ul style="list-style-type: none"> • Exploring the possibility of targeting some of the PCHS rental subsidies that turn over (see action step below) to homeless persons or people at risk of homelessness and eligible for PCHS services. • Exploring the feasibility of transferring administration of the PCHS rental assistance program to DMMHA. • Discussing methods for increasing access to Section 8 HCVs by PCHS consumers receiving PCHS rental assistance funds. <p>Aggressively seek new resources to fund the creation and maintenance of permanent supportive housing including the reprogramming of unutilized funds by:</p> <ul style="list-style-type: none"> • Designating and empowering a person to be responsible for researching, tracking, and ensuring applications for new resources • Providing TA and support to agencies interested in applying for new funding <p>As a demonstration project, couple a specific number of project-based HCVs with other development funds to secure a small set-aside of units in these developments for homeless individuals and families. To ensure success, develop a system for tracking these set-aside units and filling them initially and upon turnover.</p> <p>Explore implementing a policy to require developers using public funds to set aside a small percentage of units in each building for persons who are homeless</p> <p>Review existing policies to identify barriers to access by homeless people and develop strategies for overcoming these barriers</p> <p>Strengthen or rebuild a central registry of affordable housing, including tracking vacancies and listing available services</p> <p>Develop a Risk Mitigation Fund to help with landlord incentives, such as security deposits, damage payments, and vacancy claims</p> |
| INCREASE ACCESS TO MAINSTREAM AFFORDABLE HOUSING | |
| PROVIDE TOOLS SO HOUSING IS EASY TO LOCATE AND ACCESS | |

STRATEGY: INCORPORATE INNOVATIVE BEST PRACTICES INTO EMERGENCY SHELTERS

| Action Steps | |
|--|--|
| ENSURE DESIGN OF NEW CISS SHELTER SUPPORTS MULTIPLE AND CHANGING USES | <p>Research shelter best practices and obtain professional assistance in design of new CISS shelter.</p> <p>Fund professional assistance or request free HUD technical assistance in design of shelter and related service programs.</p> <p>Ensure design is fluid to meet changing homeless population in terms of census and service needs</p> |
| CREATE HOMELESS OPPORTUNITY CENTERS (HOC) | <p>As stated above, the design of the new CISS should ideally forge the creation and success of the HOC at this initial location.</p> <p>Conduct a survey of current and formerly homeless persons as well as extremely low-income individuals and families at risk of homelessness to determine the types of services that should be offered at the HOC.</p> <p>Identify these key resources and secure commitments for co-location of services</p> <p>Apply for assistance from the federally-funded SSI/SSDI Outreach, Access and Recovery(SOAR) TA to get training to increase access to these disability benefits and incorporate lessons learned into HOC practices.</p> |

STRATEGY: PREVENT HOMELESSNESS THROUGH EVIDENCE-BASED PRACTICES

| Action Steps | |
|--|---|
| MAXIMIZE HPRP-FUNDED PREVENTION INITIATIVES | <p>Coordinate existing prevention efforts to ensure 'no wrong door'</p> <p>Ensure one-stop application and access to prevention funds</p> <p>Aggressively monitor utilization of outcomes of HPRP prevention funding</p> <p>Provide technical assistance to agencies receiving prevention funding to enhance capacity</p> <p>Educate the community about the prevention resources and notify all agencies of availability and access points</p> <p>Redirect HPRP prevention funds if outcomes and benchmarks aren't met</p> |

STRATEGY: DEVELOP A UNIFIED INTAKE AND REFERRAL SYSTEM

| Action Steps | |
|---|---|
| ENHANCE INFORMATION SHARING INTEGRATED SYSTEM FOR ACCESSING HOUSING AND SERVICES | <p>Implement a pilot initiative that provides access to PCHS information for CISS and Primary Health Care regarding PCHS enrollment, etc.</p> <p>Use new handheld tracking tools to assist outreach workers to better track engagements, services, progress, and to communicate with each other</p> <p>Develop common application for housing and services by compiling eligibility criteria and service definitions to develop a master list for eligibility and cross-referral protocols.</p> <p>Develop an on-line vacancy information clearinghouse</p> <p>Provide access to the new unified intake and referral system through computers located at HOCs, libraries, City and County offices, etc.</p> |

STRATEGY: ENHANCE COMMUNITY AWARENESS AND RELATIONS

| Action Steps | |
|---|---|
| OUTREACH TO PARTICIPATE IN HOMELESSNESS AWARENESS DAYS | <p>Provide structured volunteering opportunities at service and housing programs</p> <p>Sponsor 4 planned clean-up days for camp sites and other sites used by the unsheltered</p> <p>Sponsor Project Connect or Stand Down Days</p> <p>Use public to participate in point-in-time count as a way to rally public support and assistance.</p> |
| ENHANCE COMMUNITY RELATIONS | <p>Enhance Neighborhood Resource Center to provide education and information to neighborhoods and residents regarding homelessness and to respond to concerns about homeless persons</p> <p>Create a Good Neighbor Agreement modeled after the agreement used in the industrial areas.</p> |



Across the United States, large cities, small towns, and many regions in between experience homelessness. National figures for the prevalence of homelessness underscore the need for new solutions to this vast social and economic problem. The national economic crisis has exacerbated the problem of homelessness and its effect on individuals, families, and the communities in which they live. To help capture the extent of the problem, the federal government provides a technical definition of homelessness as one who is “lacking a fixed and night-time residence or having as a primary residence a supervised public or private shelter designed to provide temporary living accommodations, an institution accommodating persons intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular

sleeping accommodation for human beings.” Alarmingly, approximately 3.5 million people meet this federal definition of homelessness at some point each year.¹ Exacerbated by the national economic recession, this figure has increased steadily in the past years. Between October 2007 and September 2008, the number of people in families who were homeless increased by 9 percent.² In Des Moines and Polk County, this prevalence is very much evident to those who reside here and those who are trying to help. A recent homeless count found 1,129 persons living on the streets, in emergency shelters and transitional housing, or places not meant for human habitation. This recognition of the problem is the backdrop to the community’s intentions to develop a new plan for addressing homelessness in the jurisdiction.

1. National Alliance to End Homelessness. (March 2007). *Chronic Homelessness Brief*.

2. U.S. Department of Housing and Urban Development. Office of Community Planning and Development. *The 2008 Annual Homeless Assessment Report to Congress*. www.hudhre.info/documents/4thHomelessAssessmentReport.pdf

Like all solutions to a problem, efforts to end homelessness start with a strong plan. In recent years, leaders in Des Moines and Polk County observed as communities across the country committed to ending homelessness through *10 Year Plans to End Homelessness*. Many plans contained new strategies for solving homelessness. A number of them also had methods for measuring the impact of these strategies with some resulting in clear reductions in their numbers of homeless people. In 2002, *the Polk County Housing Business Case Study* was published that sought to stimulate solutions to what was seen as an overall affordable housing crisis in the county affecting over 25,000 households. While not homeless specific, this Business Case Study highlighted the link between homelessness and lack of affordable housing.³ Statewide, the Iowa Council on Homelessness issued its own *10-Year Plan to Address Homelessness* in 2004, as directed by Executive Order #33. Finally, in 2007, the Polk County Housing Continuum – a broad-based group of homeless providers, non-profit agencies, housing organizations, local leaders, funders, etc. – published *A Comprehensive Strategy to End Chronic Homelessness for Des Moines/Polk County, Iowa*, echoing many of the same issues and recommendations in the state’s plan and laying the groundwork for future community-wide planning regarding homeless housing and services.

In early 2009, using the 2007 Chronic Homeless Plan as a foundation, community stakeholders began work on this document – the *Homeless Action Plan for Des Moines and Polk County* – to re-energize and re-focus resources on the broad issues of homelessness in the community. The intent of this Homeless Action Plan is to develop effective long-term strategies that will address all homeless populations, including chronically homeless individuals, homeless families, non-chronically homeless individuals, and others who experience homelessness. The Homeless Action Plan provides a clear road map with detailed action steps for how these strategies will be implemented to ensure that they are successful.

The plan reflects the leadership of the Mayor, the Des Moines City Council, the Polk County Board of Supervisors, and the Polk County Housing Continuum as well as the collective commitment of numerous community leaders, advocates, and partners in the public, private non-profit, philanthropic, business, and faith communities. Building upon existing effective practices, community partnerships, and innovative programs, the plan establishes a common commitment to developing solutions to long-standing and emerging issues of homelessness, setting forth an ambitious agenda to both prevent and end homelessness, while improving the quality of life for hundreds of homeless women, children, and men in the community.

3. Updated versions published since the original still cite a significant need for affordable housing and highlights homeless related issues.

WHY A HOMELESS ACTION PLAN?

The primary motivation for developing a Homeless Action Plan at this point in time is to both reduce the likelihood that members of the community become homeless and to shorten the period of time during which those who experience this crisis must endure it. There has long been a commitment in Polk County to prevent and end homelessness, which has been strengthened in recent years as clear data about the actual costs of homelessness has emerged and the economic landscape has shifted making homelessness more of a threat for an increasing number of individuals and families in the area. It is within this current climate that the community once again affirms this commitment and embraces new ideas and innovations to tackle this tough problem.

Costs of Homelessness

In Des Moines and Polk County, as in other cities nationwide, homelessness is more than a social and economic problem. It is also a public health crisis. Numerous studies have demonstrated the impact of homelessness on people's well-being and the cost to public systems and the community as a whole. According to the National Health Care for the Homeless Council, such serious disorders as malnutrition, severe dental problems, AIDS, and tuberculosis are frequently identified among the homeless.⁴ Health problems that exist quietly at other income levels, such as alcoholism, mental illnesses, diabetes, hypertension, physical disabilities, etc., are prominent on the streets.⁵ Nationally close to 43 percent of adults in homeless shelters have disabilities.⁶ In Polk County, the January 2009 point in time count of

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4. Zerger, S. (April 2002). *A Preliminary Review of Literature: Chronic Medical Illness and Homeless Individuals*. Nashville, TN. National Health Care for the Homeless Council.

5. *ibid.*

6. U.S. Department of Housing and Urban Development. Office of Community Planning and Development. *The 2008 Annual Homeless Assessment Report to Congress*. www.hudhre.info/documents/4thHomelessAssessmentReport.pdf

homeless individuals and families identified 738 homeless individuals, including 120 (16 percent) who were chronically homeless and 30 percent who had serious substance abuse issues and/or serious mental illness.⁷

The ultimate impact of the health consequences of homelessness is extraordinary. In contrast to an average life expectancy of close to 80 years in the United States, life expectancy on the streets is between 42 and 52 years.⁸ According to a recent comprehensive review of the medical literature, “homeless persons are three to four times more likely to die prematurely than the general population.”⁹

In addition to the physical and psychological effects of homelessness on an individual or family, there are large fiscal expenses that accumulate for the City, County, and State when homelessness persists. For example, the local emergency shelter system is an expensive intervention that was designed for very short term stays to be cost effective. When individuals and families stay for prolonged periods of time the cost effectiveness of this service is lost. Homeless people are frequent users of costly emergency rooms and emergency medical services because they lack relationships with regular preventative health care and mental health services.

