

INTRODUCTION

The Des Moines/Polk County Continuum of Care (PCCoC) is applying to become one of the 6 non-rural Demonstration Communities that will receive funding through the Youth Homelessness Demonstration Program. The geographic area encompassed by the PCCoC includes Des Moines, Polk County and West Des Moines. The total population of this geographic area between the ages of 10 and 24, based on 2010 U.S. census data, is 86,210.

LEADERSHIP CAPACITY

1. Demonstrate that the CoC has addressed a similar systematic challenge related to homelessness. *End Veterans Homelessness in Polk County.* In 2014, the Polk County Continuum of Care Board (CoCB) accepted an invitation from Des Moines mayor Frank Cownie to participate in the Mayor's Challenge to End Veterans Homelessness. In fall 2014, all agencies that interact with homeless veterans (Veterans Assistance, Primary Health Care, Institute for Community Alliances-HMIS Lead, Iowa Homeless Youth Centers, Central Iowa Shelter and Services, and CoCB representatives) formed an *Ending Veterans Homelessness Work Team* that met twice a month for 14 months. The HMIS Lead created a "by name" list of homeless veterans and involved agencies added additional names of homeless veterans they had engaged. The "by name" list was then prioritized based on need and vulnerability. At each successive meeting, the "by name" list was reviewed and updated as needed. For each meeting the HMIS Lead created a status report to facilitate a discussion about the status of each veteran. Agencies involved pooled housing/services knowledge and resources to establish active housing and service plans for all identified veterans. At every meeting, the work team received information about number of veterans exiting homelessness, number of new veterans entering the system,

and if any had returned, with all data broken out both from the date of the original count and since the last meeting date. These real time data were crucial to successfully ending veteran's homelessness in Polk County. The team also reviewed additional data measuring each of the Federal benchmarks to monitor progress and success.

The January 2015 PIT count reported 112 homeless veterans in Des Moines. Since then, all of those veterans have exited homelessness. As of January 13, 2016 an additional 240 veterans were identified as homeless, were served, and exited homelessness. The average number of days from identification of the veteran to when housing was secured was 49 days – well below the Federal benchmark of 90 days. The number of veterans exiting homelessness to housing is outpacing the number of new veterans entering the homeless system.

In early January 2016, this work team's efforts resulted in the City of Des Moines meeting all the criteria of the United States Interagency Council on Homelessness to achieve an "effective end" to veteran's homelessness in Des Moines. The work group continues to meet monthly and maintain all Federal benchmarks for functional zero since achieving their goal.

2. Identify the proposed YHDP lead agency.

2a. Name of the proposed YHDP lead agency: Polk County Continuum of Care Board.

2b. Type of organization: The non-profit Continuum of Care Board serves as the decision-making body and Continuum of Care lead agency for the PCCoC. **2c. Staff member,**

including position, who will lead the YHDP: Angela Arthur, Executive Director of the

Continuum of Care Board, will lead the YHDP. **2d. Dedication of full-time position to lead**

the YHDP: The CoCB will dedicate a full time position in support of the YHDP. **2e.**

Description of experience of lead agency in other initiatives designed to prevent and end youth homelessness. The COCB leads the community in planning, prioritizing projects and

implementing community-wide strategies to end homelessness. In 2015, the CoCB narrowed the focus of CoC-funded programs to emphasize PSH & RRH over TH resulting in a youth TH program being reallocated and the sponsoring agency, Iowa Homeless Youth Centers (IHYC), creating a RRH project for unaccompanied youth; the first of its kind for youth in the continuum. The RRH program has provided a needed source of permanent housing for youth resulting in higher turnover rates at IHYC's E-bed shelter program. In 2016, the CoCB engaged key stakeholders and the Youth Action Board (YAB) in a series of meetings, resulting in the submission of an YHDP grant. These meetings laid the foundation for a much larger community-wide initiative in 2017 for which the CoCB was one of three lead agencies, resulting in the *Ending Youth Homelessness* plan. Also in 2017, IHYC and CoCB staff worked together on creating a TH-RRH project for unaccompanied and parenting youth which was funded by HUD.

Youth Homeless Demonstration Program team – Attached as “YHDP Team”

3. Demonstrate how the CoC structure will support the lead agency. The CoCB has coordinated community efforts to prevent and end homelessness since 2013. CoCB is comprised of elected representatives from: local government, homeless service providers specifically receiving Continuum of Care and Emergency Solutions Grant funding, Victims Service provider, local education liaison, substance abuse services, family and youth services, affordable housing developers, the local philanthropic and business communities, the faith-based community and people with lived experience of homelessness including a youth. The make-up of the CoCB and our stakeholders group insures access to the diverse level of resources necessary to support the work of the lead agency. **Names of committees (and number of members) within the CoC that will be involved in planning and implementation of a coordinated community**

approach to prevent and end youth homelessness; committee objective(s), and youth relevant task(s). Four of the CoCB's nine standing committees will be involved in planning and implementation of a coordinated community approach to prevent and end youth homelessness:

