

Best Practices for Homelessness Services

Outreach Summary

December 2013

Iowa Council on Homelessness (ICH) is committed to developing a statewide system of homelessness services and to developing and connecting with the system through a regional approach. State Public Policy Group, Inc. (SPPG) was retained to conduct appropriate activities to progress toward the goal of a robust statewide system of homelessness services.

In a series of five outreach sessions held across the state, foundational information was gathered from stakeholders in Sioux City, Council Bluffs, North Liberty, Waverly, and Des Moines. Input is critical to guide the discussions of the ICH's State Planning Advisory Committee as it addresses its charge to recommend regions and standards for homelessness services, operations, and performance.

This report summarizes the findings from the five sessions, identifies key issues, and provides a level of detail in some areas that will be useful for the Advisory Committee discussions of regions and standards. The report covers:

- Regions of Natural Affinity
- Homeless Populations and their Circumstances
- Gaps in Services
- Key Issues
- Best Practices

Regions of Natural Affinity

Homelessness planners and service providers across the state are quite familiar with the needs, services, and providers in their own area of the state, whether defined by geography (e.g. county) or by planning area. On the other hand, they are not at all familiar with the needs, services, and providers in areas of the state outside of their area.

This recognition of their lack of awareness and knowledge of homelessness statewide prompted acknowledgement that there is no statewide system of homelessness services, and that communication and collaboration typically follows the same pattern.

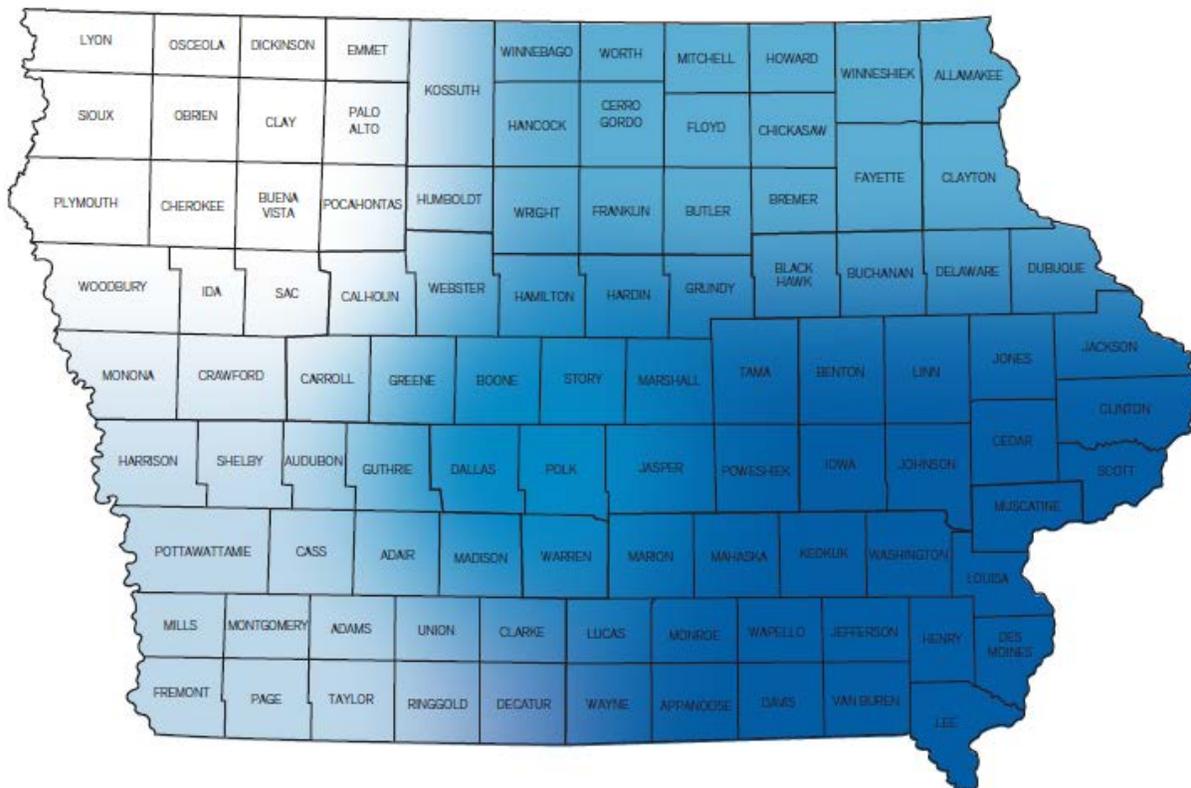
The concept of natural affinities made sense and resonated with participants in the five sessions. Building on how they currently work, natural affinities simply encourages working with those who make sense – those they have a reason to work with. Some noted that they work with certain groups or counties for some projects or services and work with others for other reasons. The concept of regions built on natural affinities was well accepted.

