Iowa Balance of State CoC

STRATEGIC PLAN

September **2021**

ia BoSCoC

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I. Introduction

Communities throughout the state of Iowa share a common goal: to prevent and end homelessness. This Strategic Plan is the Iowa Balance of State Continuum of Care's action-oriented endeavor to build and foster an effective homeless response system across its geographic area, deepen community collaborations, further data-driven strategies, and embrace best practice housing interventions to help further this overarching goal.

Our Vision:

End homelessness in the Balance of State

» Our Values

🏠 *Housing First and Person-Centered*

Diversity, Equity, and Inclusion

Collaboration across the Continuum

Data Informed and Results Based Decision Making

Continuous Improvement

This Strategic Plan comes at a time when the Iowa Balance of State CoC is emerging from a transition, finding its own path forward as a body separate from the Iowa Council on Homelessness. In addition, the devastating effects of the COVID-19 pandemic brought with it significant challenges to the homeless response system, but also provided opportunities to rethink how the community can respond to the needs of those at risk of and experiencing homelessness.

The Plan provides an overview of the current state of homelessness across the CoC, including educational pieces on several key topics currently affecting the Balance of State, a closer look at the strengths and challenges of each of the 14 CoC regions, and offers a set of actionable steps the CoC can utilize in the next three years to improve and expand the homeless response system across the state.

Guided by the Strategic Planning Task Group, this Plan is founded on the CoC's mission to end homelessness across the Balance of State, its core values, and clear vision. The CoC identified

four key issues areas to improve the homeless system of care and ultimately improve housing and health outcomes for Iowans experiencing homelessness. Within each of these areas, the Balance of State CoC will focus on implementing a set of strategies and action steps to ensure those at risk of or experiencing homelessness are able to access services, connect with housing, and find support in a comprehensive, equitable, coordinated system of care.

Core Focus Areas and Goals

CoC Governance and Regional Capacity

o Develop robust governance that empowers regions while maintaining a strong central CoC
o Continue development of the Lead Agency/Collaborative Applicant
o Increase inclusion of people with lived experience of homelessness

Best Practices/Housing First

o Build capacity of CoC-funded agencies and other stakeholders
o Promote the use of evidence-based practices
o Use data to right-size resources

Stakeholder Engagement/Connection to Mainstream Resources

o Expand stakeholder knowledge, improve engagement, and shape public policy
o Increase access to resources for people experiencing and at risk of homelessness

Data, System Performance, and Equity

o Incorporate data and performance measurement into all CoC decision-making processes
o Develop equitable decision-making structures and better support efforts to address inequities within the homeless system of care

This Strategic Plan is based on the latest in available data and established best practices to provide an ambitious but achievable roadmap for meaningfully addressing homelessness in the Iowa Balance of State CoC. It represents the input of numerous stakeholders, including

representatives from each of the CoC's regions, homeless service providers, public health and behavioral health experts, community-based organizations, and members of the faith-based community, among many others.

II. Iowa Balance of State Continuum of Care Homeless Response System

Overview

A Continuum of Care (CoC) is a collaborative effort by the homeless service system and other stakeholder groups that work together to prevent and end homelessness in a specific geographic area. CoCs are formed to facilitate the U.S. Department of Housing and Urban Development's (HUD) CoC Program, which was established as part of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, as it reauthorized and amended the McKinney-Vento Homeless Assistance Act in 2009.[1] In 2012, HUD published the CoC Program interim rule to formally implement the CoC Program.[2] The CoC Program is an essential resource and funding program to assist HUD and communities across the country to prevent and end homelessness.

As part of the CoC Program, HUD defines a CoC as the geographically based group of stakeholders that are responsible for carrying out the responsibilities and duties of the CoC. CoCs can cover many different geographic areas, many of which cover more population-dense areas like major cities and surrounding suburbs. To facilitate planning and coordination in other less-densely populated areas, HUD developed the "Balance of State" CoC to include all jurisdictions in a state that are not covered by other CoCs.

The Iowa Balance of State CoC covers 96 of the state's 99 counties.[3] It is composed of representatives from the relevant agencies that are organized to plan for and provide a system of outreach, engagement, assessment, emergency shelter, rapid re-housing, transitional housing, permanent housing, and prevention strategies to address the various needs of homeless or at risk of homelessness persons within its jurisdiction.

The Iowa Balance of State CoC is governed by a structure that was created to comply with HUD and CoC Program interim rule requirements. However, HUD leaves discretion to local communities to design and implement a system that best meets the unique needs of the people experiencing homelessness in that area.

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[1] https://files.hudexchange.info/resources/documents/S896_HEARTHAct.pdf

[2] "Title 24 – Housing and Urban Development." *Code of Federal Regulations,* 1 April 2017, www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml

[3] It includes all counties except Polk County (Polk County CoC), Woodbury County (Woodbury/Dakota CoC) and Pottawattamie County (Omaha/Council Bluffs CoC).

Current CoC Homeless Response System

The Iowa Balance of State is comprised of passionate and impactful providers that provide a variety of housing and services for people experiencing homelessness within the geography of the CoC. The programs, funded by HUD's CoC Program, include a wide range of interventions, from service-focused models to permanent housing solutions. In 2020, the Iowa Balance of State received a total of $5,745,194 in CoC Program funds to support these programs, which are detailed below.

1 Permanent Supportive Housing

Permanent supportive housing (PSH) is a model of housing that serves formerly homeless people with documented disabilities. Tenants of PSH programs pay a portion of their income to rent, the rest of which is subsidized by the PSH program. People housed in PSH programs may be housed in a dedicated PSH unit in an affordable housing development or have a subsidy that is used in the private housing market, depending on the program's housing model. PSH programs offer all tenants voluntary supportive services tailored to individual tenant need, and often include medical, behavioral health, and/or services that support sobriety.

PSH is an important resource for high-need people experiencing homelessness; because resources for PSH are limited, HUD and most CoCs around the country are working to prioritize chronically homelessness people—those that have been homelessness the longest and have the highest need—for units that become vacant through turnover.

It is also a proven best practice for all PSH programs to employ a Housing First model. Housing First recognizes that people with health, behavioral health and other needs stabilize more quickly and effectively in housing, and that services are more successful after stabilization. Housing First projects offer permanent housing in conjunction with services to address needs and increase potential for independence. Studies have shown the Housing First approach to be successful with a variety of populations, including persons with serious disabilities, people with long criminal legal system histories, chronically homeless persons, and families with children. This program is particularly helpful for households who have been refused other housing and for those who are less likely to seek housing on their own.[4]

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[4] http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf

Permanent Supportive Housing Projects Funded by the Iowa Balance of State CoC			
Project	**Units**	**Beds**	**Chronically Homeless Dedicated Beds**
Community Housing Initiatives (CHI) Permanent Housing	**13 units;** *serves single adults and families*	**14** beds	**14** beds
City of Dubuque Phoenix Housing	**15** units; *serves single adults and families*	**23** beds	**23** beds
Family Alliance for Veterans of America Passport to Independence	**4 units;** *serves single adult veterans*	**10** beds	**10** beds
Friends of the Family Northeast	**12** units; *serves single adults and families*	**25** beds	**3 units/ 6 beds**
Humility Homes PSH	**24** units *serves single adults*	**24** beds	**24** beds
Shelter House FUSE PSH	**24** units; *serves single adults*	**24** beds	**24** beds
Shelter House PSH	**50 units;** *serves single adults and families*	**60** beds	**60** beds
Willis Dady PSH	**6 units;** *serves single adults*	**6 beds**	**6 beds**

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2 Rapid Re-Housing

Rapid re-housing (RRH) programs function as time-limited financial assistance to help with obtaining permanent housing, subsidizing rent, and providing support services to formerly homeless households. The length of financial assistance and services varies by program design; it can be as brief as housing search and move-in resources or up to two years of rental assistance and support services. The goal of RRH projects is to help people transition to self-sufficiency and retain their housing unit independently. These programs are typically targeted to households with lower barriers and need than PSH programs.

Rapid Re-housing Projects Funded by the Iowa Balance of State CoC		
Project	**Units**	**Beds**
Friends of the Family RRH of North Iowa	**10** units; *serves single adults and families*	**40** Beds
Friends of the Family Turning Point	**23** units; *serves single adults and families, focus on domestic violence providers*	**70** Beds
HACAP Eastern Iowa 1	**6** units; *serves single adults and families*	**29** Beds
HACAP Eastern Iowa 2	**3** units; *serves single adults and families*	**10** Beds
HACAP Housing First	**33** units; *serves single adults and families*	**64** Beds
HACAP HUD V	**7** units; *serves single adults and families*	**30** Beds
Humility Homes RRH	**20** units; *serves single adults and families*	**20** Beds
MCSA RRH	**13** units; *serves single adults and families*	**35** Beds
NIAD Center for Human Development Crisis Intervention Service DV RRH	**10** units; *serves single adults and families feeling domestic violence/abuse*	**22** Beds
Shelter House RRH	**157** units, *serves single adults, households without children, and families*	**270** Beds
Willis Dady RRH	**40** units; *serves single adults and families*	**70** Beds
YSS Mason City Youth RRH	**12** units; *serves single youth under 25 years old*	**12** Beds

Historically, one housing model commonly used for households that did not require the extensive supports provided by permanent supportive housing was transitional housing. Transitional Housing provides temporary (between 12-24 months) housing accommodations and supportive services in a congregate setting. However, in recent years, evidence has shown that many populations traditionally served through transitional housing projects are served more effectively and more efficiently through other housing models, particularly RRH.

While many households benefit most from direct connections to permanent housing programs such as RRH or PSH (which are often more cost-effective over the long term), transitional housing can also be an effective support depending on the household's circumstances. In particular, certain subpopulations, such as people fleeing domestic violence and transitional age youth, can meaningfully benefit from a transitional housing environment.

While the CoC Program continues to fund transitional housing programs, many communities, including the Iowa Balance of State CoC, are following evidence-based and best practices of connecting people to permanent housing models and phasing TH programs out of their CoC funding portfolio. In 2020, the Balance of State CoC only funded one TH program, which serves survivors of domestic violence.

Transitional Housing Projects Funded by the Iowa Balance of State CoC		
Project	**Units**	**Beds**
Crisis Intervention & Advocacy Center STAARS	**4** units; *serves families*	**24 Beds**

4   Joint TH-RRH

In 2017, the CoC Program offered a new project type that combined two existing programs – TH and RRH – into a single project. Joint TH-RRH projects are intended to serve households upfront with safe crisis-style housing while providing supportive services and appropriate financial assistance to assist people to move into and stabilize in permanent housing as quickly as possible. While these projects are also capped at 24 months of assistance, they follow a housing first approach with low barriers to entry, emphasize client choice and target people with higher needs and who are more vulnerable. These programs are often targeted to similar populations as TH, including youth and victims of domestic violence.

Joint TH-RRH Projects Funded by the Iowa Balance of State CoC		
Project	**Units**	**Beds**
Friends of the Family Safely Home	**27** Units; *serves survivors of domestic violence*	**91** Beds

5 Other CoC Program Funded Projects

In addition to supporting housing interventions discussed above, the CoC Program funds some of the key infrastructural systems needed to support an effective homeless response system: a Coordinated Entry system, Homeless Management Information System (HMIS), and Continuum of Care Planning. The details on the specifics of how Coordinated Entry and HMIS function in the Iowa Balance of State CoC are detailed below. The CoC Planning Grant funds the process to design a collaborative, inclusive system and carry out the general CoC planning activities required by the CoC Program interim rule.

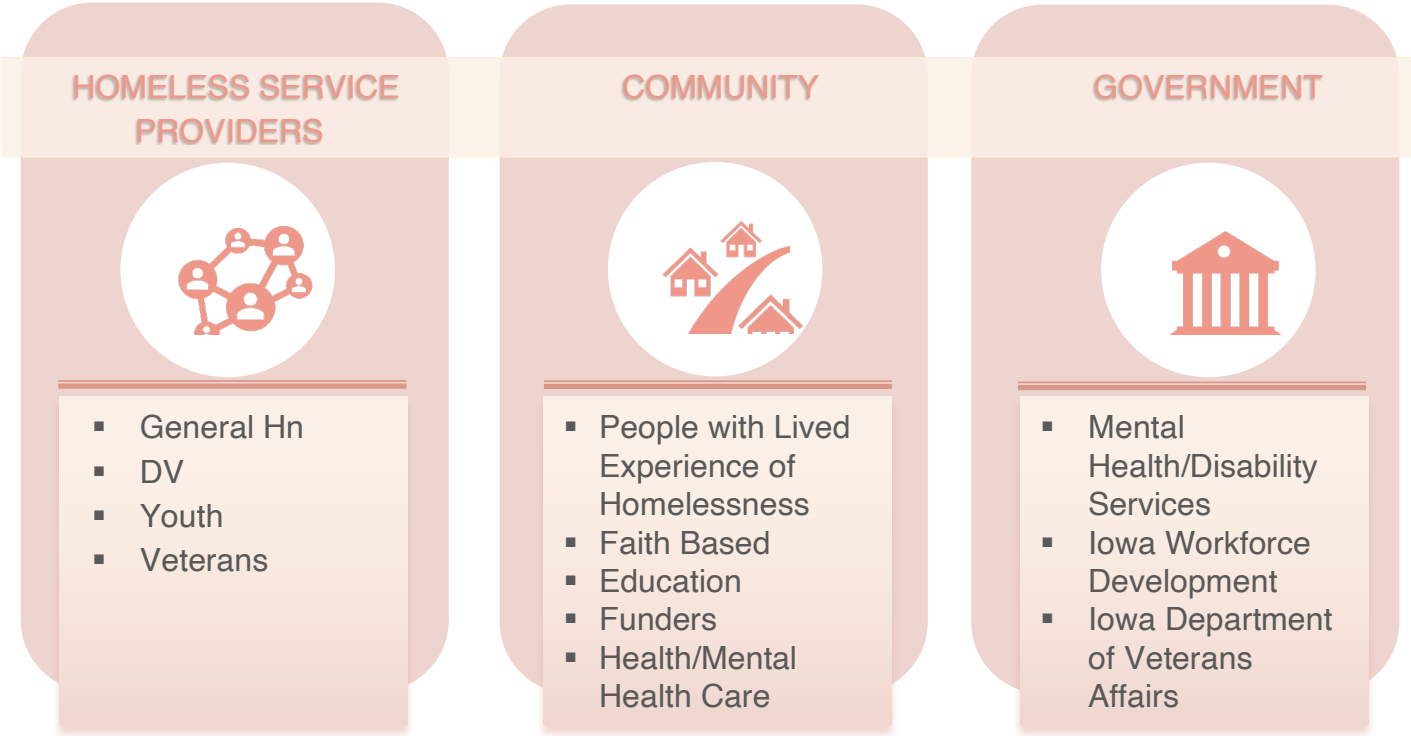| System Funded	Organization	Funding
HMIS	**Institute for Community Alliances (ICA)**	**$346,578**
Coordinated Entry	**Home Forward Iowa**	**$91,380**
	Institute for Community Alliances (ICA)	**$100,000**
	Waypoint	**$116,368**
CoC Planning	**Institute for Community Alliances (ICA)**	**$274,400**

System Governance and Structure

The efforts to prevent and end homelessness in the Iowa Balance of State CoC are led and coordinated by the CoC Board of Directors and its Task Groups, with support from the infrastructure comprised of the Homeless Management Information System (HMIS), Coordinated Entry System and the 14 Coordinated Service Regions that cover all 96 counties included in the CoC's geography.

Iowa Balance of State CoC Board of Directors

The Iowa Balance of State CoC Board of Directors (CoC Board) was formed in April 2020 to act as the primary decision-making entity for the Iowa Balance of State CoC and to coordinate the homelessness response across the CoC. Prior to the CoC Board's inception, the Balance of State CoC was governed by the Iowa Council on Homelessness (Council), a statewide body responsible for planning and advocacy around homelessness for the State of Iowa. In January 2020, the Council elected to reorganize its governance structure and separate the duties of the

Continuum of Care from the Council and form the CoC Board of Directors to oversee the CoC's efforts to ending homelessness. The CoC Board acted on an interim basis from April 2020 until April 2021, when the permanent CoC Board was seated.

The CoC Board includes in its membership representatives from a diverse group of sectors and systems of care, including local government, nonprofit homeless service providers, health/mental health providers, education, criminal legal system, funders, the faith community, and people with lived experience of homelessness.

HOMELESS SERVICE PROVIDERS	COMMUNITY	GOVERNMENT
• General Hn • DV • Youth • Veterans	• People with Lived Experience of Homelessness • Faith Based • Education • Funders • Health/Mental Health Care	• Mental Health/Disability Services • Iowa Workforce Development • Iowa Department of Veterans Affairs

Leveraging this cross-system and geographically-diverse collaboration, the Board is well-positioned to guide statewide coordination around the following shared strategies:

	➢ Manage the annual HUD Continuum of Care application process for $5,745,194 in federal CoC funding for the CoC
	➢ Hold monthly CoC Board meetings that focus on coordinating advocacy efforts and organizing to provide a system of outreach, engagement, assessment, housing service, and prevention strategies to address the various needs of those experiencing or at risk of homelessness
	➢ Provide bimonthly peer to peer meetings to allow providers an opportunity to connect and collaborate

The work of the CoC Board is supported by several **Standing Task Groups**, membership of which are made up of both CoC Board members and general CoC stakeholders with relevant subject matter expertise. Each Task Group makes recommendations to the CoC Board based on the experience and knowledge of the members. The current standing Task Groups include: Governance/Nominating; CoC Grant Competition; Coordinated Services Regions; Strategic Planning; Equity and Diversity; and Youth Action Board.
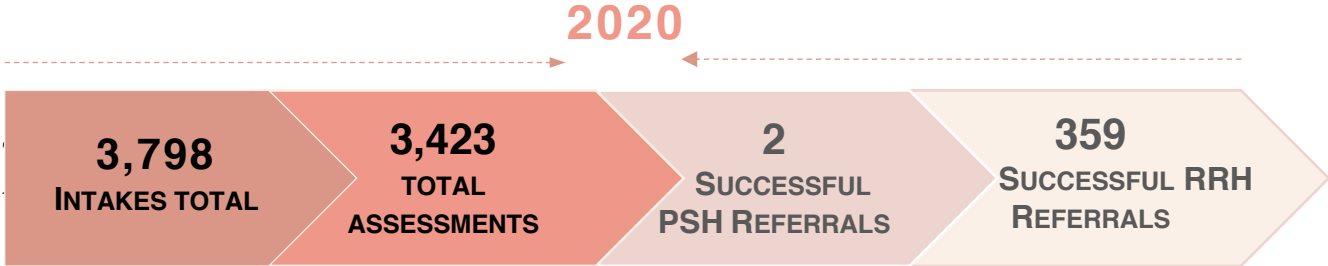
System Infrastructure

The Iowa Balance of State CoC **Homeless Management Information System** (HMIS) is a centralized database for tracking service delivery and impact operated by the Institute for Community Alliances (ICA). The HMIS allows the Balance of State to collect client-level data, track performance of individual programs, and monitor the successes of the overall system of care.

54	*Agencies participate in HMIS across the Balance of State CoC*	
13,564	*Clients accessed services in 2020 in HMIS across all project types and providers*	
440,566	*Total clients accounted for in Balance of State CoC HMIS*	

The Iowa Balance of State CoC **Coordinated Services Network** (CSN) was designed by the CoC to ensure that the limited resources to serve people experiencing homelessness are used as efficiently as possible for the most vulnerable people. All CoC and Emergency Solutions Grant (ESG) funded programs are required to use the CSN as the only means by which vacancies are filled.

The CSN uses a community-wide assessment tool and matching process to connect people at risk of or experiencing homelessness to housing and services that meet their unique needs. People can access the Coordinated Services Network either through designated access sites in their geographic area or through a 24-hour statewide call center. The system is supported by the CoC's HMIS, which houses the data component of the Coordinated Services Network and facilitates the matching process.

2020

3,798 INTAKES TOTAL	3,423 TOTAL ASSESSMENTS	2 SUCCESSFUL PSH REFERRALS	359 SUCCESSFUL RRH REFERRALS

- *Home Forward Iowa*: provides technical assistance and support for regions to identify and address challenges in CSN implementation across the state
- *Institute for Community Alliances (ICA)*: acts as the data lead for CSN and operates the prioritization list for connecting people to housing and services in HMIS; ICA also provides related training and technical assistance to agencies using CSN
- *Waypoint Services*: operates the 24-hour CSN call center that acts as an access site for the entire Balance of State CoC.

Coordinated Services Regions

To help facilitate the planning and implementation of the Coordinated Services Network in such a broad geographic area, the Balance of State CoC organized its 96 counties into 14 Coordinated Service Regions (CSR).

Iowa Coordinated Entry Regions
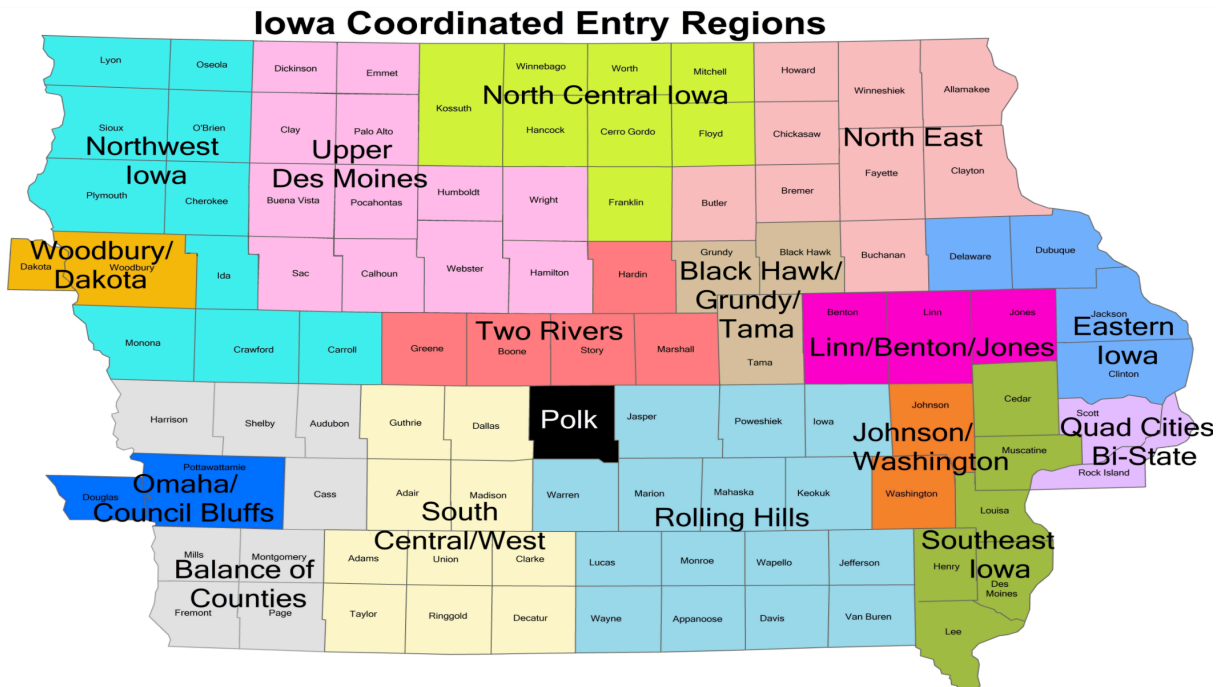
This regional approach to CSN allows the CoC to set certain CoC-wide standards, such as common requirements and standardized assessment tools, while allowing each CSR to develop protocols and implementations that meet the unique circumstances in each geographic area. The CSRs were designed to develop partnerships between homeless system response agencies and allow a forum for collaborative planning and coordinated service provision to most effectively and efficiently meet the needs of people experiencing or at risk of homelessness in the region.

Each region is led by a local Designated Lead Agency (DLA), which are responsible for ensuring that the requirements of CSR are being met at the regional level, and that written local policies and procedures are being documented. The DLAs also facilitate implementation of the CSR process at the local level by managing meetings to match households to housing and services and acting as a liaison to the Coordinated Entry Committee.

III. Homelessness in the Iowa Balance of State CoC

Overview

This section uses data from several sources to examine the homeless resources of and people experiencing homelessness within the Iowa Balance of State Continuum of Care (CoC). These sources include:

- The 2017-2021 annual Housing Inventory (HIC) Count

- The 2017-2021 annual Point in Time (PIT) Count

- Aggregate client-level data from the CoC's Homeless Management Information System (HMIS)

Using this data, this section begins to explore fundamental questions about people experiencing homelessness in the Iowa Balance of State CoC, as well as the housing and service resources available to help them, including:

- **What resources are available to people experiencing homelessness?**
- **How many people experience homelessness?**
- **Where do people experiencing homelessness sleep at night?**
- **Who experiences homelessness and what are their characteristics and needs?**
- **What are the primary causes of homelessness?**

Using the aforementioned data sources to explore these questions, this section identifies a number of key takeaways regarding homeless resources in the Iowa Balance of State CoC and the people who experience homelessness on a daily basis. These key takeaways from the period between 2017-2021 include the following (see the following sections for more information):

- The CoC **increased** the number of **emergency shelter, permanent supportive housing, and (especially) rapid re-housing beds**.

- The CoC **decreased** the number of **transitional housing beds**.

- The CoC **increased** the number of **beds dedicated to single adults** (for all program types except transitional housing) and **unaccompanied minors**.

- The CoC **decreased** the number of **beds dedicated to families** (except for a substantial increase in rapid re-housing beds for this subpopulation) and **people experiencing chronic homelessness**.

- The **overall size of the population experiencing homelessness** in the CoC was **relatively stable**, though the number of people **experiencing unsheltered homelessness increased**.

- **Males, Black or African Americans, American Indians or Alaska Natives, people from mixed racial backgrounds, and Hispanics** (very slightly) were **overrepresented among the overall population experiencing homelessness**, in comparison to their proportion of the overall population of the Iowa Balance of State CoC.

- **Whites** and **Asians** were **underrepresented among the overall population experiencing homelessness**, in comparison to their proportion of the overall population of the Iowa Balance of State CoC.

- The overall number of **people experiencing chronic homelessness** and living with **severe mental illness increased** during the period in question.

- The overall number of **veterans** (very slightly), **youth** (very slightly), and **survivors of domestic violence decreased** during this period.

- **Single adults** (over age 24), **transition-aged youth** (age 18-24), **males**, **transgender**, and **gender non-conforming people** were all **overrepresented among the unsheltered population**.

- **Families** and **unaccompanied minors** were **overrepresented among the sheltered population**.

- (Lack of) **employment and income** was the **most frequent cause of homelessness** in the CoC, though this cause faded slightly but noticeably in recent months. Health & safety issues and relationship challenges were tied as the second leading causes of homelessness.

What Resources are Available to People Experiencing Homelessness?

To respond effectively to homelessness, it is necessary to balance an appropriate mix of homeless resources (e.g., emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing) against the characteristics and needs of the population experiencing homelessness. As such, we begin our exploration of the state of homelessness and homeless housing/services in the Iowa Balance of State CoC by looking at the mix of resources available to people experiencing homelessness in the Continuum.
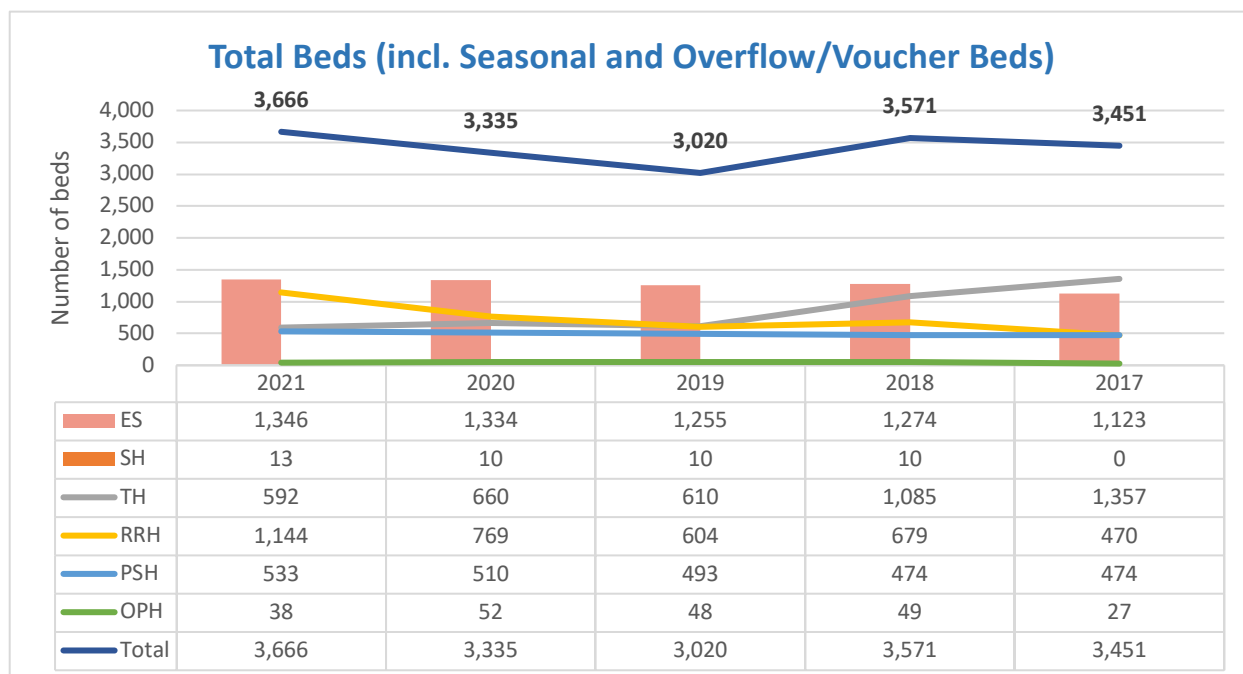
The annual Housing Inventory Count (HIC), submitted by the CoC to the U.S. Department of Housing and Urban Development, provide an inventory of all homeless beds and units available

on the night designated for the count by program type, including beds dedicated to persons who are currently experiencing homelessness as well as permanent housing. The HIC also includes data on beds dedicated to serving specific subpopulations of people experiencing homelessness. It includes all beds and units available, not just those funded by HUD's CoC Program.

Overall Homeless Beds

While bed counts have remained relatively stable over the four years between 2017 and 2021, the combination of resources available to people experiencing homelessness have changed. The number of emergency shelter (+19.9%), permanent supportive housing (+12.4%), and especially rapid re-housing (+143.4%) beds have all greatly expanded in the past five years. To accomplish this in accordance with best practices, the Iowa Balance of State CoC greatly reduced the number of transitional beds (-56.4%) in the Continuum.

