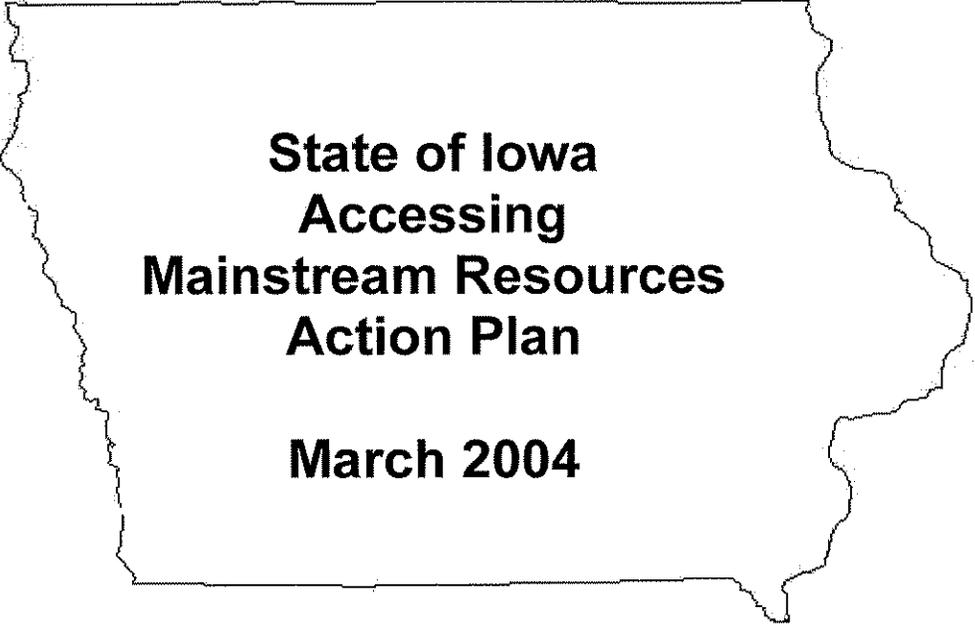


"Our liberties we prize, and our rights we will maintain."

Iowa Motto – adopted in 1847



**State of Iowa
Accessing
Mainstream Resources
Action Plan
March 2004**

Vision of the State of Iowa Policy Academy Team

Iowa is committed to ending homelessness by ensuring that all persons have safe, decent, affordable housing and can fully participate in their community.

State Partners.

Governor Tom Vilsack and Lt. Governor Sally Pederson
Iowa Department of Economic Development
Iowa Finance Authority
Iowa Department of Public Health
Iowa Department of Corrections
Iowa Department of Human Services
Iowa Workforce Development
Iowa Coalition for Housing and the Homeless
Local, County and State Veteran Programs
Local Homeless Service Providers

STATE OF IOWA ACCESSING MAINSTREAM RESOURCES ACTION PLAN

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EXECUTIVE SUMMARY

On any given night, an estimated 20,000 men, women and children are homeless in Iowa (State of Iowa Homeless Count 2002). Services have been provided to thousands of homeless families, men, women and children in 2003. Services ranged from the prevention of homelessness, to providing emergency shelter to the persons in permanent housing.

▪ **Who are Iowa's homeless?**

In order to understand homelessness, we need to define who the 'homeless are in Iowa'. For the purposes of this plan we define homeless as a state in which families or an individual have no regular, fixed place to stay, including the following categories of homeless persons: unsheltered homeless, sheltered homeless, hidden homeless, at-risk homeless, episodically homeless, and chronic homeless. The State of Iowa Plan Mainstream Resources Action Plan will comprehensively address mechanisms by which to provide access to mainstream resources for all persons who are homeless.

▪ **What are Mainstream Resources?**

"Mainstream resources" is a term used to describe a variety of government benefit and assistance programs persons who are homeless may be eligible to receive. "Mainstream resources" are not focused on assisting individuals who are homeless. Rather, persons who are homeless must qualify for assistance based on their disability and/or economic status.

Together, mainstream (non-targeted) service resources or benefit programs account for billions of dollars in local, federal and state funds available to provide low-income persons, including individuals and families who are homeless, with cash benefits, medical benefits and supportive services for needs such as housing, health care, job training, and food and nutrition services.

Following is a sampling of Mainstream Resources available in the State of Iowa – there are many others and some vary community to community:

1. Medicaid and Medicare
2. Temporary Assistance for Needy Families
3. Food Stamps and other nutrition programs
4. Iowa Workforce Development Centers
5. Social Security (SSI/SSDI)
6. Community Health and Mental Health Centers and Substance Abuse Treatment Services
7. Veteran's Benefits (multiple resources)

▪ **Current Data on why Iowans are homeless.**

The state of Iowa has conducted a bi-annual homeless study since 1995. According to the 1999 - 2000 study, there were over 18,000 homeless persons in Iowa. Of the homeless, 59 percent were children under the age of 18, the majority of whom were living with a parent. In addition the 2002 study Iowa's Homeless Children and Youth and Their Families estimated the Iowa homeless population at over 20,000 homeless with 62 percent being children. The number of single individuals who were identified as homeless was approximately 30 percent according to the 2002 study. The number one reason for homelessness in Iowa according to the 1999 study was "family break-up" followed by "domestic violence" and "economic reasons." In the 2002 study, an inability to pay rent/mortgage was identified as the cause of homelessness followed by "domestic violence" and "divorce/family break-up."

The incidence of substance abuse and/or mental illness as the primary cause of homelessness is less than 10 percent. The prevalence of persons who are chronically homeless, according to the HUD definition¹ is not tracked in any of the recent Iowa Homeless studies. Data on persons who are chronically homeless is now being collected through "Service Point" the Iowa Homeless Management Information System (HMIS) and will be included in the future. Many of the rural and/or smaller communities in Iowa have not been able to identify any persons who fit the definition chronically homeless or have few persons who fit the definition.