Regionalization in and of itself was questioned during the discussions. The role and purpose for regions must be made clear. Communication, planning, collaboration, and coordinating information were identified as possible purposes that would be beneficial to homelessness system development.

Defined regions would require and create opportunities for developing new local leadership. Some noted that if funding is tied to regions with defined “borders,” a likely result will be turf issues within the region. With development of best practices and standards, it was also emphasized that in some instances there should be an element of local discretion retained to allow for tailoring services to the varying needs and communities across the state.

A map of natural affinities based on a review of current planning bodies and likely geographic alignments was explained and discussed. Participants agreed that the five regions based on natural affinities seemed appropriate for this purpose. The map discussed demonstrated there are no defined borders and that organizations often work with others in neighboring counties without regard to county boundaries. The five regions based on natural affinities aligned with northeast, northwest, southwest, southeast, and central counties in the state.

Areas of Natural Affinity Based Upon Current Planning Practices



Homeless Populations and their Circumstances

In each of the five areas of the state, participants were asked to describe the homeless populations they serve, and all quickly responded, “Families.” Further discussion defined the populations as parents involved with the foster care system, single females, single males, women with children, older youth, and older people. In short, anyone of any age may be homeless.

The circumstances that contribute to homelessness are very diverse. Among those noted are refugees, new immigrants, veterans and families, “professional homeless,” violent or non-compliant individuals, ex-offenders, those traveling in search of a job, economic circumstances, job loss, eviction, lack of skills, lack of education, people in transitions in life, Native Americans in transition, survivors of domestic violence or sexual assault, people with mental health and/or substance abuse issues, those recently released from hospitals, and people with dementia.

The diversity in the population and their circumstances provides a strong expectation that services be available to address the complexity of issues faced by families and individuals who are homeless.

Gaps in Services

In two of the sessions, participants commented that they are fortunate to have a robust array of services. Even then, there is room for improvement. The remainder of the state indicated there are gaps in services. A significant number of Iowa counties have no identified homelessness services available; these counties are primarily in western Iowa and along the southern tiers of counties. Existing providers in proximity to those counties were not aware of services, but they were aware of the need for services.

Where services do exist, it was commonly noted across the state that there is a lack or a significant shortage of affordable, safe housing. There is also a shortage of affordable, safe, accessible housing for those who need accommodations for disability. Shortages result in rents being raised, compounding the issue for many.

Discussions also identified the following gaps in types of housing and services to support homeless individuals and families:

- Emergency shelter
- Transitional housing
- Shelter
- Housing for intact families
- Housing for single adults
- Housing for those over age 25
- Supported permanent housing
- Housing for chronic homeless
- Housing for families exhausting other income, e.g. Family Investment Program (FIP)

- Services for lesbian, gay, bisexual, transsexual (LGBT)
- Supports during process or denials of disability benefits
- Supports for those exiting the corrections system

Key Issues

The complexity of services and supports for homeless populations was very clear in the discussions of an array of issues. In conducting a brief SWOT exercise in each of the five sessions, a single issue may have been identified and justified – sometimes in the same session – as a strength, weakness, opportunity, and threat. This section of the summary seeks to illuminate the complexities and provide some context around key issues.

Funding – Not surprising, funding was raised as an issue early and often. There was agreement that funding levels, regardless of source, are inadequate to meet the need for services. It was noted, however, that a lack of funding results in greater innovation on the part of providers. Iowa seems to have more alternative sources of funding related to homelessness, such as aftercare for youth aging out of foster care, than other states. A statewide system could support centralized communications regarding funding. Greatest concerns about funding center on restrictions on use of limited funds, uncertainty of funding, uncertainty about changes in federal policy that impacts funding, and the evolving role of data in determining funding and programming. The inability to provide funding for housing deposits for Section 8 housing was one example of a specific programmatic funding concern.