Total Beds in the Iowa Balance of State CoC (incl. Seasonal and Overflow/Voucher Beds)							
Year	ES	SH	TH	RRH	PSH	OPH	Total
2021	1,346	13	592	1,144	533	38	**3,666**
2020	1,334	10	660	769	510	52	**3,335**
2019	1,255	10	610	604	493	48	**3,020**
2018	1,274	10	1,085	679	474	49	**3,571**
2017	1,123	0	1,357	470	474	27	**3,451**

Total Beds (incl. Seasonal and Overflow/Voucher Beds)

|	2021	2020	2019	2018	2017
ES	1,346	1,334	1,255	1,274	1,123
SH	13	10	10	10	0
TH	592	660	610	1,085	1,357
RRH	1,144	769	604	679	470
PSH	533	510	493	474	474
OPH	38	52	48	49	27
Total	3,666	3,335	3,020	3,571	3,451

Total Beds by Region

Total Beds by Region in the Iowa Balance of State CoC (incl. Seasonal and Overflow/Voucher Beds - 2021)							
Region	**ES**	**SH**	**TH**	**RRH**	**PSH**	**OPH**	**Total**
Balance of Counties	0	0	0	0	0	0	0
Black Hawk/Grundy/Tama	55	0	39	103	33	20	250
Eastern Iowa	160	0	96	170	36	8	470
Johnson / Washington	158	0	41	212	226	0	637
Linn/Benton/Jones	238	0	178	181	40	10	647
North Central Iowa	51	0	7	114	43	0	215
North East	30	0	22	49	20	0	121
Northwest Iowa	0	0	36	38	0	0	74
Quad Cities Bi-State	271	13	0	154	90	0	528
Rolling Hills	62	0	0	25	0	0	87
South Central / West	0	0	25	25	0	0	50
Southeast Iowa	128	0	0	18	45	0	191
Two Rivers	78	0	48	55	0	0	181
Upper Des Moines	115	0	100	0	0	0	215
Total	**1,346**	**13**	**592**	**1,144**	**533**	**38**	**3,666**

Emergency Shelter

The increase in the total number of emergency shelter beds available to people experiencing homelessness in the Iowa Balance of State CoC has been driven by an increase in both year-round (+15.9%) and seasonal (+59.2%) beds. However, the total number of both seasonal and overflow/voucher beds is down off their respective highs in 2020.
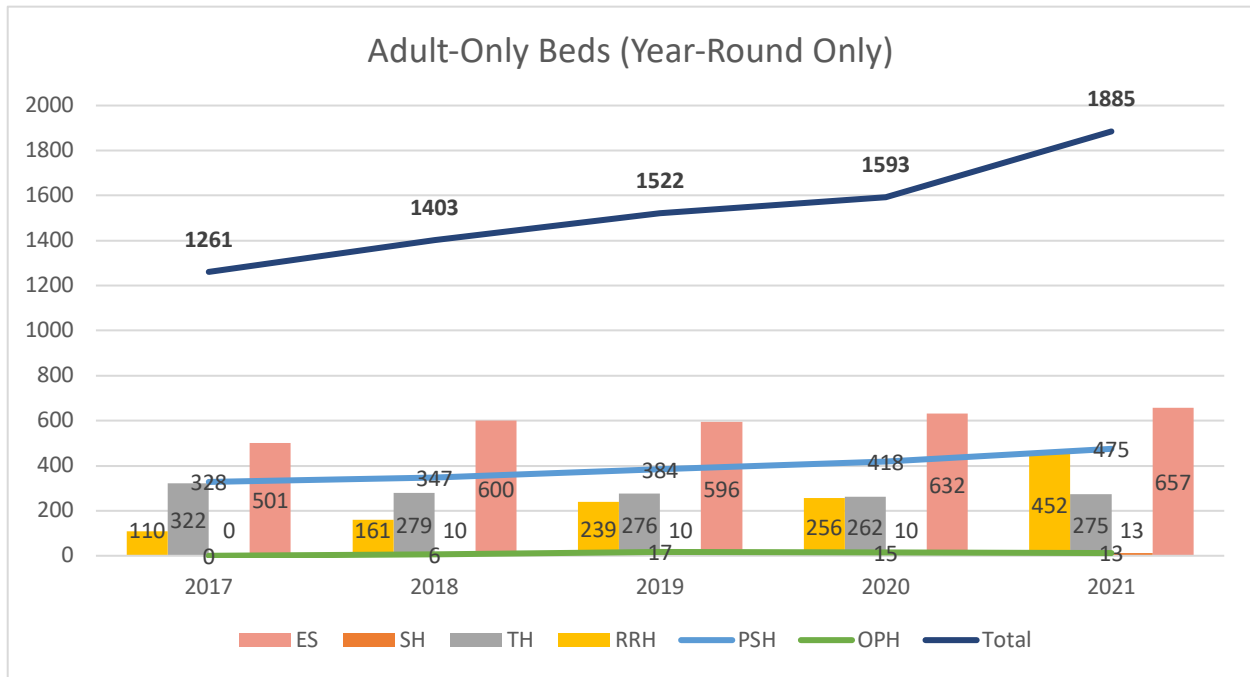
Emergency Shelter Beds in the Iowa Balance of State CoC				
Year	**Year-Round**	**Seasonal**	**Overflow/Voucher**	**Total**
2021	1,087	199	60	**1,346**
2020	1,022	235	77	**1,334**
2019	981	216	58	**1,255**
2018	1,006	209	59	**1,274**
2017	938	125	60	**1,123**

Emergency Shelter Beds
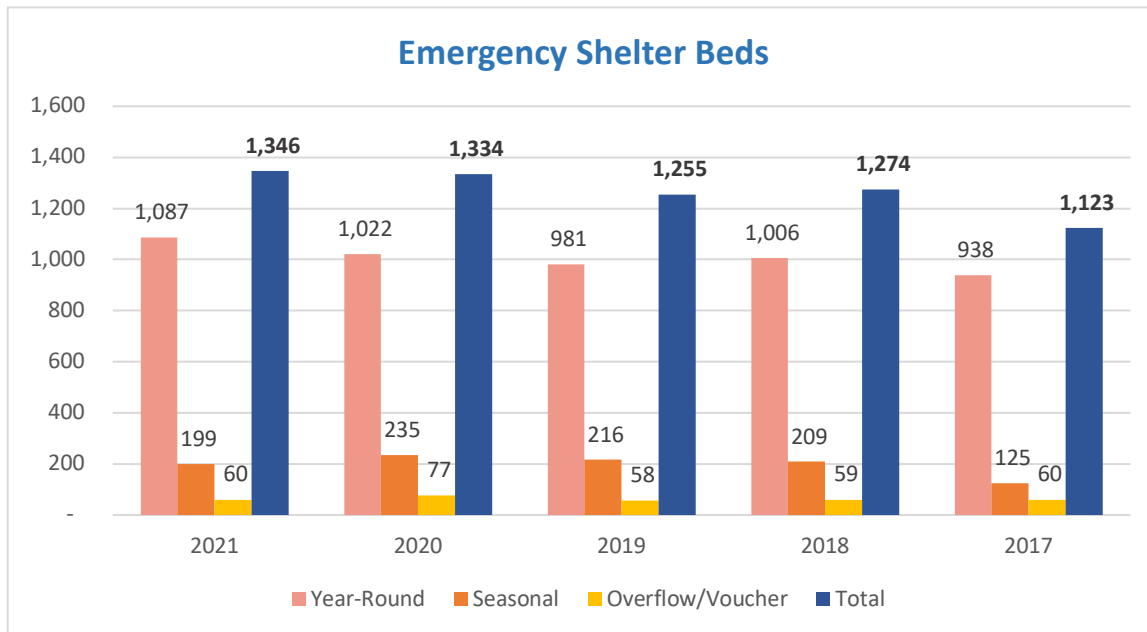
Adult-Only Beds

The number of adult-only beds has dramatically increased over the past four years. More emergency shelter (+31.1%), permanent supportive housing (+44.8%), and especially rapid re-housing (+310.9%) beds are available to single adults in 2021 than in 2017. Only transitional housing experienced a relatively small offsetting contraction (-14.6%) during this period.

Adult-Only Beds in the Iowa Balance of State CoC (Year-Round Only)							
Year	ES	SH	TH	RRH	PSH	OPH	Total
2021	657	13	275	452	475	13	**1,885**
2020	632	10	262	256	418	15	**1,593**
2019	596	10	276	239	384	17	**1,522**
2018	600	10	279	161	347	6	**1,403**
2017	501	0	322	110	328	0	**1,261**

Adult-Only Beds (Year-Round Only)

	2017	2018	2019	2020	2021
Total	1261	1403	1522	1593	1885
ES	501	600	596	632	657
TH	322	279	276	262	275
RRH	110	161	239	256	452
PSH	328	347	384	418	475
SH	0	10	10	10	13
OPH	0	6	17	15	13

Family Beds

The total number of family beds available in the Iowa Balance of State CoC decreased by 24.8% between 2017 and 2021, driven primarily by substantial reductions in the number of family-dedicated transitional housing (-70.0%) and permanent supportive housing (-54.3%). During this same period, the number of family-dedicated rapid re-housing beds nearly doubled, increasing by 92.2% between 2017 and 2021. Despite the overall decrease, the number of family beds has actually rebounded from a nadir experienced in 2019, adding a total of 290 family-dedicated beds in the past two years.

Family Beds in the Iowa Balance of State CoC (Year-Round Only)							
Year	ES	SH	TH	RRH	PSH	OPH	Total
2021	416	0	310	692	58	25	**1,501**
2020	354	0	393	413	92	37	**1,389**
2019	373	0	333	365	109	31	**1,211**
2018	393	0	804	518	127	43	**1,885**
2017	431	0	1,032	360	146	27	**1,996**

Family Beds (Year-Round Only)
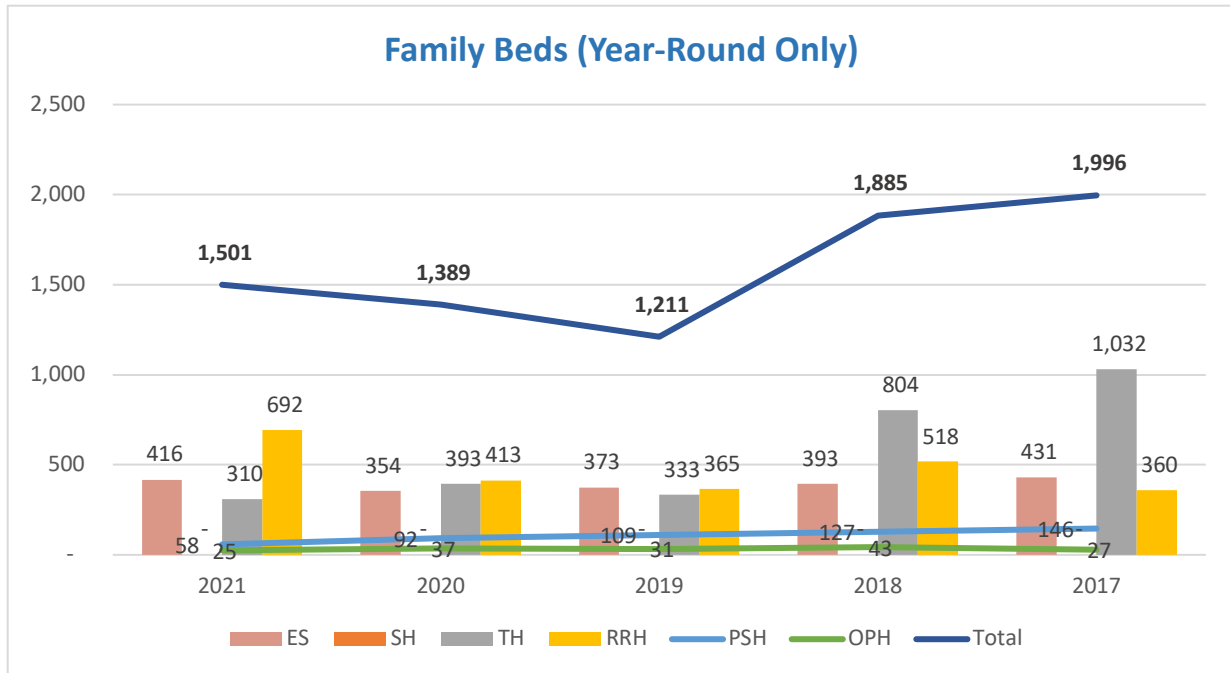
Child-Only Beds

More emergency shelter (+133.3%) and transitional housing (+133.3%) beds dedicated to unaccompanied minors exist today than in 2017. However, like the overall population of unaccompanied minors experiencing homelessness in the Iowa Balance of State CoC, the numbers are relatively small (14 vs. 6 and 7 vs. 3). No form of permanent housing is available for this population.

Child-Only Beds in the Iowa Balance of State CoC (Year-Round Only)							
Year	ES	SH	TH	RRH	PSH	OPH	Total
2021	14	0	7	0	0	0	**21**
2020	36	0	5	0	0	0	**41**
2019	12	0	1	0	0	0	**13**
2018	13	0	2	0	0	0	**15**
2017	6	0	3	0	0	0	**9**

Child-Only Beds (Year-Round Only)

| | ES | SH | TH | RRH | PSH | OPH | Total |
| 2021 | 14 | | 7 | | 0 | 0 | 0 | 21 |

(Chart values by year)
- 2021: ES 14, TH 7, Total 21
- 2020: ES 36, TH 5, Total 41
- 2019: ES 12, TH 1, Total 13
- 2018: ES 13, TH 2, Total 15
- 2017: ES 6, TH 3, Total 9

Legend: ES, SH, TH, RRH, PSH, OPH, Total
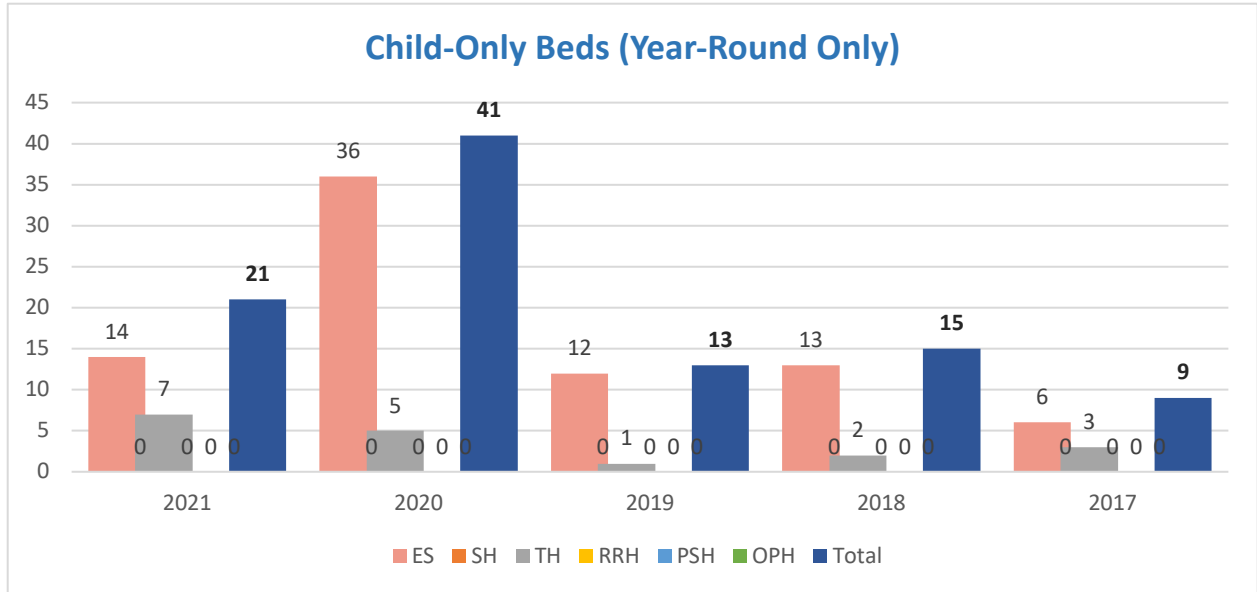
Chronically Homeless Dedicated Beds

The total number of PSH beds dedicated to people experiencing chronic homelessness has decreased by 16% since 2017. Given the simultaneous increase in the number of chronically homeless persons, the Iowa Balance of State CoC may wish to consider developing additional permanent supportive housing dedicated to addressing chronic homelessness.

Chronically Homeless Dedicated Beds in the Iowa Balance of State CoC							
Year	ES	SH	TH	RRH	PSH	OPH	Total
2021	0	0	0	0	395	0	**395**
2020	0	0	0	0	437	0	**437**
2019	0	0	0	0	414	0	**414**
2018	0	0	0	0	440	0	**440**
2017	0	0	0	0	470	0	**470**

Chronic Beds

Chart values by year (PSH / Total):
- 2021: 395 / 395
- 2020: 437 / 437
- 2019: 414 / 414
- 2018: 440 / 440
- 2017: 470 / 470

Legend: ES, SH, TH, RRH, PSH, OPH, Total
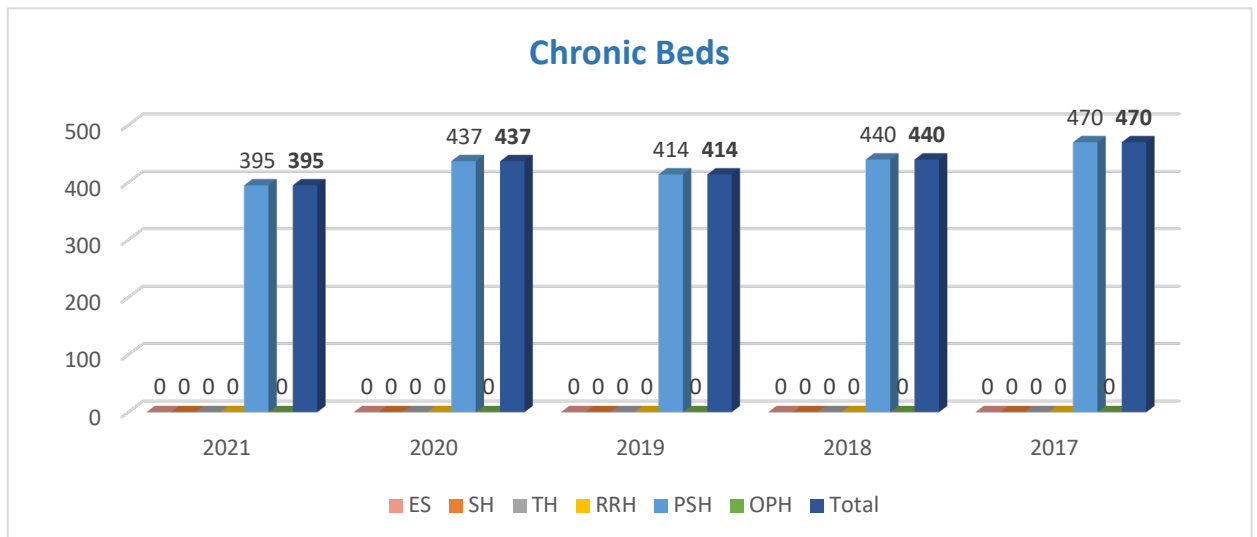
Veteran Beds

The total number of veteran-dedicated beds has decreased by 8.7% since 2017. However, the number of beds dedicated to veterans was substantially higher in both 2019 and 2020 than today (or, indeed, in 2017) and thus it is unclear the extent to which the overall reduction in beds constitutes a long-term trend. Program types remained stable, though there is currently no emergency shelter specifically dedicated to veterans (29 such beds existed in 2017).

Veteran Beds in the Iowa Balance of State CoC							
Year	ES	SH	TH	RRH	PSH	OPH	Total
2021	0	13	33	40	245	5	**336**
2020	0	10	50	76	254	0	**390**
2019	0	10	51	70	249	0	**380**
2018	0	10	31	54	233	0	**328**
2017	29	0	37	67	235	0	**368**
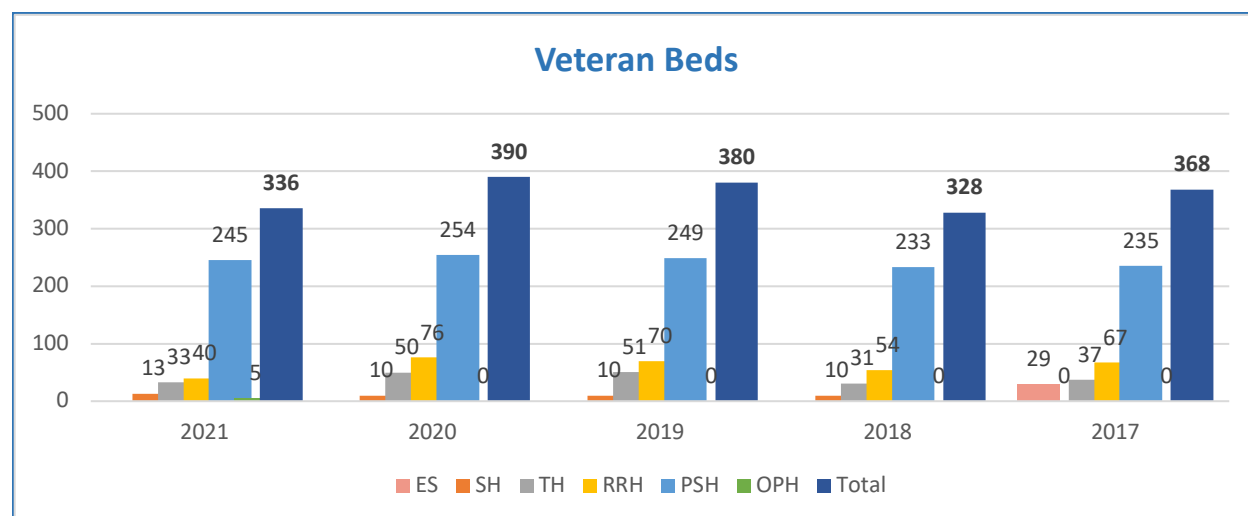
Youth Beds

Youth-dedicated beds declined by 68.6% since 2017, driven primarily by a steep decline in the number of transitional housing beds dedicated to youth. However, as with veteran-dedicated beds, the number of youth-dedicated beds reached a five-year high as recently as last year before dropping to the 2021 nadir. It is unclear whether the reduction in youth beds constitutes a long-term trend or merely a one-year blip.

Youth Beds in the Iowa Balance of State CoC							
Year	ES	SH	TH	RRH	PSH	OPH	Total
2021	2	0	25	0	0	0	**27**
2020	36	0	47	12	0	0	**95**
2019	12	0	46	6	0	0	**64**
2018	13	0	67	0	0	0	**80**
2017	6	0	80	0	0	0	**86**

Youth Beds

Legend: ES, SH, TH, RRH, PSH, OPH, Total
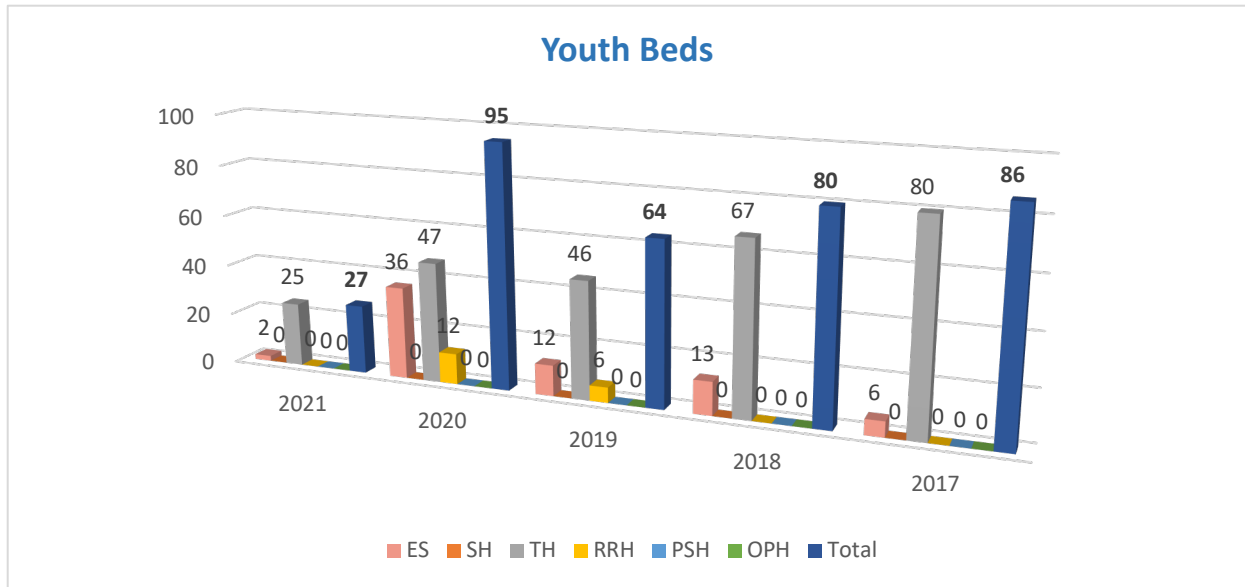
How Many People Experience Homelessness?

Though it is difficult to accurately measure the extent of homelessness within a given community, it is necessary to understand its scope to effectively address the issue. As such, the Iowa Balance of State Continuum of Care conducts an annual Point-in-Time (PIT) Count of people experiencing homelessness within its geographic area on a single night in January. The PIT Count provides the most accessible data available regarding the size and characteristics of the homelessness population and its fluctuations over time. Recent PIT Count data indicates that 1,725 individuals were experiencing homelessness on the night of January 27, 2021.

Point in Time Homelessness in the Iowa Balance of State CoC			
Year	**Sheltered**	**Unsheltered**	**Total**
2021	1,331	394	**1,725**
2020	1,510	186	**1,696**
2019	1,290	89	**1,379**
2018	1,593	128	**1,821**
2017	1,742	50	**1,792**

Point in Time Homelessness
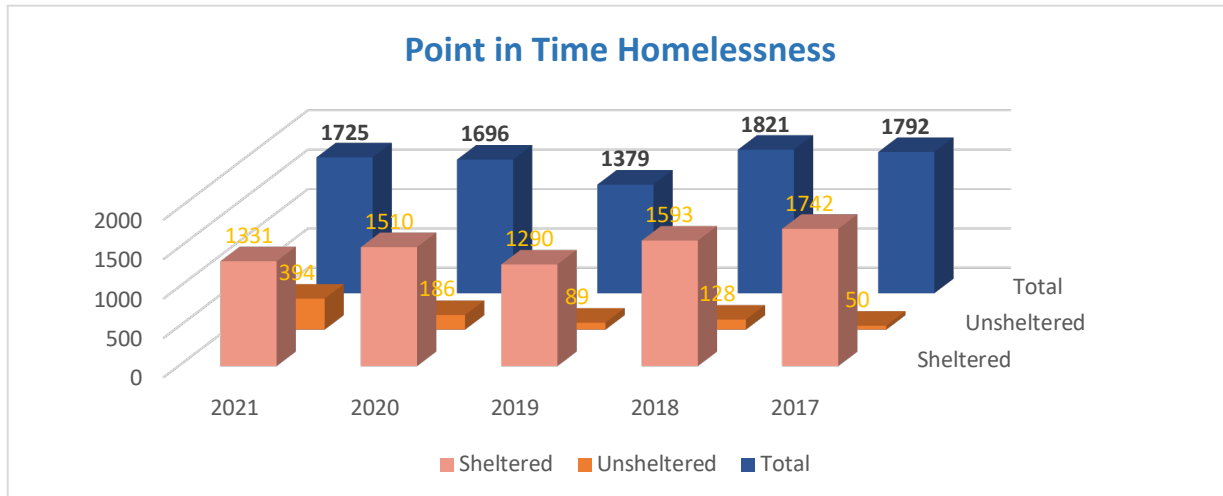
Though insufficient to draw firm conclusions, the total number of people experiencing homelessness within the Iowa Balance of State CoC hit a recent low in 2019 before increasing by more than 25% over the past two years. The 343% increase in unsheltered homelessness during the same period is particularly noteworthy and will be discussed in the following section.

While the PIT Count provides the most reliable snapshot of homelessness at any given time, it is certain that the total number of people who experience homelessness over the course of a given year is much higher. This is because the PIT Count only provides data of homelessness on a single night and does not account for the people who enter and exit homelessness throughout the year.

Clients Served in the Iowa Balance of State CoC	
Quarter/Year	**Total Clients Served**
Q1 2021	3,606
Q4 2020	3,291
Q3 2020	3,072
Q2 2020	2,872
Q1 2020	3,322
Q4 2019	3,403
Q3 2019	3,288
Q2 2019	3,096

Note that the total number of clients served by the homeless response system appears to have hit relative lows during the most challenging portions of the COVID-19 pandemic in early- to mid-2020, before rebounding to pre-COVID rates.

Where Do People Experiencing Homelessness Sleep at Night?

According to PIT Count data, 77.2% of people experiencing homelessness in the Iowa Balance of State CoC on January 27, 2021 were sheltered, meaning they were residing in either an emergency shelter or in transitional housing. The remaining 22.8% were unsheltered, meaning

they were residing in a place not meant for human habitation (such as on the street, in abandoned buildings, etc.).

The percentage of the population experiencing unsheltered homelessness increased every year, save one, since 2017; only in 2018-19 did the unsheltered population decline as a percentage of the overall population experiencing homelessness – even as the total number of emergency shelter beds increased by nearly 20%. This is likely (at least partly) due to the steep 56% reduction in the number of transitional housing beds during the same period.

The Iowa Balance of State CoC should continue working to reduce the size of the unsheltered population, given that unsheltered status typically further exacerbates the needs of individuals experiencing homelessness and is particularly life-threatening in cold weather locales.

Sheltered and Unsheltered Homelessness in the Iowa Balance of State CoC		
Year	Sheltered %	Unsheltered %
2021	77.2%	22.8%
2020	89.0%	11.0%
2019	93.5%	6.5%
2018	87.5%	12.5%
2017	97.2%	2.8%
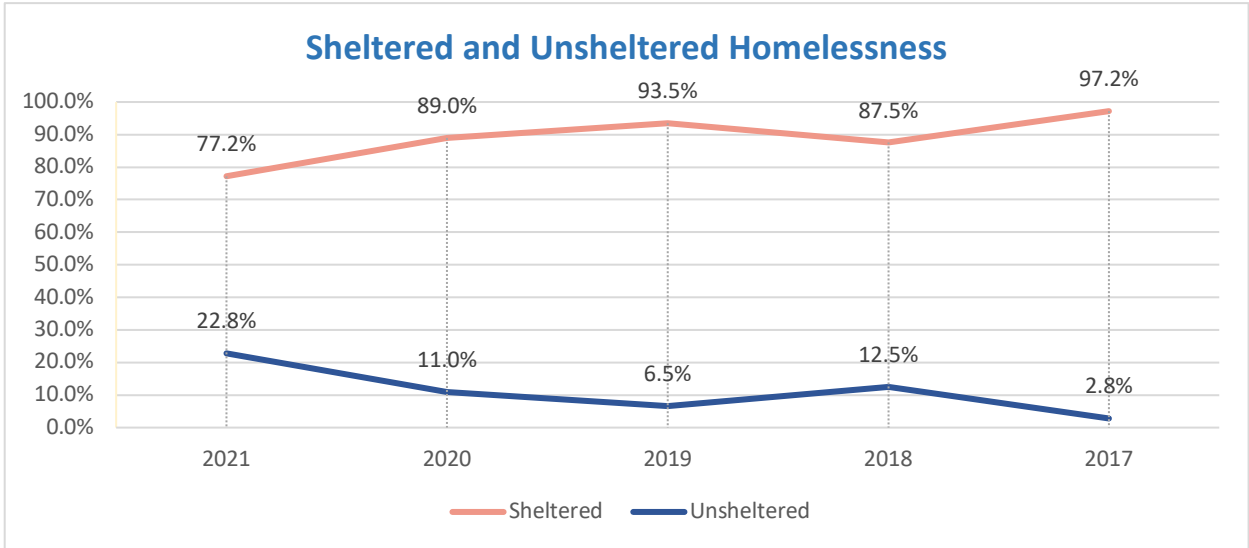
Who Experiences Homelessness?

In addition to high-level figures, the annual PIT Count and aggregate HMIS data can provide a window into the needs and characteristics of the people experiencing homelessness, reveal any changes within the subpopulations comprising the overall universe of people experiencing homelessness, and reveal inequities in the delivery of homeless housing and services. In this section, we explore various the makeup and characteristics of the people experiencing homelessness in the Iowa Balance of State Continuum of Care.

Household Composition

As of the 2020 PIT Count, the overall population of people experiencing homelessness in the Iowa Balance of State CoC consisted primarily of single adults over the age of 24 (58.6% of the homeless population) and families with children (33.7%). Transition-aged youth between the ages of 18-24 (6.1%) and unaccompanied minors (1.7%) constituted the remainder of population.