▪ **Priorities.**

The Iowa Mainstream to Access Resources Plan is a collaborative effort of state agencies, service providers, elected officials and citizens to move towards the fulfillment of the "Iowa Vision." The Iowa Plan is a two-part plan that comprehensively addresses access mainstream resources for any Iowan who is homeless.

Part One of the plan has an emphasis on persons who are chronically homeless (and has been broadened to include all homeless individuals) and Part Two has an emphasis on families with children.

Please note that the priorities of this two-part plan are the same with specific goals reflecting the populations served.

- **Priority 1. Build the capacity and infrastructure to end homelessness in Iowa**

¹ A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR had had at least four episodes of homelessness in the past three years.

- **Priority 2. Develop and Coordinate needed policies**
- **Priority 3. Education, Outreach and Advocacy**
- **Priority 4. Resource Identification and Development**
- **Priority 5. Preventing Homelessness.**

The Iowa Policy Academy Teams, as part of the Iowa Homeless Council ["IHC"] are committed to developing policies and strategies which will improve the coordination, collaboration and resources devoted to assure **"Iowa is committed to ending homelessness by ensuring that all persons have safe, decent, affordable housing and can fully participate in their community."** Our state vision provides focus for our activities and summons all Iowans to act collectively in bringing the vision to reality. This will assure each citizen, particularly those most vulnerable, are safely and decently sheltered, and are empowered to access their own home and can participate fully in their community.

1. INTRODUCTION.

In November 2003 the State of Iowa was invited through an invitation to Governor Tom Vilsack by U. S. Department of Health and Human Services Secretary Tommy Thompson to participate in a policy academy devoted to improving access to mainstream resources for chronically homeless individuals. Iowa responded with enthusiasm and in less than a month assembled a team of state officials and homeless service providers to attend.

The policy academy was held in Miami, Florida from December 9-11, 2003. The academy focused on bringing together individual state-level teams composed of individuals with policymaking abilities to develop a "State Action Plan to Access Mainstream Resources for Homeless Individuals."

▪ State of Iowa Policy Academy Team

- Jim Flahive, Iowa Workforce Development
- Jeff Gronstal, Iowa Department of Public Health – Health Promotion, Prevention and Addictive Behaviors
- Deirdre Henriquez, Primary Health Care, Inc.
- Janine Johnson, Quad City Shelter and Transitional Housing Council
- Amy Knudsen, Iowa Coalition for Housing and the Homeless
- Mike Miller, Iowa Department of Economic Development
- Loyd Ogle, Iowa Finance Authority
- Lyle Schwery, City of Des Moines
- Lila P.M. Starr, Iowa Department of Human Services – Behavioral, Developmental and Protective Services
- Don Tyne, Linn County Veteran Services
- John Wilson, Iowa Workforce Development – Department of Veteran Services

Team Leads:

- Anne Kinzel, Iowa Department of Public Health
- Kate Ridge, John Lewis Community Services

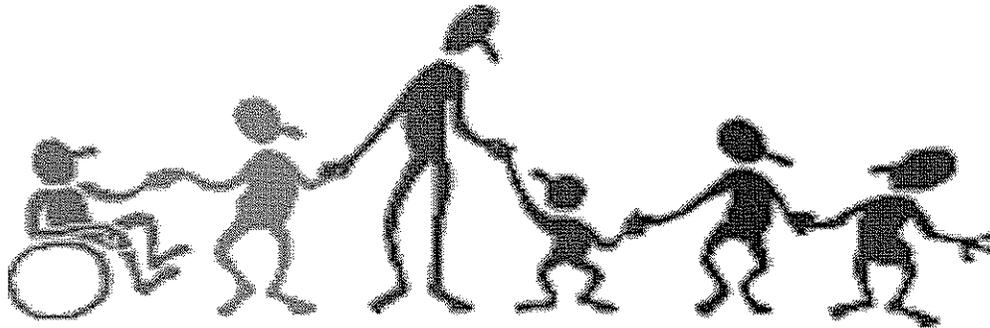
The State of Iowa Policy Academy Team and the newly formed Iowa Homeless Council² are committed to developing strategies and policies, which can be enacted throughout the state's rural and urban communities. Homelessness is not viewed as a single issue with a few influencing

² Iowa Executive Order Thirty-Three signed by Governor Tom Vilsack formed the Iowa Council on Homelessness (IHC). The IHC shall work to identify causes and effects of homelessness in Iowa, develop recommendations to address homelessness, foster greater awareness among policy makers and the general public, and is committed to ensure all Iowans have access to safe, decent and affordable housing, health care and education

factors, but rather as a complex set of circumstances and issues affecting both single persons and families. Iowa views its "**Mainstream Resources Action Plan**" as an initial step toward an integrated system of strategies, policies and enhanced services that will serve all homeless Iowans.

The Iowa Mainstream Resources Action Plan is a work in progress and will be part of a larger action plan to be developed by the IHC in 2004. The Iowa Policy Academy Team recognizes it is essential to develop and implement a well-coordinated plan involving federal, state and local mainstream providers while partnering with the non-profit organizations that provide the direct services and housing for those who are homeless. The plan provides the impetus needed to reach out to those who are those most challenged, the most vulnerable, and those who are often chronically homeless.

Snapshot of the Iowa Plan



The homeless in Iowa come in all shapes, and sizes and include families, single women, dads, children, single men, runaway youth and moms...and all are homeless for multiple reasons.

2. THE INITIAL AGENDA.

- **Step 1** - Recognizing the need to further organize and strengthen existing services and partnerships among citizens, state and local government with advocacy and provider organizations, Governor Vilsack issued Executive Order 33 calling for the formation of the IHC. Iowa Finance Authority ["IFA"] takes the lead in initiating this newly formed IHC.
- **Step 2** - Development of the Iowa Accessing Mainstream Resources Action Plan which identifies and begins to address critical needs of those who are long-term homeless through policy and strategies.
- **Step 3** - Development of a comprehensive Iowa Plan for Homeless Families.
- **Step 4** – Accessing new and expanded resources to directly address the Iowa Vision.