Coordinated Services Committee (CSC) (20+ members): Committee Objective: Monitor operation and effectiveness of Centralized Intake; develop community strategies for improving service delivery, efficiencies and cost effectiveness in reducing homelessness. Youth focused tasks: The **Youth Action Board** (YAB) has been established as a subcommittee of the CSC. The CSC will take recommendations for action from the YAB for strategies arising from YHDP planning. **Housing Committee (HC)** (11 members): Committee Objective: Recommend strategies to develop affordable housing resources to meet the needs of households at-risk of homelessness. Youth focused tasks: Identify resources to support development of affordable housing for homeless youth. Engage housing developers and providers in the YHDP planning process. Advocate with landlords to remove barriers to youth accessing permanent housing. At least one YAB member will participate on the HC. **Performance Committee (PC)** (17 members): Committee Objective: Establish, monitor and evaluate performance goals and measures of evidence of progress toward meeting the goal of reducing homelessness; ensure that the CoCB complies with federal guidelines related to system-level and individual project performance measures; establish strategies, systems and mechanisms to measure indicators of the community's overall performance in reducing homelessness. Youth focused tasks: Set system and project-level performance measures for projects receiving YHDP funds. At least one YAB member will participate on the PC. **Grant Committee (GC)** (9 members): Committee Objective: Maximize federal funds by addressing HUD's program priorities and performance goals and by considering HUD's policy priorities in conjunction with local priorities to

determine community project ranking. Youth focused tasks: Develop RFP process for new YHDP-funded projects; receive, review and recommend to the CoCB projects responding to the YHDP RFP; conduct semiannual project monitoring visits to evaluate progress toward performance measures, quality of services delivered and compliance with CoCB operational policies and procedures. At least one YAB member will participate on the GC.

4. CoC inclusion of direct youth participation, either through a youth advisory board or youth participation in committee meetings or planning and feedback events. A Youth Action Board (YAB) was established and has provided feedback to the CoCB since fall 2016. It is comprised of youth who are currently, or have prior experience being, homeless as well as youth who were in the foster care system. The YAB provided feedback on the PCCoC's 2016 YHDP and on this grant submission. As noted later in this narrative, the YAB has played an integral role in development and implementation of the *Ending Youth Homelessness* plan. A member of the YAB has been on the CoCB since February 2017. A MOU between the YAB and the CoCB is attached as "Youth Action Board Agreement".

5. CoC's willingness and ability to engage youth providers that are not currently active participants in the CoC. The following youth providers, not currently active participants in the CoC, have been identified for engagement: Youth Provider: Urban Dreams, Evelyn K. Davis Center for Working Families, Children and Family Urban Movement, and the Director's Council—all work with youth of color. Engagement Strategy: We are identifying people within our stakeholder group who have a relationship with these entities and can make introductions and develop connections. Youth Provider: Homeless liaisons in the other seven Polk County school districts (Ankeny, Johnston, North Polk, Saydel, Southeast Polk, Urbandale, West Des Moines).

Engagement Strategy: With support from the Iowa Department of Education, we are developing a plan to engage these homeless liaisons.

6. CoC plan to engage entities who are not currently working on youth homelessness that will be essential in developing and implementing a coordinated community approach to preventing and ending youth homelessness. The following entities, not currently working on youth homelessness, have been identified for engagement: CASA- Court Appointed Special Advocates, Juvenile Court Judges, Bureau of Refugee Services (DHS), Des Moines Housing Services, Medicaid insurers, two local hospitals, clinics, affordable housing developers (Hubble Reality & Newbury Living), Central Iowa Workforce Investment Board, Children and Families of Iowa’s Connect 2 Career program (WIOA Title I youth provider) and IMPACT (local Community Action Agency). We are identifying people within our stakeholder group who have a relationship with these entities and can make introductions and develop connections.

CURRENT RESOURCE CAPACITY

1. Describe the crisis response system using the chart below. The Polk County CoC Crisis Response System for Youth is attached as “Current Resource Capacity”.

COMMUNITY NEED

1. Indicated whether a youth-specific homelessness needs assessment completed within the CoC before submission of this application. Yes

2. Describe the most recent youth homelessness needs assessment conducted by the CoC.

2a. Methodologies used to conduct the assessment: This needs assessment included both qualitative and quantitative analysis to capture the perspective, strengths and challenges that

impact youth and the systems designed to support them. **Qualitative:** (1) Three large-group stakeholder discussions including collection and review of 32 surveys indicating individual priorities and commitments, April 24, 2017, July 24, 2017, and September 25, 2017; (2) Interviews with 32 service providers and stakeholder agencies completed March-November 2017; (3) 13 Youth Action Board (YAB) meetings/discussions May-December 2017 (including two focus groups) with over 50 youth including collection and review of youth answers to questions such as: How and where they access services and how well those services meet their needs, people who support them, hopes and dreams for their future, gaps in services, opportunities for growth in the different systems such as education, child welfare, juvenile justice, etc.; (4) Collection and review of 12 youth written surveys; questions included: housing, education and employment status, juvenile justice/child welfare involvement, plans for the future and what they need to get there, reflection on what would have been helpful; (5) Two focus groups held on September 21, 2017 with 13 minor youth. **Quantitative:** (1) Analysis of HMIS data disaggregated by race, ethnicity, age, parenting status, length of stay; (2) Analysis of TAY-SPDAT data; (3) Analysis of Iowa Homeless Youth Centers VOCA survey of youth – includes age, gender, race and ethnicity, victimization including: sexual assault, physical assault, etc., special classification including: homeless, LGBTQ, veteran status, disabilities, and victimization; (4) Analysis of Polk County school district’s homeless data disaggregated by race, ethnicity, gender and age; (5) Analysis of Iowa Aftercare Network data based on yearly survey of youth who report experiencing homelessness after aging out of foster care system in Iowa; (6) Review of studies and reports on youth homelessness (including sub-populations) including: “More Than a Place to Sleep”, the Institute for Children, Poverty, and Homelessness; “Voices of Youth Missed Opportunities: Youth Homelessness in America”,