Single adults and transition-aged youth were vastly overrepresented among the unsheltered population, making up 85.5% and 12.4% of that group, respectively. Families with children (2.2%) and unaccompanied minors (0.0%) were much less likely to belong to the unsheltered population and appear to have an easier time accessing shelter and/or transitional housing.

Family Composition in the Iowa Balance of State CoC (2020)			
	% of Sheltered Pop	% of Unsheltered Pop	% of Total Homeless Pop
Adults-Only (>24)	55.4%	85.5%	58.6%
Adults-Only (18-24)	5.3%	12.4%	6.1%
Families w/ Children	37.5%	2.2%	33.7%
Unaccompanied Youth	1.9%	0.0%	1.7%
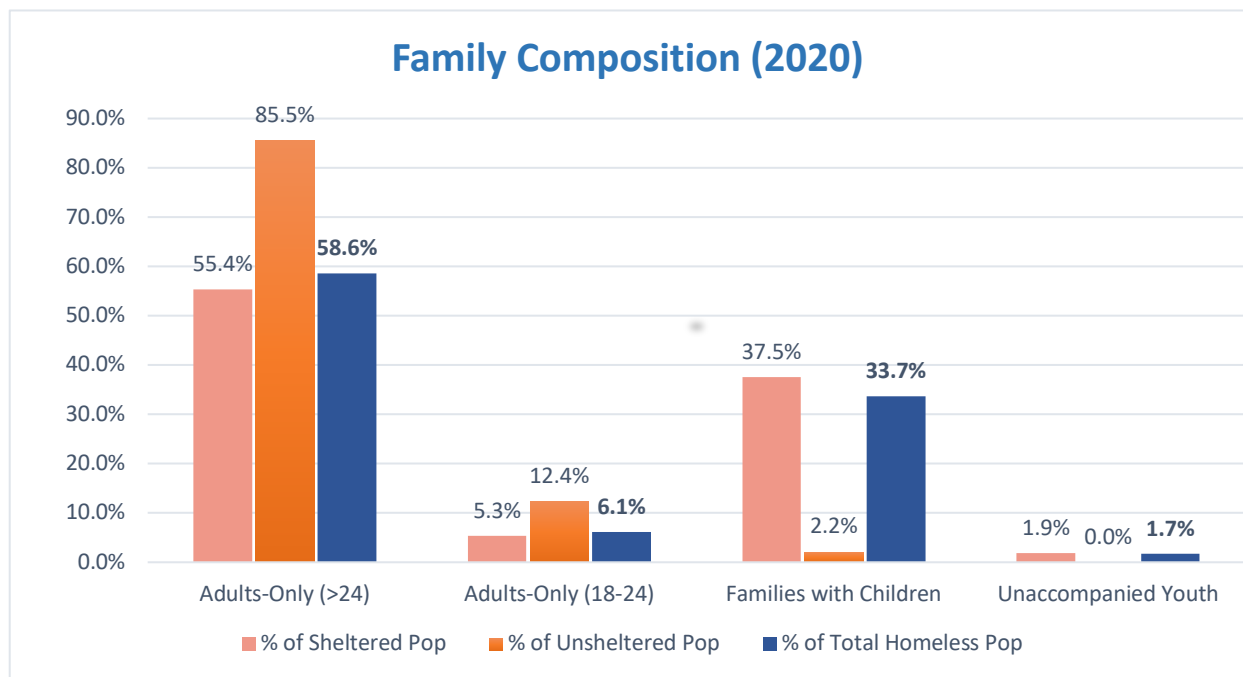
Gender

As of the 2020 PIT Count, the overall population of people experiencing homeless was 58.1% male and 41.3% female. Transgender (0.5%) and gender non-conforming (0.1%) people accounted for the remainder of the homeless population. Males (73.1% of the unsheltered

population), transgender (1.1%), and gender non-conforming people (0.5%) were all overrepresented among the unsheltered population.

Gender in the Iowa Balance of State CoC (2020)			
	% of Sheltered Pop	% of Unsheltered Pop	% of Total Homeless Pop
Males	56.3%	73.1%	58.1%
Females	43.3%	25.2%	41.3%
Transgender	0.4%	1.1%	0.5%
Non-Conforming	0.0%	0.5%	0.1%
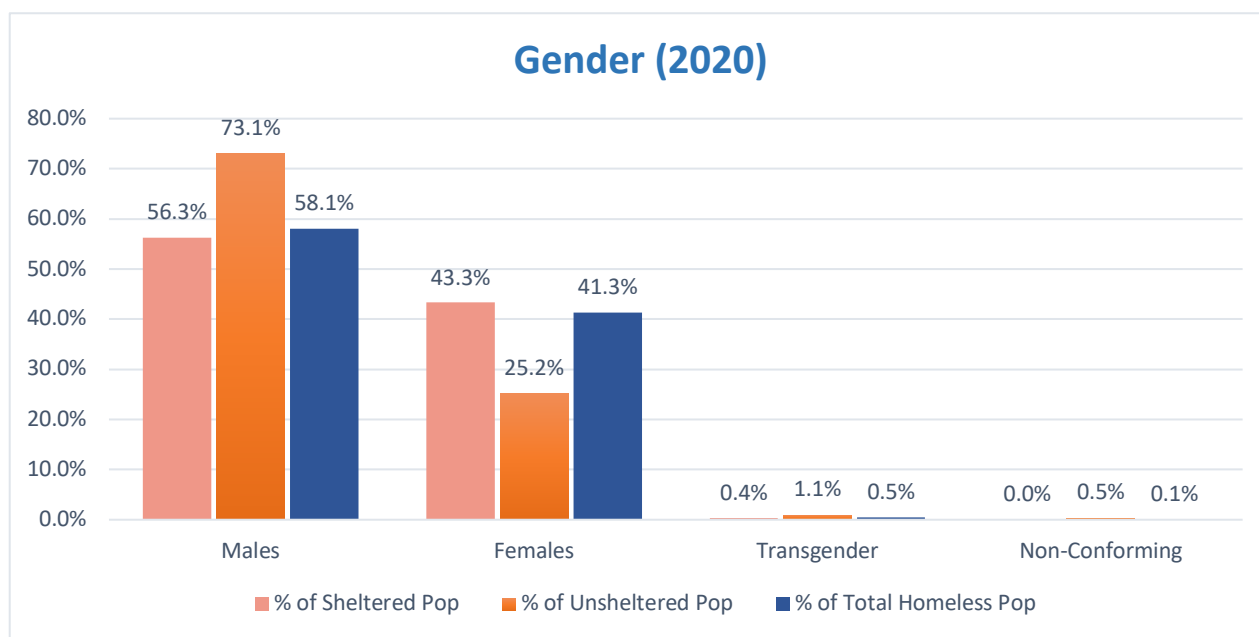
Race and Ethnicity

As of the 2020 PIT Count, the majority of people experiencing homelessness were White (68.9%), though White people were underrepresented in comparison to their share of the overall population of the Iowa Balance of State CoC (91.3%). Asians were similarly underrepresented among the homeless population (0.3%) in comparison to their share of the overall population of the Continuum (2.3%).

Despite constituting just 3.9% of the overall CoC population, Black or African American people made up a substantial 24.0% of the total homeless population. People of two or more races (4.8% vs. 1.9%) and American Indian or Alaska Natives (1.7% vs. 0.5%) were similarly overrepresented among the homeless population. Notably, this overrepresentation did not extend to sheltered or unsheltered status. Only White people were overrepresented among the unsheltered population in comparison to their share of the total population experiencing homelessness (88.2% vs. 68.9%).

Race in the Iowa Balance of State CoC (2020)

Status	% of Sheltered Pop	% of Unsheltered Pop	% of Total Homeless Pop	% of CoC Pop**
White	66.6%	88.2%	68.9%	91.3%
Black or African American	25.9%	8.6%	24.0%	3.9%
Asian	0.3%	0.0%	0.3%	2.3%
American Indian or Alaska Native	1.7%	1.6%	1.7%	0.5%
Native Hawaiian or Other Pacific Islander	0.3%	0.0%	0.3%	0.2%
Multiple Races	5.2%	1.6%	4.8%	1.9%
**2019 Census Estimates for Iowa (minus Polk, Pottawattamie, & Woodbury Counties) plus Rock Island County, IL				
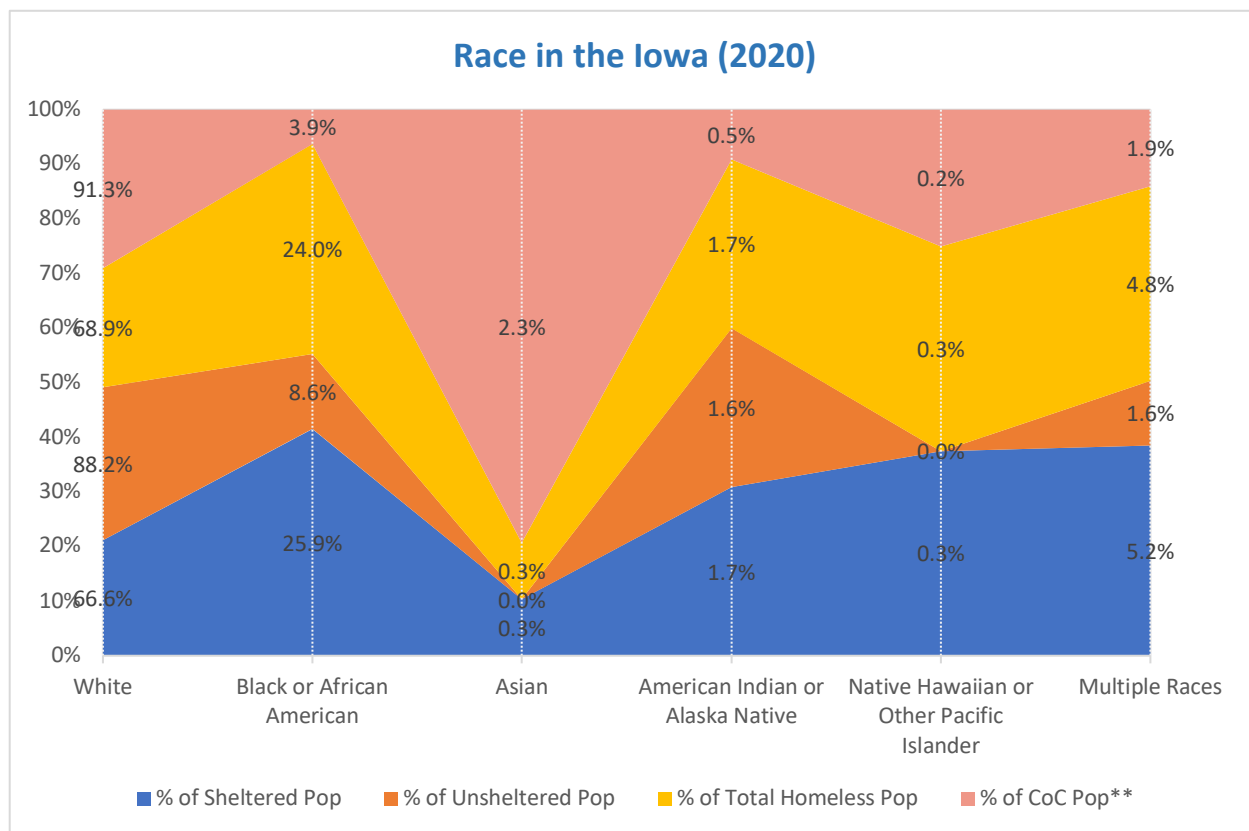
Hispanic and non-Hispanic people experienced homelessness roughly in proportion to their shares of the overall population of the Iowa Balance of State CoC (93.5% vs. 94.3% and 6.5% vs. 5.7%, respectively). Similarly, neither population was substantially over- or underrepresented among the sheltered or unsheltered populations.

Ethnicity in the Iowa Balance of State CoC (2020)				
Status	**% of Sheltered Pop**	**% of Unsheltered Pop**	**% of Total Homeless Pop**	**% of CoC Pop****
Non-Hispanic/Latino	93.8%	90.9%	93.5%	94.3%
Hispanic/Latino	6.2%	9.1%	6.5%	5.7%
**2019 Census Estimates for Iowa (minus Polk, Pottawattamie, & Woodbury Counties) plus Rock Island County, IL				
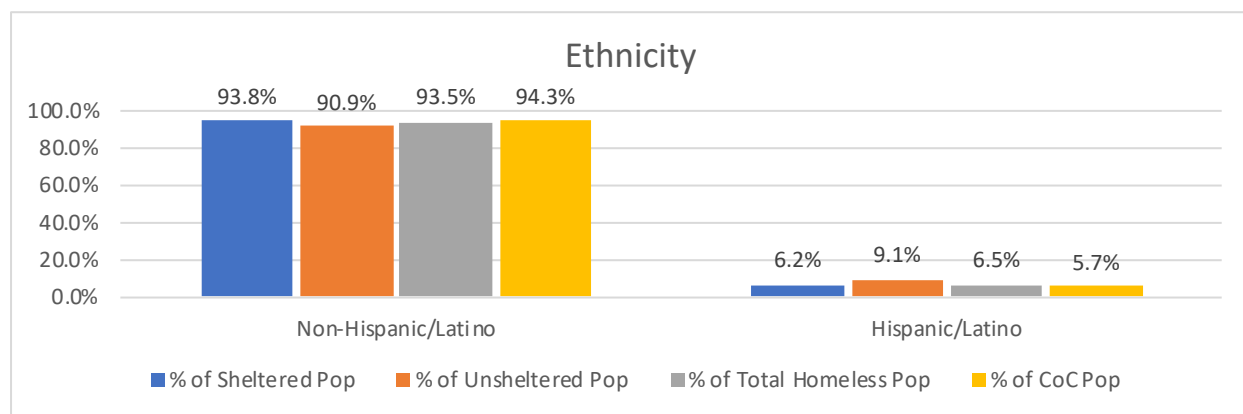
Chronic Homelessness

Chronic homelessness has remained relatively steady over the past three years, fluctuating between a low of 207 in 2021 after experiencing a high of 220 in 2020. However, figures for 2019-2021 represent a substantially higher plateau than in previous years, with chronic homelessness having doubled from 107 in 2017 to 207 in 2021. This increase may be (partly) due to a corresponding reduction in the number of beds dedicated to the chronically homeless population during the same period. As with other subpopulations in the Iowa Balance of State CoC, most people experiencing chronic homelessness are able to access shelter or transitional housing with only 8.7% of the chronic homeless population remaining unsheltered.

Chronic Homelessness in the Iowa Balance of State CoC			
Year	**Sheltered Persons**	**Unsheltered Persons**	**Total Persons**
2021	189	18	**207**
2020	203	17	**220**
2019	199	16	**215**
2018	118	15	**133**
2017	90	17	**107**

Chronic Homelessness
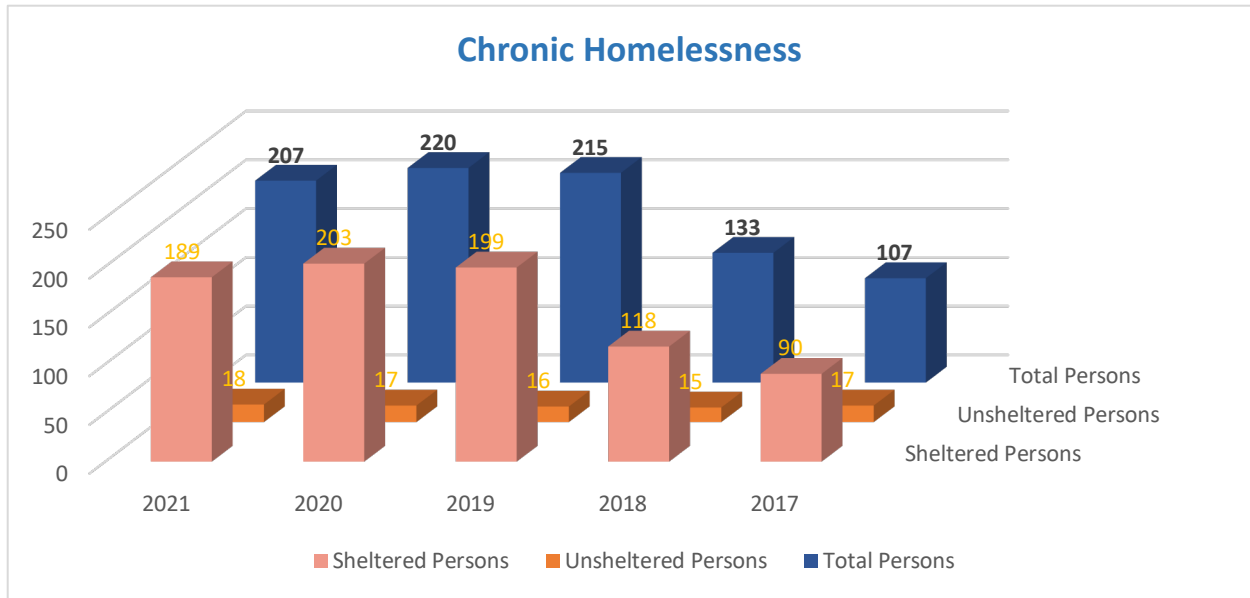
Veteran Homelessness

Veteran homelessness has remained relatively stable throughout the four-year period between 2017 and today, reaching a high of 83 veterans experiencing homelessness in 2020 and a low of 72 in 2021, even as the total number of beds dedicated to serving this population declined. Particularly notable is the near total elimination of unsheltered homelessness among the veteran subpopulation: only one veteran was unsheltered in January of 2021.

Veteran Homelessness in the Iowa Balance of State CoC			
Year	Sheltered Persons	Unsheltered Persons	Total Persons
2021	71	1	**72**
2020	78	5	**83**
2019	70	5	**75**
2018	73	6	**79**
2017	70	11	**81**
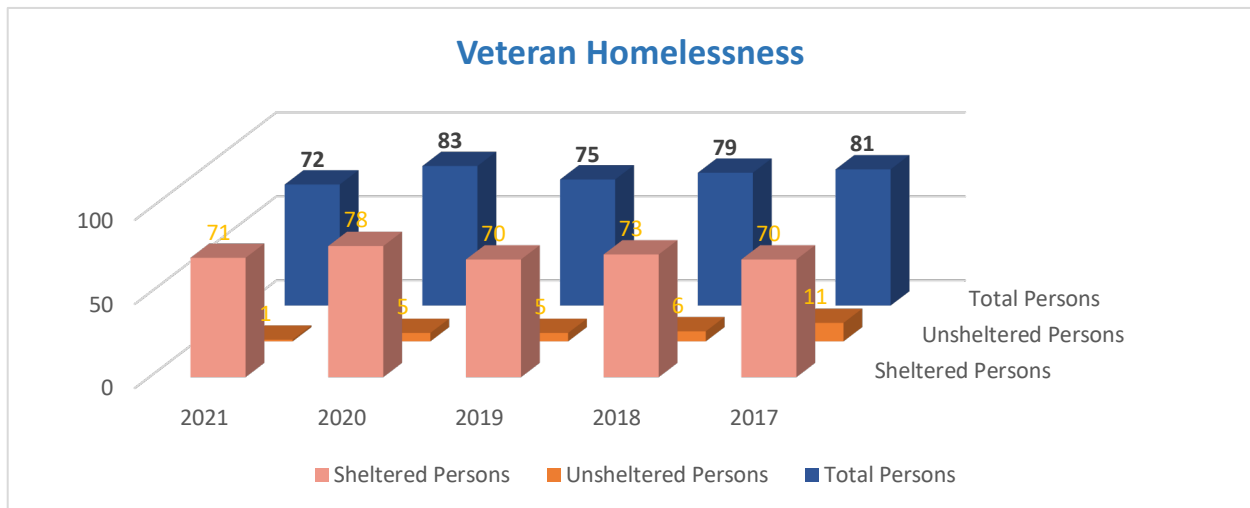
Youth Homelessness

Like veteran homelessness, youth homelessness has remained relatively stable throughout 2017-2021, reaching a high of 174 youths experiencing homelessness in 2018 and a low of 113 in 2019 before rebounding to 139 in 2021. Unlike the veteran subpopulation, however, the steep increase in unsheltered youth homelessness in 2021 coincided with an equally steep reduction in the total number of emergency shelter and transitional beds dedicated to this population. To reduce youth homelessness, the Iowa Balance of State CoC should work to ensure sufficient resources are available to young people experiencing homelessness, whether those resources are dedicated or simply welcoming to this subpopulation.

Youth Homelessness in the Iowa Balance of State CoC			
Year	Sheltered Persons	Unsheltered Persons	Total Persons
2021	93	46	**139**
2020	126	23	**149**
2019	106	7	**113**
2018	158	16	**174**
2017	149	3	**152**
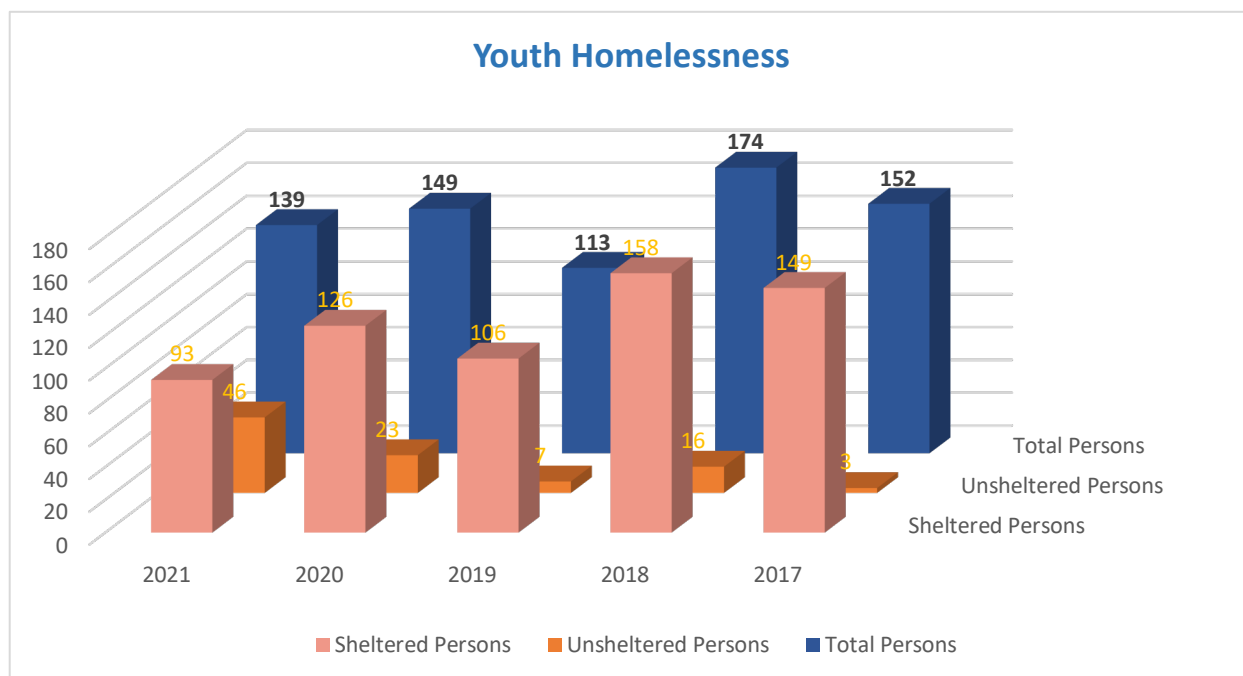
Other Subpopulations

Among other subpopulations, the Iowa Balance of State CoC has experienced a 65.7% increase in the number of people experiencing severe mental illness from 2017 to 2021. This is mirrored by a 35.6% decline in the number of people presenting to the homeless response system as fleeing domestic violence. Meanwhile, the number of people experiencing homelessness living with substance use disorders and HIV/AIDS has remained relatively stable over this period

(though the overall rate of substance use disorders is roughly on par with severe mental illness and experience of domestic violence).

Other Subpopulations in the Iowa Balance of State CoC				
Year	Mental Illness	Substance Abuse	HIV/AIDS	Domestic Violence
2021	285	225	3	296
2020	349	345	3	307
2019	219	225	0	220
2018	262	305	5	302
2017	172	228	1	458
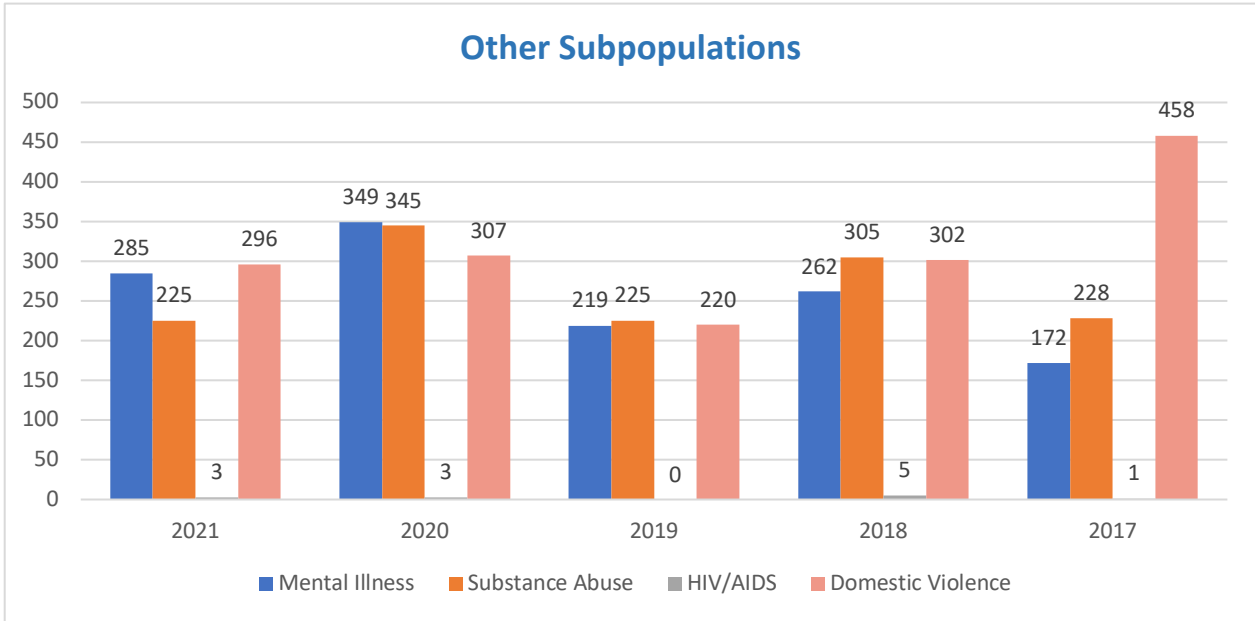
What are the Primary Causes of Homelessness?

According to aggregate HMIS data for those in emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing, the causes of homelessness are relatively stable over time, with some minor variation. Employment and income have been the primary causes of homelessness for between 39-45% of the people engaging with the Iowa Balance of State CoC in every Quarter since April of 2019, while health & safety and relationship issues have caused homelessness for between 19-23% of people, and legal challenges for a further 6-7% of the population. Notably, there's been a decline in the number of people citing employment and income as their primary challenge since the summer of 2020 which could be either a statistical artifact or indicative of the ongoing government response to the COVID-19 pandemic (i.e., stimulus checks, enhanced unemployment insurance, eviction moratoria, etc.). This bears further watching in the coming months and years.

Causes of Homelessness in the Iowa Balance of State CoC					
Quarter/Year	Employment & Income	Health & Safety	Relationships	Legal	Other
Q1 2021	39%	19%	22%	7%	13%
Q4 2020	43%	19%	20%	7%	12%
Q3 2020	45%	19%	19%	7%	10%
Q2 2020	42%	21%	21%	7%	9%
Q1 2020	45%	22%	19%	7%	8%
Q4 2019	44%	21%	19%	6%	10%
Q3 2019	43%	20%	22%	6%	9%
Q2 2019	43%	20%	23%	7%	8%
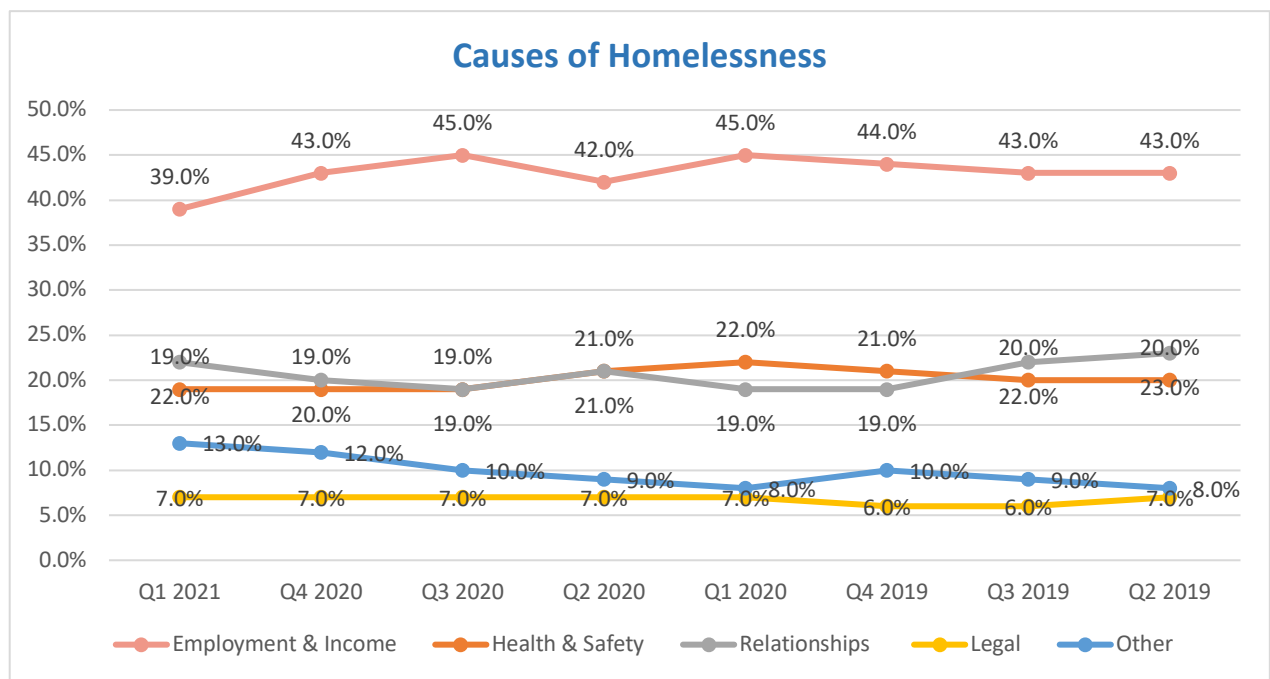
IV. Issues Impacting Homelessness in the Iowa Balance of State CoC

Rural Homelessness

Balance of State CoCs, by their nature, encompass many of the rural communities in a state. While most populous cities and surrounding areas are organized into metropolitan or county-level CoCs, Balance of State CoCs are designed to bring structure to less dense, non-metropolitan areas by combining them into a single Continuum of Care.

Seventy-eight of the 96 counties in the Iowa Balance of State CoC are considered rural,[5] with an estimated 1.2 million Iowans living in those rural areas.[6] According to the 2021 Point in Time Count, 956 people experienced either sheltered or unsheltered homeless in the 78 rural counties on a single day in January 2021.

