

**Homeless Coordinating Council Meeting  
December 9<sup>th</sup>, 2014  
Polk County Administration Building  
12:00 – 1:00**

- 1) Approval of Minutes from October 13, 2014
- 2) Continuum of Care (CoC) Board Update – Matt McDermott 10 Minutes
- 3) Des Moines Municipal Housing Agency Homeless Initiatives – Doug Romig 15 Minutes
- 4) Central Iowa Shelter & Services Updates – Tony Timm 15 Minutes
- 5) Central Intake Update – Deirdre Henriquez 10 Minutes
- 6) Public Comment

Next HCC meeting – February 10<sup>th</sup>, 2015 12:00 – 1:00



November 26, 2014

To: Merlie Crowley

From: Douglas C. Romig  
Housing Services Director

**Re: City of Des Moines Housing Services Department - Homelessness Efforts**

In an effort to aid and support policy decisions of the Homeless Coordinating Council and the Continuum of Care Board, the Des Moines Municipal Housing Governing Board (Des Moines City Council) has taken the following actions to assist in eliminating homelessness within Des Moines and Polk County. To date the following actions have been taken:

- Creation of a Section 8 preference for Shelter Plus Care participants (30 clients identified to date with 13 taking advantage of this preference);
- Requests for Proposals to issue 50 Project Based Vouchers (PBV) with a homeless preference. Twelve (12) vouchers were issued to the local YMCA (operating support) and 38 PBV were issued to Central Iowa Shelter and Services (capital and operating support);
- Expansion of Section 8 voucher issuance. Request to HUD to utilize \$1.6 million in Development Fund to reach baseline Section 8 voucher issuance resulting in an additional 308 vouchers with sustainable funding through HUD. This initiative was denied by HUD's Special Application Center.
- Request to HUD's Kansas City Field Office to establish a Special Admission Preference utilizing the VI-SPDAT tool to establish a waiting list for the communities most vulnerable.

***Shelter Plus Care Preference:***

In the fall of 2010, the Homeless Coordinating Council (Polk County Board of Supervisors, Des Moines City Council, West Des Moines City Council, United Way, Des Moines Area Religious Council, Greater Des Moines Partnership and Greater Des Moines Community Foundation) have locally financed a Camp to Shelter pilot program identical to the Shelter Plus Care model. This pilot program initiative committed \$297,621 funds to provide supportive housing for up to 30 unsheltered homeless individuals. Scattered site housing, case management and supportive services were provided by Anawim Housing, Primary Health Care and Joppa Outreach to clients assessed with high mortality risk. Thirty-one (31) clients were transitioned from homeless camps to housing units beginning December, 2010. 28 of those remain housed over a year later.

## Successful Outcomes

Of those housed, two died from pre-existing health issues. Of the remaining, only one has lost housing due to repeated lease violations/behavioral issues; 4 clients have been transitioned to Shelter Plus Care; a federally funded, permanent supportive housing program administered by Anawim Housing.

By nearly all standards, this project is considered successful in achieving the objective of supportive housing for unsheltered chronic homeless individuals. Clients reported previously living homeless for periods ranging from 5-16 years. One 63 year old client reported being homeless since July of 1981. The following reported outcomes are direct results of this initiative:

- 28 individuals have retained housing for over 1 year;
- Reduction of arrests from 121 pre-housing arrests to 3 post-housing arrests;
- 18 enrollments in Iowa Cares (access to medical care);
- 19 clients generated income through canning; at least 7 reported maintaining employment for income;
- 6 clients are active in substance abuse treatment; 4 receiving mental health treatment;
- 19 enrolled for food stamps;
- 16 submitted applications for public housing; 14 are on waiting list (2 denied)

While this initiative has proven successful in addressing homelessness for these individuals, it has not had a measureable impact on the homeless camp population. The June 29, 2011, Point In Time count indicates 66 unsheltered homeless out of a total of 843 homeless. The number of unsheltered did not change significantly from the 74 reported in June, 2010. While Point In Time data presents limitations and should not be used to analyze trends and movement within the homeless population, HMIS administration does express confidence in the reliability of this information as an accurate count of the homeless population on that date.

## Future Needs

Moving forward, it should be emphasized that maintaining the success achieved with these clients is dependent upon identification of permanent resources for subsidized housing and supportive services. This client population mirrors that served by the HUD's Shelter Plus Care program. Most meet the HUD eligibility criteria and are appropriate candidates for any openings that occur in that program. However, there are nine (9) community organizations with client caseloads also awaiting Shelter Plus Care openings. In exchange for the Shelter + Care rental assistance, these organizations provide the matching case management required by federal regulations.