In addition, homeless people create costs for local law enforcement when their loitering or disturbances lead to calls for police attention. The average chronically homeless person costs taxpayers an estimated \$40,000 a year through the utilization of public resources, from hospital emergency room visits to police time.¹⁰ These kinds of expenditures are proven to be relatively inefficient and ineffective when compared to the cost of providing housing.¹¹ Without long-term solutions available in the community, these public systems of care expend resources on homelessness without helping solve the underlying problems.

An analysis of local costs for Polk County also document the cost savings of providing housing and shelter over high-cost emergency care. Studies found that the cost for a homeless person to spend a night in jail is \$75, while the cost to stay at the Central Iowa Shelter and Services (CISS) is \$26 – a \$49 per night per person savings to the community. Over a year’s time, this savings equals over \$61,000. CISS sheltering has also resulted in over \$214,000 savings in health care costs each year.¹²

To address the social and financial costs of homelessness, this Homeless Action Plan calls for the expansion of new permanent housing

7. *Des Moines/Polk County Continuum of Care Point in Time Homeless Count*. Conducted on January 28, 2009.

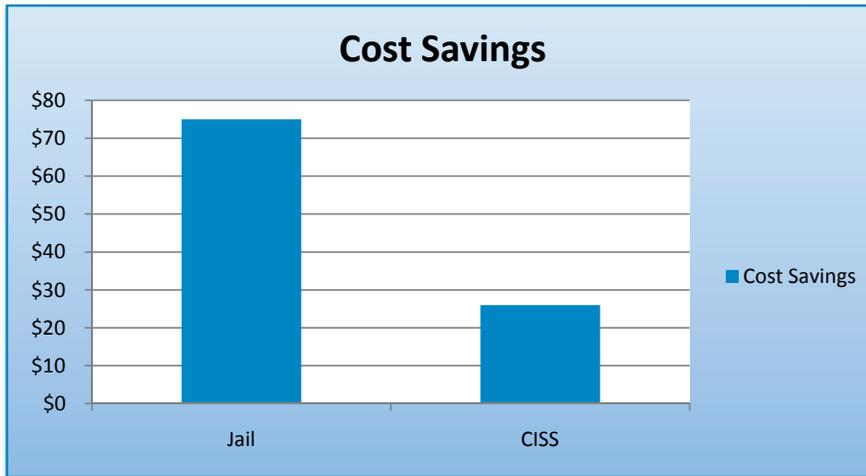
8. O’Connell, J. (December 2005). *Premature Mortality in the Homeless Population: A Review of Literature*. National Health Care for the Homeless Council,

9. *ibid.*

10. Culhane, et al. (2002). *Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing*.

11. *ibid.*

12. Polk County Housing Continuum. (December 2007). *Sheltering and Affordable Housing Business Case*.



opportunities for people with incomes below 40 percent of the area median. This expansion includes the creation of new permanent supportive housing for homeless persons that need supports, in addition to an affordable unit, in order to be successful in housing.

Shifting Infrastructure

Homeless individuals in Des Moines have been sheltered, housed, and assisted by several dedicated and capable organizations. In the past few years, two of the largest of these agencies, Central Iowa Shelter and Services and the YMCA, have made decisions to move from their current locations to new facilities in different Des Moines neighborhoods. The move of these highly-utilized facilities has raised obvious questions regarding the appropriate location and role of programs that shelter and house individuals and families who are homeless.

More importantly, for the Homeless Action Plan, the relocation of these vital programs has

also highlighted discussions regarding best practices regarding housing and shelter programs, related services, and access to mainstream resources and permanent housing. The conveners of the Homeless Action Plan saw the development of the Plan as a way to study innovative models and to incorporate these models in Des Moines and Polk County. Accordingly,

one of the main strategies of this Homeless Action Plan is the incorporation of innovative best practices into all emergency shelters, including the creation of community multi-service centers or one-stop hubs that co-locate housing and daily living supports with mainstream service resources.

At the same time as discussions were being held regarding the relocation and redesign of these homeless programs, public focus centered on homeless individuals who sleep along the railroad tracks or along the banks of the Des Moines and Raccoon rivers. These settings are referred to in the community as the ‘camps’ and serve as a home to approximately 200 individuals.¹³ Over the years, various grassroots efforts, as well as more formal homeless outreach programs, have worked to engage these homeless individuals. However, in the winter of 2008-2009 fires in some of the camp structures and resulting injuries to homeless individuals highlighted the need to identify a more comprehensive

13. (2009, July 14). Des Moines Pledges to Move Against Homeless Camps. *Des Moines Register*.

long-term solution to homelessness for these chronically homeless individuals. A critical part of the strategies detailed in the Homeless Action Plan is a targeting of specific housing and service resources to the finite number of individuals living in these camps.

Homelessness Prevention and the Newly Homeless

To decrease the number of homeless persons in Polk County, there must be effective practices to not only help individuals and families that have become homeless, but also comprehensive strategies employed to help those persons on the verge of homelessness. Unfortunately, the recent national downturn in the national economy has resulted in an increase of homelessness among low-income renters who recently lost their housing or are at serious risk of losing their housing due to job loss, foreclosures, or other factors related to the economy. The number of local foreclosures continue to rise, leading more people into homelessness. A recent report found that there was a 30 percent increase in foreclosure filings in Iowa from March to April of

2009, 9 percent above the level reported for April 2008.¹⁴

There is a growing national acceptance that preventing these individuals and families from becoming homeless and diverting them from shelter into housing is the most effective and cost effective strategy to end homelessness. In light of the troubled economy, policy makers and homeless planners realize that paying for short-term costs, such as time-limited rental assistance, utility or mortgage arrearages, or support services that can keep individuals and families in their housing, cost less than shelter and related interventions, and have the most long-term, desirable outcomes.

In Des Moines, there have been an array of small, privately and publically funded programs to prevent homelessness. For example, CROSS Ministries and the Salvation Army provide rent and utility assistance to people at risk of homelessness. While these programs have been effective, they are small in number and small in the amount of resources they have. This Homeless Action Plan calls for an expansion of

An interesting and valuable byproduct resulted from the planning process – planning participants reported learning about community resources that they were previously unaware of. The process itself led to increased communication and ad hoc partnership building. Most importantly, the planning process has resulted in a consensus that, despite having separate mission or agenda, each author was committed to the same goal – preventing and ending homelessness.

14. www.realtytrac.com/ContentManagement/Library.aspx?ChannelID=13&ItemID=6465

these effective programs and the implementation of a variety of new evidence-based practices to prevent homelessness.

Enhanced System Linkages and Information Sharing

The recent activities with the homeless camps have highlighted the barriers to homeless people accessing permanent housing and supports. Currently, to successfully exit homelessness, a person may have to navigate and access 3 separate ‘silos’: 1) homeless shelters, outreach, and related homeless-targeted supports; 2) the affordable housing delivery system responsible for providing the majority of mainstream permanent housing; and 3) mainstream support services, such as Medicaid, TANF, SSI, mental health and substance abuse treatment, etc. Although there are some instances when individuals are able to successfully navigate through the various systems, this is usually due to persistence and timing, rather than systems level linkages. For example, although some homeless Shelter Plus Care participants were able to leave the program and receive a Section 8 Housing Choice Voucher, there was no structured policy (such as HCVP waiting list preference) that facilitated this transition.

These separate silos are compounded by two different governmental structures (City of Des Moines and Polk County) resulting in various planning entities involved in the decision making and approval process for allocating resources.

This multi-layered system has resulted in no one entity having complete responsibility nor buy-in or true support from the stakeholders involved with housing, services, and homelessness. Instead, there has often been a disconnect between the policy imperatives of the ‘funders’ and the goals and missions of the ‘providers.’ As a result, in the past, the community has missed opportunities to bring new funding to the County or reprogram existing funding. One of the most important components of this Homeless Plan is the commitment among the various stakeholders to develop a new leadership structure to be the entity responsible for implementing the strategies included in this Plan, monitoring progress, and ensuring that homelessness continues to remain a high priority for the community.

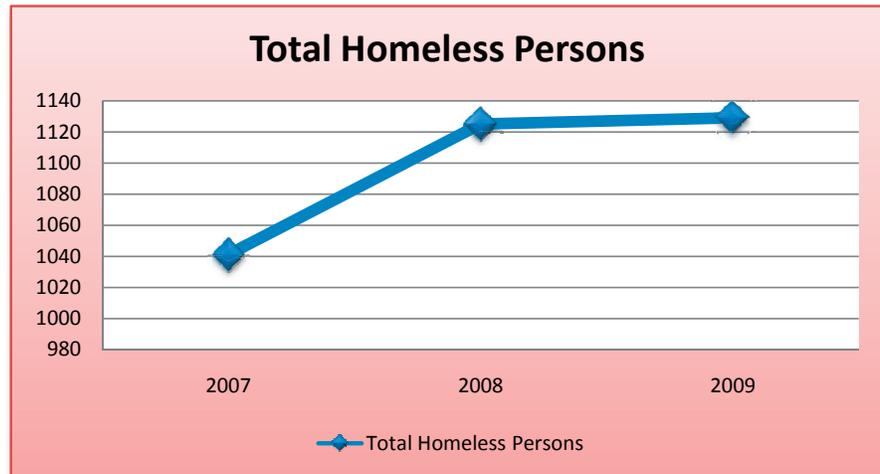
NEW CLIMATE, NEW RESOURCES

All of the above factors have converged to lead key stakeholders to recognize that the status quo needs to change in order for the community to be able to effectively prevent and end homelessness. As such, this Homeless Action Plan has been developed to identify specific strategies and action steps that when combined will help the community to address the causes of homelessness; program or re-program resources to replicate best practices; and facilitate a more efficient process for pursuing and allocating resources while strengthening relationships and forging more meaningful collaborations.