78 counties in Iowa Balance of State CoC are considered rural

1.2 million live in rural areas

956 people experienced either sheltered or unsheltered homeless on a single day in January 2021
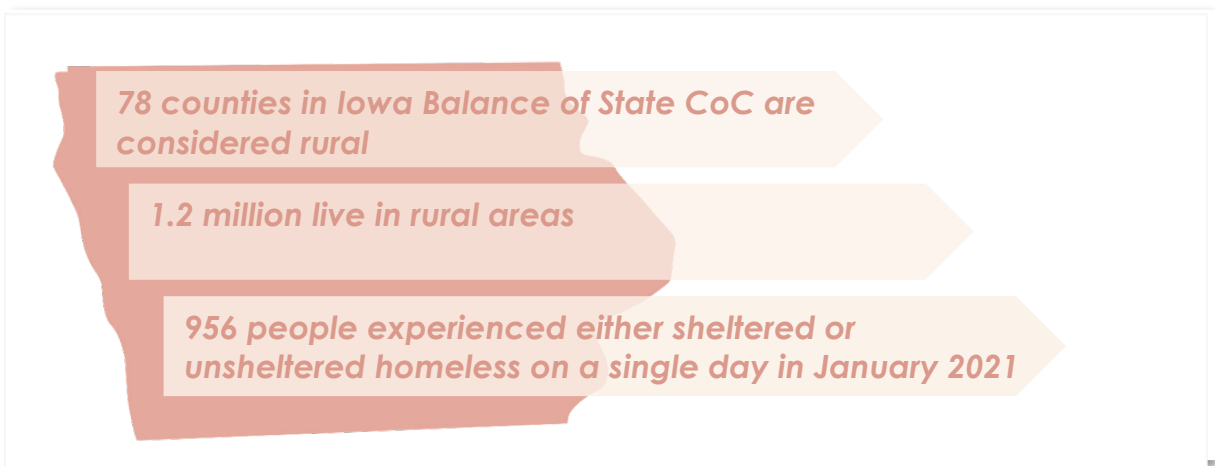
Addressing the issue of homelessness in a rural area comes with unique challenges. Rural areas face increasing poverty, fewer employment opportunities, lower wages, and fragmented health and social services. A 2019 poll of rural Americans found that while people were generally satisfied with their quality of life, 40% of rural households have experienced difficulties affording

Rural Households Difficulties

Housing   *Hospital*   *Food*

40% total

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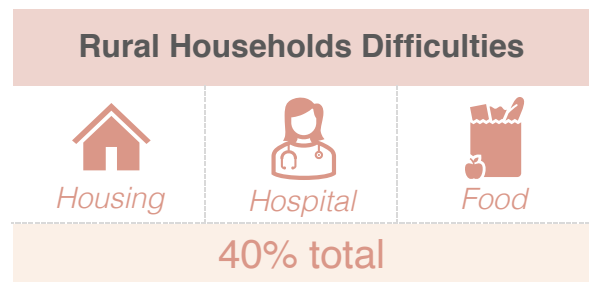
[5] https://www.iowaeda.com/userdocs/documents/ieda/EB5RuralCounties.pdf
[6] "State Fact Sheets: Iowa." *State Data,* USDA ERS, 2 June 2021, https://data.ers.usda.gov/reports.aspx?StateFIPS=19&StateName=Iowa&ID=17854.

housing, medical bills, and/or food.[7] Understanding the difficulties serving people experiencing homelessness in rural areas, and designing a responsive system of care, is critical for any Balance of State CoC.

Lack of Visibility

The characteristics that define rural areas – lower population density and expansive geographic areas – naturally decrease the visibility of homelessness. People experiencing homelessness in rural areas may be more likely to sleep out of sight in places not meant for human habitation such as in dense woods, abandoned buildings and houses, or in cars parked off main roads. This may be even more true for the people experiencing chronic homelessness. Many Iowa Balance of State CoC providers noted that due to local "zero tolerance" policies restricting people from living visibly on the street, people experiencing homelessness find older, dilapidated buildings to live out of sight of law enforcement. In addition, more people in rural areas may be unstably housed or at risk of homelessness, live in substandard housing, or temporarily double up or couch surf.

This lack of visible homelessness in rural areas can impact our understanding of the extent of homelessness in these areas. Most data regarding the extent of homelessness in any given community comes from the CoC's annual Point-In-Time (PIT) Count, an annual count of unsheltered and sheltered people experiencing homelessness on a given night in January. Count methodologies vary significantly and rely on volunteers to physically see individuals experiencing unsheltered homelessness to include them in the count. In many CoCs, especially those where it is easier for people to remain out of sight, the PIT Count is known to undercount people experiencing homelessness, particularly unsheltered persons in places not meant for human habitation.

Despite these challenges, rural homelessness is a significant problem. The 2020 Annual Homeless Assessment Report to Congress found that one in five people experiencing unsheltered homelessness lived in a largely rural area.[8] In addition, a 2019 survey of rural residents found that a full third believed homelessness is a problem in their community.[9]

One in five people who experienced unsheltered homelessness *lived in a largely rural area*

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[7] "Poll: Four in Ten Rural Americans Report Problems Paying for Medical Bills, Housing, or Food; Majority Optimistic About Having an Impact on Improving Their Communities." *Rural Americans Report Problems Paying for Medical bills, Housing, or Food,* Robert Wood Johnson Foundation, 21 May 2019, https://www.rwjf.org/en/library/articles-and-news/2019/05/four-in-ten-rural-americans-report-problems-paying-for-medical-bills-housing-or-food.html.

[8] https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf

[9] Harvard T.H. Chan School of Public Health. "Life in Rural America: Part II." *Life in Rural America: Part II – RWJF,* NPR/Robert Wood Johnson Foundations/Harvard School of Public Health, 1 May 2019, https://www.rwjf.org/en/library/research/2019/05/life-in-rural-america--part-ii.html.

Homeless service providers in the Iowa Balance of State CoC largely confirm that identifying people experiencing homelessness, especially in rural communities, is an ongoing challenge. However, recent economic conditions related to the COVID-19 pandemic have increased the visibility of homelessness in general, as more rural residents are reaching out for assistance. This may be a result of an increase in rural homelessness or that people are more willing to talk about their circumstances and seek out assistance

Spotlight – Best Practice/Solution – Partnering with Law Enforcement

In many rural communities, local law enforcement officers are one of the few, if not only, social services providers to address situations involving people experiencing homelessness. They are the first dispatched to homelessness-related health emergencies or public safety challenges. They may also be tasked with enforcing the rising number of local ordinances that may criminalize acts related to homelessness such as loitering or sleeping in public. In rural communities with few or no homeless service providers, local law enforcement may be one of the only agencies poised to assist people experiencing housing crises or homelessness.

Acknowledging that law enforcement is a key component of the homeless response system in rural communities is the first step to building effective partnerships between homeless service providers and law enforcement agencies. Many communities in the Iowa Balance of State CoC have discussed or established working partnerships with local law enforcement. For example, the Rolling Hills region is planning to partner with law enforcement to assist in street outreach in areas where service providers are not actively present, especially during off-hours.

Other effective partnership strategies include conducting data- and best practice-based trainings or protocols to law enforcement entities related to addressing the needs of people experiencing homelessness, effectively connecting people with the homeless response system (including the Coordinated Services Network), and general trainings related to housing crises, available services, and diversion strategies; developing shared goals to effectively address the needs of people experiencing homelessness while maintaining public safety; and working to reduce or eliminate local ordinances that may criminalize certain behaviors that lead to increased arrests amongst people experiencing unsheltered homelessness.

See Action Item 10a in the Action Planning and Implementation Tool

Resources/Infrastructure

Rural communities typically have fewer homeless service providers working to serve people in the area. It is notable that while they may serve areas outside of their main geographic area, only three of the 15 CoC-funded agencies in the CoC are headquartered in or have a branch office in a

community that is considered rural.[10] In addition, rural agencies are generally more likely to be understaffed, with existing staff stretched thin across multiple roles. These agencies may also lack the resources or personnel to administer some basic functionalities of a homeless response system such as entering data into the CoC's HMIS or participating in the Coordinated Services Network.

Similarly, the range of services available in rural communities tend to be more limited. For example, a rural community may have one provider that serves survivors of domestic violence, but no resources for other people at risk of or experiencing homelessness. This is often compounded by a disconnect between all service providers, whether mainstream or homeless-specific, resulting in a disconnect or gap in services for people experiencing homelessness.

These challenges in rural areas are often exacerbated by a general distrust of outsiders. Because rural communities tend to be more isolated and insular, people may be wary of large agencies from neighboring metropolitan communities coming in to provide services. Several Iowa Balance of State service providers confirmed this challenge when working in more rural areas of the state. Developing local partnerships with nontraditional providers can help bridge the homeless response system and connect existing local support network.

Spotlight – Increasing Collaboration with Mainstream Services

Mainstream services providers are key partners in efforts to end homelessness, and in rural communities they may be even more critical. Such services provide assistance regardless of housing status, including low-income programs such as food assistance, healthcare, education, or faith-based services, to name a few. They may also include mainstream housing providers such as public housing agencies. Engaging stakeholders that provide these services in the CoC is a key strategy to ending homelessness, particularly in communities lacking dedicated homeless service providers.

The CoC and individual regions should fully understand the mainstream services that are available within the area, develop buy-in from the public, nonprofit and private sectors, and include them in the mission and vision of the CoC, especially at the regional level.

See Action Items 9b and 10a in the Action Planning and Implementation Tool

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Transportation

Other rural infrastructure limitations complicate efforts to serve people experiencing or at risk of homelessness. Transportation was often cited by Iowa Balance of State CoC providers as one of the biggest challenges in providing homeless response system coverage to rural communities.

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[10] Based on the Iowa Economic Development Rural County list and location of headquarters/offices on provider websites

Whether transporting people to and from service or case management appointments, getting people to mainstream benefit offices, or providing a reliable commute to work, rural transportation options are very limited. Public transportation may be either nonexistent or very limited in rural communities with few routes and restricted schedules, at best. Rural providers in the CoC explained that they spend a considerable amount of time handling transportation logistics on behalf of their clients to ensure they can access jobs, services, or benefits they need to help resolve their housing crises.

Limited transportation options also restricts identification of housing options for people experiencing homelessness. People with lower incomes are more likely to rely on public transportation, which requires them to be near transit centers or live in denser areas to access the services and other resources they need to sustain housing. Without reliable rural public transportation networks, it can be difficult to identify viable housing options.

Mobility and Client Choice

For those experiencing homelessness in rural areas with limited services and infrastructure, the choice to access assistance may require leaving their home community and traveling to mid-sized cities in the Balance of State, where services and provider networks tend to be more plentiful. However, this often requires people to leave behind their support networks, jobs, or other ties they have in their existing community. Client choice is a critical piece to addressing the needs of people experiencing homelessness, and many are not willing to relocate to access housing or services.

Spotlight – Prevention

Preventing homelessness before it occurs is the most cost-effective way to address homelessness. Homelessness prevention services target those on the verge of losing their housing and assist them in retaining their current living situation or relocate without becoming homeless. Prevention services include a flexible package of information and referrals, legal services, benefits advocacy, housing education, housing problem solving, and financial assistance.

The scarcity of affordable and quality rental housing, limited emergency shelter beds, and reluctance of people in rural communities to relocate to more metropolitan areas make homelessness prevention an important strategy in rural areas. Prevention efforts are more mobile and thus can more easily be implemented in rural communities than some other interventions.

Unfortunately, in many communities, prevention resources are disconnected from the CoC or operate in silos outside of the traditional homeless response system. The HUD CoC Program does not fund prevention interventions directly, so CoCs need to work collaboratively to develop a network of partners offering prevention services and coordinate efforts. Solidifying

these partnerships and tying prevention funding sources into the Coordinated Services Network process is a key step to ensuring that prevention interventions can reach rural areas.

See Action Item 13a in the Action Planning and Implementation Tool

Affordable Housing

Ending homelessness requires ensuring people have access to permanent homes. While some people experiencing homelessness need more supportive housing options, such as permanent supportive housing, to maintain their housing, a majority of households just need access to housing they can afford.

Affordable housing options can take myriad forms to help meet the varying needs of people at risk of or experiencing homelessness in the community. Types of affordable housing can include:

- Move-in funding
- Temporary subsidies in permanent units
- Permanent rent subsidies in private market units
- Subsidized affordable housing developments, or
- Permanent supportive housing units

Some of these forms of housing, such as rapid re-housing financial assistance or permanent supportive housing, are intrinsically linked to the homeless response system, while others may be more tenuously connected and require more of an effort to make available to people at risk of or experiencing homelessness.

Developing more affordable housing units and maximizing the existing affordable housing options is vital to providing a wider range of housing options for households or individuals who are most in need, while also helping to prevent future homelessness.

Lack of Quality Affordable Housing

Many communities across the Iowa Balance of State CoC have a shortage of affordable housing, especially when taking income into account. Nearly all CoC homeless service providers stated that the biggest barrier they faced in working to end homelessness was finding housing that is safe, suitable, and affordable. Service providers spend many hours searching for and connecting clients to housing with the limited options available. This shortage of affordable housing, especially to households making significantly less than the area median income (AMI), was confirmed by service providers to exist in communities across the state, in both rural and metropolitan demographic areas.

Housing is considered affordable if it costs 30% or less of a household's total income. While housing costs tend to be lower in more rural areas, incomes are also lower and have not kept pace with the growing cost of housing in recent years. In the state of Iowa, a household must make $32,151 per year to afford a two-bedroom rental home.[11] For a person working full time at minimum wage, a unit must be $377 or less per month to be considered affordable, and for those earning an average renter's wage ($13.43 per hour), a unit must be $698 per month or less to be affordable.[12] However, the average fair market rent for a one-bedroom unit in Iowa costs $632 per month, and a two-bedroom unit costs $804 per month.[13] When comparing these housing costs, it is estimated that there is a shortage of nearly 66,000 affordable and available rental homes within the state of Iowa.[14]

Availability of rental housing is of particular concern when it comes to affordable housing. Across the country, three out of every four rural homes are owner-occupied, leaving only one in four homes available for rent. This trend is consistent with current conditions in Iowa, with recent data finding that 71% of occupied housing units in the state were owner-occupied and 29% of units are renter-occupied.[15] Low supply of rental units can contribute to higher rates of overcrowding and doubling up in housing; 3.2% of rental units in the state of Iowa are considered overcrowded or severely overcrowded.[16]

In addition to the issue of availability of affordable housing, many existing homes are considered substandard and/or aging. Forty percent of all housing units in the state of Iowa were built before 1950.[17] A 2020 survey of landlords and property owners in Iowa found that there was a moderate or greater need to renovate over half of single-family units and apartments in the state.[18] In

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[11] "Iowa." *National Low Income Housing Coalition,* www.nlihc.org/housing-needs-by-state/iowa. Accessed 28 July 2021.

[12] "Out of Reach 2021: Iowa." *National Low Income Housing Coalition,* 12 July 2021, https://reports.nlihc.org/oor/iowa.

[13] *Id.*

[14] "Iowa." *National Low Income Housing Coalition,* www.nlihc.org/housing-needs-by-state/iowa.

[15] "Welcome to the Iowa Interactive Dashboard." *Iowa Dashboard*, www.westernes.com/Iowa/.

[16] *Id.*

[17] "Expanding Housing Opportunities." *Expanding Housing Opportunities | Office of the Governor of Iowa,* https://governor.iowa.gov/basic-page/expanding-housing-opportunities. Accessed 28 July 2021.

[18] "2020 Iowa Profile of Demographics Economics and Housing, Volume 1." *Iowa Finance Authority*, http://www.westernes.com/iapdfs/current/Volume%20I.pdf.

addition, 2.4% of renter-occupied units in Iowa lack complete plumbing or kitchen facilities.[19] Housing quality issues can be of particular concern to tenants using federal funding to help subsidize their housing. Federally funded housing vouchers and CoC Program funds have housing quality standard requirements regarding the general safety and sanitary status of the home such as dwelling rooms acceptability (e.g. kitchens/bathrooms, cap sleeping capacity), lighting and electricity, window safety and adequacy, plumbing, heating and cooling, lead-based paint of building exterior condition, etc.[20]

> *2.4% of renter-occupied units in **Iowa** lack complete plumbing or kitchen facilities*

Even when there are quality, affordable housing units available in a community, landlords are often reluctant to work with people at risk of or experiencing homelessness. Many Iowa Balance of State CoC service providers confirmed that it is very difficult to find landlords willing to rent to their clients, citing a variety of reasons. For some, it may be due to a negative preconceived notion about people experiencing homelessness. Similarly, some landlords may also be hesitant to rent to people that have other perceived barriers to successful housing, such as criminal histories, poor or no credit, poor rental histories or histories of evictions, which unfortunately are common amongst people experiencing homelessness. Other landlords may be unwilling to rent a unit to a household that will be using federal funding to pay a portion or all of the rent; these funds have limits on rents for a unit (fair market rent or rent reasonableness) and also must be kept to the applicable housing standards. Numerous service providers noted that one of the most challenging parts of their jobs is finding landlords that will work with them and their clients.

Spotlight: Landlord Engagement

Many communities around the country have found success working with landlords and property managers to identify units for people exiting homelessness. Building relationships, including understanding and addressing landlords' concerns, is key. The following landlord engagement strategies have proven to be especially effective in engaging landlords and property managers as partners in addressing gaps in affordable housing and homelessness.

1 Developing Messaging

Develop materials that help explain the advantages to partnering with service providers to house people experiencing homelessness. Materials can explain the approaches the program takes to ensure the landlord's property will be respected, the client will be supported, and rent will be paid.

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[19] *Id.*
[20] 24 CFR § 982.401 - Housing quality standards (HQS)

2	**Develop and/or Market Landlord Risk Mitigation Fund**
	Ensure landlords have a designated person(s) they can call if they have concerns. Establish or market an already existing landlord risk mitigation fund to cover any potential excessive damages to rental units, lost rent, or legal fees beyond the security deposit
3	**Develop and/or Market Landlord Incentive Program**
	Raise local funds to provide financial incentives to landlords that sign leases with people experiencing or who are at risk of homelessness. In the Iowa Balance of State CoC, the Linn/Benton/Jones region is currently working to develop a fund to help build partnerships with landlords, which will benefit people experiencing homelessness and housing providers in the area.
4	**Build Lasting Relationships with Landlords Over Time**
	Support the landlord to have a positive experience with clients and continue building the relationship between the property-owner and service provider over time. Landlords often appreciate the ability to fill vacant units quickly without the cost of advertising and having guaranteed monthly rent. Many providers in the Balance of State CoC mentioned that building these relationships is essential, as it helps find housing for their clients.
5	**Get the Word Out**
	Ensure that messaging and information about your landlord-facing programs reach landlords and property managers. Discuss opportunities to work with people at risk of or experiencing homelessness, and any landlord incentive programs or mitigation funds, through a variety of forums (faith communities, chambers of commerce, rotary clubs, etc.). Host a local landlord event (with food!) to discuss the opportunity and answer any questions. Include testimonials from participating landlords and/or clients housed through the program.

See Action Items 6a and 12a in the Action Planning and Implementation Tool

Housing Cost Burden

In many ways, homelessness rates in a community are tied to whether incomes in the area can support the price of housing. A recent study found that when households in a community are forced to spend more than 32 percent of their income on housing, the community's rate of

homelessness begins to increase.[21] Households that are severely burdened by the cost of rent are also more likely to be food insecure and sacrifice necessary healthcare to pay rent. If incomes in an area cannot support rising housing costs, more people will experience homelessness.

In 2019, of those households in Iowa considered extremely low income, 68% were severely cost burdened and 85% were cost burdened by their housing.[22]

The Iowa Finance Authority recently published data focused on cost burden in the state of Iowa that shows that households in many areas within the Iowa Balance of State CoC are either burdened (spending over 30% of income on housing) or severely burdened (spending over 50% of income on housing) by the cost of housing. Seventeen of the counties within the Balance of State CoC have severe cost burden rates of over 10%, which means that a significant portion of the population is spending more than half of their income on rent.[23] The data also shows that the issue of cost burden may be compounded by racial issues, with Black, Indigenous and other people of color facing greater rates of housing issues (including cost burden) than white people.[24]

County	Severe Cost Burden	Cost Burden
Story County	18.6%	14.3%
Johnson County	17.0%	14.3%
Appanoose County	13.0%	12.4%
Black Hawk County	12.5%	13.8%
Jefferson County	12.1%	13.3%
Wapello County	11.9%	13.9%
Scott County	11.5%	14.7%
Delaware County	10.8%	9.8%
Webster County	10.8%	13.0%
Mahaska County	10.6%	12.4%
Des Moines County	10.5%	14.4%
Clinton County	10.3%	14.6%
Decatur County	10.2%	18.1%
Dubuque County	10.2%	13.3%
Monona County	10.2%	13.9%
Poweshiek County	10.2%	14.2%
Clay County	10.1%	11.7%

[21] Glynn, Chris. "Priced Out." *Homelessness Rises Faster Where Rent Exceeds a Third of Income,* Zillow Research, 11 December 2018, www.zillow.com/research/homelessness-rent-affordability-22247/.
[22] "Iowa." *National Low Income Housing Coalition,* www.nlihc.org/housing-needs-by-state/iowa.
[23] "Welcome to the Iowa Interactive Dashboard." *Iowa Dashboard*, www.westernes.com/Iowa/.
[24] "2020 Iowa Profile of Demographics Economics and Housing, Volume 1." *Iowa Finance Authority*, http://www.westernes.com/iapdfs/current/Volume%20I.pdf.

Spotlight: Investment in Pre-development Funding

One way that both urban and rural communities can maximize the grassroots desire from faith-based and other local organizations to support people experiencing or at risk of homelessness is through **creating a pre-development loan or lending fund**. Pre-development funding includes providing targeted loans along with the development expertise to interested groups to more effectively facilitate a timely development process. It can finance certain soft costs associated with housing development, including determining feasibility of a project, legal fees, architectural fees or completing financial applications. This helps to expand the capacity of non-profits or smaller for-profit entities that are interested in exploring options for developing affordable housing.

Use of pre-development funding is most effectively paired with comprehensive system modeling. System modeling helps a community or region **determine an estimate of affordable housing options needed for different populations**, including those experiencing homelessness, families, or other populations at risk of homelessness. These estimates are then used to develop a model for an ideal homelessness services system that efficiently and effectively targets resources based on varying levels of need to maximize the number of households that can be served. Predevelopment funding can be targeted to those housing options where there are the biggest gaps in availability.

Role of Public Housing Authorities

Public Housing Authorities (PHA) can be a very important partner in a community's efforts to end homelessness. They are uniquely positioned to provide affordable housing to low-income households through a variety of vouchers and housing options. When PHAs collaborate in the work of ending homelessness, it opens up a new network of resources to connect people to permanent affordable housing.

A Public Housing Authority is a state, county, municipality, or other governmental entity that is authorized to administer funding from the Department of Housing and Urban Development (HUD) with the goal of providing safe, decent, and affordable housing to low-income households. HUD-funded housing programs administered by PHAs include Public Housing and Housing Choice Vouchers, among others.

Public Housing

*Targeted to **low-income** families and individuals, the elderly, and people with disabilities*	Project-based rental assistance where participants reside in physical units owned and operated by PHAs; can be large developments, smaller apartment buildings, or scattered site single units.

Housing Choice Vouchers (HCV)

*Targeted to **very low-income** families, the elderly, and persons with disabilities*	Tenant-based rental assistance through which participants choose suitable dwelling units in the private market (commonly known as Section 8 housing).

Spotlight: PHA Engagement Efforts

Collaborations between CoCs and PHAs can be a key partnership in the effort to prevent and end homelessness in a community. Unfortunately, in many communities, these entities have historically worked in a siloed manner and have not come together to develop shared goals and ensure the resources each bring to the table complement each other. Therefore, to start developing important partnerships among communities, it is recommended that each community identify areas that have brought success and share it with others.

On June 10, 2013, HUD's Office of Public and Indian Housing released a Notice[25] suggesting strategies that public housing agencies can use to increase housing opportunities for homeless households through the Public Housing and Housing Choice Voucher programs. Some of the methods that the Notice encouraged include:

Overcoming barriers created by public housing wait lists, including improving outreach to homeless populations, changing processes for contacting applicants, or creating more flexible intake procedures

Creating a preference in admissions policies for homeless households or households transitioning from permanent supportive housing

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[25] "HUD Notice PIH 2013-15 (HA): Guidance on housing individuals and families experiencing homelessness through the Public Housing and Housing Choice Voucher programs," *HUD Office of Public and Indian Housing*, June 10, 2013, https://www.hud.gov/sites/documents/PIH2013-15.PDF.

	Reducing barriers to admission by reviewing discretionary admission policies
	Reviewing termination and eviction policies to avoid creating homelessness
	Increasing access to housing stability services
	Increasing use of project-based vouchers to develop housing for people experiencing homelessness

Several localities and regions within the Iowa Balance of State CoC have been able to establish meaningful and mutually-beneficial relationships with the PHAs within their jurisdiction.

- As a result of tireless education efforts by local service providers, including Shelter House, the Iowa City Housing Authority works closely with the homeless response system to assist in housing people who are homeless or formerly homeless. The Housing Authority not only prioritizes people experiencing homelessness for HCV, it also has collaborated with Shelter House to develop two project-based permanent supportive housing projects (60 Project Based Vouchers) targeted for chronically homeless single adults and further removed all local discretionary admission policies for these same individuals.
- The Muscatine Center for Social Action (MCSA) partners with Muscatine Municipal Public Housing to provide case management to tenants at risk of termination from its housing programs. Not only does this help prevent homelessness, but it has also resulted in significant savings of public funds. By preventing turnover of PHA vouchers and units, it is estimated that MCSA's homelessness prevention case management services can save around $42,000 in public funding per year.[26]

Many other regions within the Balance of State CoC have made many efforts to develop meaningful partnerships with their local PHAs. Establishing structured forums for regions to connect and learn from each other's successes and challenges and problem solve in their efforts enhance these collaborations could have tremendous impact on making inroads with PHAs across the CoC.

See Action Items 11a and 11b in the Action Planning and Implementation Tool

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[26] Calculated at $341 per HCV turnover and $1,050 per public housing turnover. In previous year, MCSA received case management referrals for 88 households, 71 of whom had HCV and 17 of whom were in public housing.

PHAs have certain eligibility requirements, generally related to income and criminal history, that they must follow when providing Public Housing or HCVs to households. Each PHA is required to establish an Annual Plan that describes the PHA's approach to meeting local housing needs among low- and very low-income people. The PHA Plan describes eligibility for housing assistance and tenant screening and selection criteria. These plans can also establish a local system of preferences for selection for households to be admitted to these programs. These preferences are determined by local housing needs and can include a preference for people experiencing homelessness. The preference allows households that qualify to move ahead of other applicants on the waiting list.

Spotlight: Working with PHAs to develop Homeless Preference

In most communities PHAs face many competing pressures and demands for a limited number of housing vouchers and units in public housing developments. Some PHAs may have thousands of people on waiting lists, forcing some to close their waiting lists to potential applicants.

Efforts to engage PHAs as partners in the CoC are successful when advocates for people experiencing homelessness work together to ensure that PHA leaders will be supported when they make tough decisions about priorities. One way to support a PHA is to identify and "pre-qualify" eligible people experiencing homelessness and making referrals to the PHA, rather than expecting the PHA to complete this process. Homeless service agencies may also offer to assist with the PHA's application process when a housing opportunity is available for someone that qualifies for the homeless preference.

As a result of efforts of homeless service providers, several PHAs within the Iowa Balance of State CoC have developed homeless preferences for their vouchers and/or units. The Iowa City Housing Authority (ICHA) adopted a targeted HCV waiting list preference for individuals referred through the Coordinated Services Network for PSH in 2018.[27] Additionally, in November 2019, ICHA expanded the preference for certain HCVs to include individuals experiencing homelessness. The City of Cedar Rapids Housing Services includes a local preference for people meeting Category 1 of HUD's homeless definition, which includes people living in places not meant for human habitation or shelter.[28]

Regions across the CoC should make concerted efforts to work with their local PHAs to develop a waiting list preference for people experiencing homelessness. Tapping into the knowledge and experience of those CoC stakeholder agencies who have already successfully

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[27] Letter from Iowa City Housing Authority re Demonstration of Implementation of Homeless Admission Preference and Move on Strategy.

[28] City of Cedar Rapids Housing Services Housing Choice Voucher 5 Year Plan Annual Plan and Administrative Plan, July 1, 2020.

developed these preferences with their local PHA is an invaluable resource and opportunity for developing targeted strategies.

See Action Item 6a in the Action Planning and Implementation Tool

In 2020, there were 60 individual Public Housing Authorities within the Balance of State CoC geography.[29] While not all PHAs within the CoC administer both Public Housing and HCV, there are a significant number of resources available through these PHAs. Thirty-five of the PHAs in the Iowa Balance of State administer HCV units, accounting for 14,624 HCV units. There are an additional 3,400 Public Housing units available, administered by 45 of the PHAs within the CoC. In total, there are 18,024 units available to low and very low-income households within the Balance of State through PHA resources. Being able to target these resources to people also served by the homeless response system in the CoC can help maximize resources and reduce the number of people experiencing homelessness in the Balance of State.

*There are **18,024 units available to low and very low-income households** within the Balance of State through PHA resources*

The Balance of State has had some successes in partnering with PHAs within the geography of the CoC. Several PHAs are listed as Coordinated Services Network partners for the CoC,[30] and many other areas within the CoC are working with the local PHAs to increase collaborations. As noted above, several PHAs within the CoC boundaries have, at the encouragement of local homeless service providers, created a homeless preference for their vouchers, and many other regions have worked to actively educate and encourage their local PHAs to do the same. In other regions, members of the CoC or people with a history of experiencing homelessness serve on PHA Boards or other local housing-related oversight bodies.

In addition, four PHAs within the Balance of State geographic area—Cedar Rapids Housing Services, Central Iowa Regional Housing Authority, City of Iowa City Housing Authority, and Waterloo Housing Authority—were recently awarded Emergency Housing Vouchers (EHV) through the American Rescue Plan Act (ARPA).[31] EHVs are Housing Choice Vouchers specifically targeted to people experiencing homelessness, at risk of homelessness, fleeing or attempting to flee domestic violence, or who were recently homeless or have a high risk of housing instability. In total, the CoC was awarded 204 EHV vouchers.[32] In addition to these vouchers, each PHA receives $3,500 per voucher for services, including housing search

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[29] HUD 2020 CoC-PHA Crosswalk
[30] In the HMIS Sharing Group/Coordinated Entry Provider List, Fort Dodge Housing Agency, Grinnell Housing Authority and Ottumwa Housing Authority are listed as Coordinated Entry partners.
[31] HUD Emergency Housing Voucher Awards, June 22, 2021
[32] Per the HUD EHV Awards List, Central Iowa received 76, City of Iowa City received 69, Cedar Rapids received 44, and Waterloo received 15.

assistance, security and utility deposit assistance, landlord incentives, and other expenses such as moving costs, to assist the household successfully transition from their homeless or at-risk housing situation into housing.

EHVs present an unprecedented opportunity for CoCs to partner with PHAs within their jurisdictions. For the first time, HUD is requiring that PHAs work with local CoCs to design and implement the process for distributing housing vouchers, with both entities entering into a Memorandum of Understanding to memorialize the partnership and delineate responsibilities and roles in the administration of the EHVs. As part of this partnership, PHAs and CoCs must jointly determine the best way to target EHVs to eligible people, taking into consideration the other resources available to house and serve people experiencing homelessness in the community. In addition, EHVs are to be filled through the CoC's coordinated entry process (in the Iowa Balance of State, Coordinated Services Network) and using the CoC's prioritization process.

Spotlight: Moving on Strategies

Moving On programs are partnerships between the CoC, or a local homeless service provider, and a PHA to provide support to permanent supportive housing (PSH) participants who have stabilized and no longer need intensive supportive services. These programs support households to move out of PSH, which creates vacancies in PSH for people currently experiencing homelessness. These initiatives are voluntary and often provide transition services, including moving assistance, subsidized housing (e.g., HCVs), and assistance with accessing community-based services.