Chapin Hall, and Voice of Youth Count, “FROM FOSTER HOME TO HOMELESS: Strategies to Prevent Homelessness for Youth Transitioning from Foster Care.”

2b. Specific youth systems, organizations, and agencies from which the needs assessment

originated. Over 35 organizations including, CoC providers; Polk County Continuum of Care, Anawim Housing, Central Iowa Shelter & Services, Children & Families of Iowa, City of Des Moines Housing Services, Community Support Advocates, Des Moines Public Schools, Dorothy’s House, Drake Head Start, Freedom for Youth, Goodwill of Central Iowa, Institute for Community Alliances, Iowa Coalition Against Domestic Violence, Iowa Department of Education, Iowa Department of Human Services, Iowa Homeless Youth Centers, Iowa Legal Aid, Iowa Safe Schools, Joppa, Judge Colin Witt, Juvenile Court Services, L.U.N.A. Iowa, Mid-Iowa Health Foundation, Orchard Place, Polk County Community Youth & Family Services, Polk County Continuum of Care Board, Polk County Crisis & Advocacy, Polk County Decategorization, Polk County Health Department, Primary Health Care, U.S. Department of Housing & Urban Development, United Way of Central Iowa, United Healthcare, Young Women’s Resource Center, Youth Action Board, Youth Emergency Services and Shelter, Youth Policy Institute of Iowa. **2c. Scope of assessment including:**

Geography: All of Polk County, IA; **Types of providers and types of housing units:**

emergency shelters, transitional housing, family shelters, permanent supportive housing, domestic violence, and rapid rehousing; **Services:** The assessment looked at services offered along the continuum including centralized intake, therapeutic services, crisis and advocacy services, domestic violence, schools, trauma informed care, positive youth development and housing first as a best practice. **2d. Description of the youth targeted including a typology of youth based on characteristics that the CoC used to define or characterize youth:** Over

fifty youth, ranging in age from 15-24 participated in the planning process. Included were youth who: are pregnant or parenting, identify as LGBTQ, have experienced foster care and/or juvenile court, had prior involvement in gang activity, who are unaccompanied minors, doubled up/and or precariously housed, who have had multiple traumas including domestic violence, sexual assault, hate crimes, physical assault, bullying and human trafficking. Racial and ethnic identity varied and included youth who identify as Black, white, Latinx, multi-race and many others. **2e. Explanation of key findings from the youth homelessness needs assessment, including, the number and types of youth appropriate housing units and the number of youth.** Key findings include: over 50% of youth have experienced at least one trauma; African American youth make up 39% of homeless population (ages 18-24); emergency and family shelters are often full; 20-25% of youth who age out of foster care are homelessness by their 21st birthday; single youth and young adults are typically not eligible for permanent supportive housing options; and the average monthly income for homeless youth ages 18-24 is lower than the average rent in the metro. Youth identified the following *top priorities*: safety from sexual assault and violence, support from people who listen and care, more safe places to sleep at night, independence and self-sufficiency, earlier intervention in family crisis and foster care, and help finding housing.

In 2016, 427 youth and young adults (78 pregnant or parenting), ages 18-24 experienced homelessness in Polk County (HMIS). Additionally, 257 unaccompanied minors were identified through Polk County school districts (as well as an additional 1256 in families). Four beds are available through YESS Basic Center grant for runaway and homeless youth under age 18. While there are programs and services available to youth 18-24, our county has very limited services and programs specifically geared toward this age range. IHYC, the only

organization that provides youth-specific programs for this age group, provides 9 emergency beds, including two specifically for youth who are parenting and 18 transitional housing beds, nine of which are dedicated to youth who are parenting. The county currently does not have permanent supportive housing vouchers specifically available to youth ages 18-24. However, while not a permanent supportive housing program, youth who have experienced foster care have access to FUP vouchers and rent subsidy through Iowa Finance Authority. Currently, only one youth maintains the FUP voucher and an average of 10 youth per month utilize subsidy.

3. CoC's ability to collect and report data on sheltered and unsheltered homeless youth during the 2017 PIT count.

3a. Number of unaccompanied youth: 34 unaccompanied youth age 24 or younger were identified in the 2017 sheltered PIT count. **3b. Number of parenting and pregnant youth:** 27 youth in Parenting and Pregnant Youth Households age 24 or younger identified in the 2017 sheltered PIT count. **3c. Number of unaccompanied youth (24 or younger):** 1 unaccompanied youth age 24 or younger was identified in the 2017 unsheltered PIT count. **3d. Number of parenting youth (24 or younger):** 0 parenting youth age 24 or younger were identified in the 2017 unsheltered PIT count.