DES MOINES AND POLK COUNTY TODAY

Polk County is the largest county in Iowa, with a population of 424,778. While the population of Iowa has remained somewhat steady in recent years, Polk County experienced a 13 percent growth in population from 2000 to 2008.¹⁵

Despite this growth, like many households in the nation, many of the residents of Polk County are currently experiencing a housing affordability crisis. Of the 101,739 renters in the County, the majority of renters devoted 35 percent or more of their income to housing,¹⁶ classifying them as rent burdened under federal affordability guidelines.¹⁷ This crisis is forcing many individuals and families into homelessness. Forty percent of homeless persons surveyed in 2007 cited economic/housing issues as the primary reason for becoming homeless.¹⁸ The crisis is also preventing many people from exiting the homeless system and achieving residential stability. The same 2007 survey found that 526 people left emergency shelters in Polk County in 2006, only to return to shelters again in 2007.



HOMELESSNESS IN POLK COUNTY

Every winter, the stakeholders in Des Moines and the rest of Polk County try to gather a complete picture of who is homeless and determine barriers they face to locating and maintaining permanent housing. This past winter, on January 28th, there were 735 individuals and approximately 113 families utilizing the shelter system in Polk County. An additional 54 individuals and two families were not accessing shelters and were living on the street. These numbers do not represent a significant change from the 2008 point-in-time census, but an overall 8.5 percent increase from 2007.¹⁹

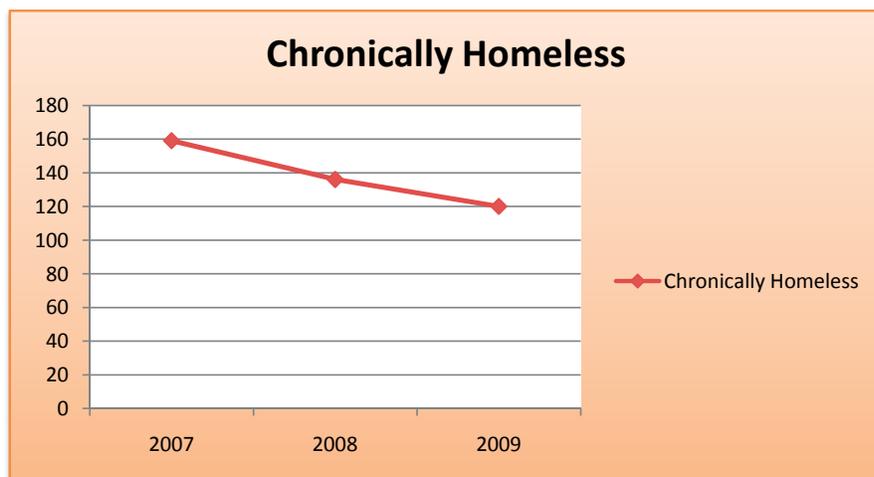
15. www.census.gov

16. *ibid.*

17. Under current federal guidelines, housing is considered affordable for a low-income household when the cost of monthly rent plus utilities for does not exceed 30 percent of monthly household income. Low-income households that pay between 30 and 50 percent of their income toward housing costs are considered to be 'rent burdened' by the federal government. When the percentage spent on housing costs exceeds 50 percent of monthly income, low-income households are considered to be 'severely' rent burdened and have 'worst case' needs for housing assistance.

18. Iowa Institute for Community Alliances. (January 2007-December 2007). *Iowans Experiencing Homelessness. Annual Snapshot of Service and Shelter Use. A report to the Governor of the State of Iowa on behalf of the Iowa Council on Homelessness.*

19. *Des Moines/Polk County Continuum of Care Point in Time Homeless Count.* Conducted on January 28, 2009.



documented in the 2007 *Comprehensive Strategy to End Chronic Homelessness* has resulted in a steady decrease. Between 2008 and 2009, the number of chronically homeless persons in the County decreased by 12 percent.²³ However, the number of chronically homeless persons living in the camps has stayed basically steady during this

Although the majority of homeless persons are in Des Moines, homeless persons also reside in other communities within the County, and some of these communities have seen a rise in homelessness in recent years. In West Des Moines, for example, between 2007 and 2008, there was a 5 percent increase in homeless and near-homeless people seeking emergency services. Approximately two-thirds of these people were from West Des Moines and the others were from Clive, Urbandale, and Windsor Heights.²⁰

The majority of homeless persons are single adults, rather than family households. According to the 2009 annual homeless count, of the 1,129 homeless persons in the county, 225 had a severe mental illness and 375 had a chronic substance use issue.²¹ There were 120 chronically homeless individuals, representing approximately 41 percent of the homeless individuals.²² The commitment to ending chronic homelessness

same period. It is clear that this Homeless Action Plan must take the strategies documented in the 2007 Plan to a new level, one that provides more details on how to implement these strategies in a way that will lead to reductions in the number of homeless persons, including chronically homeless individuals.

Between 2008 and 2009, the number of homeless veterans decreased by 21 percent. It is possible that some of this decrease may be to reporting issues, but it is more likely that this reduction is a direct result of new Section 8 Housing Choice Vouchers made available in the County to homeless veterans through the federal Veterans Affairs Supported Housing (VASH) program. VASH is an innovative model of permanent supportive housing for homeless veterans. It represents a partnership between the Des Moines Municipal Housing Agency (DMMHA), the public housing authority, and the local Veterans Affairs (VA) Medical Center. Much like the Shelter Plus Care

20. (2009, July 14). Des Moines Pledges to Move Against Homeless Camps. *Des Moines Register*.

21. *Des Moines/Polk County Continuum of Care Point in Time Homeless Count*. Conducted on January 28, 2009

22. *ibid.*

23. Homelessness Resource Exchange. *Continuum of Care Homeless Populations and Sub-populations*. www.hudhre.info

program, another effective permanent supportive housing program, as part of VASH, the VA provides ongoing case management and clinical services to 70 homeless veterans while DMMHA provides a Housing Choice Voucher rental subsidy.

HOMELESS SERVICES IN POLK COUNTY

For years, stakeholders in Des Moines and Polk County have worked to combat the problem of homelessness. Over the years, a broad network of shelter and service providers, housing organizations, state agencies, and advocacy and planning groups have worked in concert with City and County officials to develop a system of care that strives to meet the varied and complex needs of homeless people.

Polk County's homeless services today include short-term emergency shelters (409 beds, including one domestic violence shelter), transitional housing (518 beds for homeless individuals and 112 for homeless families), and permanent supportive housing (77 beds, of which a little over half are for chronically homeless individuals).²⁴ As evidenced by the numbers, and the number of people in need of permanent supportive housing, the County's continuum of homeless housing is heavily weighted towards short-term and time-limited solutions, such as emergency shelter and transitional housing.

Polk County has also developed an array of supportive services enabling homeless individuals and families to make the transition from the street and shelters to permanent housing and from dependence on supportive services to self-sufficiency. These supportive services are the critical link in moving persons along the homeless continuum of services at a pace and scale appropriate to their individualized needs and circumstances. These services are funded through a variety of different mechanisms, including city, state, and federal resources as well as foundation grants and in-kind donations.

CAUSES OF HOMELESSNESS

Unfortunately, these services and programs have not completely offset the effects of a national recession that has created an affordable housing crisis and an increased risk of or a continuation of homelessness for many individuals and families throughout the County.

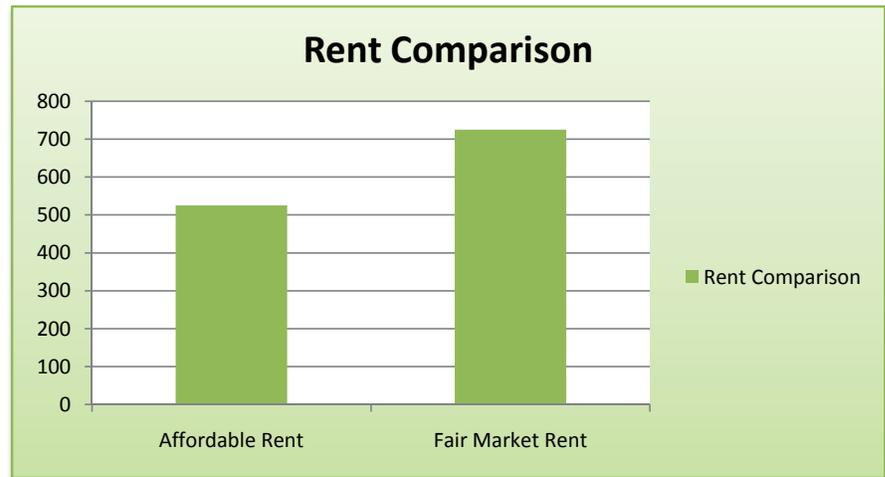
The gap between income and housing affordability is one of the primary causes of homelessness. A 2007 survey found that one third of the homeless families in Iowa are the working poor, suggesting that for many households it is a lack of sufficient income that leads them into homelessness.²⁵ The National Low Income Housing Coalition's *Out of Reach 2009* report found that in Polk County an extremely low-

24. From the electronic Housing Inventory Chart (eHIC) submitted as part of the Fiscal Year 2008 Continuum of Care application to the U.S. Department of Housing and Urban Development

25. Iowa Institute for Community Alliances. (January 2007-December 2007). *Iowans Experiencing Homelessness. Annual Snapshot of Service and Shelter Use. A report to the Governor of the State of Iowa on behalf of the Iowa Council on Homelessness.*

income family can afford to pay no more than \$538 each month for rent if the family did not want to become rent burdened. This is almost \$200 below the current Fair Market Rent (FMR)²⁶ of \$727 for a modest, not luxurious 2-bedroom housing unit. The gap between what an extremely low-income family makes and what a household must make is significant. Given this, it is not surprising that 40 percent of the renters in Polk County do not have enough income to afford their full rent.²⁷

Another way to define this problem is by looking at the housing wage. The housing wage is the amount of money a worker must earn per hour in order to be able to work 40 hours per week and afford a two-bedroom unit at the area's FMR. The housing wage in Polk County is \$13.98 an hour. This is 193 percent of the current hourly minimum wage of \$7.25. It is easy to see why, among Iowa's extremely low-income households, 85 percent were cost-burdened in 2005 (a



Data from *Out of Reach 2009*

number that rose from 70 percent in 2000) and were at risk of being unable to afford their current housing.²⁸

For many, the affordability crisis is compounded by health and mental health issues. Fifty eight percent of adult individuals in Iowa report a long-term disability²⁹ and over 3,900 of the homeless people in Polk County are disabled and receive federal disability benefits through the Supplemental Security Income program (SSI).³⁰ In 2008, monthly SSI payments were \$637, equal to 16 percent of the Des Moines area

26. Fair Market Rents are published annually by the U.S. Department of Housing and Urban Development for every housing market and rural area across the country. These rent limits are based on the cost of modest rental housing. A housing unit at FMR is meant to be modest, not luxurious, costing less than the typical unit of that bedroom size in that community. Current HUD FMRs can be found online at www.huduser.org.