Locally, Shelter House and the Iowa City Housing Authority (ICHA) developed a formal Move On program for members of both project-based and scattered site PSH in the area. Through this program, PSH tenants who are ready to move to less service-intensive housing are assisted in converting their housing coverage to HCV. Shelter House supports the tenant through the transition to meet any continued service needs.

Other service providers across the CoC have begun conversations with PHAs or are informally working to implement Moving On strategies in their individual programs or more broadly at the community level. EHVs also present a new opportunity to either create or expand an existing Move On strategy, as people currently living in PSH can qualify for the vouchers under the recently homeless or high risk of housing instability category of eligibility.

See Action Item 11b in the Action Planning and Implementation Tool

Reentry and Discharge Planning

People leaving certain institutional systems—such as criminal legal (jails and prisons), health and other medical treatment, or child welfare—often lack the resources and support networks

needed to attain and maintain permanent housing upon exit. Unfortunately, far too many people are discharged from or exit these systems into homelessness. Ensuring that people who are being discharged, released, or exiting these systems have access to housing that meets their needs is critical to preventing homelessness in populations with high risk factors.

Criminal Legal System

About 568 per 100,000 people in Iowa are incarcerated by the criminal legal system. Around half of those incarcerated are held in state prisons, while one quarter are held in local jails, 20% in federal prisons, and 4% in youth detention facilities.[33] The rate of incarceration has increased rapidly over the past 40 years; since the early 1980s, the incarceration rate of Iowans has grown over 250%.[34] The increase in incarceration rates have had an even greater impact on Black and Indigenous Iowans. Black people in Iowa are incarcerated in prisons at 7.8 times the rate of white people; while Black people make up about 4% of Iowa's overall population, they account for 24% of the overall prison population.[35] Similarly, Native American Iowans are imprisoned at 6.4 times the rate of white people.[36] Recent data also shows that the highest rates of prison admissions in Iowa are in rural counties.[37]

Since the early 1980s, the incarceration rate of Iowans has grown over 250%

Naturally, many people who are incarcerated are released back into the community every year. In 2020, 6,395 people were released from prisons in Iowa.[38] In many places, the rates of release are increasing; from 2011 to 2020, the rate of release from prisons in Iowa increased by 35.3%.[39]

Revolving Door of Incarceration and Homelessness

With more and more people reentering the community from correctional institutions, it is important to understand the challenges that many people face in finding and maintaining housing after incarceration. A stay in jail or prison can result in the loss of a person's job, and many people with conviction histories find it difficult to obtain new employment. People may also lose connections to their social networks and other support systems while incarcerated. These challenges, coupled with the lack of affordable, quality housing in many communities, results in many people facing significant challenges in finding housing after leaving correctional facilities.

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[33] "Iowa Profile." *Prison Policy Initiative*.
[34] "Incarceration Trends in Iowa," *Vera Institute of Justice*, 2019.
[35] *Id.*
[36] *Id.*
[37] *Id.*
[38] "The Correctional Policy Project Iowa Prison-Population Forecast FY 2020 – FY 2030," *Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning*.
[39] *Id.*

Individuals who have been incarcerated are nearly seven times more likely to experience homelessness than the general public. Nationwide, more than 50,000 people enter homeless shelters directly from correctional facilities per year.[40] That data does not account for the additional people who leave correctional facilities to directly living in unsheltered situations. And the rates of homelessness only rise with additional convictions; people who have been incarcerated more than once are 13 times more likely than the general population to experience homelessness.

Spotlight: Reentry Planning and Targeted Interventions

Strengthening the connections and collaborations between the criminal legal system and homeless response system is a key strategy to reducing the number of people who are released from prisons and jails into homelessness. Developing comprehensive discharge planning protocols is an important first step in this process.

The Iowa Department of Corrections has protocols for prison in-reach and outreach to help facilitate a successful reentry process.[41] CoCs can play an important role to ensure that these in-reach programs and local jails truly connect people to the supports they need to find stable housing post-release.

The United States Interagency Council on Homelessness (USICH) identifies a few key strategies that can be used to help build the bridge between criminal legal and homeless response systems to better meet the needs of people who are leaving the criminal legal system and at risk of homelessness:[42]

Collaborate with legal services attorneys to provide legal assistance to people leaving prisons or jails who are at risk of homelessness

Develop and enhance prison and jail in-reach programs to provide a continuity of care for services as people transition from institutional to community settings, coupled with connections to appropriate housing

Establish targeted reentry housing interventions that connect individuals with frequent use of jails and homeless services to supportive housing or partner with public housing authorities (PHAs) to house people exiting the criminal legal system

Developing robust outreach and referral networks to identify people in need of these interventions is a key to success. Involving correctional and probation agencies in the process can help identify eligible people prior to their release. Once identified, connecting individuals

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[40] "Five Charts That Explain the Homelessness-Jail Cycle-and How to Break it," *Urban Institute*, September 2020.
[41] Reentry Procedures Manual, *Iowa Department of Corrections*.
[42] "Reducing Criminal Justice System Involvement among People Experiencing Homelessness," *United States Interagency Council on Homelessness,* August 2016.

to coordinated entry helps ensure that appropriate referrals to housing and services are made. Granting jail and prison release planners access to HMIS and training them on the local assessment and referral process, as well as the resources that can be accessed through the coordinated entry system, can also help facilitate a smooth reentry process.

See Action Items 10a and 10c in the Action Planning and Implementation Tool

Many studies have shown that housing is a stabilizing force, giving people a consistent base from which they can access employment, services for mental health or substance use, and other support networks. Unfortunately, without the stability of housing post-release, many formerly incarcerated people experiencing homelessness are arrested and incarcerated

Stable Housing Means Having

Employment | *Mental Health* | *Other*

again. As noted in previous sections, numerous communities have laws that criminalize acts associated with homelessness such as loitering or sleeping in public property. Studies show that over a six-month period, people living in unsheltered situations are nine times more likely than people living in shelters to spend a night in jail,[43] and over 15 percent of all people in jail in the U.S. experienced homelessness in the year prior to incarceration.[44]

Spotlight: Reducing Barriers to Housing for People with Criminal Records
As noted above, many people leaving jails or prisons have significant challenges finding safe and affordable housing. Breaking the cycle of homelessness and incarceration relies heavily on being able to connect people exiting the criminal legal system with stable and affordable housing. Discharge planning policies and protocols should include methods for reducing the barriers to affordable housing for people with criminal histories.

Public Housing Authorities:	While PHAs must follow federal requirements related to program eligibility, they also have some flexibility to set local tenant screening policies. Many PHAs set much stricter than necessary policies, which tend to automatically exclude many formerly incarcerated people.
	Local homeless service providers and the CoC can encourage PHAs to locally modify the set screening and eligibility policies to remove barriers to housing for people with criminal histories. Educating PHAs on the impact they can have on reducing homelessness by adjusting these barriers to housing, and sharing success stories from other jurisdictions that have done

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[43] "Five Charts That Explain the Homelessness-Jail Cycle-and How to Break it*," Urban Institute*, September 2020.
[44] "Reducing Criminal Justice System Involvement among People Experiencing Homelessness," *United States Interagency Council on Homelessness*, August 2016.

	so, can result in the adoption of policies that do not automatically exclude people with certain criminal histories from PHA housing resources.
Landlords:	Similar to PHAs, local landlords may be reluctant to rent units to people with certain criminal histories. Engaging landlords in educational opportunities, including evidence on the link between housing stability and public safety, can help build relationships with local landlords. Establishing risk mitigation or incentive funds for landlords can alleviate some of the concerns they may have related to damages or costs if a tenant fails to pay rent or must be evicted due to behavioral problems.

See Action Items 11a, 11b, and 12a in the Action Planning and Implementation Tool

Connecting incarcerated individuals to housing upon reentry is just one necessary step in reducing the number of people with justice system involvement experiencing homelessness. Reforming sentencing policies that impose severe penalties for minor offenses and promoting strategies that provide alternatives to prosecution and incarceration can divert people from entering into the cycle between criminal legal system involvement and homelessness. Communities can advocate for state sentencing reform or explore establishment of diversion services and problem-solving courts, such as drug or mental health courts, at the local level to further these upstream solutions to reducing homelessness.

Health/Mental Health Care System

Housing is a key determinant of health. People experiencing homelessness are at a greater risk for poor health due to contact with communicable diseases and infections, exposure to extreme weather, malnutrition, stress, lack of access to running water, amongst others. There are also higher rates of infectious and acute illnesses, chronic diseases, and poor health and/or substance abuse amongst people experiencing homelessness;[45] on average, people experiencing homelessness die 12 years earlier than the general population.[46]

As a result, homelessness is strongly correlated with repeated use of the health care system—which includes hospitals, Federally Qualified Health Centers, managed care, or Medicaid agencies—and high health care costs. A higher proportion of complex health needs and co-occurring health and behavioral health disorders increases the number, intensity, and scope of services needed. Homelessness also inhibits the long-term, consistent care needed for many of these conditions, aggravating the circumstances and making them more dangerous and costly. This results in avoidable, repeated use of emergency rooms, inpatient treatment, and crisis

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[45] "Homelessness and Health: What's the Connection?," *National Health Care for the Homeless Council*, February 2019.
[46] *Id.*

services by people experiencing homelessness. Several studies support the notion that homelessness is correlated with high health costs and increased hospital utilization.[47]

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Spotlight: Frequent User System Engagement (FUSE) Studies

A FUSE analysis looks at utilization of the medical, mental health, and criminal legal system among persons experiencing homelessness to identify those individuals that are frequently moving between the street and institutions and utilizing significant public resources. These studies help identify those clients who are constantly going through the cycle between multiple systems, but have not been able to gain housing stability due to significant vulnerabilities such as mental health, substance use, criminal legal involvement, and chronic health conditions.

Communities have found that even establishing a baseline understanding of how frequently services are being utilized—and by whom—can help to ensure these individuals are offered navigation assistance (which can be provided through homeless outreach clinicians), placed on coordinated entry waitlists, and encouraged to utilize post-institution services that may be available (such as group homes, halfway houses, and family reunification services). If these small step interventions do not resolve the high utilization of services among this group of individuals, targeted permanent supportive housing can be explored as an option.

Several Iowa Balance of State CoC service providers noted that using real, local data about the cost of high frequency users of the medical system has helped them develop partnerships with and facilitated increase in investment by the medical system of care. Conducting local studies related to the costs of people cycling through these systems of care can help bolster support, develop partnerships, and potentially generate funding for programs that help house and address the underlying needs of people who are frequent users of public systems of care.

These studies do not need to be overwhelmingly extensive to be a convincing advocacy tool. One good example at the local level is Johnson County, that prepared a study and focused on four chronically homeless individuals in the area. The study demonstrated that providing housing for these four individuals would potentially save the community almost $900,000 over the course of 5 years.[48] Replicating similar studies in areas across the CoC can help different regions demonstrate similar costs to the community and garner support for raising additional housing and services resources.

See Action Item 15c in the Action Planning and Implementation Tool

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Despite the reality that people experiencing homelessness are some of the highest frequent users of the medical care system, one study found that only four percent of people experiencing

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[47] "Homelessness and Emergency Medicine: A Review of the Literature," Salhi, Brisan A., et al. *Wiley Online Library,* 9 December 2017.
[48] "2. Data-driven problem solving." *Shelter House.*

homelessness were discharged with a plan that specifically addressed their homeless status.[49] Too often the medical and homeless response systems of care are disconnected, with the medical systems unaware of the resources available to assist people at risk of or experiencing homelessness. This lack of cross-system coordination (or even awareness) with respect to shared clients can result in missing knowledge about client history and needs and/or duplication of efforts between systems of care.

Developing relationships, along with data-driven and educational conversations about available services in the community, can help build the partnerships necessary to strategically support and connect medically fragile people with the housing and services they need upon discharge.

Spotlight: Data Sharing

The homelessness and health care sectors are interconnected in a myriad ways; given that housing status is a key social determinant of health, both sectors play an important role in improving and maintaining the health of individuals and communities. Purposeful collaborations between the health care and homeless systems of care address the important relationship between health care and housing. Without this level of coordination, departments, systems, and organizations may interact with the same people, which can lead to a duplication of efforts and inefficiencies in delivering services and care.

One way to increase coordination between systems of care is through data sharing. Data sharing efforts encompasses any effort to ensure that data about people being served are communicated across organizations or sectors in some way. It can range from as simple as a one-time data match to identify system overlap to as complex as data system integration where data flows between one system and back in real time.

Many CoCs across the country have piloted or implemented various levels of data sharing efforts with other systems of care. Addressing certain concerns, such as privacy, and ensuring that both systems of care mutually benefit from the data-sharing efforts, are first steps in designing a data-sharing platform. Ultimately, ensuring the collaboration leads to a common understanding that there is value in cross-sector data sharing for both health care sector staff and homeless system providers is a key to ongoing success. Many of the most successful data sharing efforts include organizations willing to create new approaches, take risks, and not accept the status quo of serving clients through highly-siloed systems.

See Action Item 15c in the Action Planning and Implementation Tool

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[49] Ku BS, Fields JM, Santana A, Wasserman D, Borman L, Scott KC. The urban homeless: super-users of the emergency department. *Pop Health Manag* 2014;**17**:366–71.

Child Welfare/Foster Care System

The child welfare system is designed to promote the safety, permanency and well-being of children. When children are unsafe in their family home, the system facilitates removal of the children and their placement in foster care. While eventual reunification is always a goal, when that is not possible the child welfare system works to find permanent homes for children through avenues such as adoption or legal guardianship. When those efforts are unsuccessful, children remain in foster care until they are old enough to "age out" of the system, which in Iowa is 19 years old.[50] As they approach the age of discharge, youth in the foster care system are provided targeted services such as assistance with household/money management, job readiness, and educational assistance to aid them with the transition from the foster care system to adulthood and independent living.

Unfortunately, experiences while in foster care, such as frequent moves and unstable relationships with adults, can have an impact on the health and wellbeing of many children. These incidents, coupled with the trauma that many children suffer prior to being placed in the system, can lead to poor outcomes for many youth and young adults with a history of foster care placement.
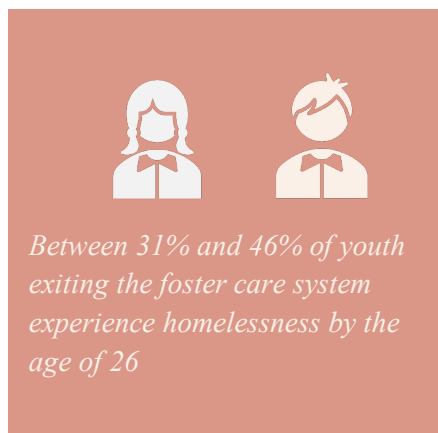
Between 31% and 46% of youth exiting the foster care system experience homelessness by the age of 26

One study found that between 31% and 46% of youth exiting the foster care system experience homelessness by the age of 26.[51] Another study showed that more than a quarter of youth experienced an episode of homelessness within 12 months of aging out of the foster care system.[52] Similarly, it is estimated that between one-quarter and one-third of youth and young adults experiencing homelessness have a history of foster care placement.[53] Young people experiencing homelessness after being in foster care differ from other youth experiencing homelessness in several ways: they are more likely to have been involved with the criminal legal system, less likely to be working and/or in school, more likely to be unsheltered, and more likely to identify as LGBTQ.[54]

Understanding the challenges that many youth face as they exit the foster care system, and building the right collaborations and advocacy necessary to support youth, is a central role that the CoC and homeless response system can play in assisting youth and young adults successfully transition.

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[50] "Transition-Age Youth in Foster Care in Iowa," *Child Trends*.

[51] Dworsky, Amy, et al. "Homelessness During the Transition From Foster Care to Adulthood." A Publication of the American Public Health Association, 20 November 2013.

[52] Predicting Homelessness among Emerging Adults Aging Out of Foster Care. *Shah MF, Liu Q, Mark Eddy J, Barkan S, Marshall D, Mancuso D, Lucenko B, Huber A. Am J Community Psychol. 2017 Sep; 60(1-2):33-43.*

[53] "Missed Opportunities: Youth Homelessness in America," *Chapin Hall*, 2017

[54] *Id.*

Spotlight: Assessment Tool for Discharging Institutional Clients with Housing Needs

The Coordinated Services Network prioritizes assistance based on client vulnerability, which is established using a universal assessment tool. This tool collects certain informational points that the system needs about each potential client. Because of its standardization, it is possible for discharge planners, those responsible for helping people transition out of systems of care, to get a jumpstart on the assessment process for clients that need to be connected to a CoC, regardless of the region or area to which they will be discharged.

CoCs can work with other systems of care (medical, criminal legal, or child welfare) to collect pertinent information and documentation to include as part of the coordinated entry assessment process to help streamline client access to housing and services. Helping these institutions to understand the definitions of homelessness and chronic homelessness, how to determine if a person meets the definition, and developing protocols for properly documenting that status, can go a long way in connecting a person being discharged to the coordinated entry system. Even collecting basic information, such as a person's name and age, can help that connection.

To help facilitate this process, CoCs can develop and train discharging planning staff on using:

- Assessment tools for discharged people with housing needs;
- Accompanying handouts and/or flow charts to assist discharge planning staff with completing the tool and collecting necessary documentation;
- Written consent forms for discharged people to sign to allow information to be shared with the CoC/coordinated entry system; and
- Clear information on connecting with the appropriate point of contact/coordinated entry access point within the CoC.

See Action Item 10a in the Action Planning and Implementation Tool

Foster Care and Transitioning in Iowa

In 2020, there were 7,972 children and youth in the foster care system in Iowa, of which 5,759 were in foster care within the geographic boundaries of the Iowa Balance of State CoC.[55] In Iowa, 8.2 of every 1,000 children are in foster care, which is higher than the national rate of 5.5 per 1,000. Approximately 32% of the Iowa foster care population is over the age of 14, the majority of whom are over 16 years old.[56] Black youth are overrepresented in the foster care system in Iowa; while 4% of

*In Iowa, **8.2 of every 1,000 children are in foster care**, which is higher than the national rate of 5.5 per 1,000*

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[55] "Number of Children in Foster Care in Iowa's Counties: 2020," *Iowa State Data Center*.

[56] "2018 Iowa Profile: Transition-Age Youth in Foster Care," *The Annie E. Casey Foundation*.

the overall population in Iowa is Black, Black youth make up 17% of those in foster care.

An average of 450 young people age out of the foster care system in Iowa per year.[57] Statewide, 41% of youth exit the child welfare system by either aging out or through emancipation, which are considered non-permanent exits.[58] Fortunately, youth in foster care in Iowa have higher rates of participation in transition services, such as employment programs, vocational training, educational financial assistance, and room and board assistance, than youth across the nation.[59] And while youth with foster care experience in Iowa tend to have lower rates of employment and fewer have a high school diploma or equivalent, they do tend to have slightly higher rates of stable housing compared to the national average.[60] However, data shows that 27% of young people who aged out of the foster care system in Iowa reported being homeless in the prior two years.[61] Of the youth that are housed, more than one-third are significantly cost burdened by their housing, spending over half of their monthly income on rent and utilities.[62]

Spotlight: Youth Action Board

Creating a Youth Action Board (YAB) is one important strategy a community can leverage youth input in the CoC in a meaningful and ongoing way. YABs provide opportunities for positive youth development, youth choice, confidence-building, and leadership, which can become important forums for gathering input on the homeless response system by those who access it. Actively including former foster youth members is one way to help ensure the homeless response system meets the needs of this population.

The Iowa Balance of State established a YAB in 2021, a great step forward in ensuring youth voices are a meaningful part of the CoC. As the YAB evolves, the CoC should work on fine tuning the following to ensure its success:

- Meaningful involvement and roles for youth, including opportunities to develop leadership and advocacy skills;
- Compositions and models that work well for the CoC (e.g., number of youth involved, youth representing different geographic locations, best times and places for meetings);
- Mechanics for involving youth (e.g., stipends, transportation/travel, technological issues for remote meetings, community service hours, professional development).
- Addressing skepticism among community partners about the value of youth contributions or youths' ability to fully participate in all aspects of the process.

See Action Item 5a in the Action Planning and Implementation Tool

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[57] "Helping You Succeed: Aftercare Services for Foster Care." *Iowa Aftercare Services Network.*
[58] "2018 Iowa Profile: Transition-Age Youth in Foster Care," *The Annie E. Casey Foundation.*
[59] *Id.*
[60] *Id.*
[61] "Iowa Aftercare Services Network State Fiscal Year 2020 Annual Outcomes Report," *Youth Policy Institute of Iowa*, 2020.
[62] *Id.*

Mental/Behavioral Health

People experiencing homelessness often have needs beyond housing assistance, and many interact with several different systems of care. Mental health and substance abuse services are both common needs among people experiencing homelessness. According to HUD data, over 20% of people experiencing homelessness nationwide have a severe mental illness (SMI) and approximately 17% struggle with chronic substance abuse.[63] Percentages reported in Iowa are consistent with these national findings, with 18.5% with SMI and 16.8% chronically abusing substances.

Similarly, experiencing homelessness has been associated with poorer long-term mental health outcomes. Studies show that the traumatic experience of homelessness has the potential to trigger or exacerbate mental health issues and may also make it more difficult for people to recover from serious mental illness.[64] Additionally, the likelihood that a person experiencing homelessness will become chronically homeless increases when that person has substance abuse or mental health diagnoses, as many people with these treatment needs lack social supports and may have a wide variety of other needs. Recovery frequently requires not only housing assistance, but also mental health, substance abuse, medical, occupational, and social services.[65] Providing housing to people experiencing homelessness, using a Housing First model, can help prevent the exacerbation of substance use and mental health disorders.

Behavioral Health Needs in the Iowa Balance of State CoC

The most recent Point-in-Time Count data for the Iowa Balance of State CoC shows that 285 adults experiencing homelessness had a serious mental illness, while 225 had a substance use disorder, on a single day in January 2021.[66] From 2017 to 2021, the CoC saw a 65.7% increase in the number of people experiencing homelessness with severe mental illness.

The CoC saw a 65.7% increase in the number of people experiencing homelessness with severe mental illness from 2017 to 2021
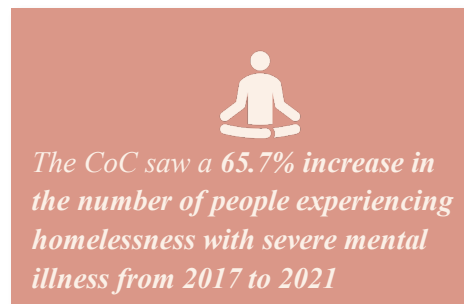
During 2020, Balance of State CoC-funded programs served a total of 381 people with a mental health issue at program entry, of whom 364 were adults and 14 were children. In addition, the CoC served 52 people struggling with alcohol

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[63] "HUD 2020 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations," *U.S. Department of Housing and Urban Development*.

[64] Balasuriya, Lilanthi, et al. "The Never-Ending Loop: Homelessness, Psychiatric Disorder, and Mortality." *Psychiatric Times*, 29 May 2020.

[65] "Behavioral Health Services for People Who are Homeless: Tip 55," *U.S. Department of Human Services, Substance Abuse and Mental Health Services Administration*.

[66] "Additional Homeless Populations Summary for IA-501 – Iowa Balance of State CoC," 2021 Point-in-Time Count.

abuse, 106 struggling with drug abuse, and 89 struggling with both alcohol and drug abuse at project entry.[67]

Iowa Behavioral Health Services System of Care

Behavioral Health services in Iowa are handled primarily by two state departments: the Division of Mental Health and Disability Services (MHDS) within the Department of Human Services and the Bureau of Substance Abuse within the Iowa Department of Public Health. The following section focuses on services provided by MHDS.

Iowa Mental Health and Disability Services Regions

MHDS is the division within Iowa that is responsible for planning, coordinating, monitoring, and partially-funding mental health and disability services through the state. While the division works at the state level to set policies and standards for service delivery, the division administers local services through a regionally managed system of care. The regional structure comprises counties into 14 regions across the state, similar to what the CoC has developed a regional system for coordinated entry purposes. Unfortunately, while it has adopted a regional structure, there is little overlap between the MHDS regional boundaries and those of the CoC regions.[68]

The counties within a region file formal agreements with the state to create the region; each region is managed by a regional CEO to administer the core services required by the state. The regional structure helps ensure that services are more evenly distributed across the region, rather than being concentrated in wealthier or resource-rich communities; in practice, however, the more urban areas do tend to have a greater volume of services.

The services provided by the MHDS regions are divided into three categories:

⯈⯈ *Core Services*: services that regions are required to fund by the Iowa Code

⯈⯈ *Additional Core Services*: services regions fund when public funds are made available

⯈⯈ *Community Living Supports*: services regions can choose, but are not required, to fund

MHDS regions follow requirements set by the state relating to required core services, which include access centers, assertive community treatment, a full array of mental health crisis response and sub-acute services, and intensive residential service homes. Supportive housing is also listed as a core service for MHDS regions to provide. Within those parameters, each region develops individual Regional Service System Management Plans that detail the mental health

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[67] Q13 from Iowa Balance of State CoC Annual Performance Report data.
[68] "Iowa Mental Health and Disability Services Regions: Statewide Report SFY2020," *Iowa Department of Human Services*, March 17, 2021.

and disability services provided by the region. This allows the regions to set certain local priorities and policies, including, for example, whether a person must first access Medicaid funding prior to qualifying for MHDS services. The state recently adopted a new set of core mental health and disability services, many of which incorporate emerging best practices; that were required to be implemented on or before July 2021.[69]

In addition to the standards related to which services need to be offered, the state sets access standards for services, which specify either the maximum distance a person must travel or the maximum time a person can wait to receive services. The standard changes based on the urgency of the person's mental health crisis or service needs.[70]

In 2020, 29,386 individuals with mental health conditions received services through the MHDS regions.[71] This accounts for about 92 individuals per 10,000 people in the state. Altogether, nearly $84.9 million dollars were spent on services for people with mental health issues through the MHDS regions, half ($42.4 million) of which was spent on core services, $9 million of which was spent on additional core services, and $33.5 million of which was spent on community living supports.[72] Of this, $31.1 million was spent on housing and community living services. Until July 2021, most of the funding for services provided at the regional level came from county property taxes, intergovernmental resources, and local miscellaneous revenue. As of July 1, the county property tax dollars are being phased out, with the state planning to fully fund the MHDS regions within the next three years.

In 2020, 29,386 individuals with mental health conditions received services through the MHDS regions.

Projects for Assistance in Transition from Homelessness

In addition to the state-funded services provided through the MHDS regions, the Iowa Department of Human Services oversees the state's implementation of the Projects for Assistance in Transition from Homelessness (PATH) program. PATH is a federal formula grant that is administered by the US Substance Abuse and Mental Health Services Administration (SAMHSA) to fund essential services and other supports that may not be covered by other mainstream mental health programs for people with serious mental illness and substance use disorders who are also experiencing homelessness.

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[69] *Id.*
[70] *Id.*
[71] *Id.*
[72] *Id.*

In 2020, Iowa received $353,749 in PATH funding. There are seven agencies that provide PATH services;[73] these providers cover a total of seven counties, five of which are in the boundaries of the Iowa Balance of State CoC.[74]

Services covered by PATH include:

🔶	*Outreach*
🔍	*Screening and Diagnostic Treatment*
🧘	*Habilitation and Rehabilitation*
✴	*Community Mental Health*
⊕	*Substance Use Disorders Treatment*
▸_	*Referrals*
🏠	*Housing*

Services related to housing can include planning for housing, assistance in applying for housing assistance, improvement in the coordination of housing services, security deposits, and costs associated with matching eligible individuals who are experiencing homelessness with appropriate housing solutions.

In 2019, Iowa PATH service providers contacted a total of 1,234 people, resulting in 1,103 people being actively enrolled in PATH services at some point during 2019.[75] Of those enrolled, 16.5% were living in unsheltered situations prior to enrollment and 11.8% of people served were experiencing chronic homelessness.[76] Fifty-eight percent of people enrolled received case management services, 51.1% received community mental health services, 13% received one-time rent for eviction prevention, 7% received housing moving assistance, and 4.8% received security deposits.[77]

*In 2019, Iowa **PATH** service providers contacted a total of 1,234 people*

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[73] "Projects for Assistance in Transition from Homelessness: PATH Providers," *Iowa Department of Human Services*, 2021.

[74] "PATH: Projects for Assistance in Transition from Homelessness [Map]", *Iowa Department of Human Services*. The five counties within the Balance of State CoC geography include: Black Hawk, Dubuque, Johnson, Linn, and Scott.

[75] "PATH Statewide Annual Report for FY 2019: Iowa," *U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration*, 2019.

[76] https://pathpdx.samhsa.gov/Content/preGen/state/24/PATH_Statewide_Annual_Report_For_FY_2019_IA.pdf. Note that this percentage of people experiencing chronic homelessness is well below the national average of 39.1%.

[77] https://pathpdx.samhsa.gov/Content/preGen/state/24/PATH_Statewide_Annual_Report_For_FY_2019_IA.pdf. This is not a comprehensive list of the services provided through PATH.

Spotlight: Housing-Focused Case Management

Case management is one of the primary services provided to people with mental health issues who are experiencing or at risk of homelessness. While case management can include a variety of services to assist individuals in crisis, maintaining a focus on housing throughout is the most important aspect to assisting people resolve their housing crisis.

Housing-focused case management embraces the Housing First model and acknowledges that all clients are housing ready. Mandatory programming or sobriety are not required, and clients do not need to be "compliant" with mental health treatment to be housed. Resolution of the housing crisis is met when the individual obtains permanent housing and has the resources and capacity to afford rent, follow the terms of the lease, and meet other housing requirements.

For clients not currently housed, the primary goal is to develop a strategy to assist them in securing housing. Once housed, the goal is to ensure that adequate supports are in place and linkages to community resources are made so the client can stabilize and maintain housing.

Using a housing-focused case plan includes:

- Identifying:
    - barriers to housing and steps to mitigate or resolve them
    - client's strengths and steps needed to build on them
    - available resources and path to obtain them
    - short- and long-term goals
    - steps clients and case managers will take toward housing
- Building in flexibility to respond to progress and change; and
- Making sure assistance is individualized.

Once the client assessment is complete, case managers can work with clients to set housing-focused goals and develop action plans. In addition to the primary goal of attaining stable housing, objectives should include increasing or stabilizing income to support housing and making linkages to mainstream and community resources to support the individual and prevent a recurrence of homelessness. Breaking down these goals into actionable steps that can be accomplished between meetings, along with identifying what is needed to achieve each goal, will help provide additional support.

Housing-focused case management does not end once housing is identified. Supporting a successful move-in process—ensuring clients understand lease compliance and helping clients maximize their housing budget by connecting them to mainstream resources and other community-based supports—is an important step to ensuring tenant success. Monitoring a person's progress and maintaining contact to identify issues before they become larger problems will help clients maintain stability. Case managers should remain flexible and adapt housing action plans as needed to address any concerns or new housing crises that may arise.

See Action Item 6b in the Action Planning and Implementation Tool
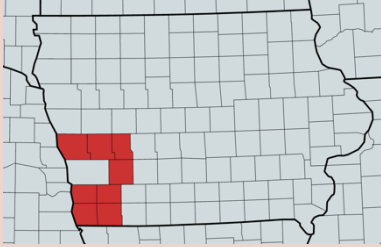
V. Regional Profiles

As noted in the sections above, the Iowa Balance of State Continuum of Care is divided into 14 Coordinated Service Regions (CSR). While the regions were developed to facilitate the implementation of the Coordinated Services Network, they also function as forums for collaboration and planning between service providers and other stakeholders at the local level. Regions across the CoC vary greatly in their size, capacity, and resources. Some regions have been in existence and coordinating locally for years, while others were only recently established.