Public policy at all levels – Iowa has created and invested in some public policy infrastructure, including the Iowa Council on Homelessness, the State Housing Trust Fund, and asset development programs. The extent to which these options are being optimally funded and utilized is debatable. There are many opportunities to bring attention to and advocate for homelessness public policy. Public policy focused specifically on homelessness services and system development is lacking at multiple levels. Arguably, there is no state or local homelessness policy. Awareness of the issue of homelessness by federal, state, and local policymakers is low, resulting in homelessness as a low-priority public policy issue. Existing homelessness provider networks do not advocate for or propose public policy. The public, too, is largely unaware and lacks understanding of homelessness and those who experience it. This, too, results in homelessness remaining largely invisible as a public policy issue.

Related public policy issues: Patient Protection and Affordable Care Act (ACA) and Mental Health Redesign – The impacts on homelessness of the federal and state implementation of the ACA are as yet unknown and will likely remain so for several more years. Some anticipate the ACA will have a positive impact on homelessness and medical debt. Others question whether the health care system is prepared to handle the need. Iowa's Mental Health Redesign faces similar challenges and impacts are unknown. The Iowa General Assembly and Governor will ultimately need to consider how to address the shortfall in funding for mental health service in some counties. It is anticipated that without a solution, individuals with mental health issues may face increased challenges including homelessness.

Collaboration – Homelessness planning bodies have developed strong collaborations within their areas. Programs are working together more; strong program staff contribute to the successes. Local coalitions and collaborations include the faith community, businesses, landlords, civic organizations, funders, and homelessness service agencies. Of course, if there are no homelessness services in a county, these collaborations do not occur and the needs of homeless people are unmet. Working together to develop a statewide system of homelessness services will involve collaboration outside the customary boundaries of cooperation and communication. Expanded scope and span of communication and collaboration will also allow learning from one another, creating additional links among providers.

Centralized intake and coordinated access – While progress is being made toward centralized intake, the work is not yet done. Providers are eager for this to be implemented. Many note the importance of a focus on the individual, beginning with the intake process and continuing through access to and participation in the appropriate services. The implications accompanying centralized intake are that staff will be well-trained and cross-trained to know what services are available, where they are offered, and how to access those services. There are concerns in some areas that the faith-based services and funding for those services are not connected to the centralized system. Some may also be satisfied to keep faith-based intake and services separate, yet they seek a central, coordinated process to effectively manage faith-based contributions and services.

Evaluation and data collection – Data and evaluation of programs are important functions today, and are expected to become increasingly important with development of a statewide system and accompanying standards in services, operations, and performance. Efforts to collect data uniformly and consistently statewide will be necessary for assessment of system performance and improvement. The changing role of data and federal funder requirements for standards give rise to questions related to how data will be considered in grant awards at the local, state, and federal levels. Participants complimented the current Homeless Management Information System (HMIS) while anticipating necessary enhancements and improvements that will allow local service providers to get information from the system to better understand their programs.

Statewide system infrastructure – Iowa homeless populations benefit from providers working constructively with infrastructure not directly focused on homelessness. Iowa Legal Aid provides an array of services, one of which is advising individuals at risk of eviction and other issues. Federally Qualified Health Centers (FQHCs – Community Health Centers) provide services to homeless individuals and have no limits or exclusions as to who they can serve. Community Health Centers provide services across the state and in urban and rural areas. Community Action Agencies, while providing many services in their regions, are very engaged in supporting homelessness services, including prevention. In addition to these robust statewide supports participants identified several others that are in short supply or only sporadically available. Transportation tops that list. For the great majority of those needing transportation to work and other appointments, it is difficult if not impossible to access. There are unique services, though,

such as the free bus service for individuals covered by Medicaid that runs on the Avenue of the Saints from Mason City to Iowa City. Child care is the other area where options are scarce, particularly for second and third shift hours.

Homelessness services – These are the services that get people off the streets and provide shelter according to the type of service. Services for outreach programs, emergency shelters, transitional housing, permanent supportive housing, rapid rehousing, homelessness prevention, and Housing First are services to be considered when developing best practices and standards. In all of these areas, outreach participants noted varying levels of adequacy for each of these types of services. In general, the more populated areas have a more robust services array available. Still, in some services in more densely populated areas of the state, the demand outpaces supply. In more rural area, the service array is less complete, and gaps may exist in emergency, transitional, shelter, and other types of services. Some services are lacking for youth, and other specific population demographics. Statewide, there was a strong emphasis on the shortage of affordable, safe housing.

Supportive services – Supportive services are those services that are not providing a roof over the heads of individuals, yet are important to longer-term success and transitioning to permanent housing. Such services also exist more robustly in densely-populated areas. Examples of supportive services are assistance in applying for disability benefits, resume writing, job interview skills, how to be a good renter, financial literacy, goal setting, or computer skills training. These services increase the likelihood of an individual being successfully transitioned to permanent housing.