This project is the second demonstration of success in serving chronic unsheltered homeless. Many may recall the former homeless living in "hooches" four years ago that were successfully integrated into Shelter Plus Care. All of those individuals remain housed today through the Shelter Plus Care program, an indication of the success of this model in working with chronic homeless. It also is an indication of need for long term commitment for the housing and service costs needed to sustain progress with this population. Success is predictable with sufficient time and resources. Self-sufficiency within short time periods is rare.

While there are various strategies under consideration for expansion of affordable permanent housing units, these units are needed to successfully achieve HEARTH Act performance goals of

reduction in length of stay for transitional programs and emergency shelter. To commit all available housing units to the unsheltered population will hinder efforts to meet new federal performance goals and cost effectively serve other populations in the system.

Expansion of programming to new unsheltered clients will require commitment of additional funds/resources for a minimum of 3 years to ensure client stability which will average \$30,966 per person. As additional permanent affordable housing resources are identified, implementation of “housing first” practices coupled with strategies for minimizing unsheltered camp development would offer the most promising outcomes.

**DMMHA Action**

The Des Moines Municipal Housing Agency has established a Section 8 voucher preference for Shelter Plus Care participants that have been in the program a minimum of three (3) years and are in good standing (paid rent on time, participate in case management and keep their units in an acceptable condition). The Municipal Housing Governing Board and Polk County Housing Continuum believe that this preference will have the greatest chance of success based on the following factors:

- I. Most Shelter Plus Care have undesirable histories that could impact admission into the program without the recommended wait time;
- II. Section 8 cannot require supportive services and the need for case management will aid in greater success rates for those transitioning into subsidized housing;
- III. Transitioning Shelter Plus Care participants into Section 8 voucher assistance would allow selected individuals an opportunity to retain their existing housing locations;
- IV. Transitioning Shelter Plus Care participants will open up slots for area homeless individuals qualified to receive these services thereby establishing a pipeline through the housing continuum.

To date 13 individuals have transitioned from S+C into a regular Section 8 voucher thereby creating openings for new individuals to be served through the S+C program.

***Project Based Vouchers:***

In the fall of 2011, the Des Moines Municipal Housing Agency issued 50 Project Based Vouchers with a homeless preference awarding 12 vouchers to the YMCA (ten-year operating support) and 38 vouchers to Central Iowa Shelter & Services (CISS) (capital and operating support). The table below shows the sources and amounts of funding for the CISS capital project which supported the development of the 19 veteran and 38 efficiency apartments.

Source	Purpose	Amount
Greater Iowa Housing Assistance Corporation	19 Veteran apartments	\$700,000
Des Moines Municipal Housing Agency	38 Efficiency PBV apartments	\$3,500,000
	<b>Total Development Funding</b>	<b>\$4,200,000</b>

In addition to the capital development grants awarded to Central Iowa Shelter & Services, the Des Moines Municipal Housing Agency has also entered into a Housing Assistance Payment Contract with CISS whereby our Agency will be providing the subsidy for the 38 Project Based Voucher units for a period of twenty (20) years. When submitting the subsidy layering analysis to the U.S.

Department of Housing and Urban Development (HUD) to determine the rent amount for these units the Housing Assistance Payments were calculated at the established rent rate of \$514.00 per unit per month for a total annual cost of \$234,384. Central Iowa Shelter & Services estimated that 50% of their tenants would receive income from SSDI at an amount of \$674.00 per month with 30% of said income to be utilized for rent or \$202.20 per month. This will equate to an annual subsidy from the Des Moines Municipal Housing Agency in the amount of \$188,282.40. Due to the use of Disposition proceeds for the development of the 38 PBV units, the Housing Agency must subsidize these units for a total of twenty (20) years. Housing Assistance Payment contributions over this period of time will be **\$3,765,648** towards CISS' annual operating costs based on the above assumptions. Currently the Des Moines Municipal Housing Agency anticipates full lease up of the 38 Project Based Voucher units by the end of the year.

