

November 15, 2019

The Honorable Kim Reynolds
Governor, State of Iowa
1007 East Grand Avenue
Des Moines, Iowa 50319

Dear Governor Reynolds:

This letter is sent on behalf of the Iowa Council on Homelessness. The Council is comprised of representatives from state departments, service providers and advocates, individuals with lived experience of homelessness, and community leaders who work collectively to prevent and end homelessness in our state. This letter is submitted in fulfillment of the Council's duty pursuant to Iowa Code Sections 16.100A(9)(a) and 16.100A(8)(g), to advise the governor's office and make annual recommendations regarding strategies to prevent and eliminate homelessness in Iowa.

Home, Together: The Federal Strategic Plan to Prevent and End Homelessness, produced by the United States Interagency Council on Homelessness, sets forth strategies and objectives to end homelessness in our nation. The Iowa Council on Homelessness endorses this plan and, in so doing, is advancing strategies to ensure homelessness in our state is rare, brief, and a one-time experience, with the intention of achieving a sustainable end to homelessness.

During the past five years, the Council has effectuated the paradigm shift from a **Housing Ready** approach, which for decades was the standard, if not singular, approach among homeless services providers, to a **Housing First** approach. To this end, funding competitions within the Council's purview have been aligned to require that Housing First fidelity standards are met, and decision-making is data-driven and performance based. Housing First stands in stark contrast to Housing Ready and does not require people experiencing homelessness to address the **all** of their problems before accessing housing, but instead views housing as the foundation for health and life improvement. It is based on the tenet that **Housing is a Human Right** (Article 25 of the 1948 United Nations Declaration of Human Rights).

In 2019, as in most every year, the event of homelessness was reported in every county in Iowa. In the *2019 Snapshot of Service and Shelter Use of Iowans Experiencing Homelessness* (which reports on the 2018 calendar year), the Institute for Community Alliances reported 12,180 individuals (14% of whom were children) had experienced homelessness—a 6% decrease from the prior year. Over the past five years, and as a result of the shift to a Housing First approach, significant progress has been made to reduce both the length of homelessness and returns to homelessness. The 2019 Report further indicates the state average for emergency shelter stays

to be 44 days, with 73% of people entering emergency shelter for the first time having not engaged in the homeless service system in the preceding 24 months.

To ensure these trends continue, and in an effort to increase access to shelter and housing interventions and efficient, effective delivery of services, we have operationalized a statewide **Coordinated Entry System** through the development of service regions, and implementation of a standardized **Coordinated Entry** process. The assessment for this involves the targeting of available interventions based on the demonstrated need and prioritization of households seeking assistance according to a vulnerability indexing tool—the **VI-SPDAT**—taken in combination with the length of time homeless.

Homeless service providers continue to realign programmatically to better conform to federal priorities with an emphasis on increasing **Rapid Rehousing** and **Permanent Supportive Housing** resources in the state. Both interventions are evidence-based. Rapid Rehousing is the preferred approach for the majority of households experiencing homelessness (the 80%+ for whom homelessness is a one-time event).

Permanent Supportive Housing is prioritized for individuals with complex health and behavioral health issues, for whom homelessness has become a chronic condition. The approach has been proven to significantly reduce returns to jail and homelessness, reduce reliance on emergency health services, and improve overall quality of life. Permanent Supportive Housing saves both money and lives. Our experience in providing this intervention is reinforcing the growing understanding that **Housing is Healthcare**.

In the Corporation for Supportive Housing’s 2014 publication, *Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health*, CSH states, “Access to safe, quality, affordable housing and the supports necessary to maintain that housing constitute one of the most basic and powerful social determinants of health. In particular, for individuals and families trapped in a cycle of crisis and housing instability due to extreme poverty, trauma, violence, mental illness, addiction or other chronic health conditions, housing can entirely dictate their health and health trajectory. For these populations, housing is a necessary precursor of health.”

Federal funding for homeless services awarded to the state of Iowa has recently increased, totaling just over \$9.1 million from the last annual HUD Continuum of Care competition. This is in large part due to the programmatic changes and emphasis on performance and collective impact of the evolving homeless services system. However, state resourcing of this critical work has remained static and is extraordinarily limited. In the most recent Emergency Solutions Grant and Shelter Assistance Fund competition, 51 homeless service providers submitted applications totaling \$5.5 million in requests. There was \$3.7 million available to award, of which \$2.5 million came from HUD and only \$1.2 million came from the State of Iowa. Shelter Assistance Funds remain the only focused state resourcing of homeless services.

We cannot continue to grow, let alone maintain, the good and important work we are doing without increased investment from the State of Iowa—and for this we need your leadership.

We are proposing an ambitious goal: to end chronic homelessness in our state. The foundation and commitment is there. Would you consider working with us to move this from an aspiration to a reality by launching a ***Governor's Campaign to end Chronic Homelessness in Iowa?***

Homeless service providers across our state address the needs of some of our most vulnerable Iowans. Together, we help men, women, and their families to get back on their feet and move beyond homelessness—keeping children in school, getting adults back to work, providing access to health services and resources for the disabled and elderly, and helping move individuals and families into their own homes. Through this we not only improve the quality of the lives of the men, women, and children with whom we work, but in so doing, improve the health, safety and well-being of the communities within which we work.

