



How Des Moines and Polk County, Iowa, Achieved an End to Veteran Homelessness

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Overview

Des Moines/Polk County, Iowa, is in the heart of the heartland. Des Moines is a compact, urban center boasting an eclectic economy centered in the insurance industry, publishing, agriculture, and surprising new tech start-ups. The city itself has a population just over 200,000, with the county coming in at just over 430,000 residents. The county is 84% white, with a diverse representation of persons of color comprising the remaining 16%.

During 2015, 3,639 persons experiencing homelessness were served by agencies in Des Moines and Polk County. And on a given night, approximately 800-850 people experience homelessness in Des Moines/Polk County (both sheltered and unsheltered)¹. Persons of color are overrepresented among those experiencing homelessness in the city and county at 35%.

According to our HMIS dataset, the highest ranking primary reasons for homelessness are economic, although the metro area ranks higher than Iowa as a whole for mental illness and substance use as a primary reason for homelessness. These economic factors, along with the fact that less than 1% of rental units in Des Moines come close to being considered “affordable” for this population by commonly accepted standards, create an untenable housing environment for individuals and families experiencing homelessness.

When and why did you decide to tackle this issue?

Des Moines Mayor Franklin Cownie returned from the U.S. Conference of Mayors in 2014 having accepted a challenge from the Mayors of Columbus, Ohio, and Saint Paul, Minnesota, to effectively end Veteran homelessness in the City of Des Moines. The Mayor’s office brought together several key organizations that serve persons experiencing homelessness to determine an approach to tackle this challenge and identify the additional partners that should be invited to undertake the effort. Our data told us that only 112 of the 830 persons counted in the 2015 Point-in-Time count were Veterans, so we knew that ending Veteran homelessness was achievable in our city and county!

Who were the most important partners to have at the table?

Representatives from each of the emergency shelter, street outreach, transitional housing, and supportive housing providers in the city and county attend all meetings and are essential to our efforts. The SSVF provider for the Des Moines/Polk CoC (Primary Health Care) is in attendance and provides key leadership and facilitation to the work team. Likewise, representatives from the Central Iowa VA and Polk County Veterans Affairs attend every meeting. This includes the Central Iowa VA’s Homeless Services Coordinator, their Street Outreach team, Grant and Per Diem staff, and the HUD-VASH program coordinator. It was critically important that the representatives attending our meeting were “decision makers,” meaning the persons at our meetings had the authority to make

¹ Institute for Community Alliances, HMIS Data Set, January 1, 2015 – December 31, 2015

housing placement decisions and could authentically report the status of client engagements and housing opportunity offers that were provided to those clients in order to meet our benchmarks for success.

Staff from the HMIS Lead Agency also attend every meeting. They are able to respond to questions around the reports and can investigate in real time any and all questions regarding client records if they arise. Having timely and accurate data and case management information has been critical to our ability to make progress, achieve success, and maintain our benchmarks.

What key strategies do you use to identify all Veterans experiencing homelessness (criteria 1)?

From the beginning, thoroughness of reach was a core value adopted by the work team. Fortunately, the community has an extremely high HMIS bed coverage, including our local Gospel Mission. As a result, all emergency shelter providers in Des Moines/Polk County contribute identified data to the report utilized by the work team. Also providing data are the street outreach teams from Primary Health Care, Central Iowa Shelter and Services, and the VA Community Resource and Referral Center. These street outreach teams are providing active services on the street routinely several nights per week, and are available to respond to any needs outside of the routine schedule. One aspect of our data collection that we see as a “best practice” is that our local VA staff is entering their applicable data to the HMIS network, which speeds the identification of new Veterans in the community.

What key strategies do you use to provide shelter immediately to any Veteran experiencing unsheltered homelessness who wants it (criteria 2)?