The following regional profiles are intended to provide an overview of each of the regions to facilitate a greater understanding across the CoC of the resources available and the strengths and challenges faced by each of the regions.[1] They also include a set of recommendations tailored to the region's specific needs and opportunities.

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[1] Bed counts for all regional profiles are based on the 2021 Housing Inventory Chart (HIC) for the Balance of State CoC.

Balance of Counties

Map Location		
Point in Time Count (2021)	**15** *(15 Unsheltered)*	
Number of Emergency Shelter Beds	**0**	
Number of Transitional Housing Beds	**0**	
Number of Rapid Re-housing Beds	**0**	
Number of Permanent Supportive Housing Beds	**0**	
Total Dedicated Beds in the Region	**0**	

Key Regional Agencies:
- Catholic Charities
- CIAC
- Heartland Family Service (based in Omaha/Council Bluffs; limited services in region)
- Waypoint Services

The Balance of Counties Region was recently reduced in size with the creation of the Rolling Hills Region in 2020. However, this remaining eight-county area contains almost no services other than those based in the Omaha/Council Bluffs CoC (MACCH). It is difficult to gauge the true level of need, especially given the lack of providers operating within the region, but stakeholders estimate it is considerable. Recent HMIS data indicates that roughly 150 people experiencing homelessness listed their last known address within the region's geographic area.

Key Challenges and Opportunities that Exist in the Region
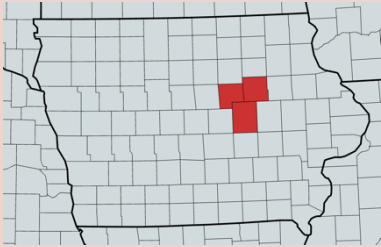
The Balance of Counties is the most service-deprived area within the Balance of State CoC, struggling to provide adequate housing for the community. According to multiple stakeholders, it leans heavily on the services offered in Omaha/Council Bluffs to help offset the lack of resources and employment locally. The services that are available are provided by a patchwork of providers, none of which are specifically dedicated to homelessness, and often operate only within a single county. The one exception is domestic violence providers, but they are only able to serve a subset of the homeless population. It is the only region in the CoC with no counties being served by the VA's SSVF program.

Individuals and families experiencing homelessness in the Balance of Counties Region struggle to navigate the limited resources available and often must relocate to more service-rich areas for assistance. Stakeholders report that many of the people seeking assistance have higher needs than the available services can meet, including many that may qualify for more intensive interventions, such as permanent supportive housing (PSH).

Key Areas Needing Improvement

1) **Coordinated Entry**: Continue efforts to identify a lead agency for Coordinated Services Network.
2) **Regional Coordination and Governance:** The region has opportunities for strengthening their communication and coordination among stakeholders. Refer to *Phase 1* of "Appendix A: Strengthening Regional Governance" to identify possible areas for improvement. Explore the option of hosting service provider meetings based on counties, building off similar setups in Montgomery and Cass County.
3) **Systems Map**: To assist those experiencing homelessness, develop a system map of locally-available resources (including those in nearby service-rich areas). *See also Action Item 9a of the Action Planning and Implementation Tool.*
4) **Provide more regular updates at neighborhood/faith-based forums** to share information on the system map, current faith-based homelessness programs and initiatives, and how individuals can help others in their community experiencing homelessness.
5) **Build Community Support**: Develop targeted public relations strategies to engage people in local efforts to assist people experiencing homelessness (e.g., how to be an advocate, knowledge of local resources, compassionate communication).
   a. Create connections within the community (local leaders, schools, hospitals, jail, those with lived experience) to help determine client needs in the service region, to further support/determine new funding sources.

Black Hawk/Tama/Grundy

Map Location		
Point in Time Count (2021)	**189** *(17 Unsheltered)*	
Number of Emergency Shelter Beds	**55**	
Number of Transitional Housing Beds	**39**	
Number of Rapid Re-housing Beds	**103**	
Number of Permanent Supportive Housing Beds	**33**	
Total Dedicated Beds in the Region	**230**	

Key Regional Agencies:
- Americans For Independent Living (AFIL)
- Catholic Worker House – Waterloo
- Christian Community Development
- Community Housing Initiatives (CHI) *(current Designated Lead Agency)*
- Friends of the Family (FOFIA)
- The Salvation Army - Waterloo/Cedar Falls

Data analysis indicates that the Blackhawk/Grundy/Tama Region maintains an adequate supply of housing and service resources to meet existing demand, assuming proper flow through the system can be maintained. In addition, the community appears to deliver an appropriate mix of resources and interventions but has an ongoing need for additional permanent supportive housing (PSH).

Key Challenges and Opportunities that Exist in the Region:

Stakeholders report that the region's greatest strength is a strong provider community with robust services, including shelters for most populations. The key needs are a low-barrier shelter to target the higher-need unsheltered population and a robust pipeline of permanent housing options.

Coordinated entry is operating successfully; weekly case-conferring calls among providers is a particular strength. In service-rich areas, such as Waterloo, the availability and variety of assistance helps facilitate system flow for people seeking services through the Coordinated Services Network. However, in rural areas, where there are not many providers and few HUD-funded resources, the system has difficulty meeting the needs of all individuals seeking assistance. Issues with transportation often exacerbate these struggles.

Multiple stakeholders noted a need for more coordination throughout the region. Excluding coordinated entry placement, they reported a lack of communication and system-level vision. Providers come together, but in an ad-hoc basis and without a plan for tackling key barriers across the system. A May 2021 memo to the City of Waterloo Housing Taskforce recognized similar needs and outlined several possible solutions (some of which are incorporated below).[2]

Key Areas Needing Improvement:
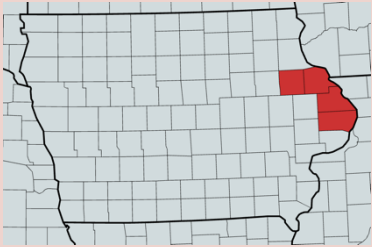
1) **Revitalize and expand the Homeless Coordinating Board:** The Homeless Coordinating Board for the city of Waterloo can be a key body in assisting the area better coordinate and facilitate delivery of a more comprehensive array of quality housing and services for people at risk of or experiencing homelessness. Bringing in partners from other jurisdictions will help these coordination efforts expand across the region.
   a. **Identify members for the Homelessness Coordinating Board:** Begin structuring this body to include community members, the Balance of State CoC, regional service providers such as Friends of the Family and Salvation Army, and representatives from Waterloo, Black Hawk County, Cedar Falls, Black Hawk Veteran Affairs, and the University of Northern Iowa.
   b. **Obtain funding:** The Homeless Coordinating Board should identify what resources are currently being sought, where there are opportunities for growth, and delegate responsibility for pursuing new funding.
   c. **Regional Coordination and Governance:** The region has a strong foundation but could build off its strengths. The region can use *Phase II* of "Appendix A: Strengthening Regional Governance" to identify possible areas of improvement.
2) **Systems Map**: To assist those experiencing homelessness, develop a system map of locally-available resources that includes not only homeless-specific housing but other mainstream services. Ensure the information collected is clearly organized and publicly available to allow those seeking assistance, service providers, and members of the

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[2] "Homelessness in Waterloo," *City of Waterloo Housing Task Force*, May 6, 2021.

community have a comprehensive understanding of the resources available in the area. *See also Action Item 9a of the Action Planning and Implementation Tool.*

3) **Focus on right-sizing resources for the Region, with a focus on permanent housing:** Ensuring that the resources exist to meet the needs of the population experiencing homelessness is key to preventing and ending homelessness. The region can examine the population in need of housing and target resources to meet these needs, including development of a low-barrier shelter and an increase in permanent housing (permanent supportive housing and rapid re-housing) options.

Eastern Iowa

Map Location		
Point in Time Count (2021)	**347** *(27 Unsheltered)*	
Number of Emergency Shelter Beds	**160**	
Number of Transitional Housing Beds	**96**	
Number of Rapid Re-housing Beds	**170**	
Number of Permanent Supportive Housing Beds	**36**	
Total Dedicated Beds in the Region	**462**	

Key Regional Agencies:
- Almost Home
- Catholic Worker House – Dubuque
- Community Solutions of Eastern Iowa
- Dubuque Community YMCA/YWCA
- Dubuque Rescue Mission
- East Central Development Corporation (ECDC)
- Hillcrest Family Services
- Mary's Inn Maternity Home
- New Directions/ASAC
- Opening Doors
- Pathway Living Center (PLC)
- Victory Center Ministries
- YWCA of Clinton

Data analysis indicates that the Eastern Iowa Region has a variety of housing and services to meet the needs of the population served and has been able to maintain a proper flow through the homeless response system. Two notable deficiencies in interventions include an insufficient supply of permanent supportive housing (PSH) and a lack of family shelter available in the region. Additionally, the majority of the region's providers and housing options are in Dubuque and Clinton County, which creates transportation-related challenges for people living in the surrounding counties.

Key Challenges and Opportunities that exist in the region:

The Eastern Iowa Region excels at coordination and agencies consistently operate as a unified system of care. System providers regularly attend monthly coordination meetings to discuss issues ranging from care coordination to placement. In addition to these meetings focused on system-related issues that impact the region, the region holds separate Coordinated Services Network pull meetings.

Providers reported that coordinated entry works well in the region. The two access points correspond with the primary drivers of demand across the region. While providers generally understand and grasp the benefits of coordinated entry, the system sometimes struggles to engage non-HUD-funded providers.

Stakeholders agree that housing affordability poses a critical challenge within the region. Limited housing supply and increasing rents hamper effective implementation of the rehousing model. The federal eviction moratorium enacted in response to the COVID-19 pandemic further limited supply of new units, even while demand for services increased. One provider noted, "Our calls have tripled during the pandemic for prevention services."

The limited supply of existing PSH units poses an additional challenge. Insufficient development expertise hampers creation of new PSH units, despite increased unsheltered homelessness serving as a visible indicator of need. There is potential and motivation in areas like Dubuque for increased PSH development.
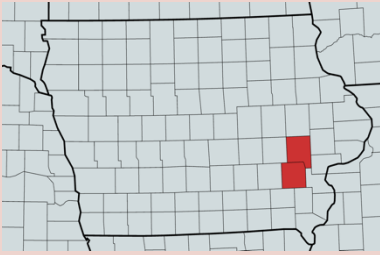
Given the limited supply of PSH units, the region should focus on moving PSH residents into less service-intensive subsided housing once PSH-level services are no longer needed. This will increase turnover and maximize the number of people who can be served in the limited PSH supply. The local housing authority has traditionally been concerned about participating in such a partnership given a negative audit history. However, HUD offers Moving On peer trainings for CoCs and the Dubuque Housing Authority would be an ideal candidate.

Key areas needing improvement:

1) **Regional Coordination and Governance:** The region has a strong communication and coordination network; but could build off its strengths. The region can use *Phase II* of "Appendix A: Strengthening Regional Governance" to identify possible areas of improvement.

2) **Create PSH Ad-hoc Task Group:** Organize a time limited sub-group that is charged with developing additional PSH units. The group would be tasked with identifying locally-available funding, a provider and/or developer, and possible sites. It should report results to the broader Region, regional elected officials, and the CoC Board to drive interest in this model.

3) **Moving On Initiative:** Develop a coordinated effort to assist those living in PSH units who no longer need the ongoing services (case management, job training, etc.) to live independently. Unfortunately, this population frequently needs subsidized housing to make the transition. Dubuque could identify existing peer models (via HUD or national TA providers) or develop their own Moving On process to help free up these units. *See also Action Item 11b of the Action Planning and Implementation Tool.*

4) **Implementation of a Regional Landlord Incentive Program:** Given the limited housing options and difficulty engaging landlords, the region could benefit from development of a landlord incentive program or risk mitigation fund. Being able to provide these incentives and assurances against loss can help level the playing field for providers vis-à-vis market-rate tenants. *See also Action Item 12a of the Action Planning and Implementation Tool.*

Johnson/Washington

Map Location		
Point in Time Count (2021)	**342** *(10 Unsheltered)*	
Number of Emergency Shelter Beds	**158**	
Number of Transitional Housing Beds	**41**	
Number of Rapid Re-housing Beds	**212**	
Number of Permanent Supportive Housing Beds	**226**	
Total Dedicated Beds in the Region	**637**	

Key Regional Agencies:
- Community Crisis Services
- Domestic Violence Intervention Program (DVIP)
- Hawkeye Area Community Action Program (HACAP)
- Iowa City Housing Authority
- Shelter House Community Shelter *(current Designated Lead Agency)*
- United Action for Youth (UAY)

Analysis performed using HIC and PIT Count data indicates that an appropriate and adequate mix of resources is available within the Johnson/Washington Region given the overall demand for services.

Key Challenges and Opportunities that Exist in the Region:

Multiple interviews conducted with various stakeholders in the Iowa City area painted a very positive picture of a community with a deep, well-coordinated array of services. Coordination between housing authorities, housing and service providers, and the municipality of Iowa City is a particular strength of this region.

While this region maintained high levels of coordination within the homelessness response system, stakeholders indicated a need to improve discharge planning across multiple feeder systems, including criminal legal, hospitals, and mental health. Stakeholders agreed that better coordination and tracking with these partners is needed and would help ensure providers had the full picture of systems flow.

The region should continue building off its previous succuss developing units alongside the housing authority. As a result of continuing educational and outreach efforts by local homeless services providers, the Iowa City Housing Authority has 89 dedicated beds for the homeless population. This partnership, along with the solid relationships with various elected officials is a key opportunity to leverage great results going forward.

Finally, the region is starting to develop a comprehensive outreach program building off a PATH program. Additional work is needed to ensure that the PATH program fully participates in coordinated entry efforts. Increased outreach coordination can help to better identify less visible people experiencing homelessness in the community and should complement an already strong system of care.
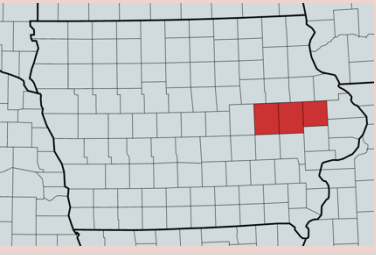
Key Areas Needing Improvement:

1) **Regional Coordination and Governance:** The region has a strong communication and coordination network; but could build off its strengths. The region can use *Phase II* of "Appendix A: Strengthening Regional Governance" to identify possible areas of improvement.

2) **Conduct an update to the 2015 Frequent User System Engagement (FUSE) analysis conducted by Shelter House to continue efforts to identify high utilizers of public resources among persons experiencing homelessness and connect them to appropriate housing and resources:** A FUSE analysis looks at utilization of the medical, mental health, and criminal legal system among persons experiencing homelessness to identify those individuals that are frequently moving between the street and institutions, which may end up utilizing significant public resources. The analysis also helps identify those clients who are repeatedly cycling between the multiple systems but have not been able to gain housing stability due to significant vulnerabilities such as mental health, substance use, criminal legal system involvement, and chronic health conditions. The Johnson/Washington Region should use this information to establish a current baseline understanding how frequently services are being utilized and by whom to ensure these individuals are offered navigation assistance, placed on waitlists for housing

and services, and encouraged to utilize available post-institution services (such as group homes, halfway houses, and family reunification services). The region could consider partnering with the University of Iowa as a project for students to save costs. *See also Action Item 15c of the Action Planning and Implementation Tool*.

3) **Regionwide Meetings:** Stakeholders indicated a need to improve discharge planning across multiple "feeder" systems, including criminal legal, hospitals, and mental health. Having recurring regular meetings with stakeholders from these systems may help increase coordination and involvement between providers. *See also Action Items 6a and 10a of the Action Planning and Implementation Tool*.

Linn/Benton/Jones

Map Location		
Point in Time Count (2021)	**505** *(20 Unsheltered)*	
Number of Emergency Shelter Beds	**238**	
Number of Transitional Housing Beds	**178**	
Number of Rapid Re-housing Beds	**181**	
Number of Permanent Supportive Housing Beds	**40**	
Total Dedicated Beds in the Region	**637**	

Key Regional Agencies:
- Abbe Mental Health
- Affordable Housing Network (AHNI)
- Area Substance Abuse Council (ASAC)
- Catherine McAuley Center
- Catholic Worker House - Cedar Rapids
- Friends of the Family (FOFIA)
- Hawkeye Area Community Action Program (HACAP)
- Waypoint Services *(current Designated Lead Agency)*
- Willis Dady

Data analysis indicates that the Linn/Benton/Jones Region has a variety of housing and shelter resources to meet existing demand, assuming proper flow through the system can be maintained. One concern, however, is the limited amount of permanent supportive housing, which can act as a bottleneck for shelter or result in increased unsheltered homelessness.

Key Challenges and Opportunities that exist in the region:

Stakeholders with the Linn/Benton/Jones region report that the region's greatest strength is cross-agency coordination and operations, acting as one team across the system of care. All critical providers participate in the Coordinated Services Network, with strong access points. The region has also taken steps to make data-driven decision making by examining local data to help guide the direction of the homeless response system.

Unsheltered homelessness is becoming an increasing issue, particularly in Linn County, and there is concern that it will continue to grow. The broader community has expressed a strong desire to reduce the visibility of unsheltered homelessness. As a result, during temperate times of the year, the high-barrier unsheltered population is frequently shuffled around by law enforcement to limit visibility. While most people participate in winter shelter, a select few resist, creating year-round visibility issues.

A deficiency in current and future PSH units continues to pose a challenge. Historically, a lack of development expertise has hampered efforts to expand PSH supply, while the increase in unsheltered homelessness serves as a visible indicator of need.

Another concern is inconsistent provider understanding of and adherence to Housing First principles. This can create chokepoints within the coordinated entry process, as potential participants frequently have referrals rejected by housing agencies. Regionally, there is a desire to implement baseline Housing First standards applicable to all programs.

The region has a strong history of coordination and collaboration, but there is still work to be done. There are committees and sub-committees that work regionally, but they would benefit from additional structure (both within individual (sub-)committees and at the regional level).
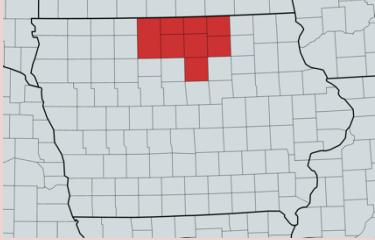
Key areas needing improvement:

1) **Regional Coordination and Governance:** The region has a strong communication and coordination network; but could build off its strengths. The region can use *Phase II* of "Appendix A: Strengthening Regional Governance" to identify possible areas of improvement.

2) **Continue to Support and Build Capacity of Supportive Housing and Affordable Housing subcommittees:** Continue to build momentum for increasing supportive and affordable housing stock through the work of the local subcommittees. Focus on identifying potential funding that could be secured locally, provider(s) or developer(s) who will work locally, and possible sites. Results can be reported to the broader region

and to the elected officials who would be needed to drive interest in increasing supportive and affordable housing.

4) **Housing First Trainings**: Conduct Housing First trainings within the region and require all providers to participate. *See also Action Item 6b of the Action Planning and Implementation Tool*.

3) **Development of Regional Housing First Standards**: Using the knowledge base developed during the training proposed above, develop a set of minimum Housing First standards for implementation throughout the region and require all participants to adhere to those standards. *See also Action Items 7a, and 7b of the Action Planning and Implementation Tool*.

4) **Continue Progress on Data-Driven Decision Making**: The region has made efforts to look at the local population of people experiencing homelessness to identify inequities and populations with greater need. While this is an important first step, the region can continue to move toward retooling the homeless response system to most appropriately meet the needs of those identified as being underserved.

North Central Iowa

Map Location		
Point in Time Count (2021)	**154** *(20 Unsheltered)*	
Number of Emergency Shelter Beds	**51**	
Number of Transitional Housing Beds	**7**	
Number of Rapid Re-housing Beds	**114**	
Number of Permanent Supportive Housing Beds	**43**	
Total Dedicated Beds in the Region	**215**	

Key Regional Agencies:
- Crisis Intervention Service/NIAD Center for Human Development
- Family Alliance for Veterans of America (FAVA)
- Friends of the Family (FOFIA) *(current Designated Lead Agency)*
- Northern Lights Alliance for the Homeless
- Youth & Shelter Services (YSS)

The North Central Iowa Region covers a large geographic area served by several homeless response system providers offering an array of services. However, housing and service providers could coordinate better to maximize the patchwork of existing interventions.

Key Challenges and Opportunities that Exist in the Region:

Stakeholders agreed that the recent change of the agency serving as the Designated Lead Agency has been a positive development, but that there is still a need for better coordination and alignment. Those interviewed noted that most agencies are siloed across the area and there isn't a clear sense of coordination across the region. Agencies poised to take on an expanded leadership role struggle with finding the time and capacity to do so.

While there are services available, many of them have high barriers to entry, including the only emergency shelter. Stakeholders noted a particular need to educate the community and providers on the importance and effectiveness of Housing First and work to incorporate these principles into program models and policies.
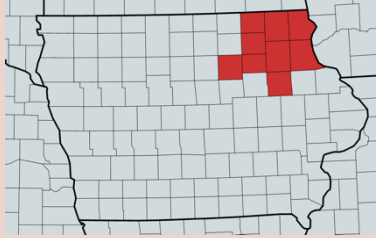
Transportation is a critical issue, with providers struggling to balance unit affordability with nearby employment opportunities without pushing clients away from existing support networks.

Key Areas Needing Improvement:

1) **Regional Coordination and Governance:** The region has opportunities for strengthening communication and coordination among stakeholders. The region can use *Phase I* of "Appendix A: Strengthening Regional Governance" to identify possible areas of improvement.

2) **Develop a Regional Program Models Chart**: A program models chart defines and standardizes the types of services offered across a community.[3] The purpose of the chart is to develop a shared understanding of service availability, eligibility, and effectiveness to ensure that outreach workers, law enforcement, and faith-based groups can navigate the system of care.

3) **Faith Based Inclusion**: Provide access to trainings for faith-based organizations on best practices for working with people experiencing homelessness and navigating the homeless system of care, including working with people with serious mental illness, substance use disorder, or a co-occurring disorder.

4) **Housing First Trainings:** Conduct regional Housing First trainings, with special outreach to the faith-based community and non-HUD funded agencies to encourage their participation. *See also Action Item 6b of the Action Planning and Implementation Tool*.

5) **Create Ad-hoc Low Barrier Shelter Group:** Organize a time limited sub-group that is responsible for identifying, developing and/or converting shelters into a low-barrier model. The group would identify available funding (or existing shelters) that could be used locally, program model changes that need to occur to assist people experiencing chronic homelessness or face other barriers. It should also report results to the broader region, elected officials, and the Balance of State CoC Board to drive interest in the group's recommendations.

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[3] An example from the Chicago Continuum of Care can be found here.

North East

Map Location		
Point in Time Count (2021)	**101** *(1 Unsheltered)*	
Number of Emergency Shelter Beds	**30**	
Number of Transitional Housing Beds	**22**	
Number of Rapid Re-housing Beds	**49**	
Number of Permanent Supportive Housing Beds	**20**	
Total Dedicated Beds in the Region	**121**	

Key Regional Agencies:
- Family Alliance for Veterans of America (FAVA)
- Friends of the Family (FOFIA) *(current Designated Lead Agency)*
- Helping Services/Domestic and Sexual Abuse Resource Center
- Northeast Iowa Community Action Corporation (NEICAC)

The Northeast Iowa Region covers a portion of the northeast corner of the state and is served by several agencies providing an appropriate number of services. However, providers tend to work independently without a lot of coordination; the region could benefit from increased collaboration to better maximize available resources.

Key Challenges and Opportunities that Exist in the Region:
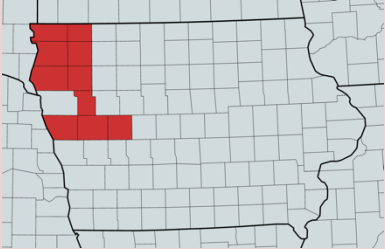
Stakeholders stated that while there are services available for different populations of people experiencing homelessness, most agencies in the region act in a siloed manner. The agencies that do serve the region focus on their specific target populations and have not formed the partnerships necessary to end homelessness in the area. Stakeholders reported that there is room to improve collaboration and coordination with other stakeholder groups and public systems, including law enforcement.

Adoption of and adherence to Housing First principles continues to be a struggle in the region, with several programs having sobriety requirements. These requirements have become barriers for many people experiencing homelessness in the region, and education on the effectiveness of Housing First and implementation at the program level should make an impact on reducing homelessness.

Key Areas Needing Improvement:

1) **Regional Coordination and Governance**: The region has opportunities for strengthening their communication and coordination among stakeholders. The region can use *Phase I* of "Appendix A: Strengthening Regional Governance" to identify possible areas for improvement.

2) **Build Community Support**: Offer free educational classes for local stakeholders, including law enforcement, to be trained on how to help people experiencing homelessness (e.g., how to be an advocate, knowledge of local resources, compassionate communication, how to deal with situations without creating or escalating conflict).

3) **Housing First Trainings:** Conduct regional Housing First trainings, with special outreach to the faith-based community and non-HUD funded agencies to encourage their participation. *See also Action Item 6b of the Action Planning and Implementation Tool*.

4) **Identify possible rural transportation measures:** Explore or develop best practices to assist agencies to split the cost of transportation among providers and clients. Stakeholders interviewed shared ideas about how to best utilize technology for employment options ranging from car shares and timed van routes for clients.

5) **Resource Catalog:** Develop a list of available resources for the region, including shelters, housing, and often used resources by those in need (food pantry, thrift stores, etc.). Once completed, distribute to those in need to better identify resources.

Northwest Iowa

Map Location		
Point in Time Count (2021)	**55** *(0 Unsheltered)*	
Number of Emergency Shelter Beds	**0**	
Number of Transitional Housing Beds	**36**	
Number of Rapid Re-housing Beds	**38**	
Number of Permanent Supportive Housing Beds	**0**	
Total Dedicated Beds in the Region	**74**	

Key Regional Agencies:
- Family Crisis Centers of Northwest Iowa *(current Designated Lead Agency)*
- Genesis House
- UDMO
- FAVA

PIT Count analysis indicates an overall low level of unsheltered homelessness within the Northwest Iowa Region, although the scope of homelessness is slightly higher according to HMIS data and anecdotal evidence. Limited services are available for those experiencing homelessness; the region heavily relies on services provided in the Sioux City/Woodbury County CoC, including for shelter. There is a concern that evictions are increasing and the number of people requiring assistance will overwhelm an already strained system.

Key Challenges and Opportunities that Exist in the Region:

A surge in demand was noted by several community members, with unemployment creating higher eviction rates and increased number of people fleeing domestic violence situations. The pandemic has increased the visibility of homelessness and focused community attention on ongoing challenges.
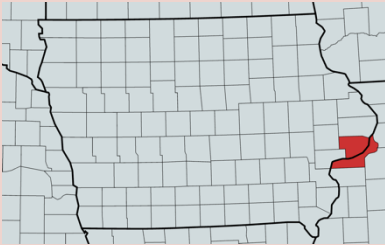
The balance of resources within the region has intentionally focused on the development and expansion of the rapid re-housing (RRH) model. While RRH has worked well in the community, providers have struggled finding landlords and maintaining consistency. There is also a need for additional utility assistance, as the COVID-19 pandemic has strained many families.

Stakeholders noted that there appears to be a greater need among members of historically marginalized groups in the region, including indigenous people and undocumented immigrants. The region struggles to conduct targeted outreach to ensure that people are connected to available resources, and instead relies on word of mouth to connect people to appropriate interventions.

Key Areas Needing Improvement:

1) **Rapid re-housing training and consistency:** Ensure that staff are consistently trained on service delivery and evolving best practices related to rapid re-housing.

2) **Outreach to Ensure Racial Equity:** Perform additional outreach to key community leaders connected to populations of concern in order to ensure that these people have the requisite knowledge of and access to existing services. Adjust service provision if necessary. In addition, use HMIS data, qualitative interviews, and a review of written policies, to analyze whether all programs are enrolling individuals equitably. *See also Action Items 17a and 17b of the Action Planning and Implementation Tool*.

3) **Regional Coordination and Governance**: The region has opportunities for strengthening their communication and coordination among stakeholders. The region can use *Phase I* of "Appendix A: Strengthening Regional Governance" to identify possible areas for improvement.

4) **Build Community Support**: Offer free educational classes for local stakeholders, including law enforcement, to be trained on how to help people experiencing homelessness (e.g., how to be an advocate, knowledge of local resources, compassionate communication, how to deal with situations without creating or escalating conflict). *See also Action Item 10a of the Action Planning and Implementation Tool*.

5) **Implementation of a Regional Landlord Incentive Program:** The region could benefit from development of a landlord incentive program or risk mitigation fund to sustain its rapid re-housing model. Being able to provide these incentives and assurances against loss can help level the playing field for providers vis-à-vis market-rate tenants. *See also Action Item 12a of the Action Planning and Implementation Tool*.

Quad Cities Bi-State

Map Location		
Point in Time Count (2021)	**432** *(7 Unsheltered)*	
Number of Emergency Shelter Beds	**271**	
Number of Transitional Housing Beds	**0**	
Number of Rapid Re-housing Beds	**154**	
Number of Permanent Supportive Housing Beds	**90**	
Total Dedicated Beds in the Region	**515**	

Key Regional Agencies:
- Davenport Housing Authority
- Family Resources
- Humility Homes and Services Inc.
- The Salvation Army-Davenport *(current Designated Lead Agency)*

Data analysis indicates that the Quad Cities Bi-State Region maintains a variety of housing and service resources, although stakeholders note that there is not enough shelter space or variety of housing options in the area.

Key Challenges and Opportunities that exist in the Region:

Stakeholders report that the region's greatest strength is cross-agency coordination and the ability to function as one team across the system of care among the several providers. This is

accomplished by hosting well-attended monthly coordination meetings to discuss issues ranging from systems coordination to client placement. Ad-hoc work groups exist for selected topics such as coordinated entry, outreach, and other issues as they arise.

Regional stakeholders report a historic struggle with unsheltered homelessness, exacerbated by a lack of housing interventions for people experiencing homelessness. The region has succeeded in utilizing scattered-site hotel shelters, a model that existed in the Quad Cities since 2018. Pandemic relief funding has allowed the community to temporarily expand that model and address implementation challenges, including neighborhood opposition. There is concern, however, about how the community will meet the needs of people at risk of or experiencing homelessness when the additional funding sunsets.
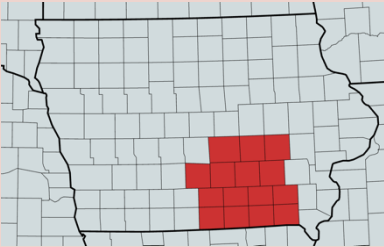
The community has faced some challenges implementing the rapid re-housing model locally. While this model previously worked well in the Quad Cities area, rent increases and an inadequate supply of rental units have reduced landlord interest in participation.

In response to the challenges faced with rapid re-housing and affordable housing in the area, Quad Cities recently developed a "Silos to Solutions" plan that includes six strategies to increase housing options in the region, which includes strategies for increasing housing stock, developing partnerships to reduce evictions, increase coordination of services, and increase funding to support these efforts.

Key areas needing improvement:

1) **Regional Coordination and Governance:** The region has a strong communication and coordination network; but could build off its strengths. The region can use *Phase II* of "Appendix A: Strengthening Regional Governance" identify possible areas of improvement.

2) **Develop a community plan to prevent exits to homelessness once COVID-19 pandemic relief funding ends:** Using existing forums, design a plan to phase out programs supported by time-limited funding and increase coordination to ensure those housed during these emergency programs do not exit to homelessness. This group could also discuss the Quad Cities' overall shelter capacity and possible ways to expand it.