3e. Did CoC do the following:

3e1. Conduct a youth-specific PIT count at the same time as the rest of the CoC's 2017 PIT count activities, or include youth-specific activities within the implementation of the CoC's 2017 PIT count; YES; 3e2. Integrate counting strategies targeted to finding and accurately identifying and engaging youth into the CoC's 2017 PIT count activities; YES. 3e3. Conduct a youth PIT count separate from the regular CoC 2017 PIT count time line. NO.

3e4. Methodology used for youth-specific portion of the count, the separate youth count, or the youth-appropriate changes made to the PIT count: Iowa Homeless Youth Centers' (IHYC) Street Outreach Team (SOT) is trained to identify and engage homeless youth living on the streets or in places not meant for habitation. The annual January PIT incorporates IHYC staff members in most of the area canvassing teams, particularly in the overnight team. The canvassing teams visit unsheltered homeless people, including runaway and homeless street youth, map their location and add them to the count. During the Polk County annual PIT homeless count, the SOT operates their Mobile Outreach Homeless and Runaway Youth Van service to find and identify homeless youth. Age and parenting-youth status are documented for all individuals and for families identified as homeless during the PIT count. Social media is also used to reach out to homeless youth during the PIT Count. IHYC has a youth-specific Facebook page that homeless or formerly homeless youth use to receive status updates on youth-focused services available in Polk County. This youth-specific Facebook page is another way our community notifies youth about the annual PIT Count.

In 2016 IHYC opened their Youth Opportunity Center that is widely known in the community as a safe and inviting place where youth can come for food, services, support and emergency shelter in nine low barrier single beds. The facility facilitates direct community connection with youth at all times, but particularly for PIT, and is likely the reason there were no youth unsheltered at PIT.

3e5. Data collected that were not required by HUD and how these additional data were, or will be, used locally to better understand youth homelessness. The zip code of last permanent address is collected in the PIT count of sheltered persons. This data point is considered optional by HUD. We use these data to map rural areas from which clients come

when seeking services in the urban cores. Also, the PCCoC uses this data point to produce material to help legislators better understand their responsibility for Iowa's homeless youth even if there are no service providers in their legislative district. During the PIT street count, we collect supplemental data about the service history of individuals sleeping in places not meant for human habitation and consent to share that data. These data assist us to connect individuals with services. The data also assist the PCCoC to identify gaps in services and develop strategies to fill the gaps.

3f. Number of unaccompanied homeless youth reported by the CoC's local education agencies to the state education agency and submitted to the Department of Education's EdFacts system in the most recent complete year for which the data are available. For the 2016/2017 school year, Polk County school districts reported 257 unaccompanied homeless youth to the Iowa State Department of Education. This constituted 20% of the total unaccompanied homeless youth identified within public schools in Iowa.

3g. Factors currently contributing to youth homelessness in the community, including the methodology used to identify which factors are most prominent. Factors currently contributing to youth homelessness in the community were identified from a.) data collected during 2017 PIT count; b.) "contributing factor" data collected during the intake process for all youth accessing services in Polk County; and c.) Survey data collected from YAB for the development of the *Ending Youth Homelessness* plan. Primary factors are: **(1) Unsafe family dynamics/structure**—includes conflicts, abuse and/or neglect between parents or parents' partners. Intake data from Centralized Intake show this is the primary cause of youth homelessness in Polk County. Street Outreach teams have also identified this factor as the #1 reason for homelessness among the youth they work with. **(2) Economic factors**—inability for

parents to provide what youth need to thrive due to lack of employment, low paying work or limited employment skills. Once youth leave home, they are faced with these same economic factors. **(3) Trauma**—experienced by youth due to neglect, physical and/or sexual assault and domestic violence, negatively impacts youth health and ability to develop coping skills and trusting relationships needed to obtain an education and employment. The resulting impact on self-esteem leads some youth to human and sex trafficking and survival sex. The lack of low barrier mental health services and difficulty developing trusting relationships with adults lead to youth not accessing mental health services. **(4) Limited housing options**—once on their own, and not financially independent, youth are not able to find affordable housing. Lack of rental history and age are also barriers to securing housing.

CAPACITY FOR INOVATION

1. CoC successfully adopted a new broad reaching methodology or enacted a major system-wide change in behavior. In 2012, homeless service providers, through a “coordinated intake committee” (CIC), initiated the planning process to implement a Centralized Intake (CI) for all people experiencing homelessness in the PCCoC. The CIC researched several coordinated and centralized intake models (selecting a “gateway” model used by the Dayton/Montgomery County, Ohio CofC); convened a half-day focus group of CoC providers and initiated a conference call with the D/MC CoC to learn more about the gateway model. Feedback from the focus groups was used in the CIC’s development of guiding principles, identification of gateway shelters, inventory of programs, housing and services and the development of the intake/assessment tool. In 2013, the CIC presented the gateway model to the CoCB, worked with the HMIS Lead and gateway programs to set up an intake/assessment tool in HMIS and assisted