In total, the City of Des Moines has contributed between:

Design, Street, Storm and Sanitary =	\$ 690,000 - \$1,200,000
GIHAC =	\$ 700,000
DMHHA Development =	<u>\$3,500,000</u>
<b>Total Development Support =</b>	<b>\$4,890,000 - \$5,400,000</b>
<b>DMMHA Housing Assistance Payments =</b>	<b>\$3,765,648 - \$5,400,000</b>
<b>Total City Financial Commitment =</b>	<b>\$8,655,648 – 10,800,000</b>

**Section 8 HCV – Special Admission Preference:**

The Special Admission Preference described below would allow the DMMHA to assist the local Continuum of Care Board and Homeless Coordinating Council the ability to address homelessness through a recognized evaluation tool; Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT). This effort would be a part of the local Coordinated Intake system that is currently being rolled out in our jurisdiction.

The concept is to issue Requests For Proposals (RFP's) to area service providers to provide housing and supportive services for the hard to house. Individuals and families that score high on the vulnerability scale would be the first ones offered housing assistance, any rejections of housing would be documented and the next family on the list would be offered assistance next. With each opening the first person on the waiting list as established by the VI-SPDAT model would always be offered first choice for housing. We are looking at allotting 200 to 300 existing Section 8 vouchers for this initiative. Please note that any allotment towards this effort could negatively impact non-homeless low-income families on our Section 8 waiting list. However, establishing this Special Admission Preference will allow the Agency to address those most in need of housing.

**Public Housing Expansion:**

In an effort to expand affordable housing, the DMMHA has a faircloth limit of 911 units. We are finalizing our sealed bid process for all remaining vacant Dispo approved homes. Once completed our Agency will have 390 apartment units and 35 single family homes leaving a balance of 486 Public Housing units we could add to our portfolio.

We have a request into HUD to utilize a master lease RFP process to secure the additional public housing units as we believe that leasing privately owned rental units would be the best use of Public Housing operating funds. Through this RFP process we would acquire no more than 10% of any existing development (de-concentration) and would pay HUD's established Fair Market Rent or Rent Reasonableness calculated rates with one vacancy month guaranteed per calendar year.

If the above is acceptable to HUD, our Agency would issue two different RFP's; one for hard to house individuals and families and one for low-income qualified families. The first effort regarding the hard to house would incorporate most of the above requirements utilizing the VI-SPDAT vulnerability index through the Coordinated Intake system to establish the Public Housing waiting list for this initiative similar to our proposal for the Section 8 Special Admission Preference.

The second RFP would focus on de-concentration with points being awarded for proximity to public transportation, grocery stores, schools, etc. with input from our Housing Services Board in establishing the point values for the desired amenities and services utilizing our existing Public Housing waiting list for placement.



## ***Section 8 Special Admission Preference***

In looking at an effective way to address homelessness within our community while also conforming to the U.S. Department of Housing and Urban Development (HUD) rules and regulations, the Des Moines Municipal Housing Agency (DMMHA) has submitted to HUD's Kansas City Field office the following proposal for their review related to regulatory conformance.

### **Special Admission Preference:**

The Special Admission Preference described below would allow the DMMHA to assist the local efforts of the Continuum of Care Board and Homeless Coordinating Council to address homelessness through a recognized evaluation tool; Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT). This effort would be a part of the local Coordinated Intake system that is currently being rolled-out in our jurisdiction as each shelter and the various agencies providing street outreach are completing this tool.

### **Utilization of the Vulnerability Index Services Prioritization Decision Assistance Tool (VI-SPDAT):**

Under the HEARTH Act communities are to develop a mechanism for common assessment and coordinated access. The VI-SPDAT combines the strengths of two widely used existing assessments:

- The Vulnerability Index (VI), developed by Community Solutions, is a street outreach tool currently in use in more than 100 communities. Rooted in leading medical research, the VI helps determine chronicity and medical vulnerability of homeless individuals;
- The Service Prioritization Decision Assistance Tool (SPDAT), developed by OrgCode Consulting, is an intake and case management tool in use in more than 70 communities. Based on a wide body of social science research and extensive field testing, the tool helps service providers allocate resources in a logical, targeted way.

The VI-SPDAT is designed to help determine needed assistance based on the individual, not merely the general population category into which they may fall (e.g. vulnerable, chronically homeless, etc.). The VI-SPDAT tool provides a point value related to: History of Housing and Homelessness; Risks; Socialization & Daily Functions; and Wellness. The average community currently allocates housing resources on a first come-first served basis. Individuals and families take their place at the bottom of endless waiting lists, regardless of their chronicity, medical vulnerability, acuity, or ability to address their own housing instability.