27. National Low Income Housing Coalition. *Out of Reach 2009*. Washington, DC.

28. MacDonald, H. (2007). *Affordable Housing in Iowa: Meeting New Challenges*. Graduate Program in Urban and Regional Planning, University of Iowa.

29. Iowa Institute for Community Alliances. (January 2007-December 2007). *Iowans Experiencing Homelessness. Annual Snapshot of Service and Shelter Use. A report to the Governor of the State of Iowa on behalf of the Iowa Council on Homelessness*.

30. SSA Publication No. 13-11976. (May 2009). *SSI Recipients by State and County, 2008*. Social Security Administration.

median income.³¹ This means that people using SSI as their only source of income would have to use almost 94 percent of their monthly income to afford a one-bedroom apartment.³² Although the situation was slightly better when renting efficiency apartments, these renters would still need to spend over 78 percent of their monthly income towards housing costs, making them severely rent burdened and leaving little money each month to cover essentials such as food, medicines, etc.³³

Even when housing is available and a household can afford the rent payment, there are barriers that make it difficult to obtain and maintain the housing. The move-in costs of first and last month's rent and security deposit are a formidable barrier to poor individuals and

families that have difficulty making ends meet each month. Once in housing, any crisis, such as job loss, health emergency, or alcohol or drug relapse, can cause the household to begin the spiral back into homelessness.

In summary, despite the efforts of dedicated service providers and the existence of many effective programs, the homeless system in Des Moines and Polk County is still not meeting the needs of all homeless individuals and families. The current economic crisis, combined with the lack of housing affordable to people with lower-incomes has made the situation even worse, elevating it to a crisis level for many families in individuals. This Homeless Action Plan introduces new strategies, utilizing all available resources, and reforms to policies as a way of changing the way that business is done.

31. Technical Assistance Collaborative and the Consortium for Citizens with Disabilities Housing Task Force. (April 2009). *Priced Out in 2008: The Housing Crisis for People with Disabilities*.

32. *ibid.*

33. *ibid.*

This Homeless Action Plan reflects the community's commitment to preventing and ending homelessness by creating more permanent housing options and increasing housing stability. For chronically homeless individuals who have been living on the streets, in camps, or in an emergency shelter, this means creating new units of housing combined with appropriate stabilization services. Reversing the trend of family homelessness involves preventing loss of housing through improved targeting of assistance and early warning systems, implementing rapid re-housing strategies, accelerating permanent housing placements and creating new units of permanent affordable housing.

To accomplish this, Des Moines and Polk County stakeholders have identified five key priority strategies:

- 1. Create new permanent housing opportunities for people below 40 percent of the area median income;**
- 2. Incorporate innovative best practices into all emergency shelters, including the Central Iowa Shelter and Services (CISS);**
- 3. Prevent homelessness through a variety of evidence-based practices;**
- 4. Develop a unified intake and referral system; and**

5. Increase community awareness and relationships in order to implement needed policy changes.

Each strategy is correlated with several specific action steps, many of which are drawn from the examples of other homeless plans in communities nationwide. Some of these strategies are new initiatives requiring the pursuit of federal and state resources as well as investments from private contributors. Others will come about by shifting the existing resources in the community and investing in 'pilot' initiatives that, when proven, will invite funding from outside partners. In other cases, the strategies call only for implementing new policies or practices that will, in and of themselves, have an impact on homelessness without requiring new funding.

All of the strategies and action steps in the Homeless Action Plan were chosen for their proven track record, their cost-effectiveness, and their likelihood of addressing the root cause of homelessness. Factors such as the greatest impact, ease of implementation, availability of funding, and existing opportunities were also considered when including action steps in this plan. Taken together, these strategies will significantly amplify the community's commitment to reducing homelessness.

As described earlier, the housing economics of the Polk County region have created an income and affordability crisis for many low-income individuals and families. Data clearly indicate that permanent affordable housing, with or without supports, is the key to solving homelessness for any homeless individual or family, regardless of the reason for becoming homeless. This data also indicates that permanent supportive housing is both effective in containing costs and helping people maintain residential stability.³⁴

To be effective in reducing the number of individuals and families experiencing homelessness, this strategy requires a multi-pronged approach involving the building and development of new housing units, the utilization of new and existing rental assistance resources, and the increase in access to existing units financed with mainstream affordable housing resources. The approach must also embrace the uniqueness of each homeless person by providing different types of housing, ranging from Housing First models for those homeless people with long-term support needs to 'generic' affordable housing for those homeless people who don't require support services in order to be successful in housing.

PRIORITIZATION OF RESOURCES

All of the strategies detailed in this Homeless Action Plan rely on the commitment of key

leaders and funders to no longer do 'business as usual.' This includes decisions regarding how current and future housing resources are allocated and deployed. In order to have an impact on the number of people who experience homelessness in the County, funders will need to prioritize homeless people for all available housing resources. In addition, this commitment must be clearly articulated to those staff who are responsible for administering these funds.

Action Step: Ensure a top-down commitment (i.e., from City Council, Mayor, City Manager, County Manager, County Board of Supervisors) to making housing for homeless persons a priority, for both homeless programs and mainstream housing resources as well.

- Commit public resources, including funding and staff, to creating and maintaining permanent housing. Educate City and County staff regarding expectations for helping to fulfill this commitment and ensure that all staff understand how to incorporate this prioritization of resources into their personal role and job responsibilities.

Action Step: Create a specific numeric goal for the creation of housing for homeless persons over the next 5 years.

- Conduct quarterly reviews to monitor success toward this goal and make mid-course changes if needed.

34. A large number of documents exist on the cost-effectiveness of permanent supportive housing and the ability of this housing to help residents achieve residential stability. Some of these documents can be found online at www.csh.org.

MAXIMIZE HPRP-FUNDED RAPID RE-HOUSING INITIATIVES

Rapid Re-Housing programs help people experiencing short-term homelessness locate housing in the community, negotiate with landlords, and provide home-based case management to promote housing retention and link families with needed services within their new community. With Rapid Re-Housing programs, the assumption is that short-term assistance is all that is needed to help participants transition from homelessness to permanent housing and that after a certain period of time these supports can be diminished or eliminated. Households targeted for Rapid Re-Housing assistance are those whose hardships do not serve as a long-term barrier to housing stability. Critical to the success of Rapid Re-Housing programs are aggressive landlord outreach and housing search assistance.

As part of the American Recovery and Reinvestment Act of 2009 (ARRA), the City of Des Moines recently received an allocation of \$1,763,874 in Homelessness Prevention and Rapid Re-Housing (HPRP) resources. Approximately \$900,000 of HPRP funding has been allocated towards Rapid Re-Housing activities to serve at least 60 homeless households over the grant term.

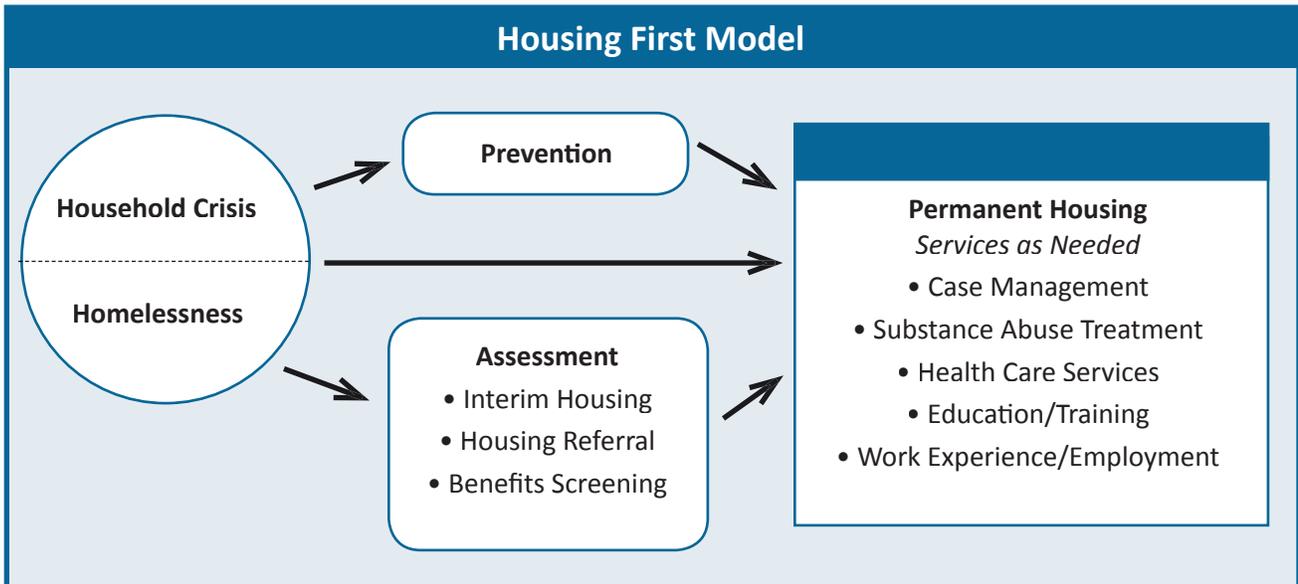
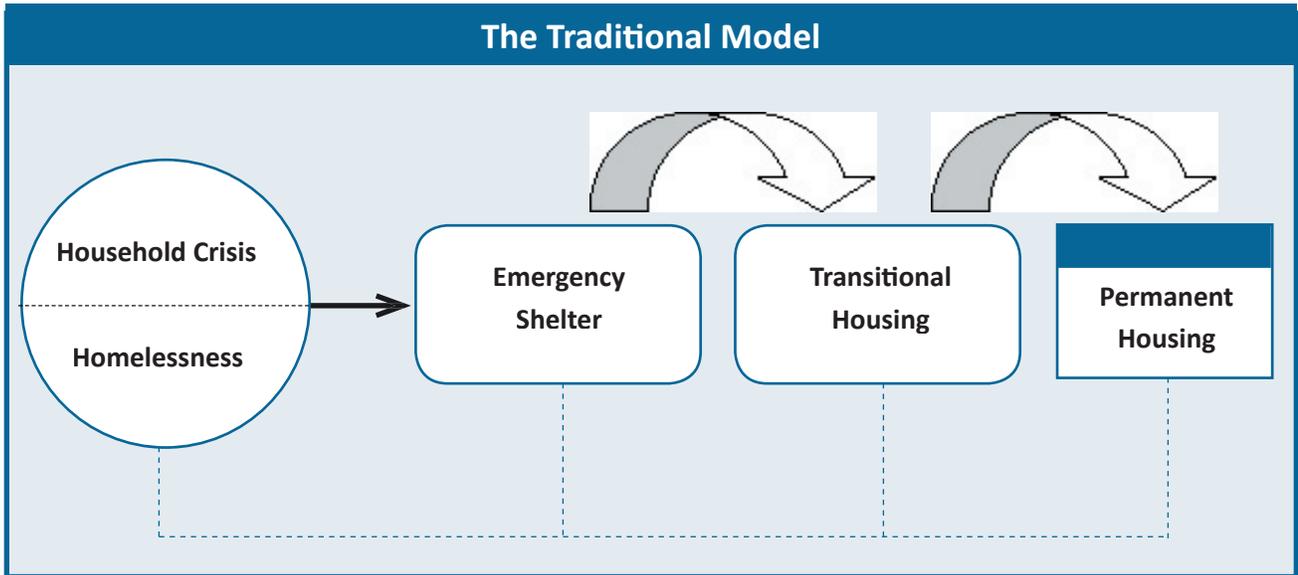
Action Step: Ensure that HPRP-funded Rapid Re-Housing resources are efficiently utilized and have the maximum impact by:

- Aggressively monitoring utilization and outcomes of HPRP RRH funding.
- Providing technical assistance to agencies receiving RRH funding to enhance capacity.
- Avoiding the 18-month ‘cliff effect’³⁵ through comprehensive assessment and triage.
- Exploring linkages to DMMHA resources or other mainstream housing resources for a portion of RRH participants that may need continued housing assistance.
- Educating the community about the new RRH program and notify all agencies of availability and access points.
- Redirecting HPRP RRH funds if outcomes and benchmarks aren’t met.