Our progress and collective impact is the culmination of the work, effort, talent, and determination of many. In communities throughout our state we work daily with public and private partners to best leverage limited resources. We rely heavily on our collaboration with our colleagues at the Institute for Community Alliances and their dedication to excellence in reporting. We are deeply grateful for the professionalism, administrative support, technical and financial assistance, and partnership provided by the Iowa Finance Authority. We are good stewards of the resources entrusted to us by our communities, the State of Iowa and the federal government.

Please do not hesitate to contact me for further information or concerns related to the work of the Iowa Council on Homelessness, at (515) 242-6336, Karin.Ford@idph.iowa.gov, or the Lucas State Office Building, 321 E. 12th Street, Des Moines, IA 50319.

Respectfully,

A handwritten signature in cursive script, appearing to read "Karin Ford".

Karin Ford
Chair, Iowa Council on Homelessness

CC: Amber Lewis, Iowa Finance Authority
Julie Eberbach, Institute for Community Alliances
Members of the Iowa Council on Homelessness

Coordinated Entry: A streamlined system for accessing housing, shelter, and services to end homelessness. HUD requires each Continuum of Care to establish and operate a centralized or **Coordinated Entry System (CES)** with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources. Coordinated entry processes are intended to help communities prioritize people who are most in need of assistance to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

Housing First: A homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. Housing First approaches are based on the concept that the first and primary need for anyone experiencing homelessness is to obtain stable housing (a basic necessity), and that other issues (such as getting a job or attending to substance use) that may affect the individual or household can and should be addressed once housing is obtained.

Housing Ready was the standard, if not singular, approach among homeless services providers until the implementation of the *Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act* in 2009. The *Housing Ready* approach subordinates access to permanent housing to other requirements with the expectation that individuals must address other issues that may have led to the episode of homelessness prior to entering housing and essentially earn their way back into housing. Individuals experiencing homelessness move through different "levels" of housing, whereby each level moves them closer to "independent housing" (for example: from the streets to a public shelter, and from a public shelter to a transitional housing program, and from there to their own apartment in the community).

Housing First stands in stark contrast to *Housing Ready* and is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make an individual more successful in remaining housed and improving their life. *Housing First* does not require people experiencing homelessness to address the *all* of their problems including behavioral health problems, or to graduate through a series of services and programs before they can access housing. *Housing First* does not mandate participation in services either before obtaining housing or in order to retain housing. The *Housing First* approach views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter (participants must abide by the same laws and rules that we all live by, pay 30% of their income toward rent and utilities). Supportive services are offered to support people with housing stability and individual well-being, but participation is not required as services have been found to be more effective when a person chooses to engage. While the *Housing First Model* is simple in approach, the intervention is complex and requires dedicated staff and intentional partnerships to coordinate all aspects of care (outreach, housing, healthcare, treatment and case management).

Two common program models follow the *Housing First* approach but differ in implementation. *Permanent Supportive Housing (PSH)* is targeted to individuals and families with chronic illnesses, disabilities, mental health issues, or substance use disorders who have experienced long-term or repeated homelessness. It provides long-term, if not permanent, rental assistance through Housing Choice Vouchers and supportive services and is proven to be highly effective in helping the chronically homeless to successfully maintain housing and overtime improve their health and well being and indeed even save lives. *Rapid Rehousing* is based on *Housing First* principles and is

considered a subset of the Housing First approach. Rapid Rehousing differs primarily in that it is time limited with regard to support services and short-term rent subsidies (generally three to six months), after which the tenant either pays rent without a subsidy or has access to a Section 8 Housing Choice voucher.

Permanent Supportive Housing (PSH): Combines and links permanent, affordable housing (tenants have the legal right to remain in the unit as long as they wish, as defined by the terms of a renewable lease agreement and pay no more than 30% of income for housing) with flexible, voluntary support services designed to help tenants stay housed and address health issues while building the necessary skills to live as independently as possible. PSH is an evidence-based housing intervention that significantly reduces returns to jail and homelessness, reliance on emergency health services, and improves overall quality of life.

Rapid Rehousing (RRH): A Housing First approach that minimizes the amount of time an individual or family spends experiencing homelessness and rapidly helps them stabilize in their own housing. In and of itself, Rapid Rehousing is not designed to comprehensively address all of a recipient's service needs or their poverty. Instead, Rapid Rehousing solves the immediate crisis of homelessness, while connecting families or individuals with appropriate community resources to address other service needs. There are three core components of RRH and they are: (1) Housing identification, (2) Financial assistance (security deposit, move-in assistance and rent assistance for three to six months), and (3) Housing stability case management through which people are connected to jobs, services and the supported needed to successfully maintain their housing. Rapid Rehousing targets homeless individuals and families (assessed through the VI-SPDAT) who could quickly and successfully transition out of homelessness with the provision of immediate and limited assistance.

Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT): A pre-screen assessment designed to help providers leverage the full range of housing interventions across their entire homeless population, including, but not limited to, permanent supportive housing for the most vulnerable, chronically homeless and moves the discussion from who is eligible for a service intervention to who is eligible and in greatest need of that intervention. It is an evidence informed tool meaning that it was developed in relation to existing scholarship, refined in the field, and proven to be both valid (the tool measures what it claims to measure) and reliable (the results of this assessment are consistent).