The VI-SPDAT will allow DMMHA to assess clients' various health and social needs quickly and then match them to the most appropriate housing interventions available through the Coordinated Intake process currently in use/development. Individuals and families that score high on the vulnerability scale (most at risk of death) would be the first ones offered housing assistance from the preference waiting list, any rejections of housing would be documented and the next family on the waiting list would be offered assistance next. With each opening the first person on the waiting list as established by the VI-SPDAT tool, based on vulnerability, would always be offered first choice for housing.

### **DMMHA Initiative within the Section 8 Housing Choice Voucher program:**

The DMMHA is looking at allotting 200 to 300 existing Section 8 vouchers for this initiative as a part of our 2015 Agency Plan. Please note that any allotment towards this effort would negatively impact non-homeless low-income families on our Section 8 waiting list. However, establishing this Special Admission Preference will allow the Agency to address those most in need of housing.

In order to implement this new Special Admission Preference, the DMMHA must include language within our annual Agency Plan which is currently under review by the City's Housing Services Board. The Annual Agency Plan gets submitted in the spring and would become effective July 1, 2015. However, staff does not anticipate implementation to occur prior to the fall/winter of 2015. Below is the proposed Agency Plan language:

*The DMMHA may offer a preference for homeless individuals to a limited number of qualified applicants (200 – 300) through a local initiative commonly known as Frequent User Systems Engagement (FUSE) or a similar program. DMMHA shall work with the Continuum of Care Board and the Polk County Housing Continuum to evaluate the opportunities and constraints of this initiative and use of the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) or comparable evaluation process as the measuring tool for establishing the waiting list for this sponsored based housing initiative. This program, if incorporated, would provide services to both individuals and families through collaborative partnerships that provide supportive housing services. Supportive housing service providers would be identified through a Request For Proposals (RFP) process with various points being awarded for number of available units, supportive services, access to public transportation, access to grocery stores. Data would be collected on the impact of this initiative by requiring each participating entity to report through the HGIS data system to evaluate the impacts of this initiative.*

### **HUD's Initial Questions and DMMHA's Response:**

HUD has asked some questions regarding this concept from DMMHA's initial inquiry about creating a Special Admission Preference. Below are is the Q & A related to HUD's questions:

- Q. On the HCV preference for the homeless, are you envisioning the organizations that respond to the RFP would be evaluating the applicants? If so, will they be doing that for free or will DMHA be reimbursing them for that?**
- A. For the HCV preference addressing homelessness, we would utilized the communities Coordinated Intake VI-SPDAT tool to determine the most vulnerable to establish the waiting list priority. Currently the local CoC Board has awarded a contract with Primary Health Care to lead the Coordinated Intake and this work is currently being done. Funding for this is

coming from the CoC and local funders, so DMMHA would not provide funding for the Coordinated Intake assessments. DMMHA will still complete our eligibility screening in conformance with our Administrative Plan.

**Q. Would applicants wishing the homeless preference have to be processed by the RFP organizations or could they apply directly to DMHA?**

A. Applicant information would be provided directly to the DMMHA based on their VI-SPDAT ranking from the HMIS system. Applicants would be directed to apply directly to DMMHA related to this preference. DMMHA would contact the awarded proposers to identify available housing and the client information would be forwarded to them for screening/processing. Once approved by the local agency, DMMHA would complete our eligibility screening and if approved issue the voucher.

**Q. Would the applicants that qualify for the preference go to the top of DMHA's waiting list all at once? Or would they be fed into the program on some percentage basis?**

A. Applicants that qualify for the preference would be phased-in based on available S8 vouchers with a limited number of vouchers 200 to 300, being set aside to serve this initiative.

**Q. DMHA has about 3000 vouchers and a turnover rate of about 13%; if you're planning 200 to 300 homeless vouchers that would eat up almost all your turnover for a year or so. Has the effect of that on other applicants been discussed in relation to the other housing needs listed on DMHA's Annual Plan?**

A. The discussion on the impact of this initiative will occur this evening at our Housing Services Board meeting as we weigh the impacts of providing housing for the most vulnerable versus providing subsidies to low-income families that have housing but are paying more than 30% of their household income towards housing costs.