EXPAND HOUSING FIRST OPTIONS

Housing First is an approach to ending homelessness that centers on providing homeless people with housing quickly and then providing services as needed. What differentiates a Housing First approach from traditional emergency shelter or transitional housing approaches is that it is ‘housing-based,’ with an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing.

35. HPRP is a time-limited temporary resource and there is an 18-month cut off point for rental assistance. The cliff effect could occur when households that are no longer eligible to receive HPRP assistance becoming homeless again.



The primary differences between Housing First and Rapid Re-housing programs are the type and intensity of services needed by the target population and the expectation of how long services and supports will be needed to maintain persons in their housing. With Housing First programs, there is the underlying assumption that most participants have significant barriers to accessing housing and will require some degree of supportive services to maintain their housing. For people who have experienced chronic homelessness, there is an expectation that intensive (and often specialized) services will be needed indefinitely.

Currently there are approximately 175 homeless persons living in camps along the rivers and in other places throughout Des Moines.³⁶ Studies have shown that the Housing First model can be effective in helping chronically homeless people such as these to locate and maintain housing.³⁷ Recently 10 homeless individuals were provided a rental subsidy and supports through a Housing First Shelter Plus Care program and have stayed stably housed.

Action Step: Request funds through the next CoC application for at least 6-8 units of S+C assistance targeting individuals living in homeless camps. Cultivate potential S+C sponsors by:

- Conducting a workshop to educate providers about the S+C program and to identify capacity issues within the provider community.
- Facilitate a discussion between potential

housing providers and service providers.

- Sponsor a meeting with existing S+C landlords to discuss opportunities for expansion.

Action Step: To maximize these new S+C resources and existing S+C subsidies, establish a preference in the DMMHA Section 8 Housing Choice Voucher Program (HCVP) waiting list for S+C participants. This linkage will create movement in the S+C program and will allow the turnover of these subsidies to be directed to additional residents of the homeless camps.

Action Step: Maximize utilization of existing S+C grants by over-leasing when possible and using S+C resources to provide assistance with move-in and related costs. The S+C regulations and HUD policies allow, and encourage, grantees to use any grant savings to serve additional homeless persons and/or to provide security deposits, vacancy payments, and damage claims on behalf of S+C participants.

CREATE ADDITIONAL UNITS OF PERMANENT SUPPORTIVE HOUSING

Ultimately, in order to permanently exit the homeless system, individuals, and families need housing that is safe and affordable. A subset of homeless persons also need services and supports to sustain this housing and address other service needs, referred to as

36. (2009, July 14). Des Moines Pledges to Move Against Homeless Camps. *Des Moines Register*.

37. Pearson, Montgomery & Locke. (2009). Housing stability among homeless individuals with serious mental illness participating in housing first programs. *Journal of Community Psychology*. Volume 37, Issue 7.

permanent supportive housing. Permanent supportive housing is defined as: decent, safe, and affordable community-based housing that provides residents with the rights of tenancy under state/local landlord tenant laws and is linked to voluntary and flexible supports and services designed to meet residents' needs and preferences. Key to the definition is that the housing is affordable (i.e., no more than 30 – 40 percent of income for housing costs) and that services are available, but participation in services is not required in order to stay in the housing.

While Housing First is a proven model for chronically homeless individuals, other models of permanent supportive housing have also been shown to be an effective practice for homeless people who require some supportive services to live independently but who have not experienced the long-term homelessness. These are often persons who have a disability including a serious mental illness, chronic substance abuse, and/or HIV/AIDS, and who rely on supportive services to obtain and remain in affordable, long-term housing.

In Polk County as of January 2009, there were 413 permanent supportive housing beds, of which 77 are for homeless individuals and 336 are for homeless families and their children.³⁸ The majority of these beds are funded with

federal McKinney-Vento Homeless Assistance resources, such as Shelter Plus Care. These programs have provided the needed 'exit' from homelessness, affordable housing and individualized supports, that many people in the community need. Unfortunately there is not enough permanent supportive housing to meet the need. There are currently 270 homeless families and individuals in need of a permanent supportive housing unit,³⁹ and many more households at risk of homelessness that could benefit from safe, affordable housing linked with services.

Action Step: Create a pilot program of supportive housing units set aside within Royal View Manor public housing development. (See example on page 28.) This could be accomplished by:

- Using Section 8 Disposition Funds (Endowment Fund) to make capital improvements to public housing units.
- Using Endowment Fund to support a non-profit organization to provide on-site support services to residents living in PSH public housing units.
- Using on-site services to help strengthen public perception of the development.
- Monitoring vacancies and outcomes.
- Creating movement opportunities in the future.

38. From the electronic Housing Inventory Chart (eHIC) submitted as part of the Fiscal Year 2008 Continuum of Care application to the U.S. Department of Housing and Urban Development.

39. *ibid.*

Example of Permanent Supportive Housing in a Public Housing Development Amory Street Community Boston, MA

Program Sponsors:

Vinfen Corporation and the Boston Housing Authority

Program Description:

In the early 90s, the Boston Housing Authority agreed to set aside a section of three elderly/disabled housing developments for three permanent supportive housing programs for people living with immunological disorders of a degenerative nature, such as HIV and AIDS. One of these programs is called Amory Street Community. Amory Street provides fourteen units of self-contained studio apartments within a larger 600 unit building.

The BHA and Vinfen Corporation, a non-profit human service and housing provider, entered into a Memorandum of Agreement outlining the roles and responsibilities of each party. In the program, the BHA completes a tenant selection process to ensure that participants are eligible for BHA housing. The

tenant screening considers tenant income, criminal records, and housing history. Vinfen conducts a separate tenant screening process to ensure that the individual meets program requirements and to identify appropriate services to be provided. Vinfen is responsible for identifying and obtaining funds to provide support services. The BHA made available one housing unit for staff to use to provide support services.

In accordance with the public housing regulations, tenants pay 30 percent of their income for rent. HUD operating subsidies paid to the public housing authority cover the balance of the housing costs.

Vinfen receives funding from the Massachusetts Department of Public Health for supportive services and reimbursement from Medicaid through the State's Targeted Case Management Program.

Action Step: Enhance partnerships and develop systems – level linkages between Polk County Health Services (PCHS) and Des Moines Municipal Housing Agency (DMMHA) to increase access to housing resources.

- Explore the possibility of targeting some of

the PCHS rental subsidies that turn over (see action step on the next page) to homeless persons or people at risk of homelessness and eligible for PCHS services.

- Explore the feasibility of transferring administration of the PCHS rental assistance

program to DMMHA.

- Discuss methods for increasing access to Section 8 HCVs by PCHS consumers receiving PCHS rental assistance funds.

Action Step: Aggressively seek new resources to fund the creation and maintenance of permanent supportive housing including the reprogramming of unutilized funds by:

- Designating and empowering a person to be responsible for researching, tracking, and ensuring the submission of applications for new resources.
- Providing TA and support to agencies interested in applying for new funding.

INCREASE ACCESS TO MAINSTREAM AFFORDABLE HOUSING

The unemployment rate in Iowa hit a 23-year high recently.⁴⁰ As a result, there are many people facing recent economic hardships and who are now new to homelessness. These households do not usually need supportive services to be successful in permanent housing but require housing that costs no more than 30–40 percent of their income. Federal and state ‘mainstream’ affordable housing resources do not typically produce housing units that are affordable to people with limited incomes, such as homeless people with incomes below 40 percent of the area median. This Homeless Action Plan includes new

ideas for incentivizing deeply-subsidized housing and making this mainstream housing more accessible to people with limited incomes.

Action Step: As a demonstration project, couple a specific number of project-based HCVs with other development funds (e.g., Low Income Housing Tax Credits, HOME, NSP, etc.) to secure a small set-aside of units in these developments for homeless individuals and families. To ensure success, develop a system for tracking these set-aside units and filling them initially and upon turnover.

Action Step: Explore implementing a policy to require developers using public funds to set aside a small percentage of units in each building for persons who are homeless or extremely low-income. This requirement would be in accordance with current federal policy imperatives, inherent in both regulations for new programs such as the National Housing Trust Fund or the Neighborhood Stabilization Program, as well as guidance for existing programs such as HOME and CDBG, that encourage communities to target mainstream affordable housing resources to households at the lowest of incomes, including extremely low-income households that are homeless. This new requirement could be combined with the previous action step regarding project-based Housing Choice Vouchers to help developers ensure that these units would be affordable to homeless individuals and families.

40. (2009, August 21). Iowa Unemployment Rate Hits 6.5%, 23-year High. *Des Moines Register*.

Action Step: Review existing policies to identify barriers to access by homeless people and develop strategies for overcoming these barriers. Particular emphasis will be given to a review of the DMMHA Section 8 HCVP and Public Housing administrative policies to determine where there may be flexibility in policies to facilitate access by homeless persons to this valuable resource. Particular focus will be given to areas such as screening and criminal histories, communication, time standards for completing required paperwork and documentation, reasonable accommodation policies, and ensuring that all HUD policy priorities are being met.⁴¹

HOUSING ACCESS

Vacant units represent a loss of income to owners and housing developers. It is critical to the success of these housing strategies that homeless people are easily connected to whatever units are made available to them.