Primary Health Care (PHC) in responding to the CoCB's RFP for the development and operation of a CI. In late 2013, PHC was selected to implement the CI relying on the CIC's prior work and future support. Through mid-2014, the CIC continued to work with PHC to finalize the intake/assessment tool and with the HMIS Lead in the creation of a client data sharing MOU. During this time, PHC also worked with key members of the CoCB on operational funding. The community rallied around this securing funders representing county, city, corporations, local foundations and the faith-based community. In the summer of 2014, a weeklong test of the CI provided critical information on needed modifications. A small subcommittee of the CIC created operational policies and procedures. A partial rollout of the CI, focused on individuals, was initiated in December 2014 and a full rollout occurred in January 2015. Since its creation by the CoCB in 2015, a CI Work Team has overseen the CI's implementation, troubleshoots problem areas and continues to fine-tune policies and procedures.

2. Youth homelessness providers adopted a new innovation or system - motivation for the change, the challenges experienced and whether the adoption was successful. Historically, our CoC has lacked sufficient emergency shelter beds for transition-age youth ages 18-24. While our community has two excellent adult shelters (Central Iowa Shelter and Services and Bethel Mission), they are typically full and are not always the best option for homeless transition-age youth. Youth have reported not feeling safe and at risk of being preyed upon by the older shelter residents, including being victims of human trafficking, rape, physical assault and robbery. In 2015, IHYC, a RHY grantee, launched an effort to create a "new to the community" homeless youth-focused emergency shelter bed program (E-beds) that consists of 9 low-barrier E-beds located at IHYC's Youth Opportunity Center (YOC) in downtown Des Moines. The main challenges to adding the E-beds were securing funding to incorporate the E-beds into the design

of the YOC and to operate this expansion of support for homeless youth. The first challenge was overcome when IHYC received an overwhelming response to their capital campaign for the YOC from corporations such as Nationwide Insurance and Wells Fargo, as well as from hundreds of individual donors. The second challenge was overcome when IHYC was awarded a 3-year Victim of Crime Act (VOCA) grant from the U.S. Department of Justice and an Emergency Solutions Grant (ESG) from the City of Des Moines.

The E-bed program opened in August 2016. In addition to providing safe shelter for youth, program staff establishes case plans based on client-identified goals typically related to housing stability, employment, mainstream benefits and mental health care. Challenges in operating the program have included: 1) Operating a low-barrier shelter for the first time which has necessitated a change in the mindset of staff about working with youth who come in high or drunk; 2) Working with youth who have severe mental health diagnoses and securing resources within the community to increase their level of care; and 3) Finding safe, affordable housing for youth as they exit shelter. Despite these challenges, this innovation has been very successful with fewer youth entering the adult shelters. In 2017, 85 youth were served in the IHYC E-bed program; 45% exited to permanent housing and 62% found or retained employment.

3. Rapid rehousing or any permanent supportive housing for youth using Housing First model. Describe the community's experience with the relevant models for youth. The Polk County Continuum of Care Board (CoCB) approved for inclusion in the Continuum's 2016 HUD CoC Application a Rapid Rehousing (RRH) project to be operated by Iowa Homeless Youth Center (IHYC). The impetus for IHYC submitting the project for the CoCB's consideration was the challenge transition age youth were facing in moving out of their Lighthouse TH program into affordable permanent housing. In December 2016, IHYC was awarded HUD CoC funds to operate

12 units of scattered-site RRH using a Housing First model for homeless youth coming from either the streets or emergency shelter. The contract between HUD and IHYC was signed in November 2017 and IHYC began accepting youth into the program in January 2018. A key feature of the program is IHYC's partnership with a local real estate developer, Conlin Properties, who will allocate up to 12 units across their entire portfolio of 1-bedroom apartments for homeless youth participating in the RRH program. Leases are in the youths' names and they can remain in the apartment following cessation of RRH rental assistance and services.

Challenges faced in the first three months of operation have included: 1) Youth living within the rules outlined in their rental agreement; specifically, persons not listed on the lease residing in the unit; Youth report feeling immense guilt over having housing when friends are still homeless or family are in need of a place to stay so they don't become homeless. 2) How to be a good neighbor (i.e., having a party in their unit at 11:00 pm on a Tuesday); 3) Conlin Properties hasn't always had a one bedroom unit available right at the time it is needed. Despite this challenge, youth have been moved from the streets or shelter into a unit within 30 days of entry into the RRH program. Similarly, in spite of the aforementioned challenges faced by the youth in RRH, no one has been evicted. The program participants have shown openness to changing their behavior so they can remain housed.