## Central Iowa Shelter & Services Policy Changes Effective December 1, 2014

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### Parking

CISS Client parking will only be available between the hours of 4:30p.m. – 7:15a.m. All other daytime parking spots within the CISS lot will be reserved for staff, partner and volunteer use. Metered street parking is available around the shelter for client use. Non-approved vehicles parked in the lot outside of these times will be subject to daily towing.

### Bicycle Parking

CISS will begin registering bicycles of clients staying at the shelter. Clients will receive a sticker at the front desk upon intake if they have a bike. Bike parking is allowed at the bike racks only. Any bikes not secured at the bike rack will be cut and donated. In addition, bicycles that remain at the shelter after an individual moves out will be donated.

### Weekly Exits

Beginning December 12, all exits will happen on Fridays and will happen on the Friday closest to the actual ninety day mark. However, please note that exits will not happen earlier than ninety days. Therefore, clients may have up to a ninety six day stay.

### Extension Request Process

Beginning December 1, all clients must request an extension from their case managers a minimum of ten days in advance of their exit. Extension request forms may be requested from the case management team and must be turned in by the close of business on Wednesday of the week they are due. All client requests will be discussed by the entirety of the Case Management team on Thursdays each week. (Example: An extension for a client slated to exit on December 12 must be requested by close of business on Wednesday, December 3.) Clients will be notified of extension requests on the Friday prior to their anticipated exit date.

### 6pm Curfew

All clients, whether staying in a bed or in overflow (chairs), will be expected to sign in by 6:00p.m. nightly. Once you sign into the shelter for the night you are expected to stay until 2:00a.m.

### Bed Availability Process

It is possible that upon intake clients may only have access to sleeping in a chair due to the facility being full. Clients with the most consecutive nights sleeping in a chair will be given priority when a bed becomes available. Once a bed becomes available, clients sleeping in the chairs (overflow) must take the available bed. It is not possible to choose to remain in the chairs (overflow) for the entirety of your stay. If you do not accept a bed, your stay will end and you will be exited from shelter. Those exited for refusing a bed will be ineligible for Weather Amnesty.

### **First Work Changes**

Clients are encouraged to contribute to the communal living environment of the shelter by volunteering to complete a task or chore through First Work. Those who volunteer for the First Work Program will benefit by having daytime access to the TV lounge, by having curfew extended until 8:00p.m. and will also be granted the privilege of being first in line for lunch and dinner on that day. To volunteer, you must sign up each morning when staff seeks volunteers. Please note that you may also be asked to complete a task by staff at other times in order to maintain the space that you live in. Your cooperation is appreciated.

### **Diabetic Food Storage**

Clients who have diabetes may bring in a three day supply of small snacks that must fit in a plastic storage box in the kitchen for their use when a snack is necessary. Items on the approved list include: fresh fruit, peanut butter, crackers, cheese, single servings of fruit juice, hard candies, raisins and nuts.

### **Morning Closing of Services**

Due to the upkeep needs of this communal living environment, areas of the shelter will be closed each morning until all tasks or chores are completed through First Work. These service areas include the Computer Lab and the Patio. Closing will occur at 7:30a.m. each morning. Re-opening will vary. Please note that second or third floor residents will also need to exit the building out the North or West doors for the purposes of smoking during Morning Closure.

### **Client Listening Sessions**

Once per month, the Associate Director, Shelter Manager and Assistant Shelter Manager will hold a 60 minute Client Listening Session in the South Lounge for clients to share constructive feedback with the administrative team. Client Listening Sessions will be held the third Wednesday of each month from 1:00 – 2:00p.m.

### **Client Satisfaction Surveys**

Upon exit, clients will be provided the opportunity to complete a Client Satisfaction Survey to share feedback with the administration that can be used, in part, to make future decisions regarding procedure and policy at CISS.

### **Case Management Walk-in Hours**

In order to better accommodate the needs of clients who are otherwise not at the shelter during the day, the Case Management afternoon Walk-in Hours will be changing to offer later hours. Walk-in hours will be as follows:

	<b>Morning</b>	<b>Afternoon</b>
<b>Monday</b>	9:00-10:00a.m.	4:00-5:00p.m.
<b>Tuesday</b>	9:00-10:00a.m.	12:30-1:30p.m.
<b>Wednesday</b>	9:00-10:00a.m.	4:00-5:00p.m.
<b>Thursday</b>	9:00-10:00a.m.	12:30-1:30p.m.
<b>Friday</b>	9:00-10:00a.m.	12:30-1:30p.m.