Action Step: Provide tools for ensuring that permanent housing options developed through this Homeless Action Plan are easy to locate and access.

- Develop a Risk Mitigation Fund to help with landlord incentives, such as security deposits, damage payments, and vacancy claims.
- Strengthen or rebuild a central registry of permanent affordable housing, including tracking vacancies and listing available services.

41. Examples of HUD's policy priorities are described in various documents such as PIH Notice 2009-36: Supplemental Information to Application for Assistance Regarding Identification of Family Member, Friend or Other Person or Organization Supportive of a Tenant for Occupancy in HUD Assisted Housing, PIH Notice 2006-27: Homeless Initiative in Public Housing and Housing Choice Voucher Programs, CPD 03-08: Using HOME Program Funds to Address the Challenges of Homelessness; and CPD 03-14: Using CDBG Funds in Addressing the Challenges of Homelessness.

| | Definition | Target Audience |
|--------------------------------------|---|--|
| Rapid Re-Housing | A strategy to quickly ameliorate homelessness among individuals and families through immediate transition from shelter and street to housing. | Homeless individuals and families experiencing short-term homelessness or who have recently experienced economic or other hardships that do not serve as a long term barrier to housing stability. |
| Housing First | An approach to ending homelessness that centers on providing homeless people with housing quickly and then providing services as needed. It is 'housing-based' with a focus on helping individuals and families quickly access and sustain permanent housing. | Homeless people with high-level service needs, including people with disabilities and individuals who are chronically homeless. |
| Permanent Supportive Housing | Permanent affordable housing with tenancy rights linked with a comprehensive array of voluntary, flexible, and individualized community-based services and supports. Key to the definition is that the housing is affordable (i.e., no more than 30 – 40 percent of income for housing costs) and that services are available, but participation is not required in order to stay in the housing. | Homeless individuals and families who require supportive services to be successful in permanent housing. |
| Mainstream Affordable Housing | Federal, state, and private resources available to fund the creation of affordable housing. | Homeless individuals and families who do not require direct supportive services to be successful in permanent housing but require housing that costs 30 – 40 percent of their income. |

STRATEGY 2: INCORPORATE INNOVATIVE BEST PRACTICES INTO EMERGENCY SHELTERS

Given the number of people who are homeless on any given night in Polk County, it is clear that there is still a need for immediate interventions such as emergency shelters. We are confident, however, that over time, as the community feels the impact of the strategies included in this Homeless Action Plan and takes these strategies to the next level, the need for basic housing, such as those provided at shelters will decrease. In addition, these shelters still serve as the initial point of entry for many individuals and families and as such must embrace the shift in philosophy documented in this Plan, from managing homelessness to ending it.

PLANNING FOR FUTURE NEEDS

With this in mind, it is important that all emergency shelters begin planning now for the future, rethinking program design and reprogramming facilities to be in accordance with best practices in the field. As mentioned earlier, the Central Iowa Services and Shelter is currently in the process of relocating and building a new facility. This move represents an auspicious opportunity to incorporate these future trends into the actual design of the physical plant from the onset.

Action Step: Ensure physical design of new CISS facility will support multiple uses and changing uses.

- Research shelter best practices and obtain assistance in design of shelter and related

service programs.

- Ensure design is fluid to meet changing homeless population needs in terms of target population (e.g., families, single women, etc.), service needs, and housing models.

CREATING HOMELESS OPPORTUNITY CENTERS

Homeless Opportunity Centers (HOC), also known as One Stop Shop or Multi-Service Centers, are a model for immediately engaging homeless people in multiple support services that are co-located at one site. These centers are offered by communities looking for an alternative to, but not necessarily a substitute for, traditional networks of homeless programs. The traditional networks are flawed since they require homeless people to follow referrals to multiple locations throughout a city, keep scheduled appointments, and meet other obligations that are often beyond the ability of some homeless people. The HOC model lowers the threshold of required responsibility to an absolute minimum and thereby connects with more marginalized and fragile homeless people. This model also increases access to resources by providing immediate and frequent exposure to programs and eliminating barriers to access, such as transportation to an eligibility determination office.

Proponents of HOC models argue that homeless individuals are more likely to access services and benefit from them if they are all co-located in one

setting and are generally available at any time to anyone who walks in the door. The array of services could include:

- Benefits assistance
- Clothing
- Employment development
- Health care services
- Housing information
- Hygiene and nutrition
- Identification cards
- Legal assistance
- Medical care
- Other types of housing, such as medical respite, detox, or transitional housing, for example
- Shelter and other basic needs
- Computers, phone, and mail services
- Substance abuse

Action Step: Create Homeless Opportunity Centers throughout Polk County.

- The primary and initial HOC will be located at CISS, with future satellite HOCs to be located at other sites frequented by homeless people, such as the West Des Moines Human Services office, or the new YMCA.
- HOCs would serve as portal and access points for individuals and families to receive assistance through the HPRP-funded Rapid Re-Housing and prevention initiatives described in this Plan.
- Staff from multiple different agencies would be co-located at the HOC to be able to provide information, determine eligibility, and provide direct care.

- Dedicated Workforce Navigators and Employment Specialists would also be located onsite and be available to assist those people who are interested in employment opportunities.
- Computers would be made available to staff and residents, and the public at large to determine availability and eligibility criteria for community resources (as described later in Strategy 4: Unified Intake and Referral).

While the creation of the HOC would require some financial investment, it primarily calls for existing services and resources to be made available at one site on an agreed upon schedule. The following steps must be taken to begin to implement the HOC:

- As stated above, the design of the new CISS should ideally forge the creation and success of the HOC at this initial location.
- Conduct a survey of current and formerly homeless persons as well as extremely low-income individuals and families at risk of homelessness to determine the types of services that should be offered at the HOC.
- Identify these key resources and secure commitments for co-location of services.
- Apply for assistance from the federally-funded SSI/SSDI Outreach, Access and Recovery(SOAR) TA to get training to increase access to these disability benefits and incorporate lessons learned into HOC practices.

EXAMPLE OF A HOMELESS OPPORTUNITY CENTER

GATEWAY CENTER

ATLANTA, GA

The Gateway Center is the centerpiece of the community's effort to impact chronic homelessness. The Gateway Center is the point of entry, the gateway, to the community's Continuum of Care created to help homeless individuals move out of dependency. The Gateway Center offers homeless individuals an opportunity to disconnect from the issues that contributed to their homelessness by connecting them with the specific services they need to move toward self-sufficiency.

To date more than 50 agencies, departments, faith groups, and service entities are active in advancing the vision and mission of the Gateway Center.

The first floor contains the Hospitality Center and Drop-in Services that are accessible to anyone off the street, including basic services like:

- toilets and showers; coin laundry facilities
- a place to come in from the elements and rest
- storage for personal belongings; telephones
- general information and referral services

Specialized services include:

- Chapel
- outreach, intake, and assessment
- assistance in accessing mainstream benefits
- a separate, safe, and secure area for women and children
- referrals for internal and external homeless services, including housing and jobs
- counseling to promote reunification with

family/friends and support community

- a full-service production kitchen with galleys on each residential floor with capacity to serve all residents in the building and produce meals for outside agencies.

The second and third floors have:

- 45 transition beds for men, designed to reach out to the chronic homeless, especially those with dual diagnosis, special needs, and frequent incarceration
- 23 beds reserved for respite care
- a medical clinic for primary care
- 22 assigned emergency beds (7 to 14 days) with a stated goal of the Housing First model
- 22 beds of housing for men in job training programs, including a food service training program run in connection with the kitchen;

participants in other employment or training programs may also be housed here

- 23 beds reserved for Re-Entry referrals for short-term stays for homeless men discharged for misdemeanors
- 45 beds for men with full-time employment in transition to permanent housing

The fourth floor has:

- 46 beds of transitional housing for homeless veterans (in collaboration with Atlanta VA)
- 45 pretreatment beds for men awaiting entry into substance abuse treatment programs, with access to support services such as AA meetings and drug/alcohol education classes
- a gymnasium which can be utilized for additional beds during a weather emergency

The stakeholders in Des Moines and Polk County recognize that homeless prevention is the most cost-effective and successful mechanism for ensuring that individuals and families never need further access to homeless programs and services. The community's homelessness prevention programs form the first line of defense for people on the brink of homelessness. These programs have represented a good start in keeping individuals and families from entering the shelter system, but given the magnitude of the current homelessness crisis, the impact and reach of prevention programs must be greatly enhanced.

MAXIMIZE HPRP-FUNDED HOMELESSNESS PREVENTION INITIATIVES

As mentioned earlier, as part of ARRA, the City of Des Moines recently received \$1,763,874 in HPRP resources. Approximately \$740,000 of HPRP funding has been allocated towards prevention related activities to serve at least 400 at risk households over the grant term. These new resources will help to increase prevention efforts to the scale needed in the City and County by improving coordination and communication among disparate prevention agencies to ensure that there is 'no wrong door' to accessing assistance.

Action Step: Ensure that HPRP-funded homelessness prevention resources are efficiently utilized and have the maximum impact by:

- Coordinating existing prevention efforts to ensure 'no wrong door'.
- Ensuring one-stop application and access to prevention funds.
- Aggressively monitor utilization of outcomes of HPRP prevention funding.
- Providing technical assistance to agencies receiving prevention funding to enhance capacity.
- Educating the community about the new prevention resources and notify all agencies of availability and access points.
- Redirecting HPRP prevention funds if outcomes and benchmarks aren't met.

STRATEGY 4: DEVELOP A UNIFIED INTAKE AND REFERRAL SYSTEM

A key strategy for addressing homelessness in Des Moines and Polk County is the creation and maintenance of a unified intake, application, and eligibility determination process. Currently, homeless individuals and families have to complete multiple applications for housing and services, have to go to multiple agencies to get information and complete applications, and that complete information on resources is not readily available for homeless people to access. As such, there is a clear need to collect, coordinate, and make uniform the information about available resources, eligibility criteria, application documents and processes, while still maintaining independent integrity of each program.

ENHANCE INFORMATION SHARING

As mentioned earlier, during the process of developing this Homeless Action Plan many planning participants reported learning new information about existing resources and programs. However, the information sharing must be taken to a new level, one that is built on formal partnerships, rather than ad hoc personal conversations. Examples of these partnerships currently exist in the County and are best practices that can be replicated and expanded. For example, currently PCHS has an arrangement with the local jail that allows the jail to check its bookings each day, identify PCHS clients, and write a note in the system that automatically

generates an email to the PCHS case manager informing him/her that the PCHS consumer is in jail.