4. Interventions not currently operating in the CoC the community wishes to pursue, and barriers preventing implementation: After consulting the YAB, the following interventions from the "Pathways Out of Homelessness" priority in the *Ending Youth Homelessness* plan, have been identified to pursue: Dedicated Permanent Supportive Housing Units for Youth—while the PCCoC has 213 PSH units, none are specific to serving youth. Thus youth must compete with adults and families for units. Current barrier is lack of funds for costs associated with rental

assistance and case management. Expand Rapid Rehousing Program—currently, the PCCoC has 9 RRH units for unaccompanied youth and 6 units for parenting youth. YAB members expressed a desire to expand the time frame of the RRH program up to 18 months to give youth and young families experiencing homelessness more time to access supportive services and financial support. Current barrier is lack of funds for costs associated with rental assistance and case management. Expand Housing Resources—YAB members noted the need for more affordable housing, housing resources for youth that are doubled up and for youth who have barriers to housing such as felonies, sex offenses and mental health challenges. Current barriers include a lack of affordable housing developers, lack of grant funds to infuse in development so units are affordable, & lack of landlords willing to rent to youth. Resources for Housing Application and Deposit Fees—Current barrier is a lack of funds to assist with covering these costs. Youth Housing Coordinator—one person who works specifically with youth and young adults under age 25 to locate housing, and work with landlords to overcome barriers to accessing housing. Current barrier is the lack of funds to hire a coordinator.

5. CoC's and youth homelessness stakeholder community's willingness to engage in new project models and methodologies, to question existing models and test new methodologies:

In 2015, funding for several TH programs, including Iowa Homeless Youth Centers (IHYC), was reallocated by CoCB to focus more resources on PSH and RRH. IHYC staff embraced the new challenge, researched youth RRH best practices nationally, and designed a RRH that was submitted to the CoCB for funding in 2016. In 2015, the CoCB implemented a Housing First and low barrier entrance policy for all programs receiving CoC and ESG funding. This change was not popular among funded programs that perceived it would pose greater difficulty in serving people experiencing homelessness. One such program was IHYC's e-bed shelter whose staff

questioned serving youth who were active substance abusers and/or didn't appear interested in engaging in services for change. Further education about serving youth in a low barrier program has assisted IHYC staff in altering this mindset.

Youth System Map: Attached as "Youth System Map".

COLLABORATION

1. CoC's current written plan or strategy to prevent and end youth homelessness, including the organizations or agencies that helped to develop, signed, or adopted the plan: *Ending Youth Homelessness: A Plan to Ensure Housing Safety and Stability for Youth and Young Adults Experiencing Homelessness in Polk County*, was adopted by the CoCB in January 2018. The following agencies helped develop the plan: Anawim Housing, Central Iowa Shelter & Services, Children & Families of Iowa, City of Des Moines Housing Services, Community Support Advocates, Des Moines Public Schools, Dorothy's House, Drake Head Start, Freedom for Youth, Goodwill of Central Iowa, Institute for Community Alliances, Iowa Coalition Against Domestic Violence, Iowa Department of Education, Iowa Department of Human Services, Iowa Homeless Youth Centers, Iowa Legal Aid, Iowa Safe Schools, Joppa, Judge Colin Witt, Juvenile Court Services, L.U.N.A. Iowa, Mid-Iowa Health Foundation, Orchard Place, Polk County Community Youth & Family Services, CoCB, Polk County Crisis & Advocacy, Polk County Decategorization, Polk County Health Department, Primary Health Care, local HUD office, United Way of Central Iowa, United Healthcare, Young Women's Resource Center, Youth Action Board, Youth Emergency Services and Shelter, Youth Policy Institute of Iowa.

The plan includes four priority areas (Strong, Safe & Stable Families & Social Supports; Early Intervention; Pathways Out of Homelessness and Community-Level Solutions to Systemic Challenges). Each priority area has three strategies with each strategy having 3-6 action steps.

2. How the CoC is working with the prepopulated stakeholders indicated in the following chart to prevent and end youth homelessness in the community.

List of stakeholders attached as “Stakeholder Chart”.

CoC homeless program agreement attached as “CoC Homelessness Program Agreement”

Local government agency agreement attached as “Local Government Agency Agreement”

Local education agency agreement attached as “Local Education Agency”

Runaway and Homeless Youth program agreement attached as “Runaway and Homeless Youth Program”

3. Coordinated Entry Process incorporates youth.

3a. Indicate whether there is a separate coordinated entry access for youth or whether access points are designed for all persons presenting for assistance: The PCCoC

Centralized Intake (CI), administered by Primary Health Care (PHC) is a youth-inclusive coordinated entry process. Youth enter CI by calling or going to PHC’s homeless outreach center and completing an intake during business hours. CI, centrally located in Des Moines, is easily accessed by car or bus. The building is handicap accessible and clearly marked so the CI may be easily found. Outside of business hours, unaccompanied youth may present at Central Iowa Shelter and Services where CI staff daily complete intakes. Parenting youth may call 211 and be placed in a motel overnight. They are directed to call CI the next business day.

3b. Describe how youth are prioritized within the coordinated entry process, including factors used to prioritize youth or subpopulations of youth: Prioritization includes: first priority-youth who are living unsheltered; second priority-youth who meet the standard for Category IV homelessness as defined by HUD (fleeing or attempting to flee domestic violence), third priority-youth who are living in another emergency shelter, and fourth priority-youth who are imminently homeless and staying with others. Youth are further prioritized within each priority category by their VI-SPDAT score with the highest score being prioritized highest. The CI uses the F-VI-SPDAT for parenting youth and the TAY-SPDAT for unaccompanied youth between ages 18-24 as part of the intake process.