A. Formation of the State of Iowa Policy Academy Team.

In late November 2003, the Iowa Policy Academy Team along with other members of the newly formed IHC met in Des Moines to immerse ourselves in preparation for the Miami policy academy. Part of the planning for the policy academy was a review of homeless-related programs, services and data currently in operation within various state agencies and a discussion on what occurs in larger metro area continuum of care systems. An outcome of the two-day meetings was the identification of strengths, weakness, opportunities and threats to accessing mainstream resources in Iowa.

2. SWOT ANALYSIS INFORMATION.

The following is a brief listing of those items, which provided the foundation for the development of the Iowa Mainstream Resources Action Plan through Strengths, Weaknesses, Opportunities and Threats (SWOT) process.

STRENGTHS

- Dedicated and trained to serve homeless; ability to create collaborative efforts; willingness to Seek solutions to challenging problems/issues
- New IHC members have multiple years of experience in housing and homeless services
- Service Point – Statewide Homeless Management Information System
- Community health centers being developed (new) with three currently in the state
- State housing trust fund
- Good network of local/community-level services from Continuum of Care
- Have a supportive governor; small state, goals achievable over time
- Great place to raise children, excellent schools
- Mainstream agencies interested in working with this population, including state departments of Workforce Development, Public Health, Economic Development, Human Services, Veteran Affairs, Corrections, etc. IA Finance Authority

WEAKNESSES

- Mental Health not associated with Public Health
- Somewhat fragmented supportive services among departments within state
- Homelessness is seen as an individual failure; 95 percent of the battle is perception of homelessness
- Job cuts, lack of employment with decent pay and lack of training/technical assistance

- Minimal rural outreach/engagement
- Lack of accessible substance abuse and mental health services (w/out insurance) (detox, aftercare)
- Have 99 counties
- State revenue structure unable to fund its public expenditures
- No State general fund appropriations dedicated to homelessness
- Lack of post release services for inmates being discharged from corrections – i.e. little inmate discharge planning for released inmates.
- Lack of affordable housing (severe crisis)
- Need for public awareness campaign and paradigm shift around homelessness
- NIMBY – Not In My Backyard

OPPORTUNITIES

- Data collection network
- To change attitudes about homeless
- Develop better relationships with faith-based organizations
- Chance to create new structures for the State
- New partners and energy at table for new statewide initiatives
- Find ways to capture and direct our children to positive activities in State

THREATS

- There is no money – state budget crisis; budget/program cuts on city, county and federal levels
- Housing issues for those coming out of corrections system; corrections draining resources from other social programs
- Erosion of middle class – danger of losing housing
- Health care costs
- Changing players due to job cuts
- Aging population (housing, nursing homes)
- Substance abuse (methamphetamine), hepatitis
- In current environment (lack of money), creative process shuts down – moves to survival mode and become very competitive with each other

**PRIORITY 1. BUILD THE CAPACITY AND INFRASTRUCTURE TO END
HOMELESSNESS IN IOWA.**

STRATEGY 1.1 FULLY IMPLEMENTING THE IOWA HOMELESS COUNCIL

Strategy Goal A. To improve representation and coordination among policy specialists, resource providers, and service groups that impact the prevalence of homelessness and access to mainstream resources.

► **ACTION 1.1.1.** Expand IHC membership and define IHC governing structure

√ Action Steps

- Consider adding one or more Projects in Assistance for Transition from Homelessness (PATH) providers to participate as IHC members. PATH providers will attend as non-voting members.
- Send invitations for nominations to substance abuse program directors association.
- Use "people first" language.
- Homeless Academy teams will initially serve as a member/ad-hoc committee in assisting with IHC development.

Expected Outcomes

- The IHC will be a viable, operating entity recognized by the governor and state agencies.
- IHC membership will include representatives from diverse groups of state and non-state agencies.
 - **Diversity Categories** - gender, cultural and geographical diversity (rural and urban), and designees from: Section 8, consumers, Continuum of Care (CoC) representatives, non-profit permanent housing developer, consumer family member, homeless service provider, transitional housing, statewide advocacy, non-state funder (Fannie Mae, etc.), local government (ISAC), primary health care
- A formalized collaborative IHC mode of business that guides IHC representatives in the process of continually improving access to mainstream resources.
 - Ongoing alignment and re-alignment within CoC networks of state level networks and local communities.
 - Ongoing re-evaluation of the impact of systemic and policy changes on homelessness policies and outcomes

Barriers and/or Situational Changes

- Geographical challenges related to meeting regularly
- Effectively including and integrating rural and metropolitan membership, constituents, and issues
- Establishing representation from diverse populations on the IHC

Benchmarks

- Ad-Hoc committee formed at first IHC meeting with policy academy members to assist in the development of the IHC

Implementer(s)

- IFA and members of the IHC

Timeline

Begin January 9, 2003 and in fully in place by June, 2004

► **ACTION 1.1.2. Establish leadership, staffing, and administrative support for the Iowa Homeless Council**

√ Action Steps

- IFA, working in consultation with IHC Executive Committee/Ad-Hoc Committee. hires new staff person
- Ad-Hoc Committee and others assist new staff as they orient themselves to their new position

Expected Outcomes

- Hiring a skilled staff person through the IFA with the responsibility of staffing and managing the Iowa IHC (part-time)
- Development of specific duties related to the needs of the IHC and homeless plan objectives.
 - i.e. - implementation of Accessing Mainstream Resources Plan (AMRP)

Barriers and/or Situational Changes

- New staff person will initially be inundated with responsibilities related to the continuum of care processes, establishing IHC activities, and in becoming oriented to a new position

Benchmarks

- Staff person hired
- Staff person oriented to role with IHC

Implementers

- IFA and IHC members – Executive Committee

Timeline

- New staff hired by March 1, 2004.

STRATEGY 1.2. DEVELOP A PLAN TO END HOMELESSNESS

Strategy Goal B. To develop a comprehensive and long-term approach to reduce, and eventually end, homelessness.