Action Step: Implement a pilot initiative that provides access to PCHS information for CISS and Primary Health Care regarding PCHS enrollment, etc., similar to the current initiative between the jail and PCHS described above. This pilot will allow staff from Primary Health Care and CISS to identify and inform PCHS when a PCHS consumer is receiving shelter or services from these agencies.

Action Step: Use new handheld tracking tools to assist outreach workers to track engagements, services, progress and improve access to resources.

INTEGRATED SYSTEM FOR ACCESSING SERVICES AND HOUSING

Ideally the new system would be web-based and linked to HMIS. Based on characteristics entered by the user, the system would automatically determine which programs a user was eligible for, which of these resources were currently available, place the user on a waiting list when appropriate and, ultimately complete an on-line application for those programs. The user's information would also be saved in the system so that s/he would only have to enter the information once and then

update when changes occur (e.g., change in family composition or housing status).

The implementation for this new system could be structured in phases as detailed below.

Action Step: Phase 1 – Develop Common Application for housing, services, and resources.

- Compile eligibility criteria and service definitions and develop a master list, as well as cross-referral protocols.
- Develop standard forms (e.g., intake, releases, etc.) that can be completed electronically.

Action Step: Phase 2 – Develop an online vacancy information clearinghouse where professionals as well as homeless individuals can get up-to-date information about homeless vacancies in shelter and affordable housing (see Strategy 1).

Action Step: Phase 3 – Provide access to system through computers located at HOCs, libraries, City and County offices, etc.

STRATEGY 5: INCREASE COMMUNITY AWARENESS AND RELATIONSHIPS

Homelessness is a complex social and political problem. To end homelessness, we must recognize and address not only the individual dimensions of the crisis, but also the societal aspects. This Homeless Action Plan represents a commitment to prioritizing and allocating resources toward preventing and ending homelessness. But we cannot do it alone. Successful interventions rely on the collaboration among all members of the community.

HOMELESSNESS AWARENESS DAYS

A critical component of this Homeless Action Plan is strategy to communicate how all Polk County residents can play a role in ending homelessness and ensuring that appropriate housing and support services are available for all in the neighborhoods where they live. To accomplish this, this Homeless Action Plan includes strategies to increase public awareness and opportunities for involvement in homeless programs.

Action Step: Increase outreach to corporations and other local institutions to participate in structured activities as part of

planned Homelessness Awareness Days. Some of these activities could include:

- Structured volunteering opportunities at service and housing programs (e.g., painting days).
- Planned clean-up days for camp sites and other sites used by unsheltered.
- Project Homeless Connect⁴² or Stand Down days.⁴³
- Public participation in annual point in time count.

ENHANCE COMMUNITY RELATIONS

The success of all of the strategies described earlier depends on the involvement and partnership with citizens and neighbors. It is important to continue to foster a dialogue with the community to increase public awareness and endorsement of the strategies in the Homeless Action Plan. This includes ensuring that there is ongoing communications with the public and updates on progress toward achieving goals and benchmarks in the Plan, both via the City's Homeless Action Plan website and through an annual report on the status of the Plan.

42. Project Homeless Connect is a one-day community-wide event providing one-stop access for homeless people to housing, support, and quality of life resources. It is outcome-oriented and is typically City/county or community-led, with a strong emphasis on collaboration, partnerships, and consumer respect. See www.ich.gov/slocal/NationalProjectHomelessConnectProm.o.html.

43. Stand Downs are one part of the federal Department of Veterans Affairs' (VA) efforts to provide services to homeless veterans. Stand Downs are typically one to three day events providing services to homeless Veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment. Stand Downs are collaborative events, coordinated between local VAs, other government agencies, and community agencies who serve the homeless. Stand Downs have been used as an effective tool in reaching out to homeless Veterans, reaching more than 200,000 Veterans and their family members between 1994-2000.

Action Step: Enhance Neighborhood Resource Center to provide education and information to neighborhoods and residents regarding homelessness and to respond to concerns about homeless persons.

Action Step: Create a Good Neighbor Agreement modeled after the agreement used in the industrial areas. This agreement would demonstrate a commitment to the well-being of neighborhoods where new supportive housing facilities or other services for the homeless will be located, and to establish processes to ensure continued communication and trust with these neighborhoods.

The strategies outlined above represent a substantial shift from a focus on managing homelessness to a focus on ending it. Implementing these recommendations will require an unprecedented level of communication and collaboration between systems and jurisdictions. That communication and collaboration has begun with the development of this plan, but it can only continue and increase through the development of leadership that will guide and promote the plan's implementation for the next five years. Making a break with 'business as usual' requires skilled and dedicated leadership. Political will and community support are equally vital to realizing the plan's vision.

NEW LEADERSHIP

One of the main recommendations of this Homeless Action Plan is the formation of a new leadership structure specifically responsible for developing homeless policy, planning and providing oversight for the use of homeless funds. This new leadership will be an outgrowth of the existing Steering Committee that guided the development of the Plan and will ensure linkages between 'funders' and 'providers'.

Regional Homeless Action Board (Re-HAB)

The Regional Homeless Action Board represents an innovative partnership by Polk County and the City of Des Moines to commit to work together to address the problem of homelessness that

exists throughout Polk County. It is a commitment of leadership, financial resources, and political will by Polk County and the City of Des Moines to develop public policies and broad based strategies to implement the Homeless Action Plan and successfully house homeless individuals and families within the city(ies) and county. The partnership is recognition that the problem of homelessness afflicts all communities within Polk County and represents a united strategy and dedicated resources to solve the problem.

Management Action Team (MAT)

To ensure that the priorities established by the Re-HAB are put into effect, Polk County and City of Des Moines have further agreed to the creation of a Management Action Team (MAT). MAT consists of senior management staff from the City and County, private funders, and a representative from the Polk County Housing Continuum. MAT is charged with implementing the goals established by Re-HAB through policy changes, resource allocation, funding opportunities, program redesign and development, staffing and organizational changes, and technical support.

MAT will be responsible for the implementation of the Homeless Action Plan's recommendations and Re-HAB policies in a direct, cost-effective, creative and problem-solving manner. MAT will monitor progress toward the goals of the Homeless Action Plan and Re-HAB policies, report regularly to Re-HAB on progress, and publish an annual Report Card.

Re-HAB is composed of elected officials from the Polk County Board of Supervisors (2 Supervisors), and Des Moines City Council (Mayor and 2 City Councilors). The Re-HAB, established and governed by a formal intergovernmental agreement, will set specific policies regarding the prioritization and allocation of resources and direct all homeless planning for the region.

This restructured and revitalized Homeless Steering Committee will be charged with being ultimately responsible for the implementation of the plan's recommendations in a direct, cost-effective, and problem-solving manner through guiding changes in policy, setting funding priorities, promoting systems change, and monitoring outcomes that assess progress towards achieving the Plan's goals. While many agencies will be engaged in implementation of this Homeless Action Plan, the MAT will be the one primary group overseeing progress and strategizing to meet the Plan's goals.

Each MAT member will be responsible for being a conduit of information to the community. For example, the County Manager will be responsible for ensuring that he communicates regularly with the various County agencies that deal with homelessness, such as Polk County health Services, General Assistance, Veterans Affairs, etc.,

to learn of their issues and concerns and translate Re-HAB policy directives to these agencies so they can put them into practice.

Monitoring Progress

It is important for the community to be continually measuring the impact of the strategies included in this Homeless Action Plan, making any needed adjustments to ensure success. The MAT is charged with conducting an ongoing review of the Plan implementation. The MAT will monitor and measure progress and report to the Re-HAB and will also work with all stakeholders to foster accountability and responsibility for meeting the Plan's goals. To accomplish this, the MAT must first establish benchmarks for each strategy and action step against which progress can be measured. For example, one of the first responsibilities will be to create a specific numeric goal for the creation of housing for homeless persons over the next five years. The MAT will also assign points of accountability for each action step to ensure that there is a clearly identified person responsible for completing each step.

In addition, the MAT will publish an annual report card to the community describing the implementation of the Plan's work. The first

report card will be published in December of 2010 and will include information about outcomes and impacts, highlight best practices, and to ensure on-going innovation, strategic planning, and partnership on solutions to the homeless crisis. The report card will be given to the Re-HAB for review and comment and a final copy will be submitted to the Des Moines City Council, the Polk County Housing Continuum Board, and the Polk County Board of Supervisors as well as being made available to the planning participants and the entire community.

Looking Forward

Most importantly, the new Re-HAB will set the tone for homeless planning by providing leadership and modeling collaborative behavior for other stakeholders to imitate, including an

openness to new ideas, reallocating resources, and prioritizing homeless persons for resources. This will include creating protocols so that there can be clear and honest communication between all parties, transparency in planning, and designating points of accountability. The Re-HAB will actively seek to work across 'silos' and foster linkages among government agencies and between the City and County. Part of the Re-HAB's role will be to monitor and reflect federal policy imperatives, such as affirmatively furthering fair housing and collaborative decision-making, in an effort to maximize funding opportunities.

Finally, the Re-HAB will continually transmit the commitment from elected officials and funders to prioritize ending homelessness into action, moving beyond process to progress.

APPENDIX A: PLANNING PROCESS

This Homeless Action Plan has many authors. It synthesizes views of stakeholders at multiple levels and sectors of local government, non-profit service organizations, and citizen volunteer groups. Included in the planning process were community leaders, citizen volunteers, formerly homeless people, shelter directors, local experts in services for the homeless, and state, city, and county officials.

To effectively draw upon the insights and expertise of this rich diversity of participants, a multi-faceted participatory planning process was devised. Participants were organized into two groups: the plan's leadership, the Funder's Group and the Steering Committee, and the plan's architects, the four Work Groups. To bridge these two realms, knowledgeable community experts with strong facilitation skills were selected to serve as Work Group leaders and be the spokespeople for each Work Group.

The planning process officially began in March 2009 with a kick off meeting attended by over 60 interested parties from around the region. During this meeting, participants heard from Des Moines Mayor Frank Cownie on his commitment to addressing homelessness and developing innovative partnerships to move this agenda forward. Participants also learned about current national and local trends in homeless planning,

and the structure of the planning process for the development of the Homeless Action Plan. Finally, each Work Group held their first meeting and set a schedule for future meetings. All meeting schedules, agendas, and materials were made available to the public on the City of Des Moines website.

PLAN LEADERS – FUNDER'S GROUP & STEERING COMMITTEE

Recognizing that an effective plan requires engaging a range of community leaders associated with the myriad issues that intersect to create homelessness, Des Moines and Polk County recruited and organized 2 groups to provide leadership to the planning effort. First, the Funders Group was established to set the overall guidelines and give final approval of the Homeless Action Plan. The Funders Group is co-chaired by the Mayor of the City of Des Moines and a member from the Polk County Board of Supervisors. The Funders Group assisted in the development of the scope of the Plan, recruiting a consultant to assist with plan development, and, most importantly, is tasked with galvanizing support for the plan's strategies in multiple local sectors.