Intentional outreach and cooperation among community providers are essential. All Des Moines/Polk County street outreach teams—Primary Health Care, Central Iowa Shelter and Services, Joppa Outreach, and the VA Community Resource and Referral Center—are providing active services on the street routinely several nights per week and are available to respond to any needs outside of the routine schedule. All Veterans identified on the street are assessed by the Centralized Intake (and scored on the VI-SPDAT) and placed on the prioritization list for housing placement. All unsheltered Veterans are offered shelter placement whenever they are encountered by the local street outreach teams during their regular engagement. Shelter is always available (if only in overflow capacity) through Central Iowa Shelter and Services, Des Moines’ largest shelter, which does not require sobriety for entrance. At the same time, transitional housing as a bridge along with available supportive services are options provided to Veterans.

What key strategies do you use to make sure your community only provides service-intensive transitional housing in limited instances (criteria 3)?

Over the course of working together, the Veteran’s Work Team developed several core values. Client choice is one of those core values. All Veterans identified are carefully assessed by both the VA and through Polk County’s Centralized Intake system. Once the assessments are completed, community providers and the VA work in tandem with the Veteran to determine the best housing and services opportunities that also matches their personal choice. All Veterans are first offered permanent housing opportunities, and those that ultimately choose service-intensive transitional housing have active housing plans for an eventual permanent housing placement.

What key strategies do you use to make sure your community has the capacity to assist Veterans to swiftly move into permanent housing (criteria 4)?

Des Moines/Polk County is fortunate in that permanent housing resources for Veterans far exceed those available to the general population of people experiencing homelessness. HUD-VASH and SSVF rapid re-housing resources

coordinate with local CoC supportive housing programs and CoC and ESG rapid re-housing programs, and all are active participants in the work team to provide housing opportunities to our Veterans. Through their housing navigator, Primary Health Care (the Centralized Intake Lead Agency) also routinely engages with local landlords to link Veterans to available and affordable market housing in Des Moines/Polk County. The work team's ongoing goal is to house every Veteran within 30 days. Currently, the length of time from identification to provision of housing is 52 days. This is due to the time required for assessment, eligibility verification, and matching to available housing. The work team is regularly working to identify where there are system delays in this process that may be able to be improved.

What key strategies do you use to make sure you have the resources, plans, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future (criteria 5)?

We are committed to the Homeless Veterans Crisis Response Team as a permanent element of the service delivery structure in Des Moines/Polk County. During these highly structured meetings, time is allotted to: 1) review the by-name list of Veterans experiencing homelessness; 2) evaluate the current benchmark criteria status and agree on needed actions in response to those results; 3) discuss Veterans who have been recently housed and provide updates on any emerging needs to support their continued success; and, 4) provide project updates from all community providers. The last element allows the work team to identify any system capacity issues or funding threats that might impact the resources at the disposal of the providers in their efforts to assist our Veterans. Likewise, new resources, new staff, and program changes can be reviewed and added to the resource pool for the community.

What are the top three things your community has done to make sure you are sustaining your progress?

First and foremost, our community's commitment to the fidelity of the data used to monitor the clients being served and to measuring the performance of the work of the response team. Without a comprehensive dataset and the willingness of the community to rely on the reports, we would have been lost in a haze of anecdotes and suppositions.

Next, our Homeless Veterans Crisis Response Team continues to meet monthly, with most, if not all, of the original team committed to the work and attending regularly. There is a temptation once success is achieved to believe that work can continue on a more "informal" basis—meeting less frequently or without in-person meetings. This dedicated group of individuals determined that they would continue their work as if nothing had changed in the community. At the meetings, we continue to review our by-name list of Veterans and evaluate the benchmarks every month. I should note that our benchmark report has been updated to reflect the recent refinements to the federal criteria, and Des Moines/Polk County continues to hit those benchmarks each month.

Beyond updating our reports to reflect the refined federal benchmarks, the work team also meets regularly with the HMIS Lead to brainstorm enhancements to our by-name list. For example, we are currently working on including service engagements in our report, so that housing offers can be tracked visually and not just through the case conferencing report out.