► **ACTION 1.2.1.** Develop a statewide strategy/plan to assist persons who are chronically homeless gain access to mainstream resources.

√ Action Steps

- Identify policy and procedural opportunities and gaps
- Identify and address barriers related to accessing mainstream resources
- Identify current institutions that currently have, are developing, and do not have discharge planning procedures

Expected Outcomes

- Incremental goals/benchmarks that can be used to measure regular progress towards the long-term goal of ending homelessness
- Plan Components (*The plan is constructed from the elements of Priorities 2-5*)
 - Comprehensive identification of policies that impact access to mainstream resources and the prevalence of homelessness (*See Priority 2*)
 - Improved statewide cross system policies, planning, and services delivery
 - Comprehensive statewide outreach and education campaign to reduce misconceptions and the stigma associated with homelessness (*See Priority 3*)
 - Increased support in communities as evidenced by collaborative, grassroots initiatives to end homelessness locally
 - Comprehensive identification of the housing resources and supportive service resources that exist, as well as are needed to incrementally reduce and eventually end homelessness (*See Priority 4*)
 - Effective methods and improved processes and procedures for assisting homeless persons in obtaining, SSI, TANF, Medicaid, VA, Iowa Workforce Development, Healthcare services, etc.
 - Comprehensive identification of opportunities to prevent homelessness for people who are known to be at risk of becoming homeless (*See Priority 5*)
 - Identification of populations who are at risk

- Identification of systemic characteristics (economic, cultural, legislative) that increase prevalence of homelessness in communities
- Improved discharge planning procedures across institutions (jail, treatment programs, etc.)

Barriers and/or Situational Changes

- Little or no structure currently in place for discharge planning
- Time consuming processes

Benchmarks

- IHC and staff person complete an analysis process to serve as a foundation for this strategy and as part of the permanent State of Iowa Plan to End Homelessness

Implementers

- IHC, working with Iowa Coalition for Housing and the Homeless (ICHH), state agencies, local Continuum of Care groups, housing and service providers

Timeline

- Initiate the goal with the 2004 Continuum of Care process in Spring 04 and further develop to be completed by January 2005.

► **ACTION 1.2.2. Iowa Homeless Council adopts 10-year plan to address all homeless populations. Incorporate all common elements and areas of agreement between homeless plan and plan to address housing for people with disabilities.**

√ Action Steps

- Identify all important resources and stakeholders
- Capture data to report on equitable resource utilization

Expected Outcomes

- Alignment of Mainstream Resources Plan, Homeless Families Plan, and IFA Housing Plan for People with Disabilities (identify common objectives and action steps)
- Formation of a single 10-year plan for ending homelessness
- Adoption of 10-year plan by all stakeholders, state legislature and governor

Barriers and/or Situational Changes

- Funding stream and population changes over a 10-year period
- Lack of funding for implementation of critical pieces

Benchmarks

- Alignment completed
- Plan completed

- Adoption gained

Implementers

- IHC working with ICHH, state agencies, housing and service providers and other entities

Timeline

- Completed by February 2005

PRIORITY 2. DEVELOP AND COORDINATE NEEDED POLICIES

STRATEGY 2.1 ADOPT A STATE-WIDE POLICY ON HOMELESSNESS

Strategy Goal C. Improve statewide, cross system policies, planning, and services delivery.

► **ACTION 2.1.1** Conduct prioritized review of current policies, protocols, practices, and programs to determine impact on homelessness and opportunities for streamlining.

√ Action Steps

- State of Iowa Policy Academy to brainstorm ideas, needs, gaps and strategies to develop statewide policies on homelessness
- Development of a broad-based working group to include members of IHC and stakeholders including elected officials and those who are homeless from around the state to develop policies which address housing and homeless issues.

Expected Outcomes

- Development of Table of significant policies, protocols, practices, and programs that address the homeless
- Development of Table of identified barriers to access of mainstream resources
- Proposals identified to adapt or streamline existing structures/policies
- Proposals will be drafted to governing bodies of which will outline process for integrating cross systems policies, planning and service delivery

Barriers and/or Situational Changes

- Time consuming
- Complex processes related to identifying barriers

Benchmarks

- Policy Working Group will be in place by July 2004
- Policy drafts completed and sent to stakeholders

Implementers

- IHC working with ICHH state agencies, housing and service providers

Timeline

- Statewide Policy Academy to be held in Fall 2004 and to have Policy Working Group in place by July 2004 – ongoing process

► **ACTION 2.1.2** Revise and/or modify existing or create new policies

√ Action Steps

- State of Iowa Policy Academy Teams to brainstorm ideas, needs, gaps and strategies to develop statewide policies on homelessness.
- Each Department listed in the Executive Order shall identify policies and practices directly impacting homelessness within 10 months of IHC staff being place.
- Develop annual policy recommendations (legislative) to go to governor, IFA and others by Sept. 1st of each year
- Medicaid process to be streamlined
- Contact State Workforce Investment Act (WIA) Board concerning homeless emphasis placed in WIA reauthorization law
- Coordinate with Olmstead Real Choices Consumer Taskforce and ensure that all efforts are consistent with and inclusive of ADA and Olmstead principles
- Encourage/require PHA's to implement polices/procedures that will mitigate homelessness
- IDPH review licensure structure requiring transportation assistance
- Educate homeless service providers throughout the State of Iowa on policy and procedures changes.
- Development of a broad-based working group to include members of IHC and stakeholders including elected officials and those who are homeless from around the State of Iowa to develop policies, which address housing and homeless issues

Implementers

- IHC working with ICHH, state Agencies, housing and service providers

Expected Outcomes

- Modified structures and procedures within state agencies to be more accessible for homeless service providers and those who are homeless.
- Potential for new formal alliances and communication channels
- Proposals identified to adapt or streamline existing structures/policies
- Proposals drafted to governing bodies of policies

Barriers and/or Situational Changes

- Compliance with existing policies while working to adapt processes
- Pragmatics of communication with all stakeholders

Benchmarks

- Evidence of policy enhancements
- Specific outcomes developed for the impact expectation of each policy enhancement