The second leadership structure is the Steering Committee. This committee was responsible for providing day-to-day guidance and support and helping to review and produce the Plan. Moving forward, the Steering Committee, renamed the Homeless Steering Committee, will be responsible for the implementation of the strategies contained in this Plan, monitoring outcomes, and reporting back to the public on progress.

PLAN ARCHITECTS

The complexity within Des Moines and Polk County's current housing and service systems required that planning occur on many different organizational levels and within a variety of different structures. Given this level of complexity, the Homeless Action Plan planning process relied heavily on Work Groups composed of key stakeholders in a particular field for the majority of the important analysis and review. These committee members met often in their efforts to develop and prioritize the specific recommendations contained in this report.

Often the work groups consulted with key informants from the community with expertise in specific areas, such as workforce development. This approach maximized participation by a wider range of community players. In addition, it made the best use of each individual's talents, skills, and community standing, ensuring that the planning process was meaningful.

Workgroup I: Homelessness Prevention & Emergency Service

The Homelessness Prevention and Emergency Service Work Group focused on the most common tracks into homelessness in the community and pinpointed the most at-risk subpopulations. The work group identified key problem areas upon which it concentrated its research and analysis. These areas were addressed by specific sub-groups: Housing First; Youth Homeless and Foster Care; Unified Intake; Services to Camps; Homeless Prevention; Family Homelessness; and Prevention.

Workgroup II: Behavioral Health and Support Services

The Behavioral Health and Support Services Work Group examined how existing service systems intersect with the homeless system and assessed the efficacy and adequacy of services delivered at emergency, transitional, and permanent housing stages. The work group identified unmet needs and developed models for delivering immediate and long-term supportive services to all homeless populations in Polk County.

Workgroup III. Economic Opportunity and Income Support

The Economic Opportunity and Income Support Workgroup examined the need for increasing job opportunity for people who are homeless in Des

Moines and modeling workforce development resources to better fit their unique needs. This work group took up the concern for how homeless people can increase their chances of finding work, maintaining work, and transitioning from low waged jobs to those that pay a living wage, such that rents can be paid and repeat episodes of homelessness can be averted. They assessed the current lack of local job opportunities that exist in Des Moines for people who are homeless and reviewed job sectors that may grow to provide opportunities in the future particularly if incentives for hiring homeless people are more widely recognized. They also identified myriad barriers that homeless people face in accessing mainstream workforce development programs. In the realm of solutions, the work group reviewed best practice strategies with successful track records for increasing homeless employment in other communities. These included methods for integrating work supports with affordable housing, developing on-the-job coaching support for highly vulnerable subpopulations, and co-locating job centers with other essential homeless services.

Workgroup IV: Permanent Housing

The Permanent Housing Workgroup examined trends in affordability of local housing stock and identified barriers to access for homeless people. They also developed strategies for increasing the number of affordable and supportive housing units that can be made accessible to people who

are homeless. In addition, they identified new practices for making existing resources more accessible to homeless people and the housing finance mechanisms needed to achieve their goals.

ALIGNMENT WITH OTHER PLANNING EFFORTS

At the outset of the planning process, stakeholders in Polk County recognized the importance of aligning homeless planning activities with past plans and other related efforts currently underway. Accordingly, this Homeless Action Plan, builds upon the recommendations made in *A Comprehensive Strategy to End Chronic Homelessness for Des Moines/Polk County, Iowa* by providing the details for implementation and expanding the target population and time frame.

During the development of the Homeless Action Plan other planning processes were also underway, specifically those designed to spend new and existing federal housing money, including new resources made available through ARRA and the Housing and Economic Recovery Act. Early on, the planning participants worked to ensure that Work Group members were involved in these related planning efforts to ensure that the policy objectives and strategies included in this Homeless Action Plan were consistent with and reinforced those in other ongoing planning activities.

APPENDIX B: ACKNOWLEDGEMENTS

The Des Moines and Polk County Homeless Action Plan *was made possible through generous contributions of time, expertise, and resources by many individuals and the municipalities that make up our community.*

SPONSORS

The Des Moines and Polk County Homeless Action Plan was made possible through sponsorship from:

- The City of Des Moines, Iowa
- United Way of Central Iowa

LEADERSHIP

The Des Moines and Polk County Homeless Action Plan gratefully acknowledges the generous contributions of time and expertise from local and state leaders, representatives of community-based organizations, and funders as participants in both the Funders Group and the Steering Committee.

The **Funders Group** was established to set the overall guidelines and give final approval of the Homeless Action Plan. The Funders Group is co-chaired by the Mayor of the City of Des Moines and a member from the Polk County Board of Supervisors. The members of the Funders Group include:

- Frank Cownie, Mayor
- Christine Hensley, City Council Person
- Chris Colman, City Council Person
- Robert Brownell, County Board Supervisor
- Angela Connolly, County Board Supervisor
- Jack Hatch, State Senator
- Matt Mc Coy, State Senator
- Ron Olson, Polk County Manager
- Sheila Lumley, Polk County Housing Trust Fund
- Shannon Cofield, United Way of Central Iowa
- Kristi Knous, Greater Des Moines Community Foundation

A **Steering Committee** was also established to provide guidance and review drafts of the Homeless Action Plan. Members of the Steering Committee include:

- Rick Clark, Des Moines City Manager
- Shannon Cofield, United Way of Central Iowa
- Kristi Knous, Greater Des Moines Community Foundation
- Sheila Lumley, Polk County Housing Trust Fund
- Ron Olson, Polk County Manager

HOMELESS ACTION PLAN WORK GROUPS

The Des Moines and Polk County Homeless Action Plan gratefully acknowledges the generous contributions of time and expertise from many individuals who served as members of the Homeless Action Plan Work Groups. The Plan was privileged to have the participation of the following individuals:

HOMELESSNESS PREVENTION AND EMERGENCY SERVICES WORK GROUP

Work Group Chair:

- Deirdre Henriquez, Primary Health Care

Work Group Participants:

- Mark Phillips, Bankers Trust
- Pam Freeman, Central Place
- Erika Jacobson, CFI-Domestic Violence Services
- Tony Timm, Central Iowa Shelter and Services
- Susan Minks, City of Des Moines
- Ben Bishop, City of Des Moines
- Marcie Rafdal, City of Des Moines Community Services
- Roberta Victor, CROSS Ministries
- Mary Little, DCS
- James Trotter, DM Area Religious Council/ Emergency Food Pantry
- Jim Cain, DMIHN
- Jan Broers, Goodwill
- Aaliyah Mujahid, Hawthorn Hill-New Directions
- Tim Shanahan, Hawthorn Hill
- Sherice Metcalf, Home, Inc.
- Chuck Galeazz, Hope Builders
- Cole Lindholm, Hope Ministries
- Jim McWeeny, IHYC
- Julie Eberbach, Iowa Institute for Community Alliance
- Trish Harlow, Iowa Homeless Youth Center
- Cathi VanNote, Iowa Homeless Youth Center
- Joe Stevens, Joppa (Homeless Outreach)
- Marcia Blize, Polk County CFYS
- Melissa Newell, Primary Health Care
- Richard Golik, Primary Health Care
- Faye Galbreath, Primary Health Care
- Paul Harrison, RAC
- Rob Hubler, RAC
- Shery Kepner, St. Joseph's Emergency Family Shelter
- David Debolt, VA
- Kim Neul, VA
- Sue Patterson-Nielsen, West Des Moines Human Services
- Carol Boldin, West Des Moines Human Services
- Catherine Gerdes, YESS
- Jennifer VanDerHart, YWCA
- Bill Whitehead, formally homeless
- Al Burney, formally homeless
- Chris King, currently homeless
- Al Luper, currently homeless
- Stacey Martin, currently homeless

BEHAVIORAL HEALTH AND SUPPORTIVE SERVICES WORK GROUP

Work Group Chair:

- Lynn Ferrell, Polk County Human Services

Work Group Participants:

- Julie Phillips, Anawim Housing
- Nikki Williams, Anawim Housing
- Cynthia Steidl, Behavioral Health Resources
- Andrea Meylink, Bernie Lorenz & Mecca
- Mary Madison, Children and Families First
- Caroline Gathright, City of Des Moines
- David Costello, Hope Builders
- Rick Moore, Hope Builders
- Al Burney, Hope Builders
- Lynn McCormick, House of Mercy
- Peg Mayne, Iowa Department of Corrections
- Justin Gross, Iowa Legal Aid
- Marlene Shade, Primary Health Care
- Emily Minear, YMCA

ECONOMIC OPPORTUNITY AND INCOME SUPPORT WORK GROUP

Work Group Chair:

- Jane Fogg, United Way of Central Iowa

Work Group Participants:

- James Andrew, Central Iowa Shelter Services
- Bob Schulte, City of Des Moines
- Denise Carrington, City of Des Moines
- Rick Carpenter, DMACC
- Marilyn Moove, Goodwill Industries

- Edwin Morris, Goodwill of Central IA
- Lynn McCormick, House of Mercy
- Lakia Poole, Iowa Homeless Youth Centers
- Ted Hall, Iowa Workforce Development
- Brent Camery, Iowa Workforce Development
- Merlie Crowley, Polk County Housing Continuum
- Bobbi Brewton, Primary Health Care
- Conroy Smith, Primary Health Care

PERMANENT HOUSING WORKGROUP

Work Group Chair:

- Kristin Saddoris, Conlin Properties

Work Group Participants:

- Bill Swanson, Anawim Housing
- Stella Neill, Anawim Housing
- Jackie Lloyd, City of Des Moines
- Erin Olson-Douglas, City of Des Moines
- Kathy Kahoun, City of Des Moines – Community Development
- Christine Gordon, City of West Des Moines

- Al Collet, Community Housing Initiatives
- Sergio Hernandez, Hawthorn-Hill
- Pam Carmichael, Home, Inc.
- David Eberbach, Iowa Institute
- Sharon Murphy, Neighborhood Review Board
- Frank Owens, Neighborhood Review Board
- Emily Minear, Riverfront YMCA Transitional Housing Program
- Carolyn Kinschbaum, St. Paul AME Transformation Center
- Carole Bodin, West Des Moines Human Services

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- Merlie Crowley, Polk County Housing Continuum Coordinator
- Chris Johansen, City of Des Moines
- Sheila Lumley, Polk County Housing Trust Fund

CONSULTANTS

- Emily Cooper, Marie Herb, Steve Day, and Kristina Hals, Technical Assistance Collaborative