3c. CoC and ESG funded resources available to youth through the coordinated entry process: ESG-funded: Unaccompanied youth may access emergency shelter at IHYC's E-bed program and at Central Iowa Shelter and Services. Parenting youth are able to access emergency shelter through Hawthorne Hill's and Catholic Charities' emergency family shelter programs. Both unaccompanied youth and parenting youth may access Rapid Rehousing (RRH) operated by Primary Health Care and Polk County Health Services Community Access Program (CAP). Referral to the CAP program requires a mental health diagnosis.

CoC-funded: Unaccompanied youth and parenting youth may access RRH operated by IHYC. In fall 2018, IHYC will also begin operation of a TH-RRH program for both unaccompanied and parenting youth. While not specifically targeted to youth, unaccompanied youth may access Permanent Supportive Housing operated by Anawim Housing while parenting youth may access RRH operated by Primary Health Care and West Des Moines Human Services.

3d. Extent to which all other youth homelessness and at-risk providers and other stakeholders providing services to homeless and at-risk youth (including PCWAs and

other mainstream resource providers) are integrated into the coordinated entry process:

CI staff lead a monthly youth case conferencing meeting with youth service providers who staff each youth who is literally homeless in Polk County. Additionally, IHYC's jail outreach staff collaborates with CI staff on youth who were homeless prior to jail entry. IHYC's outreach team transports people to CI from their Youth Opportunity Center and from camps and the street to complete an intake. The Lighthouse, TH for pregnant or parenting youth, has their clients staffed at the bi-weekly family shelter meeting to ensure that each family receives a full range of services needed for a successful discharge from the program. CI also receives calls from DHS and area high schools that have identified youth who are experiencing homelessness. The advent of the CI has resulted in the "side doors being closed" thus social service agencies, other homeless programs and 2-1-1 receiving calls for shelter for youth, as well as homeless youth themselves, are referred to CI. CI staff participate in the bi-weekly youth homeless plan work group which provides networking opportunities with youth services agencies as well as opportunities to learn more about youth homelessness.

4. System-level discharge strategy for child welfare (foster care), juvenile and adult justice, and institutions of mental and physical health. If the CoC does not have a discharge policy, describe how the CoC is working at a systems-level to prevent youth from being discharged from these institutions into homelessness. (1) Foster Care and Juvenile Justice: Youth who age out of foster care or other state-paid out-of-home placement at age 18 are required to have a transition plan in place that details the youth's plans for education, housing, employment, etc. The youth participate in Youth Team Decision Making meetings and invite both formal and informal supports to develop the plan. The transition plan must be signed off by the local transition committee as well as the Judge presiding over the youth's case. Youth are also referred to

voluntary Aftercare Services (and are often present at team meetings), which is locally administered by the youth homeless service provider, IHYC. (2) Adult Justice, and Institutions of Mental and Physical Health: The PCCoC does not currently have a formal discharge policy in place, however, the CoCB has been working to implement one. Over the last year, local hospitals, Primary Health Care, CoCB representatives, Central Iowa Shelter and Services, and mental health providers have been working on a draft community wide discharge policy. The draft plan to date includes a section of guiding principles and another section of procedures for collaborative discharge.

5. Role of PCWAs in serving homeless children under 18 and in serving homeless youth 18-

24: Our community's PCWA – The Department of Human Services (DHS) - works with homeless youth under 18 that meet Iowa Code for being abused or neglected or in judicial court care. Homelessness by itself does not qualify for DHS services. If homelessness is due to abuse or neglect, DHS will participate in the care of the youth under 18. These youth enter DHS care and are placed at Youth Emergency Services and Shelter (YESS). DHS interacts with homeless youth between the ages of 18-21 through their YESS's Aftercare program that provides supportive services for 3 additional years to youth who age out of foster care. DHS also provides supportive apartment living (SAL) housing for youth up to age 19. A MOU between DHS and the CoCB is attached as "PCWA Agreement".

FINANCIAL RESOURCES

Demonstrate how the CoC will obtain additional funding

Three funding letters are attached as “Funding Letter of Commitment-City of DSM” (\$20,000), “Funding Letter of Commitment-Community Foundation” (\$25,651) and “Funding Letter of Commitment-Mid-Iowa Health Foundation” (\$24,000).

Describe the CoC’s proposed 8-month budget.

Salaries		Comments
YHDP Program Coordinator Salary	36,000	8 month of 1 FTE at 54,000 annual salary
Lead Agency Leadership	7,000	Lead Agency Leadership Time/Supervision
YHDP Admin Support Staff	4,290	Office Manager/Admin
Benefits - 28% of salaries	13,241	

Other Expenses

Travel Expenses	500	mileage
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Salaries		Comments
Communication/Social Media	2,500	Outreach, Online Presence, Marketing
Youth Action Board Gift Cards	3,000	20 youth receive \$15 gift cards - 10 mtgs
Youth Action Board Food	1,000	10 meetings over 8 months at \$100 a mtg
Office Supplies	500	misc. office supplies
Laptop	1,300	one laptop and \$200 for software
Cell Phone	320	pay \$40 a month for cell plan for 8 months
Total Expenses	\$69,651	