Timeline

- Statewide Policy Academy to be held in Fall 2004 and to have Policy Working Group in place by July 2004 – ongoing process

► **ACTION 2.1.3 CONDUCT RESEARCH**

√ Action Steps

- Bi-annual homeless study
- Chronic homeless count
- Broaden Service Point – HMIS as best as possible
- Development of outcome indicators that identify improvements in the access of mainstream resources
- Data capture system to report on level of equitable utilization/distribution of resources
- Iowa Community Alliances working with the stakeholders, i.e. state agencies, homeless service providers, IHC, ICHH and other pertinent entities will work to develop buy-in on use of Service Point or some other centralized method to track homeless data
- Service Point, the State of Iowa HMIS tracking software will identify number of homeless clients needing mainstream resources and number of homeless clients who have actually obtained benefits
- Iowa Community Alliances working with ICHH will identify ways to coordinate information statewide through an information network, website, e-mail services

Expected Outcomes

- Data streams to guide and support IHC decision-making processes
- Identified opportunities to improve access and equitable distribution of resources
- Opportunities for coordination in the area of data collection, intake and assessment will be identified to facilitate improved communication between private non-profit providers and public agencies.
- Homeless persons who are eligible to receive mainstream benefits will be identified and referred to public agencies for application purposes.

Barriers and/or Situational Changes

- Cost of data production
- ServicePoint still developing toward comprehensive data capture and treatment

Benchmarks

- Formats, schedules, data capture systems, and analysis protocols for treating data streams
- Maximized potential use of ServicePoint to capture data on access and equitable distribution

Implementers

- Iowa Community Alliance – HMIS Providers, ICHH, State Department of Education (Ray Morely), other stage agencies and providers

Timeline

- Ongoing process already initiated. Main outcomes to be met by July 2005.

PRIORITY 3. EDUCATION, OUTREACH and ADVOCACY

STRATEGY 3.1 DEVELOP A DYNAMIC, COORDINATED COMMUNICATION PLAN

Strategy Goal D. Reduce misconceptions and the stigma associated with homelessness

► **ACTION 3.1.1 IDENTIFY AUDIENCES**

√ Action Steps

- Stand Down for homeless veterans ex
- Promote our cause and programs to local service organizations, CoC Boards, VA organizations e.g. consumers, providers, policymakers-staff, legislators (federal and state), local governments, media
- Press release to local papers
- Identifying effective ways to communicate to public and stakeholders about the reality of homelessness
- Develop a “Homeless Consumer Bill of Rights”
- Educate local providers on how to connect homeless people to mainstream resources
- Educate policy makers and elected officials regarding the special needs of the homeless related to chronic nature and co-occurring conditions (substance abuse and mental illness)
- Increase grass roots client outreach and education

- Educate mainstream providers regarding the necessary adaptations to service delivery for homeless persons

Expected Outcomes

- Increased awareness of mainstream resources available for homeless persons
- Increased utilization of mainstream resources for homeless persons
- Increased press coverage
- "Homeless Consumer's Bill of Rights" document

Barriers and/or Situational Changes

- Cost of to promote actions and activities

Benchmarks

- Stand Down completed
- Communications to stakeholder groups
- Press releases completed
- "Homeless Consumer Bill of Rights" completed

Implementers

- IHC, ICHH, State Agencies, Service Providers

Timeline

- Initiate by July 2004 and have preliminary plan/resources in place by January 2005

► **ACTION 3.1.2 DEVELOP MARKETING PLAN TO CREATE BUY-IN AND COMMUNICATE THE VISION**

√ Action Steps

- Press release to local papers
- Focus on a marketing plan that helps create belief this is a solvable problem
- RFP for development of Marketing Plan
- Educate the public on the cost of homelessness
- Press release for the Governor to announce the forming of the IHC
- Well planned schedule that allows for consistent meetings and ability to follow through in timely manner
- Bi-monthly review of process

Expected Outcomes

- Increased connection to mainstream resources resulting in an awareness of unmet needs

- Better targeting of mainstream resources that most appropriately meets the need of the chronically homeless
- An increase in community capacity without a reduction in services
- Increase in respect and mutual understanding between public/private sectors
- Decrease in duplication of services
- Established formal consensus through marketing plan related to the vision and objectives of the IHC
- Increased interest in other community resources related to increased awareness of shared challenges of homeless people
- State sanction of initiative through governor's announcement

Barriers and/or Situational Changes

- Development of a comprehensive and strategic approach to a complex and long-term issue that the public and stakeholders have misconceptions about
- The misconceptions about who the homeless are, what brings them to homelessness, and what is truly needed to support initiative objectives
- Reality of limited and potentially diminishing funds in current economy
- Competing public agenda issues, such as security, health care costs, education

Benchmarks

- Governor's announcement
- Marketing plan
- Preparation of document that describes cost of homelessness
- RFP for Con plan completed
- Public education agenda

Implementers

- IHC– Policy Academy Ad-Hoc Committee, IHC staff person

Timeline

- Initiate by July 2004 and have preliminary plan/resources in place by January 2005

► ACTION 3.1.3 OBTAIN POLITICAL SUPPORT/CAPITAL

√ Action Steps

- IHC host town meetings throughout the State of Iowa after State Policy Academy in Fall 2004, with an emphasis on unveiling the State of Iowa Vision and related information
- As an outcome of the State Policy Academy, to be held in early Fall 2004, establish a network of providers and others who would work to keep their local elected officials

apprised of the various efforts in policy development and possible legislative needs. The key is to keep consistent pressure on with our elected officials.