Best Practices

Participants in the five sessions collectively developed a long and practical list of best practices ranging from public policy issues to very specific training or services models. These offer a constructive starting point for the State Planning Advisory Committee in its discussions of standards in services, operations, and performance.

- Common definition of “homelessness”
- Focus on individual needs
- Collaborative funding source with no strings
- Commitment to long-term planning solutions
- Collaboration in planning, including:
 - Community
 - Civic
 - Business/private sector
 - Faith-based
- Landlord involvement; landlord liaison project; master leasers
- Housing policy established
- Nimble strategies for adapting to changes in federal and state direction
- Public, funder, and policymaker education

- Local homelessness board
- HMIS
 - Improve
 - More effective use
 - Data collection
- Common and intentional language used consistently
- Core competencies and standards for staff
- Common operating standards
- Coordinated access/intake
- Intake assessment more client centered
- Cross-training across agencies to help know what is available from which agencies
- Centralized website with inventory of agencies and resources for referrals
- One-stop shop; services co-located
- Staff and volunteer training
- Case management model; Critical Time Intervention
- Case management continues for 6-12 months after housing
- Trauma Informed Care
- Mental Health First Aid training
- LGBTQ training and sensitivity
- Motivational interviewing/training
- SSDI/SSI Outreach, Access, and Recovery (SOAR) training
- Rent Wise training
- Housing First Model
 - Good but may not always be possible without steady income or subsidy
- Scattered-Site Models
- Goal setting with clients
- Individual long-term goals set
- Client continuing education and job search
- Alternatives to incarceration
- Work with Department of Corrections pre-release on housing and disability benefits
- Prevention through education of population, e.g. rental, budgeting, employment courses
- Encourage access and follow through for mental health care
- DHS and Promise Jobs need useful agreements
- Increase access to and encourage use of legal services
- Free income tax preparation
- Policies around exit from services
- Use college interns to supplement staff
- Collaborate through technology in innovative ways
- Use technology, e.g. Skype, to communicate with DHS workers
- Use empty community space for administration and services
- Increase single room occupancy (SRO) housing stock
- Transitional housing for domestic violence survivors and youth

Outreach Process

The Iowa Council on Homelessness recognizes that identification of standards and development of a statewide system of homelessness services requires active engagement of the stakeholder services providers from the outset. The initial work directed by the ICH included meeting in locations across the state to identify regions.

State Public Policy Group (SPPG) implemented a process that included additional activities to engage stakeholders in these critical discussions. Working with ICH staff, SPPG developed a statewide database of points of contact for leads and participating agencies in planning bodies in Iowa. That list was supplemented with contacts from other interested parties including all members of the Council. Throughout the weeks of outreach, the list continued to grow.

SPPG hosted a webinar on November 22 to introduce the Best Practices for Homelessness Services project. More than 40 individuals participated. Information was shared that outlined the goals of the Council's planning initiative and set the stage for statewide outreach.

Electronic invitations to the outreach sessions were sent to all points of contact, participants in the webinar, and the ICH's broad statewide database. RSVPs were not required in an attempt to encourage participation as stakeholders' changing schedules allow.

Outreach sessions were designed to engage stakeholders in discussions of:

- The homeless populations in their area of the state,
- Services available and gaps in services in their area of the state,
- Identification of best practices in providing homelessness services and developing a systems approach,
- Conducting a SWOT exercise in each region to gain information and perceptions statewide, and
- Reaching consensus on planning regions for the state.

Sessions were held between December 5 and December 18, 2013; all meetings were from 9:30 a.m. through noon. Meetings were held in accessible public locations. Sessions were facilitated by SPPG, and unattributed notes were taken at each session. Participation was strong, and parties actively engaged in the discussion and small group activities. A total of 100 individuals participated in the five sessions.

City	Location	Date	Attendance
Sioux City	Sioux City Main Library	December 5, 2013	15
Council Bluffs	Council Bluffs Chamber	December 6	5
North Liberty	North Liberty Public Library	December 10	22
Waverly	Redeemer Lutheran Church	December 12	21
Urbandale	Urbandale Public Library	December 18	37

Findings from the statewide outreach serves as a valuable resource for the ICH State Planning Advisory Committee as it utilizes this information as context in its work to develop statewide standards for homelessness programs in performance, services, and operations.