3) **Develop comprehensive resource map/listserv:** Create comprehensive resource and services catalog to ensure that those seeking assistance and homeless response system providers understand the full array of resources available in the region. *See also Action Item 9a of the Action Planning and Implementation Tool.*

Rolling Hills

Map Location		
Point in Time Count (2021):	**173** *(122 Unsheltered)*	
Number of Emergency Shelter Beds	**62**	
Number of Transitional Housing Beds	**25**	
Number of Rapid Re-housing Beds	**0**	
Number of Permanent Supportive Housing Beds	**0**	
Total Dedicated Beds in the Region	**87**	

Key Regional Agencies:
- Central Iowa Shelter & Services *(current Designated Lead Agency)*
- Crisis Intervention Services of Mahaska County
- HEAL House of Iowa

Data analysis indicates that that resources in the Rolling Hills Region are inadequate to meet the level of need among the population experiencing homelessness. This is particularly true, given that the PIT Count likely undercounts the need in the more rural communities and anecdotal reports of reliance on Polk County resources to serve those experiencing homelessness.

Key Challenges and Opportunities that Exist in the Region:

Rolling Hills is a newly formed region, only formally becoming a CoC region in 2020. As such, the region is still working to fully implement coordinated entry, which is made more difficult by

the fact that it a relatively service-poor area within the Balance of State CoC. It leans heavily on the services offered across the Des Moines metro area to help offset the lack of resources and employment locally, according to multiple stakeholders.

A recent addition of rapid re-housing and homelessness prevention funding, as well as establishing a street outreach program, should help to alleviate some of the historical service provision issues. These additional services will allow those in the region experiencing homelessness the ability to obtain housing and services locally, without having to travel to other regions. It is also an opportunity to integrate the patchwork of siloed programs across the region and attempt to create a true system of coordinated care. To achieve this coordination, it is essential for providers learn to work together to cover an area the size of this region.

Another challenge is that early efforts at outreach into the Rolling Hills have identified a high number of clients needing services. Originally, this outreach was intended to connect clients with prevention resources, but early indicators have been that additional outreach is needed for the those experiencing unsheltered homelessness. This is not uncommon, and other regions may expect to find similar underserved homeless populations within rural areas.
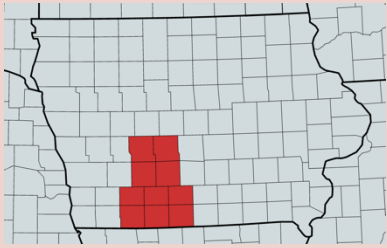
Other challenges identified include the lack of shelter availability within the region, difficulty expanding coordinated entry access points, and lack of community education surrounding the issue of homelessness. Together with a need for improved communication practices, these challenges cause difficulties in effectively addressing homelessness within the region.

Key Areas Needing Improvement:

1) **Regional Coordination and Governance**: The region has opportunities for strengthening their communication and coordination among stakeholders. The region can use *Phase I* of "Appendix A: Strengthening Regional Governance" to identify possible areas for improvement.

2) **Develop a Program Models Chart**: A program models chart defines and standardizes the types of services offered across a community. The purpose of these documents is to develop a shared understanding of service availability, eligibility, and effectiveness to ensure that outreach workers, law enforcement, and faith-based groups can navigate the system of care.[4]

3) **Provide additional, regular updates at neighborhood forums and churches:** To lessen the stigma and increase knowledge of available resources, considering regularly sharing information on the current state of homelessness, available resources, and how individuals can help their neighbors experiencing homelessness.

4) **Housing First Trainings:** Conduct regional Housing First trainings, with special outreach to the faith-based community and non-HUD funded agencies to encourage their participation. *See also Action Item 6b of the Action Planning and Implementation Tool*.

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[4] An example from the Chicago Continuum of Care can be found here.

South Central/West

Map Location	
Point in Time Count (2021)	**127** *(77 Unsheltered)*
Number of Emergency Shelter Beds	**0**
Number of Transitional Housing Beds	**25**
Number of Rapid Re-housing Beds	**25**
Number of Permanent Supportive Housing Beds	**0**
Total Dedicated Beds in the Region	**50**

Key Regional Agencies:
- Crisis Intervention & Advocacy Center (CIAC) *(current Designated Lead Agency)*

A gaps analysis identified that the PIT Count shows a high amount of people experiencing homelessness on a per capita basis. Particularly concerning is the increase of unsheltered homelessness, especially given that the homeless response system is lacking access to emergency shelter options within the geographic area and relies on Polk County to provide that service.

Key Challenges and Opportunities that Exist in the Region:

One of the key struggles in the South-Central West Region is the sheer size of the coverage area. Spreading over 10 counties with limited services, the region is one of the more rural in the Balance of State CoC, particularly in its southern portion.

Homelessness in the area has been a constant issue but is often not as visible as it may be in more urban areas. Recent need due to the pandemic has put a spotlight on the issue of homelessness in the area and has created an opportunity to operate differently as a system, given the rapid rise in requests for assistance. There is concern the need will continue to increase once the eviction moratorium expires.

Key strengths in the area include good coordination among a small, but dedicated, team of providers. The region hosts monthly regional meeting with partners and works to approach homelessness as a community issue that impacts everyone. Currently, the meetings bring together the (limited number of) homeless service providers, churches, campground representatives, schools, and hospitals. Each community within the region has different resources at its disposal, so the meetings are key to provide more comprehensive services to those experiencing homelessness.
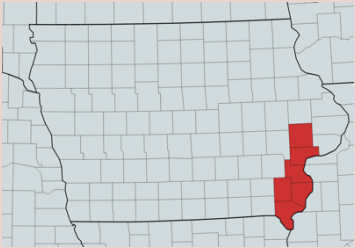
Providers in the region report struggling to identify units that balance affordability while meeting rent reasonableness and suitability requirements for federal funding. This is particularly difficult in areas that allow people to maintain proximity to their support network and mainstream services. Transportation is also a large challenge in such a rural area with severely limited public transportation. Providers report spending a good deal of time coordinating and transporting clients to and from their required appointments.

Key Areas Needing Improvement:

1) **Regional Coordination and Governance**: The region has a strong communication and coordination network; but could build off its strengths. The region can use *Phase I* of "Appendix A: Strengthening Regional Governance" to identify possible areas for improvement.

2) **Program Models Chart**: A program models chart defines and standardizes the types of services offered across a community.[5] The purpose of these documents isn't to change what providers are offering, but develop better agreement on what services are available, and who they are best used by—so outreach workers, law enforcement, and faith-based groups have a better understanding of the system of care. These can include formal and informal assistance provided across the region.

3) **Create Landlord Relationships Ad-hoc Task Group:** Organize a time limited sub-group that is responsible for developing a proposal for additional policies on strengthening landlord relationships. This group can also help identify a list of existing landlords, incentives or guarantees the region could provide, as well as other issues identified by existing landlords. Results can be shared with the broader region, elected officials, and the CoC Board to drive interest and funding in these recommendations.

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[5] An example from the Chicago CoC can be found here.

Southeast Iowa

Map Location		
Point in Time Count (2021):	**60** *(16 Unsheltered)*	
Number of Emergency Shelter Beds	**128**	
Number of Transitional Housing Beds	**0**	
Number of Rapid Re-housing Beds	**18**	
Number of Permanent Supportive Housing Beds	**45**	
Total Dedicated Beds in the Region	**191**	

Key Regional Agencies:
- Burlington Area Homeless Shelter
- Community Action of Southeast Iowa, Inc (CAOFSEIA)
- Emma Cornelis Hospitality House
- Muscatine Center for Social Action (MCSA) *(current Designated Lead Agency)*
- Transitions DMC

The PIT Count shows a moderate number of people experiencing homeless, especially given the overall population of the region. The homeless service response system in the region is sufficient, with a mix of shelter, rapid re-housing, and permanent supportive housing. However, most resources are concentrated in the more metropolitan areas, which presents some obstacles to full coverage of the region's large geographic size.

Key Challenges and Opportunities that Exist in the Region:

The Southeast Iowa region has areas with contrasting populations and services, with large rural areas, small urban centers, and proximity to the more metropolitan areas of Quad Cities and the Illinois border. Even with these geographical challenges, the providers in the Southeast region have risen to the task of addressing homelessness, with Burlington as the regional hub for housing, services and employment in the region.

Service providers in the area point to rapid re-housing as an intervention they want to expand, but many are running up against struggles in finding landlords who will rent units to program participants. The local economy, which is heavily based in manufacturing, is expanding and putting pressure on rents and housing supply. With the increasing number of potential tenants, landlords have shown a preference to rent to market-rate tenants, making existing relationships with landlords a key to success for future placements.

Homeless response system providers noted that the region's greatest strength is the ability to create a patchwork of housing and services to meet the needs of people experiencing homelessness in the region. Turning what would individually be small resources into a larger system of care has been vital to support efforts to house and keep people housed.

Lack of transportation options is one of the greatest challenges in serving people experiencing homelessness across the region; many of the available services are concentrated in certain areas or scattered in places not easy to access. To help address some of the logistical issues related to transporting clients, Muscatine homeless service providers purchased a shuttle van to assist with trips to Burlington, which could be a model for other parts of the region.

Given the strength of manufacturing companies, there is no shortage of jobs in the region. However, many families struggle to find affordable daycare, especially as they are first starting to gain employment. A short-term day care program to help families transition into working would greatly improve outcomes.

Another regional strength is the cross-agency coordination and the ability of the several providers to function as one team across the system of care. This is accomplished by hosting well-attended monthly pull meetings that include all providers, where issues ranging from systems coordination to client placement are discussed.
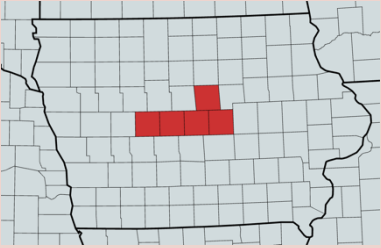
Key Areas Needing Improvement:

1) **Regional Coordination and Governance**: The region has a strong communication and coordination network; but could build off its strengths. The region can use *Phase II* of "Appendix A: Strengthening Regional Governance" to identify possible areas of improvement.

2) **Create Landlord Relationships Ad-hoc Task Group:** Organize a time limited sub-group that is responsible for developing a proposal for additional policies on strengthening landlord relationships. This group can also be in charged with identifying a

list of existing landlords, incentives or guarantees the region could provide, as well as other issues identified by existing landlords. Results can be shared to broader region, elected officials, and the CoC Board to drive interest and funding in these recommendations.

3) **Expand Outreach and Coordination to Burlington:** The region needs to strengthen its engagement of stakeholders in Burlington, with time dedicated to educating and building support among elected officials.

Two Rivers

Map Location		
Point in Time Count (2021)	**176** *(28 Unsheltered)*	
Number of Emergency Shelter Beds	**78**	
Number of Transitional Housing Beds	**48**	
Number of Rapid Re-housing Beds	**55**	
Number of Permanent Supportive Housing Beds	**0**	
Total Dedicated Beds in the Region	**181**	

Key Regional Agencies:
- Assault Care Center Extending Shelter & Support (ACCESS)
- The Bridge Home *(current Designated Lead Agency)*
- Crisis Intervention Service/NIAD Center for Human Development
- Domestic/Sexual Assault Outreach Center (DSAOC)
- Home for Awhile
- Primary Health Care (PHC)
- Youth & Shelter Services (YSS)

Data analysis indicates that the Two Rivers Region experiences a moderate level of homelessness. Available housing and service options are robust, with close to 1,500 individuals assisted with housing, prevention funding, diversion resources, shelter, and outreach services in

the first quarter of 2021 alone.[6] Story County developed its first permanent supportive housing program in January 2021 (not accounted for in the 2021 HIC), with hopes to expand the program to other counties in the region over the coming months and years. In addition, the region has been able to leverage it outreach services, in partnership with local law enforcement and hospitals, to ensure that the available resources are targeted to those most in need. The system flow of these resources in the region has had success in connecting people with permanent housing; 66% of shelter residents from one shelter in the region exited into permanent housing options, with only a five percent rate of return to homelessness.

Key Challenges and Opportunities that Exist in the Region:

Homelessness varies across Two Rivers, with Ames having a more visible level of homelessness compared to more rural areas of the region. Anecdotally, unsheltered and more visible homelessness has increased over the past year due to the pandemic. This was compounded by a recent tornado and derecho resulting in limited housing stock across the broader region. The community has tried to capitalize on certain opportunities made available in response to the pandemic, including maximizing federal funds and working with landlords who are more receptive to renting to tenants with housing vouchers or other subsidies.

Outside of Story County, rural homelessness is less visible but no less challenging to address. This includes Marshall County, which has a high number of undocumented residents who are reluctant to seek assistance due to their immigration status. The community has risen to the challenge by fostering relationships with faith-based organizations that have raised funding to provide housing to people experiencing homelessness in Story and Marshall counties.

The recent closure of two shelters thins an already strained system. Many of the providers struggle with inadequate funding and critical capital necessary to maintain operation. Limited housing and services are a challenge, although the coordinated entry system—including multiple access points across the region—and outreach providers constitute points of strength.

The region is currently focused on increasing its supply of permanent housing, including expansion of RRH and PSH projects, identifying housing options for those currently residing in temporary hotel-based shelters, expanding resources in Greene and Hardin Counties, and building community support for addressing the issue of homelessness and mental health.
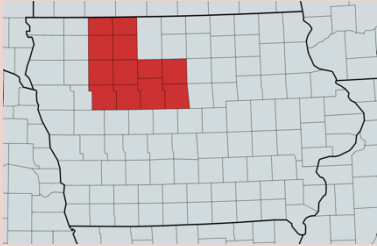
Key Areas Needing Improvement:

1) **Regional Coordination and Governance:** The region has a strong communication and coordination network, but could build off its strengths. The region can refer to *Phase II* of "Appendix A: Strengthening Regional Governance" to identify possible areas of improvement.

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[6] The Bridge Home Quarterly Report for 2021 Q1.

2) **Housing First Trainings:** Participate in statewide trainings on Housing First, with special outreach to the faith-based community and non-HUD funded agencies to encourage their participation. *See also Action Item 6b of the Action Planning and Implementation Tool*.

3) **Create Additional Resources Ad-hoc Task Group:** Organize a time-limited sub-group that is responsible for developing proposals to identify and apply for additional funding streams to build off the current success occurring in the Two Rivers region, with a special focus on identifying ways to expand on the rapid re-housing model and homelessness prevention.

Upper Des Moines

Map Location		
Point in Time Count (2021)	**167** *(21 Unsheltered)*	
Number of Emergency Shelter Beds	**115**	
Number of Transitional Housing Beds	**100**	
Number of Rapid Re-housing Beds	**0**	
Number of Permanent Supportive Housing Beds	**0**	
Total Dedicated Beds in the Region	**215**	

Key Regional Agencies:
- Beacon of Hope
- Community and Family Resources
- Discovery House
- Domestic/Sexual Assault Outreach Center (D/SAOC)
- Family Alliance for Veterans of America (FAVA)
- Family Crisis Centers (FCC)
- Fort Dodge Housing Agency
- Gateway to Discovery
- Lotus Community Project
- Upper Des Moines Opportunity, Inc. (UDMO) *(current Designated Lead Agency)*

Data analysis indicates a moderate level of homelessness within this region. The response system in the region is primarily limited to more temporary interventions, with shelters mostly concentrated in Webster County. The lack of permeant housing options does not create the ideal system flow for the community, which can result in people experiencing homelessness for longer periods of time.

Key Challenges and Opportunities that Exist in the Region:

One of the key struggles in the Upper Des Moines Region is the sheer size of the coverage area. The region extends over 12 counties, while most of the resources are located in Fort Dodge. Altogether, the region is one of the most rural in the Balance of State with limited resources.

Homelessness in the area has been a constant issue but is often hidden. Stakeholders report that people experiencing homelessness seek shelter in dilapidated or abandoned housing stock. Recently, homelessness in the region has become more visible, with reports of more people sleeping in cars, laundry mats, or parking lots. The community response to the visibility has been mixed, and people in the community have developed a misconception that people experiencing homelessness are not originally from the area. The community faces a tension between a desire to reduce visibility and a lack of political will to provide adequate supports.

Key strengths in the area include strong coordination among a small, but dedicated, team of providers. There have been efforts to increase public awareness on the issue of homelessness in the region.

Areas needing improvement include better outreach to areas outside of Webster County to better connect the more rural communities to the resources that exist in the region. In addition, further development of affordable housing is necessary throughout the region.

Key Areas Needing Improvement:

1) **Regional Coordination and Governance**: The region has opportunities for strengthening its communication and coordination among stakeholders. The region can use *Phase I* of "Appendix A: Strengthening Regional Governance" to identify possible areas for improvement.

2) **Develop a Regional Program Models Chart**: A program models chart defines and standardizes the types of services offered across a community.[7] The purpose of the chart is to develop a shared understanding of service availability, eligibility, and effectiveness to ensure that outreach workers, law enforcement, and faith-based groups can navigate the system of care.

3) **Housing First Trainings:** Conduct regional Housing First trainings, with special outreach to the faith-based community and non-HUD funded agencies to encourage their participation. *See also Action Item 6b of the Action Planning and Implementation Tool.*

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[7] An example from the Chicago Continuum of Care can be found here.

4) **Create Affordable Housing Ad-hoc Task Group:** Organize a time limited sub-group responsible for drafting a proposal to develop additional affordable housing units. In addition, the group would be in charged with identifying available funding that could be secured locally, a provider or developer to work locally, and possible sites. Results should be reported to the broader region, elected officials, and the Balance of State CoC Board to drive interest in this work.

2021-2024 ACTION PLANNING AND IMPLEMENTATION TOOL

UPDATED AUGUST 2021

THIS DOCUMENT IS A WORK PLAN, IDENTIFYING SPECIFIC ACTIONS TO BE TAKEN WITHIN EACH OF THE IDENTIFIED FOCUS AREAS, GOALS AND STRATEGIES FOR THE STRATEGIC PLAN. IT IS INTENDED TO BE A LIVING DOCUMENT, UPDATED AS PROGRESS IS MADE IN IMPLEMENTATION.

COC GOVERNANCE AND REGIONAL CAPACITY

Goal #1: Develop Robust Governance that Empowers Regions while Maintaining a Strong Central Balance of State CoC

STRATEGY 1: Develop robust leadership and succession planning within the Balance of State CoC Board			
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➢ 20% NEW COC BOARD MEMBERS EVERY TWO TO THREE YEARS ➢ DEVELOPMENT OF COC ORGANIZATIONAL CHART			
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
1a. Expand and Deepen CoC Board Membership **Issue**: With the creation of a new Iowa Balance of State CoC Board, there is a need to conduct outreach to interested partners to participate. The CoC should work to develop ways to increase stakeholders' interest in participating in the CoC Board; considering a different turnover process and rotation of the Chair and Vice-Chair positions could increase commitment to the CoC Board roles. Attention should be given to recruiting a broad and diverse set of CoC Board members, as well as avoiding conflict in nominations/voting. **Possible Solutions**: Explore a few options for increasing interest and sustainability in CoC Board member roles, including: • moving to three-year terms for CoC Board members, considering the balance of longevity/knowledge with ensuring diversity of perspectives; • building in succession planning by elevating Vice Chair to Chair position; • expanding CoC Board recruitment process to reach additional stakeholders to participate in future leadership roles; • development of succession planning efforts by using Task Groups as forums to build knowledge and comfort with CoC requirements; and/or	**Lead**: Governance/ Nominating Task Group **Partners**: Collaborative Applicant; CoC Board	Long Term; Q1 2023	

• refining existing nomination process, including building a more robust Governance/Nominating Task Group consisting of both CoC Board members and non-Board members to help develop role profiles, skillsets, etc. for CoC Board membership.			
1b. Develop a Detailed Organizational Chart of the CoC **Issue**: Need additional clarity on the roles and responsibilities of existing entities and stakeholders that make up the CoC governance structure to prevent overlap of duties and allow for better delegation of tasks by CoC Board. **Possible Solutions**: Visually map out entities within the CoC structure to show how all entities (CoC Board, CoC general membership, Lead Agency/ Collaborative Applicant, HMIS Lead, CE Leads, regions, CoC-funded agencies) work together to support the mission/goals of the CoC; include information on delegation of authority within chart. The organizational chart(s) should focus on CoC roles and responsibilities (i.e., "CoC Lead/Collaborative Applicant") rather than individual persons and/or agencies (i.e., "ICA") to enable future changes and ensure accountability. Once complete, ensure organizational chart is frequently referred to and updated as necessary to help build relationships between CoC entities and increase trust around the roles and responsibilities outlined.	**Lead**: Collaborative Applicant; Homebase **Partners**: CoC Board	Short Term; Q4 2021 (*in progress*)	[HUD BoS Toolkit](#)

STRATEGY 2: Build capacity of CoC Standing Task Groups			
HOW WILL WE MEASURE SUCCESS FOR THIS STRATEGY? ➢ EACH TASK GROUP HAS APPROVED WORK PLAN			
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
2a. Actively Work to Expand Membership of CoC Task Groups **Issue**: While CoC governing documents allow for wider Task Group memberships, in practice many of the CoC Task Groups have membership made up almost entirely of CoC Board members. While maintaining the connection between Task Groups and the CoC Board is important, limited membership hinders the CoC's ability to incorporate diverse perspectives and build out the capacity and collective expertise of the larger CoC membership.	**Lead**: Governance/ Nominating Task Group **Partners**: Collaborative	Long Term; Q3 2023	

Action Items	Responsible Parties	Timeline	Supporting Resources
Possible Solutions: Actively recruit additional members for CoC Task Groups, working to mirror the varied stakeholder representation on the CoC Board and include as many regions as possible. Develop marketing materials to generate interest and explain the benefits of participating in Task Groups. Create a targeted onboarding process for new members.	Applicant; CoC Task Groups		
2b. Develop/Update Work Plan for Each Task Group **Issue**: There is need for more clarity of each of the six existing Task Groups as to their roles, responsibilities, and leadership. Establishing clear roles will help ensure meeting goals of the Strategic Plan by assigning them to individual Task Groups and guiding the annual work of the Groups to achieve the goals. **Possible Solutions**: Host meeting of all Task Groups and assign them to develop their annual work plan to complement Action Items within the Strategic Plan. Work plans should focus on identifying and implementing core tasks described in this Strategic Plan. These work plans will be approved and overseen by the CoC Board. Work plans should follow a uniform structure to facilitate ease of oversight. Having quarterly reviews of the Task Group work plans will provide the necessary oversight without overly burdening the Board with details.	**Lead**: Collaborative Applicant; Strategic Planning Task Group **Partners**: All CoC Task Groups; CoC Board	Medium Term; Q1 2022	Task Group Work Plan Template

STRATEGY 3: Strengthen coordination/participation in regions to increase capacity to end homelessness locally		

| HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY?
➙   IMPROVEMENT IN COORDINATED ENTRY, HMIS, AND HIC PARTICPATION AND DATA QUALITY |||

Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
3a. Increase Consistency of Coordinated Entry Implementation Among Regions **Issue**: There are inconsistent outcomes regionally regarding the Coordinated Services Network. Part of the issue is differing levels of participation in regional pull meetings. The CoC needs increased consistency to improve data quality and participation. **Possible Solutions**: Identify the five regions that need most support across the CoC and develop a remediation plan for each. Dedicate more staff time to these	**Lead**: Coordinated Service Regions Task Group; CE Leads	Medium Term; Q1 2022	

regions to assist in organizing and refining pull meetings and the Coordinated Services Network processes. Evaluate improvement of these regions and report to the CoC Board. Each year identify five additional regions and repeat the process.	**Partners**: Collaborative Applicant; HMIS Lead		

Goal #2: Continue Development of CoC's Collaborative Applicant to Provide the Support, Data, and Assistance Needed to the CoC, Board & Task Groups

STRATEGY 4: Clarify responsibilities of Collaborative Applicant/Lead Agency, HMIS Lead, and Coordinated Entry Lead			
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➢ ALL HUD REQUIRED AND ENCOURAGED POLICY AND PROCEDURES COMPLETED			
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
4a. Develop and sign an MOU with Collaborative Applicant **Issue**: The CoC needs clarity on responsibilities of the Collaborative Applicant/Lead Agency for the CoC. **Possible Solutions**: Develop and approve a Collaborative Applicant MOU, using samples from other CoCs, details in the CoC's Planning Grant, and priorities/needs of CoC. MOU should clarify when the CoC Board should have input versus when Collaborative Applicant can act independently to make decisions on Collaborative Applicant duties (e.g. decisions around staffing and budgeting). Continue working with Task Group Chairs to draft an MOU to be approved by CoC Board.	**Lead**: Task Group Chair; Collaborative Applicant **Partners**: CoC Board	Short Term; *completed*	
4b. Update/Refine Conflict-of-Interest Policy **Issue**: Need clarity and policy on potential conflict of interest issues for organizations that fill multiple roles in the CoC (e.g. ICA) or agencies that receive funding but also serve on CoC decision-making bodies.	**Lead**: Strategic Planning Task Group **Partners**: Collaborative	Short Term; Q4 2021	

Possible Solutions: Refer to existing policies by other CoC's to refine the CoC's conflict-of-interest policy to ensure it addresses one agency filling many roles within a CoC. Also examine policies related to conflict of interest for funded providers participating in any decisions relating to CoC-funding.	Applicant; CoC Board		

Goal #3: Increase Inclusion of People with Lived Experience at the CoC and Regional Level

STRATEGY 5: Incorporate a diverse set of voices into regional and statewide planning efforts to end homelessness
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➤ A (REGIONAL OR COC-WIDE) YOUTH ACTION BOARD DEVELOPED AND EMPOWERED ➤ INCREASE IN LIVED EXPERENCE PARTICPATION

Action Items	Responsible Parties	Timeline	Supporting Resources
5a. Encourage Youth Participation and Involvement at a Regional Level **Issue**: A critical element to HUD's YHDP award is having existing youth involvement in the CoC. The CoC needs to develop a way to encourage participation at the regional level, whether that be in pull meetings or other venues, to authentically engage youth with lived experience of homelessness. **Possible Solutions**: Identify a new community/region that is well-positioned to develop a Youth Action Board (YAB) or consider developing a CoC-wide YAB. Identify sources of funding to encourage consistent participation by youth in the YAB. Recruit local youth experiencing or with former experience of homelessness to participate. Complete group by-laws and structure. Identify agency to facilitate/lead work with the YAB. Approval by CoC Board on process, and updates on progress.	Lead: Youth Action Board Task Group; Selected Regions Partners: Collaborative Applicant	Long Term; Q3 2023; ***partially completed***	
5b. Increase Participation by People with Lived Experience in CoC **Issue**: Incorporating the experiences and feedback of people that have experienced homelessness in the homeless response system is a critical	**Lead**: Governance/	Long Term; Q1 2023	

component to designing an effective and equitable system. Given HUD's focus on encouraging participation by people with lived experience of homelessness, the CoC should work to identify ways to encourage broader participation by people with lived experience of homelessness in the CoC Board and at a regional level. **Possible Solutions**: Review membership on all existing (and future) decision-making bodies, including representation on the CoC Board, Task Groups/work groups, advisory bodies, etc. Develop best practices around encouraging lived experience participation among local regions and at the CoC level. Note that greater incorporation of lived experience will necessarily require developing and delivering robust training and onboarding process to ensure that people with lived experience are able to fully participate in all relevant decision-making activities. Identify possible funding sources to sustain/incentivize participation. Explore ways to encourage those qualified to serve for extended terms on Task Groups or in regional Coordinated Services Network pull meetings.	Nominating Task Group **Partners**: Collaborative Applicant		

BEST PRACTICES/HOUSING FIRST

Goal #4: Build Capacity of CoC-Funded Agencies and other Stakeholders

STRATEGY 6: Design Formal Methods of Peer Collaboration and Learning Across the CoC			
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➢ INCREASED USE/UNDERSTANDING OF BEST PRACTICES SYSTEMWIDE ➢ IMPROVEMENT IN HUD'S SYSTEM PERFORMANCE MEASUREMENTS			
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
6a. Develop Peer Sharing Forum **Issue**: There is not a formal way for CoC-funded agencies to share best/promising practices and learn from each other on strategies/practices that have worked well in their respective agencies and/or regions. **Possible Solutions**: Develop a regular (roughly every six-weeks), recorded, "Peer Sharing Forum" for staff of CoC-funded agencies to come together and discuss how they have implemented best/promising practices in their individual agencies or at the regional level. This is an opportunity to problem solve and learn from what has worked in other communities. Topics should include those discussed in the Stakeholder Engagement/Mainstream Partnership section, including landlord engagement, PHA partnerships, and collaborations with other systems of care. This forum could also be used to explore program model issues (e.g. how should RRH be staffed, how to make RRH more flexible, PSH funding models) and to expand knowledge for providers. The CoC could explore breaking the state into smaller groups by geographic area or other affinity type groups (PSH, RRH, TH providers) to discuss how to implement what was learned locally. Invites should be focused on what type of staff are encouraged to attend (front line, program, etc).	**Lead**: Collaborative Applicant **Partners**: CE Leads; Regional Leads	Medium Term; Q1 2022	

6b. Increase/Formalize Training Opportunities for CoC and Non-CoC Funded Agencies	Lead: Collaborative Applicant	Medium Term; Q3 2022	
Issue: CoC-funded agencies noted they have benefited greatly from past trainings held by the CoC, but they could use additional/more frequent trainings. There is also a need to attract non-CoC funded providers who are important partners in addressing homelessness in the community. **Possible Solutions:** Develop regular training series for CoC agencies and other stakeholders on emerging issues and best practices. Capitalize on/incentivize participation in existing trainings provided by HUD and nonprofits such as National Alliance to End Homelessness (NAEH). Training series should include both HUD-required trainings and topics to assist agencies improve service delivery, such as Housing First, racial equity/bias, housing-focused case management, trauma-informed care, motivational interviewing, harm reduction, and Fair Housing.	**Partners:** **Partners:** CE Leads; Regional Leads		

Goal #5: Promote the Use of Evidence-Based Practices

STRATEGY 7: Focus on monitoring and CoC Program Competition readiness			
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➢ HIGHER ANNUAL SCORE ON HUD COC PROGRAM COMPETITION ➢ IMPROVEMENT IN HUD'S SYSTEM PERFORMANCE MEASUREMENTS			
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
7a. Implement CoC-Wide use of a Housing First Self-Monitoring Tool **Issue:** Many regions expressed the need for more trainings and increased commitment/adherence to Housing First principles in their communities. HUD's Housing First Assessment Tool, or a similar locally-designed tool, can offer a structured way to allow providers to self-identify areas needing improvement. **Possible Solutions:** Using Peer Sharing Forum or other CoC-wide meetings, host a series of trainings/discussions on Housing First best practices and how to apply	**Lead:** Collaborative Applicant **Partners:** CoC Board; CE Leads; Regional Leads	Medium Term; Q2 2022	HUD Housing First Assessment Tool

them locally. Encourage CoC-funded, ESG-funded, and other homeless response system providers to self-monitor using a Housing First Assessment tool. Develop smaller working groups of agencies/regions based on their assessment results to provide opportunities to improve practices.			
7b. Integrate Housing First Checklist into CoC Monitoring/CoC Program Competition Scoring Process **Issue**: Agencies may need external pressure and/or incentive to improve their adherence to Housing First principles. Actively monitoring agencies on their use of Housing First, and linking the monitoring results to funding, will help underscore the importance of Housing First to the CoC. **Possible Solutions**: Develop or adopt a monitoring tool focused on implementation of Housing First at the program level as part of the CoC monitoring process. Incentivize participation in existing trainings provided by HUD. Include review of agency/program policies and procedures as well as data points, such as length of time homeless. Develop Performance Improvement Plans for programs who show need for improvement in their adherence to Housing First. Integrate additional metrics related to Housing First into local CoC scoring criteria.	**Lead**: Collaborative Applicant; CoC Grant Competition Task Group **Partners**: CoC Board	Medium Term; Q4 2022	