Expected Outcomes

- Increased priority for mental health and substance abuse issues for homeless people in the state legislature
- Strategic plan for presenting agenda items to legislative and other public processes related to improvements to services for homeless people
- Collaboration with groups that represent distinct populations (mental health, substance abuse, families)

Barriers and/or Situational Changes

- Competing social agenda items
- Misconceptions about homeless persons
- Resource challenges across all systems and institutions

Benchmarks

- Evidence of new alliances and agreements
- Strategic plan for presenting to the Legislature and other influential stakeholders
- Presence of IHC initiative items on Legislative and other agendas

Implementers

- IHC, Iowa Coalition for Housing and the Homeless, local community coalitions, homeless service providers

Timeline

- Initiate May 2004 – ongoing process

► **ACTION 3.1.4** CREATE LINKAGES WITH OTHER COMMUNICATION PLANS WHICH WILL FACILITATE GREATER CONSISTENCY ACROSS THE STATE OF IOWA WHEN IT COMES TO INFORMATION SHARING AND RELATED MATTERS.

In example: PARTICIPATE IN THE DEVELOPMENT OF AND PROVIDE INPUT ON THE STATE HUD CONSOLIDATED PLAN, ANNUAL PATH APPLICATION, CMHS PERFORMANCE PARTNERSHIP BLOCK GRANT APPLICATION AND OTHER PLANS/DOCUMENTS THAT REQUIRE OR OFFER INPUT RE. HOUSING AND SERVICE ISSUES.

√ Action Steps

- Utilize the Iowa Community Alliance and ICHH as rallying entities to enlist groups and providers from around the state to participate in development of new or strengthening current coordinated communication systems.

- Cross-training on planning processes
- Matrix of Plans created with dates
- Better communication, inclusion of language supporting goals to end homelessness

Expected Outcomes

- Collaborative plans with other communication plans
- Development of state-wide non data information sharing system via a website and e-mail
- Specific agreements on communication plan objectives with allied groups will be formed

Barriers and/or Situational Changes

- Timing of various communication plans' development and implementation
- Time required to establish meaningful shared objectives and ongoing relationships with allied groups
- Financial resources
- Agendas for collaborative communications
- Time required to establish meaningful shared objectives and ongoing relationships with allied groups
- Knowledge of planning processes

Benchmarks

- Common Language developed
- Evidence of collaboration and agreements

Implementers

- IHC and Iowa Community Alliance

Timeline

- Matrix completed January 2005
- Cross-training on plans June 2005

PRIORITY 4. Resource Identification and Development

STRATEGY 4.1 INVENTORY EXISTING RESOURCES AND IDENTIFY NEW RESOURCES

- **ACTION 4.1.1** To create a comprehensive inventory of existing resources and identify opportunities for new resources to be used in ending homelessness.

√ Action Steps

CLASSIFY and INVENTORY:

- Housing
- Supportive Services
- Human Resources
- The classification process will be completed by an IHC Ad-Hoc Committee which will develop strategies to achieve outcomes including development of survey instrument which will assess current housing, services and resources with an end goal of a state-wide inventory.

Expected Outcomes

- Classification of services available that are sensitive to how cultural diversity impacts individual issues
- Inventory of resources classified in terms of
 - Individual/Family
 - Mental Health and Substance Abuse Adaptations
 - Housing Stock Initiatives
 - Supportive Services
 - Human Resources
- Exploration report on role that faith based resources can be integrated into overall plan
- Identification of barriers to access of existing mainstream resources

Barriers and/or Situational Changes

- Resources required to create inventory
- Organizing inventory format to reflect the complexity of systems and needs related to homelessness

Benchmarks

- Development of organization model to classify resources in a meaningful and accessible manner
- Completion of inventory and classification process

Implementers

- Iowa Community Alliances, IHC, Iowa Coalition for Housing and the Homeless, State Agencies, Local Government and Homeless Service Providers

Timeline

- January 2005 to January 2006

Strategy 4.2 Expand and Maximize Housing Resources

► ACTION 4.2.1. TO DEVELOP A FRAMEWORK FOR COLLABORATIVE FUNDING AND SECURE NEW FUNDING RESOURCES.

√ Action Steps.

- Through the development of a framework for collaborative funding increase funding to assist with accessing mainstream and new resources to address long-term and family homeless issues.
- ICH staff person working the ICHH staff and state-wide providers meet to discuss, identify funding resources which are currently or could be collaborative.
- Work with Governor's Office and Iowa Lottery office to develop new lottery game with resources being split between homeless services and state housing trust fund projects (perhaps with new scratch off game).

Expected Outcomes

- Listing of ideas for collaborative funding
- As an outcome of State Policy Academy, to be held in Fall 2004, a dynamic plan for ending homelessness, which will weave together services, state policy, increasing affordable housing, and coordinated supportive services which will facilitate access to new financial resources to support the plan.
- New Iowa Lottery game with resources to be used for homeless services and housing trust fund.

Barriers and/or Situational Changes

- Timeframe that it takes to take an idea from new to implementation
- Selling the concept of a new lottery game that would benefit housing needs in the state

Benchmarks

- Meeting of stakeholders from state local areas to develop framework for collaborative funding resources
- Buy-in from Governor's office on lottery idea

Implementers

- Iowa Lottery Office, Governor's Office, IHC, State Agencies, ICHH

Timeline

- Initiate in June 2004 – complete by June 2005

► **ACTION 4.2.2 IDENTIFY TECHNICAL ASSISTANCE NEEDS**

√ Action Steps

- Establish a technical assistance network which would allow for providers from across the state to connect with in a manner which is succinct and accessible
- Utilize the ICHH technical assistance to identify and maximize technical assistance resources
- ICH committees developed list of Technical Assistance Needs
- Survey to State Agencies and providers on areas of TA
- Inventory of technical assistance provided in the state
- Short-term and long-term plan developed

Expected Outcomes

- Agenda to address identified technical assistance needs
- Technical assistance network, which provides support on a variety needs; ranging from housing development, funding resources, supportive services and capacity
- Identified resources for technical assistance
- Plan developed to access technical assistance (short-term, long-term)

Barriers and/or Situational Changes

- Availability of resources
- Need to coordinate and pool resources

Benchmarks

- Inventory of technical assistance created by
- Survey completed
- Plan developed to address short-term and long-term needs

Implementers

- IHC, Iowa Coalition for Housing and the Homeless, Providers, State Agencies

Timeline

- Inventory of technical assistance created by August 2004
- Survey completed by August 2004
- Plan developed by October 2004

► **ACTION 4.2.3 IDENTIFY NEW USES FOR OLD MONEY (MORE EFFECTIVE AND EFFICIENT)**

√ Action Steps

- Creatively develop new mechanisms/models for utilization of current funding streams to be redirected to assist with the prevention of and ending of homelessness
- Comprehensive planning group formed made up of IHC and ICHH members to develop strategies over time on the above named outcomes with a result of developing an individual action plan for each one and others, which may be later, identified. Group will develop a survey instrument to gather information from mainstream agencies. With support from IHC members, staff person will collate the information from the various agencies represented by IHC
- Reports from the collected information will be presented to policy makers and funders when necessary to highlight various populations (such as the homeless veterans).
- Utilization of “visuals” to show more effective uses of funding
- Recruit “champions” by providing education on how change may happen and the impacts of not changing.

Expected Outcomes

- New HUD waiver in “Elderly public housing developments only” for higher percentage of units for People with Disabilities with support from Elder Affairs, DHS, Voc Rehab, Olmstead;
- Within HOME funding program, prioritize homeless and/or potentially homeless as recipients of TBRA
- Strengthened/renewed relationship with local Social Security Offices, which will facilitate greater access to SSI/SSD, benefits
- Strengthened/renewed relationships with county welfare offices to seek new funding directed toward rental assistance or homeless prevention
- Review of and new recommendations on “how to” creatively utilize TANF benefits for the prevention of and moving out of homelessness (families mostly)
- Review of and new recommendations on “how to” creatively utilize Title 19 and Medicaid/Medicare benefits to address physical issues, substance abuse and mental health needs of long-term homeless persons
- Table of funding streams completed to determine how funds may be or are spent, how they are spent and intended outcomes/goals.
- Potential new legislation presented if necessary to implement proposed policies

Barriers and/or Situational Changes

- Time and resource restraints on collecting information
- Garnering support from state agencies and legislators
- Lack of understanding of who the homeless are

Benchmarks

- Individual plan of action for each outcome listed and others as identified by IHC, etc.
- Champions recruited from within state and federal agencies, legislators
- Survey data paints clear picture of where we are and where we may go

Implementers

- Working Group made up of IHC and ICHH members, IHC staff person. Incorporate targeted support from Veterans Affairs, Olmstead and others as necessary (Providers, State Agencies, Federal Agencies, Elected Officials, Constituents.)

Timeline

- Survey instrument developed by July 2004
- Data collected and collated by September 2004
- Policy draft and proposed legislation by November

► ACTION 4.2.4 MAXIMIZE GRANT WRITING EFFORTS AND NEW GRANT/FUNDING OPPORTUNITIES

√ Action Steps

- Work with Corrections and VA on collaboration for Employment NOFA
- ICH become member of Foundation Center (all granting sources listed on this resource site)
- Act as a clearinghouse to develop inventory of grant applications and disseminate
- Explore a state income tax "check off" for homeless programs

Expected Outcomes

- Identification of new grants which will lead to broad-based resources addressing homeless services and operations;
- Securing new grants and resources
- Securing a state income tax "check off " for homeless programs

Barriers and/or Situational Changes

- Time constraints
- Lack of dedicated support staff for IHC Director

Benchmarks

- Membership in Foundation Center secured
- Establishment of Resource Development Committee within IHC

Implementers

- IHC staff, Iowa Coalition for Housing and the Homeless

Timeline

- By May 2004 become a member Foundation Center
- Resource Development Committee established by September 2004

Strategy 4.3

EXPAND AND MAXIMIZE SUPPORTIVE SERVICES

► ACTION 4.3.1 INCREASE COLLABORATIONS BETWEEN MAINSTREAM SERVICES AND SERVICE PROVIDERS

√ Action Steps

- Work with SSA to “flag” applications for persons who are homeless
- Establish presumptive eligibility for SSI
- Increase the capacity of service providers to enroll persons in SSI
- Utilize Disability Navigator in those regions where they are located
- Development of strategic plan to address dual diagnosis treatment in Iowa. IDPH and DHS to begin dialogue on a plan to coordinate dual diagnosis services
- Work with local One Stop Centers for services for homeless (IWD)
- Work with Regional Workforce Investment Board in local areas for services
- Establish list of homeless services
- Set asides/incentives in housing programs for homeless/chronic (Section 8, 811, LIHTC)
- Chronic homeless/homeless priority/incentive in HOME, CDBG, Section 8, LIHTC programs
- Assertive Community Treatment teams
- Housing first models
- IDPH to review licensure standard for expanded social detox, recovery houses with services below the level of licensure
- Each continuum of care develop a manual of mainstream social service programs in their area
- Utilize Project based section 8 for housing for persons who are homeless
- Improve access to psychiatrists for persons who are homeless
- Improve access to medications for persons who are homeless
- Additional units of supportive housing

Expected Outcomes

- Organized agenda and strategic plan for items list above in the action statement, especially related to developing collaborative efforts with mainstream resources.
- Evidence of progress in establishing collaboration between service providers and mainstream resources

- Supportive services delivery model as reflected in the local “manuals of mainstream resources”
- Documentation of improved access and utilization of mainstream resources (medical care...)