Goal #6: Use Data to Right-size Resources

STRATEGY 8: Right-size resources at the Regional level			
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➥ RIGHT SIZING OF RESOURCES EXPLORED AND PRESENTED TO COC BOARD			
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
8a. Explore Data to Identify Regions with Incongruity Between Populations Experiencing Homelessness and Available Resources **Issue**: Many regions have a disproportionate number of units for families compared to single adults when comparing to PIT and HMIS data.	**Lead**: Collaborative Applicant; HMIS Lead	Medium Term; Q4 2022	

Possible Solutions: Compare current HIC/PIT data to identify regions with an imbalance of family versus single beds, particularly in relation to the composition of the population of people experiencing homelessness within the region (i.e. victims of domestic violence, people experiencing chronic homelessness). Identify existing funding sources for homeless beds in imbalanced regions or consider retooling some existing resources to fill unmet need. Identify existing units and reallocated funding to be repurposed to meet the needs of populations not being adequately served.	**Partners**: CoC Board		

STAKEHOLDER ENGAGEMENT/CONNECTION TO MAINSTREAM RESOURCES

Goal #7: Expand Stakeholder Knowledge, Improve Engagement, and Shape Public Policy

STRATEGY 9: Ensure Understanding of Services Available for People Experiencing Homelessness at the Regional Level			
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➢ IMPROVEMENT IN HUD SYSTEM PERFORMANCE MEASURES			
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
9a. Improve Understanding of Resources Available at the Local/Regional Level **Issue**: In many regions, there is a lack of clarity among those seeking assistance and homeless response system providers on where to turn for specific resources. This may be more pronounced in some of the rural regions, where resources are more disjointed and there is a general lack of understanding of how to connect to or qualify for various assistance programs or other services. **Possible Solutions**: Identify technology or develop informational sources to map out existing resources in each region. Explore the possibility of partnering with existing systems, such as 2-1-1, to ensure resources are consistently updated and reflect accurate information related to access and eligibility. If not already, ensure that the resource includes Coordinated Services Network access points within each region. Work with existing systems to facilitate consistent updating, wide dissemination, and ease of accessibility (link through CoC website, local providers, etc.).	**Lead**: CE Leads; Regional Leads; Collaborative Applicant **Partners**: Coordinated Services Regions Task Group	Medium Term; Q3 2022	2-1-1 Iowa San Antonio Example

Action Items	Responsible Parties	Timeline	Supporting Resources
9b. Conduct Training on Mainstream Resource Availability, Eligibility, and Use for CoC-Funded Agencies and other Homeless Response System Providers **Issue**: Many smaller providers lack the knowledge on existing federal and state mainstream resources, particularly SSI, Medicaid, TANF and other programs that serve low-income people. **Possible Solutions**: Provide targeted trainings for CoC and other homeless response system providers on available mainstream resources, how and where to access them locally, and strategies for maximizing these resources to help prevent and end homelessness.	**Lead**: Collaborative Applicant; Peer Learning Forum **Partners**: CE Leads	Long Term; Q4 2023	

STRATEGY 10: Gather Data/Information and Conduct Targeted Education and Outreach Campaigns to Increase Investment by Additional Stakeholder Groups

HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY?
- ➢ ADDITIONAL STAKEHOLDERS ENGAGED IN/NEW PARTNERSHIPS FORMED
- ➢ IMPROVEMENT IN HUD'S SYSTEM PERFORMANCE MEASUREMENTS

Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
10a. Develop Toolkit for Regions and Local Homeless Response System Providers to Outreach to and Educate other Stakeholders and Systems of Care **Issue**: Many CoC-funded agencies and homeless response system providers have a vested interest in engaging local stakeholders (e.g. businesses, faith community, landlords) and other systems of care or government agencies (e.g. public housing, criminal legal system, healthcare, behavioral health, education), but lack the time and capacity to conduct targeted outreach efforts. The CoC can leverage its collective knowledge and resources to assist local providers in efforts to engage and educate these other stakeholders on the systemic issues that impact homelessness and solutions to preventing and ending homelessness. **Potential Solutions:** Develop an Outreach Toolkit that can be used across the CoC by providers to engage with local stakeholders. The toolkit can	**Lead**: Collaborative Applicant; Peer Learning Forum **Partners**: CE Leads	Long Term; early 2024	

include information about which agencies/stakeholder groups to approach, strategies for active engagement, and educational materials tailored to different target audiences. Target audiences can include: public housing authorities, landlords, local hospitals and/or behavioral health providers, local law enforcement, school districts, faith community, etc. Use resources such as the Strategic Plan (including Section 1 "Spotlights" on best and promising practices), local regional mapping (*see Action Item 9a, above*), lessons learned through Peer Sharing Forums, and available data to develop materials. Identify a regional point of contact to lead the efforts at the local level. Build in annual convening to bring together these newly-engaged stakeholders from across the CoC to share best practices and provide a forum to discuss how partnerships with the CoC are and can be beneficial to other mainstream systems and providers.			
10b. Expand Programs in Underserved Regions **Issue**: Many rural regions lack provider capacity, with some not having any CoC-funded housing or services. **Possible Solutions**: Work with existing CoC-funded agencies to expand the geographic scope of services to areas in the CoC that are currently underserved. Consider hosting stakeholder meetings to actively outreach to agencies that are not currently CoC funded; work with potential new providers to identify barriers to applying for funding. Develop mentorship and/or partnership program for new providers to be matched with CoC-funded agencies to help them build capacity needed to apply for new CoC funding.	**Lead**: Collaborative Applicant; CoC Grant Competition Task Group **Partners**: Regional Leads	Long Term; early 2024	
10c. Strengthen Partnership with Iowa Council on Homeless (ICH) and other Iowa CoCs to Support Advocacy Efforts at the State Level **Issue**: ICH and the Iowa CoCs have many similar objectives related to advocating for people at risk of or experiencing homelessness but can improve coordination on messaging and support when developing solutions. **Possible Solutions**: Partner with ICH and the other CoCs to collaborate on development of educational pieces to inform elected officials and other decision-makers on issues related to the need for increased housing and services for people experiencing homelessness. Integrate "upstream"	**Lead**: CoC Board; Collaborative Applicant **Partners**: Strategic Planning Task Group; Iowa	Long Term; early 2024	

solutions to preventing and ending homelessness through reform and policy changes in other systems of care (e.g. criminal legal, health care, behavioral health, child welfare, etc.) into advocacy efforts. Ensure clarity on which entities will take lead in different advocacy efforts. Work to develop coordinated public relations and media campaign to help establish the CoC and ICH as the experts on issues related to homelessness in Iowa.	Finance Authority (IFA)		

Goal #8: Increase Access to Resources for People Experiencing and At Risk of Homelessness

STRATEGY 11: Develop Partnerships and Collaborate with Public Housing Authorities to Increase Access for People Experiencing Homelessness				
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➠ IMPROVEMENT IN HUD'S SYSTEM PERFORMANCE MEASUREMENTS		
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
11a. Train Public Housing Authorities (PHAs) on CoC and Homeless Response System **Issue**: Many PHAs lack the knowledge of how the regional homeless response systems operate, or what their role could be in ending homelessness. Attempts to transfer existing knowledge to these partners often happen on an uncoordinated basis. **Possible Solutions**: Identify representatives from key housing authorities. Host an annual meeting to share an overview of the homeless system of care, best practices for serving people experiencing homelessness, and encourage participation in local pull meetings. Capitalize on new Mainstream Vouchers and Emergency Housing Vouchers (EHV) partnership requirements to engage PHAs in the work of the CoC. Discuss ways to better link and maintain connections between regions/CoCs/providers, and PHA clients.	**Lead**: Collaborative Applicant; Strategic Planning Task Group **Partners**: Peer Learning Forum; CE Leads	Long Term; Q2 2023	

Action Items	Responsible Parties	Timeline	Supporting Resources
11b. Increase Access to PHA Resources for People Experiencing or at Risk of Homelessness **Issue:** Many housing authorities have been resistant to collaborating with the CoC in meaningful ways, often working in a siloed manner. **Possible Solutions**: Develop toolkit and advocacy materials to assist regions in engaging local PHAs, with the goal of creating/expanding a homeless preference, decreasing barriers to housing in screening processes, or establishing a formal Move On strategy. Create local best practice document that shows how these programs/policies have benefited communities across Iowa.	**Lead**: Collaborative Applicant; Strategic Planning Task Group **Partners**: Peer Learning Forum; CE Leads	Medium Term; Q3 2022	

STRATEGY 12: Foster Relationships with Landlords and Property Owners

HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➢ IMPROVEMENT IN HUD'S SYSTEM PERFORMANCE MEASUREMENTS

Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
12a. Develop Landlord Engagement Toolkit **Issue**: Landlord relationships are key for rapid re-housing and other housing interventions to be successful. Yet, many regions struggle with getting landlords to participate, often preferring market-rate tenants in a competitive housing market. The wait for funding and placement time adds further barriers. **Possible Solutions**: Develop a toolkit for regions and providers around building stronger and lasting landlord relationships. As part of its development, identify nationwide best practices on landlord incentives and mitigation funds that may be available with funding. Explore ways to better coordinate across regions and at pull meetings on working with landlords.	**Lead**: Collaborative Applicant **Partners**: CE Leads; Regional Leads	Medium Term; Q4 2022	

STRATEGY 13: Promote the Use of Prevention/Diversion Funding			
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➢ IMPROVEMENT IN HUD'S SYSTEM PERFORMANCE MEASUREMENTS			
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
13a. Better Coordinate Prevention Funding **Issue**: Preventing homeless is one of the most cost-effective ways to address homelessness. Yet, many regions struggle to coordinate with prevention resources and programs. **Possible Solutions**: Partner with Iowa Finance Authority (IFA) to develop a training series, using the Peer Sharing Forum, for regions and providers around building stronger prevention programs. Pull in ESG-funded agencies to the extent possible. As part of the training, identify nationwide best practices on prevention funding. Explore ways to better coordinate this funding across regions and at pull meetings. Explore ways to increase prevention/diversion funding integration into the Coordinated Services Network. Use data and successes of existing prevention programs to advocate for additional prevention funding at the state level.	**Lead**: Collaborative Applicant **Partners**: Iowa Finance Authority (IFA); CE Leads	Long Term; Q3 2023	

DATA, SYSTEM PERFORMANCE, AND EQUITY

Goal #9: Incorporate Data and Performance Measurement into all CoC
Decision-Making Processes

STRATEGY 14: Consider developing a data/HMIS-focused Task Group to review opportunities to improve data-driven decision-making and develop additional reporting methodologies/tools			
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➢ DEVELOPMENT OF A DATA/HMIS-FOCUSED TASK GROUP ➢ DEVELOPMENT OF AN ACTION-ORIENTED WORK PLAN TO GUIDE THAT COMMITTEE'S ACTIVITIES			
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
14a. Determine Whether an Additional data/HMIS-Focused Task Group is Necessary and/or Desirable **Issue**: The HMIS Lead has done an excellent job developing data resources for the CoC. By increasing the range of stakeholders involved in the identification of needed data resources and their subsequent development, the CoC may be able to better incorporate a focus on data into its decision-making processes. **Possible Solutions**: Consider developing and implementing a data/HMIS-focused standing Task Group to oversee and manage data-related activities. Such a committee should incorporate a broad range of stakeholders. This Committee could help guide the CoC's data strategy, identify necessary resources, work to ensure existing resources are tailored to meet the decision-making needs of other decision-making bodies, oversee the HMIS Lead and the development of HMIS governance materials, produce monitoring reports for use by the CoC Board, and generally ensure that data is incorporated into all decision-making processes.	**Lead**: CoC Board **Partners**: Strategic Planning Task Group; Collaborative Applicant; HMIS Lead	Short Term; Q4 2021	

14b. Identify Appropriate Stakeholders to Serve on a Future Data/HMIS-Focused Task Group (considering expertise, lived experience, equity concerns, etc.) **Issue**: To maximize the effectiveness of any future data/HMIS-focused Task Group, it should incorporate a broad range of stakeholders in order to ensure that all views are represented and an appropriate equity lens is maintained. **Possible Solutions**: A Data/HMIS-focused Task Group should include: • HMIS Lead • Providers • Government agencies • Representatives from underserved and/or marginalized communities • Representatives with lived experience The CoC Board should consider developing a description of expected qualifications, interests, and duties to help guide selection of Committee members. Members should be active stakeholders in the CoC, knowledgeable about CoC needs/activities, interested in data-related issues, and willing to make the necessary time commitment to actively participate. This "job description" can ultimately be used to help develop a work plan for the Task Group [*see Action Item 14c, below*]	**Lead**: CoC Board; Governance/ Nominating Task Group **Partners**: Strategic Planning Task Group; Collaborative Applicant; HMIS Lead	Short Term; Q4 2021	
14c. Outline Responsibilities and Develop an Initial Work Plan to Guide a Data/HMIS-Focused Task Group, if Desirable **Issue**: Need to ensure that the work of a future Data/HMIS-focused Task Group aligns with the CoC's broader efforts to prevent and end homelessness. **Possible Solutions**: Develop action-oriented work plan to guide the Task Group. The work plan should identify specific goals and outcomes, including: • Development of a data resource catalog [*see Action Item 15a below*] • Identification of opportunities to better utilize data in all decision-making processes [*see Action Item 15b below*] • Development of equity-focused tools to better address inequities [*See Goal 10 below*] • Other Action Items as defined by the CoC Board with input from the HMIS Lead	**Lead**: Potential Data/HMIS Task Group **Partners**: HMIS Lead, CoC Board	Short Term; Q4 2021	

STRATEGY 15: Review existing capacity to utilize data and performance measurement to guide CoC decision-making processes and identify areas to further incorporate data and performance measurement into decision-making			
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY?			
➢ COMPLETED CATAGLOGUE OF DATA AND PERFORMANCE MEASUREMENT RESOURCES ➢ INCORPORATE OF DATA FOCUS INTO ALL DECISION-MAKING PROCESSES			
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
15a. Identify the Full Range of Existing Data and Performance Measurement Resources and Link to Current Activities to Ensure They are Being Appropriately Utilized to Support Data-Driven Decision-Making **Issue**: The current data presence in the CoC is strong. The HMIS Lead has made a range of resources available both to the CoC and to the broader public including: • Numerous data dashboards (e.g., Equity dashboard, HUD CoC dashboard reports, etc.) • Housing Inventory Chart and Point in Time Count reports • Project- and agency-level performance reports • Regional data reports focused on coordinated entry metrics/performance • System-level performance measures and LSA data • Other miscellaneous reports (e.g., AHAR reports, "Day on the Hill" reports, etc.) **Possible Solutions**: Consider developing a catalogue of existing data and performance resources that is easily accessible to both all CoC stakeholders and members of the broader public. Such a catalogue should include: • Identification/location of the resource • Description of the data contained within the resource • Date of most recent update to the resource and calendar of future updates • Description of current uses of and purposes for the resource, including what types of decisions the resource is used to support, its value, etc. • Description of suggested purposes for the resource, including which stakeholders/decision-making bodies would benefit from its use.	**Lead**: Data/HMIS-focused Task Group [*see Strategy 14 above*] **Partners**: HMIS Lead	Medium Term; Q1 2022	ICA Data & Reports Iowa BoS Dashboard Demographics Reports Iowa Data & Reports Archive

15b. Identify Opportunities to Better Utilize Data to Support CoC Decision-Making **Issue**: All CoC decision-making should be supported by relevant data. This ensures that those decisions are objective, impact can be observed and monitored, and the decision can be (re-)evaluated and adjusted as necessary and appropriate. After cataloguing existing resources/uses [*see Action Item 15a above*], it may become apparent that data does not support CoC decision-making within certain activities. **Possible Solutions**: Ensure all decision-making processes are linked to appropriate data and performance measurement tools. Link existing tools to activities and decision-making processes and develop additional data tools where tools do not currently exist, including performance goals and metrics for CoC regions. For example, current regional reports focus mainly on Coordinated Services Network processes while performance goals/metrics are applicable primarily to projects/agencies and the entire CoC. Developing and implementing performance goals, metrics, and reporting tools at the regional level will allow the CoC to better evaluate performance and adjust resources as appropriate across regions. Identify areas for improvement at the project- and agency-levels; support and/or deliver targeted technical assistance in response to areas for improvement identified through year-round performance measurement and evaluation. ***Example of a data-driven decision-making process***: Using data to right-size resources at the regional level [*see Strategy 8 above*] - Review homeless population, demographics, and needs within regions using PIT count, HMIS, and CSN data. Focus should be paid to the characteristics, needs, and vulnerabilities of people accessing resources. - Review resources within individual regions using HIC data. - Review project-, agency-, and regional-level performance using HMIS data and relevant standardized reports. - Deliver appropriate support and technical assistance to underperforming projects, agencies, and regions to improve performance where possible. - Examine available resources and population needs within the regions of the CoC. Reallocate resources or expand interventions where misalignments exist. For example, if data reveals a large chronically homeless population	**Lead**: Data/HMIS-focused Task Group [*see Strategy 14 above*] **Partners**: HMIS Lead	Medium Term; Q1 2022	Point in Time Count Housing Inventory Chart

in a region with few PSH beds, the CoC should consider expanding existing programs or reallocating funding to create new PSH in that area.			
15c. Explore Options for Data Sharing with other Systems of Care **Issue**: Many other systems of care serve people experiencing or at risk of homelessness, but do not naturally share data with the CoC. Identifying and collecting simple data points can help to build an understanding of how these systems intersect and opportunities to collaborate and create efficiencies in service. **Possible Solutions**: Identify data at the county, regional, or state level that could be easily collected. Pilot simple data-sharing efforts (one-time data matches) in areas where possible. Collaborate with other systems of care (e.g. medical, behavioral health, criminal legal) to look at the intersection between homelessness in the CoC and high levels of interactions with other systems. Conduct targeted outreach to these systems to coordinate discharge planning. Consider conducting limited Frequent Users System Engagement (FUSE) studies to demonstrate system costs.	**Lead**: HMIS Lead; Proposed Data/HMIS Task Group **Partners**: Regions and CoC service providers	Long Term; mid 2024	

Goal #10: Develop Equitable Decision-Making Structures and Better Support Efforts to Address Inequities within the Homeless System of Care

STRATEGY 1: Ensure equitable representation within all decision-making bodies and structures			
HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY? ➢ REPRESENTATION OF UNDERSERVED AND/OR MARIGALIZED COMMUNITIES AND PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS ON ALL DECISION-MAKING BODIES			
Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
16a. Review Existing Representation of Underserved and/or BIPOC Communities, as well as Persons with Lived Experience, within Existing Decision-Making Structures **Issue**: Equitable CoC decision-making processes require input from members of underserved and/or historically underrepresented people, including Black,	**Lead**: CoC Board	Long Term; Q4 2023	

	Partners: Other decision-making bodies		
Indigenous, and People of Color (BIPOC), to ensure a proper focus on equity-related concerns.

Possible Solutions: Review membership on all existing (and future) decision-making bodies, including representation on the CoC Board, Task Groups, etc. Determine whether BIPOC and persons with lived experience of homelessness, are represented within those structures and processes. Identify areas for improvement. | | | |
| **16b. Recruit Members of Underrepresented Communities and People with Lived Experience to Serve on all Decision-Making Bodies (and provide any necessary support to ensure that their views are incorporated into CoC decision-making as appropriate)**

Issue: Where representation of underserved and/or marginalized communities, as well as persons with lived experience of homelessness, is lacking, the CoC needs to ensure that such representation exists going forward.

Possible Solutions: Conduct outreach to identify appropriate representatives to serve on decision-making bodies. [*See Action Item 5a above*] | **Lead**: CoC Board

Partners: Other decision-making bodies | Long Term; Q4 2023 | |

STRATEGY 17: Develop a year-round, action-oriented equity-focused work plan to address existing inequities within the homeless system of care

| HOW WILL YOU MEASURE SUCCESS FOR THIS STRATEGY?
➢ DEVELOPMENT OF A YEAR-ROUND WORK PLAN FOR THE EQUITY & DIVERSITY TASK GROUP
➢ REDUCTION OF RACIAL AND/OR ETHNIC DISPARITIES IN HOUSING AND SERVICE OUTCOMES |
|---|

Action Items	*Responsible Parties*	*Timeline*	*Supporting Resources*
17a. Review Existing Equity-Related Resources and Conduct an Equity-Focused Analysis of the Homeless System of Care in the CoC

Issue: The Equity & Diversity Task Group is a newer Task Group that started on an ad hoc basis. There are many resources and tools that can be used to help guide and frame discussion and analyses around equity and data.

Possible Solutions: The CoC should review data and information contained in several preexisting resources, including: | **Lead**: Equity & Diversity Task Group

Partners: CoC Board; HMIS Lead; | Medium Term; Q3 2022 | CoC Analysis Tool

CoC Racial Equity Dashboard

Coordinated Entry Systems Racial Equity Analysis of Assessment Data |

- CoC Analysis Tool - CoC Equity Dashboard - Other HMIS data - Stella P data - Racial equity white papers (Coordinated Entry Racial Equity Analysis of Assessment Data, NAEH Homelessness and Disparities Report, NAEH Racial Equity Network Toolkit, etc.) The HUD CoC Analysis Tool draws on Point in Time Count and American Community Survey data to facilitate analysis of racial disparities among people experiencing homelessness. This is a crucial first step in identifying and changing racial and ethnic bias in a homeless system of care. This data is similar to that contained in the CoC's Equity Dashboard, though more detailed and is a good first step in understanding the scope of the issue. The CoC should conduct an equity analysis of the Coordinated Services Network to determine whether the procedures and structure of the coordinated entry system (including the VI-SPDAT) are perpetuating racial and ethnic inequalities. The CoC should utilize Stella P, the visualization tool based on LSA data, to better understand the performance of the system of care in serving households belonging to different race and ethnicity groups. This will include performance metrics such as length of time homeless, exits to permanent housing, and returns to homelessness. In addition to these layers of data analysis, the CoC should collect feedback from people experiencing homelessness through focus groups, surveys, interviews, etc. This will help collect qualitative information and assist the CoC to identify areas for improvement.	Collaborative Applicant		NAEH Homelessness and Racial Disparities Report NAEH Racial Equity Network Toolkit
17b. Develop and Implement an Action-Oriented Work Plan to Address Inequities within the Homeless System of Care **Issue**: The Equity & Diversity Task Group should utilize the results of the equity analysis recommended above to inform its ongoing efforts to promote equity within the homeless system of care. **Possible Solutions**: To ensure effective action, it is necessary to develop a year-round, action-oriented work plan to address inequities within the system of care	**Lead**: Equity & Diversity Task Group **Partners**: CoC Board; HMIS Lead;	Medium Term; Q4 2022	

identified through the analysis process described above. Effective implementation could entail: • Incorporating equity-focused metrics into the annual CoC funding competition (e.g., disparities in housing and service outcomes, efforts to address those disparities, etc.); • Conducting year-round monitoring to identify project-, agency-, regional- and system-level areas for improvement to reduce inequities and eliminate disparities; • Rectifying regional imbalances through strategic reallocation of resources; or • Providing technical assistance or other necessary support to promote best practices, improve performance, and reduce systemic inequities The Task Group should regularly (re-)evaluate and revise work plan to ensure the system of care continues to prioritize reducing racial and/or ethnic disparities.	Collaborative Applicant		

Appendix A: Strengthening Regional Governance

Governance issues are a constant struggle for most Balance of State CoCs. A best practice for a Balance of State CoC is to have guidelines for regional governance that separate out the role and responsibilities of the CoC Board with that of the individual local regions.

Under this model, Balance of State regions should focus their coordination to organize local efforts to end homelessness, with primary focus on:

- Aligning with guidance from the CoC Board, HUD, and other federal and state efforts to end homelessness;
- Incorporating existing and emerging homelessness best practices;
- Breaking down silos within the region, and creating a system of care among all local providers, including non-federally funded providers; and
- Collectively identifying and advocating for local needs to local stakeholders, foundations, elected officials, and the CoC Board.

Each region will be at a different place in readiness towards these governance objectives; within the regional reports, each region was recommended to follow the plan for either "Phase I" or "Phase II," the details of which are outlined below.

Phase I: Local Coordination around Coordinated Entry Placement

At a minimum, communities should strive to have the following aspects of local governance:

- A minimum of monthly coordinated entry pull meetings, where all programs participating in the Coordinated Services Network meet to discuss progress towards connecting people to housing and services within the region.
  - CoC- and ESG-funded programs are required to use the Coordinated Services Network as their only referral source; they should all attend pull meetings.
  - Attempts should be made to invite those that are not required to use coordinated entry (faith-based, privately funded, public housing authorities, etc.), as well as those that may be helpful to identification and placement (outreach programs, shelters, etc.).
- At pull meetings providers should:
  - Use the prioritized list of people seeking housing and services within the region to connect people to the intervention most appropriate for their needs, based on the universal assessment process.
  - Exchange general coordination information about the issue of homelessness, peer share best practices, and align local advocacy efforts.

Phase II: A Homeless System of Care Level of Coordination

Regions that have already set up local coordination efforts around the Coordinated Services Network (completed the work of Phase I) are ready to advance to the next level of coordination. The work of the region will go beyond coordinated entry and pull meetings, with a focus on strategic alignment and priority building at the local level to drive regional change.

- Develop a small regional board of primary decision makers in the community to meet at least quarterly. These could include: those with lived expertise of homelessness, local government officials, mental health providers, and people representing other sectors including education, criminal legal system, victim services, faith-based community.
- The local regional board should be focused on high level progress towards ending homelessness, not the day-to-day issues. Topics to cover should include:
  - *Operating the Region*, including setting region-wide priorities and providing oversight of local efforts to reach regional goals.
  - *Data Evaluation*, including identifying key data metrics for the region and setting and exploring progress on goals.
  - *Designating Local Committees/Task Groups*, including identifying the topics on which the groups should focus, assigning written responsibilities, and providing oversight. Development of these committees/task groups will allow the region to maintain focus on high-level issues. Committees/task groups should be empowered to make certain decisions on behalf of the region in alignment with the wishes of local leadership.

Spotlight: Phase I vs Phase II Level of Focus

Cyril Parkinson was a British mid-twentieth century expert on small group meetings.[1] He differentiates between on-the-ground and strategic planning level groups; his framework would apply to the difference level between Phase I and Phase II level of oversite at a regional level.

Networking Group (Phase I-Pull Meetings)	Policy Change Group (Phase II-Regional Planning Group)
Discuss problems	Make decisions
Focus on details	Elevate from the details
Explore an issue in detail	Focus on big picture topics
Agree	Disagree
Are comprised of subject matter experts	Bring in outside experts, but are not comprised wholly of them
Work together, use the group to network and expand their knowledge	Are comprised of partners that wouldn't naturally work together

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[1] Parkinson, C.Northcote. *Parkinson's Law and other Studies in Administration*. Houghton Mifflin, 1957.

Appendix B: Action Item Assignment by CoC Entity

Timeframe	Action Item #	CoC Board	Collaborative Applicant	Coordinated Entry Lead Agencies	Regional Designated Lead Agencies	HMIS Lead	Governance/ Nominating	Strategic Planning	Coordinated Services Regions	CoC Grant Competition	Equity/Diversity	Youth Action Board	[Potential Data/HMIS]	Action Item Description/Work To Be Completed
							CoC Task Groups							
CoC Governance and Regional Capacity														
2023 Q1	1.a	P	P				L							Expand and Deepen CoC Board Membership
2021 Q4	1.b	P	L											Develop a Detailed Organizational Chart of the CoC
2023 Q3	2.a		P				L	P	P	P	P	P		Actively Work to Expand Membership of CoC Task Groups
2022 Q1	2.b		L				P	L	P	P	P	P		Develop/Update Work Plan for Each Task Group
2022 Q1	3.a		P	L					L					Increase Consistency of Coordinated Entry Implementation Among Regions
Completed	4.a	L	L											Develop and approve an MOU with Collaborative Applicant
2021 Q4	4.b	P	P					L						Update/Refine Conflict-of-Interest Policy
2023 Q3	5.a		P									L		Encourage Youth Participation and Involvement at a Regional Level
2023 Q1	5.b		P				L							Increase Participation by People with Lived Experience in CoC
Best Practices														
2022 Q1	6.a		L	P	P									Develop Peer Sharing Forum
2022 Q3	6.b		L	P	P									Increase/Formalize Training Opportunities for CoC and Non-CoC funded Agencies
2022 Q2	7.a	P	L	P	P									Implement CoC-Wide use of a Housing First Self-Monitoring Tool for Programs to Assess their Adherence to Housing First Principles
2022 Q4	7.b	P	L							L				Integrate Housing First Checklist into CoC Monitoring/NOFA Scoring Process
2022 Q4	8.a	P	L			L								Explore Data to Identify Regions with Incongruity Between Populations Experiencing Homelessness and Available Resources
Stakeholder Engagement														
2022 Q3	9.a		L	L	L				P					Improve Understanding of Resources Available at the Local/Regional Level
2023 Q4	9.b		L	P										Conduct Training on Mainstream Resource Availability, Eligibility, and Use for CoC-Funded Agencies and other Homeless Response System Providers
2024 Q1	10.a		L	P										Develop Toolkit for Regions and Local Homeless Response System Providers to Outreach to and Educate other Stakeholders and Systems of Care
2024 Q1	10.b		L		P					L				Expand Programs in Underserved Regions
2024 Q1	10.c	L	L					P						Strengthen Partnership with Iowa Council on Homeless (ICH) and other Iowa CoCs to Support Advocacy Efforts at the State Level
2023 Q2	11.a		L		P		L							System
2022 Q3	11.b		L		P		L							Increase Access to PHA Resources for People Experiencing or at Risk of Homelessness
2022 Q4	12.a		L	P	P									Develop Landlord Engagement Toolkit
2023 Q3	13.a		L	P										Better Coordinate Prevention Funding
Data Systems														
2021 Q4	14.a	L	P			P		P						Determine Whether an Additional data/HMIS-Focused Task Group is Necessary and/or Desirable
2021 Q4	14.b	L	P			P	L	P						Identify Appropriate Stakeholders to Serve on a Future Data/HMIS-Focused Task Group

BoSCoC ia

Timeframe	Action Item #	CoC Board	Collaborative Applicant	Coordinated Entry Lead Agencies	Regional Designated Lead Agencies	HMIS Lead	CoC Task Groups							Action Item Description/Work To Be Completed
							Governance/ Nominating	Strategic Planning	Coordinated Services Regions	CoC Grant Competition	Equity/Diversity	Youth Action Board	[Potential Data/HMIS]	
2021 Q4	14.c	P				P		L					L	Outline Responsibilities and Develop an Initial Work Plan to Guide a Data/HMIS-Focused Task Group, if Desirable
2022 Q1	15.a					P							L	Identify the Full Range of Existing Data and Performance Measurement Resources and Link to Current Activities to Ensure They are Being Appropriately Utilized to Support Data-Driven Decision-Making
2022 Q1	15.b	P				P							L	Identify Opportunities to Better Utilize Data to Support CoC Decision-Making
2024 Q2	15.c			P	P	L							L	Explore Options for Data Sharing with other Systems of Care
2023 Q4	16.a	P					L	P	P	P	L	P		Review Existing Representation of Underserved and/or Marginalized Communities, as well as Persons with Lived Experience, within Existing Decision-Making Structures
2023 Q4	16.b	P					L	P	P	P	L	P		Recruit Members of Underserved Communities and People with Lived Experience to Serve on all Decision-Making Bodies
2022 Q3	17.a	P	P			P					L			Review Existing Equity-Related Resources and Conduct an Equity-Focused Analysis of the Homeless System of Care in the CoC
2022 Q4	17.b	P	P			P					L			Develop and Implement an Action-Oriented Work Plan to Address Inequities within the Homeless System of Care

L = Lead/ Responsible Party
P = Partner