Barriers and/or Situational Changes

- Labor, resource, and time intensive

Benchmarks

- Better communication between mainstream resources and providers
- Increased participation by mainstream resources in local planning efforts
- Demonstration/pilot projects created

Implementers

- Iowa Homeless Council
- State Agencies
- Homeless Service Providers

Timeline

- Summer 2004 – Summer 2005

► **ACTION 4.3.2 PROACTIVELY CHALLENGE DISCHARGE POLICIES FROM PUBLIC INSTITUTIONS**

√ Action Steps

- Develop discharge planning conference/training – interdisciplinary across agencies and homeless service providers
- Review current discharge policies
- Review former discharge policies
- Discuss new discharge policies

Expected Outcomes

- Documentation of positive changes for persons who are discharged from public institutions in terms of
 - Presence of a formal discharge plan
 - Plan includes housing arrangements
 - Plan includes pertinent issues such as medical and mental health follow-up
 - Person does not become homeless at follow-up checks

Barriers and/or Situational Changes

- Institutional policy and culture
- Lack of resources

- Lack of education about resources in the community

Benchmarks

- Study on existing alternatives for discharge planning models
- Training modules developed and delivered

Implementers

- IHC
- State Agencies
- Providers involved in the local Continuum of Care systems

Timeline

- Review current policies September 2004
- Training/Conference on Discharge Planning December 2004
- Develop recommendations for policies March 2005

PRIORITY 5. PREVENTING HOMELESSNESS

STRATEGY 5.1 IDENTIFY AT RISK FACTORS

Provide resources strategically to prevent at risk people from becoming homeless.

► ACTION 5.1.1 DEVELOP PLAN TO MITIGATE HOMELESSNESS RISK FACTORS

√ Action Steps

- Increase access to mainstream services
- Identify funding opportunities for local workforce investment to serve the homeless
- Use placement and other rural services and capabilities of Iowa Workforce Development Services at One Stop Centers
- Use training capabilities of Workforce Investment Act Services Contacts at One Stop Center
- Build upon existing efforts in Workforce Development
- Identify current core services offered to homeless individuals and through one-stop partners
- Partnership with Faith Based Services
- Ensure the utilization of services of Vocational Rehabilitation
- Develop employment services strategy
- Develop additional units of housing with supportive services
- Partner with Neighborhood associations

- Network with landlord associations
- State funded emergency assistance program

Implementers

- IHC, Iowa Coalition for Housing and the Homeless, Service Providers, Consumers

Expected Outcomes

- Formal plans and alliances to address risk factors
- Documentation of increased access to mainstream resources

Barriers and/or Situational Changes

- Current lack of integrated approach
- Current lack of integrated approach
- Lack of planning to prevent
- Lack of resources

Benchmarks

- Risk Factors identified
- Cross training on risk factors
- Emergency Assistance proposal

Implementers

- IHC
- Iowa Coalition for Housing and the Homeless Service Providers,
- Consumers

Timeline

- Risk factors identified by September 2004
- Cross-training done by March 2005
- Emergency assistance plan developed for 2005 legislative session

► **ACTION 5.1.2. IDENTIFY OPPORTUNITIES FOR INTERVENTION**

√ Action Steps

- Organize intervention strategies according to above categories in terms of:
 - Potential collaborative efforts
 - Re-alignment of resources
 - Cultural relevancy
 - Seeking new resources for specific projects from funders with shared interests/missions

Expected Outcomes

- Model that describes continuum of care for at risk and homeless persons in terms of progressive outcomes
 - Access to Resources (food, shelter, physical and mental health care...)
 - Considers resource utilization for trending and equitable distribution for diversity
 - Individual Development Opportunities (personal goal setting, individual case plans...)
 - Considers the work individuals need to do in order to break out of poverty
 - Supportive Neighborhoods (Advocacy groups, perception of safety...)
 - Addresses the value of community and the added resilience from relationships
 - Housing Opportunities Development (Number of units, integrating supportive services...)
 - Looks at macro level issues of availability...
 - Community Enhancement Outcomes (crime, property values,...)
 - Seeks to communicate value of ending homeless to communities who have specific stakes related to the costs of homelessness

Barriers and/or Situational Changes

- Resources needed to develop consensus on model and strategies

Benchmarks

- Establishing consensus on continuum of care model
- Identifying opportunities for collaboration, process improvement, and resource development
- Establishing data indicators that support outcomes accomplishment

Implementers

- Service Providers, Consumers, Iowa Coalition for Housing and the Homeless

Timeline

- June 2004 – January 2005

STRATEGY 5.2 IDENTIFY AT RISK POPULATIONS

► **Action 5.2.1.** Identify gaps in services? Identify populations that have increased risk for becoming homeless.

√ Action Steps

- Chronically homeless
 - Include characteristics of chronically homeless people that are

- Most prevalent
- Most costly
- Most responsive to known resources and interventions
- Families
 - Include characteristics of families that also include the chronically homeless populations
- Youth
- Strategies to provide housing search as part of re-entry from corrections
- Mentally Ill
- Substance Addiction
- Provide a uniform definition of “homeless” and “at risk” to state agencies for policy use
- IHC collect policies on services to homeless
- IHC collect various definitions of “homeless” then work to develop consensus
- Provide education on impact of homeless populations on mainstream funding streams
- Recruit “champions” by providing education on how change may happen and the impacts of not changing
- IHC presentations to various state agency leaderships

Expected Outcomes

- Populations analysis
- Agreement on uniform definition of “homeless” across agencies and policies
- Mechanisms are in place for sharing of information across programs and services
- Policy developed to target homeless/near homeless and presented to state agencies

Barriers and/or Situational Changes

- Cost
- Time
- Staffing needs
- Different definitions of homeless. May be directed by conflicting federal policies.
- Lack of understanding of how not assisting the homeless impacts program goals

Benchmarks

- IHC uniform definition of “homeless”
- Table of homeless policies
- Advocacy Plan for policy change
- Agencies accept and utilize uniform definition of homeless

Implementers

- Service Providers, Continuum of Care – local and state process, Iowa Coalition for Housing and the Homeless

Timeline

- Definition of “homeless” presented to IHC in September
- Table of homeless policies across programs presented in September
- Plan for advocacy for change ready in November
- Governor sign new legislation with definition of homeless May 2004

CLOSING STATEMENT

Working together, we can facilitate access to mainstream resources in Iowa, which will, for many homeless Iowans will lead to becoming housed and fully participating in their community.

Through the implementation of this plan we will develop a coordinated response to:

- Preventing homelessness
- Increase the amount of quality, affordable housing units throughout the state
- Significantly diminish the number of homeless Iowa and eventually end homelessness within our State.