DATA AND EVALUATION CAPACITY

1. Percentage of all types of homeless beds, excluding beds provided by victim service providers, which currently participate in HMIS. The 2017 CoC review of HMIS housing inventory shows bed coverage for the Polk County Continuum of Care as follows:

- Emergency Shelter Families: 92%
- Emergency Shelter Individuals: 98%
- Transitional Housing Families: 51%
- Transitional Housing Individuals: 97%
- Permanent Housing Families: 100%
- Permanent Housing Individuals: 100%

Our community is proud to exceed HUD's goal of 85% average participation in HMIS. With the reduction of transitional housing beds in 2016 and 2017, nearly half of the remaining transitional housing beds and some emergency beds are part of a mission shelter agency. Since the 2017 Housing Inventory, the Polk County COC has succeeded in coalition building with that last non-participating area provider. In 2018 the HIC reflects across the board 100% participation.

2. Percentage of all types of youth beds, excluding beds provided by victim service providers that are covered in HMIS, regardless of funding source.

- Youth ES Beds – Unaccompanied: 100%
- Youth ES Beds – Parenting: 100%
- Youth TH Beds – Unaccompanied: 100%
- Youth TH Beds – Parenting: 100%

100% of all youth designated program beds utilize and track program participants using ServicePoint, our community HMIS system.

3. How the CoC actively recruits new homeless projects to HMIS for youth-dedicated

projects: Polk County's Lead HMIS Agency, the Institute for Community Alliances (ICA), works collaboratively with the Polk County CoC so is aware of any new homeless projects in the continuum. Any identified projects, regardless of funding source, receive comprehensive orientation and training with the HMIS network software. ICA provides ongoing support for data quality and reporting and works closely with individual agencies, staff and participating in committees. ICA provides customized reporting for agency operation, planning and participation in Centralized Intake and Assessment.

4. How the CoC supports the transition of new homeless projects to HMIS, including

financial resources, technical resources, and training. Any new homeless project, required by its funding source to participate in HMIS, is immediately connected with ICA. ICA staff provides comprehensive HMIS system training and user licenses within 30 days following notification of funding. PCCoC HMIS funding covers training, user licenses, ongoing technical assistance, reporting assistance, and system upgrades. New programs not compelled to participate as a condition of funding requirements are also actively invited onto the HMIS network without additional charge. ICA contacts those agencies for onsite orientation to the HMIS network, its data collection capacity, customized reporting products and the use of HMIS to support Polk County's Centralized Intake System. These programs are offered support matching that provided to funded agencies.

5. CoC has met all HUD data reporting requirements in the past 12 months, including submission of PIT and Housing Inventory data into the HDX (Homeless Data Exchange).

The Polk County Continuum of Care has completely fulfilled all HUD reporting requirements; Point in Time, Housing Inventory Count, and Annual Homeless Assessment Reports.

6. CoC submitted AHAR table shells to HUD and if those AHAR table shells were accepted. During the most recent AHAR reporting period all twelve table shells for the Polk County CoC were submitted to HUD ahead of the required deadlines and all shells were accepted for use. The Polk County CoC has fully participated in the AHAR since its inception.

7. In addition to gathering youth data in HMIS, indicate whether the CoC gathers youth data from other sources (i.e., education, juvenile justice, child welfare, etc). To inform the homeless youth needs assessment, stakeholders collected and analyzed youth data from: Iowa Department of Education – included number of homeless youth (education definition) K-12 in all Polk County school districts, disaggregated by age, race, gender, and school district; Iowa Department of Human Services (this includes juvenile justice out of home placements) – data include gender and race of youth who are in out-of-home placement, ages 14 and up; Iowa Aftercare Network (case management and advocacy service provided to youth who age out of foster care and out of home placements) – data include number of youth who indicate “experienced homeless in the last 2 years” by age 21; Nation Youth in Transition Database – includes number of youth who indicate “homeless in last 2 years”; Specific program data from Iowa Homeless Youth Centers VOCA grant – includes age, race, homeless status, victimization. There have been unsuccessful efforts to create a local data-warehouse solution. Difficulties around complexities of the data sets and various regulatory hurdles have stymied these efforts. On a project-by-project basis, the HMIS Lead agency has successfully combined data with corrections system data for analysis and reporting. This youth grant would in part provide resources to pursue a homeless youth data warehouse that would benefit and inform the community.

8. Performance measures the CoC has implemented throughout all of its homelessness assistance programs. The Polk County CoC has committed to use the HUD System

Performance Measures and has adopted those measures through formal action of the CoC Board.

The target data point and universe correspond to the design of system performance measures as outlined by HUD.

Polk County System Performance Targets

- 1. Reduction of Overall Homeless Population (based on PIT Count):** 15% reduction each year, Ultimate target – reduce by 50% by 2020
- 2. Reduction in Length of Time Homeless:** 10 % reduction in length of time, Ultimate target 20 days or less
- 3. Reduction in Returns to Homelessness:** 20% reduction in the number of person who return to homelessness each year; Ultimate target of 5% or less return to homelessness, (24 months following an exit to Permanent Housing)
- 4. Jobs and Income Growth – CoC Funded Programs:** 10% increase in number of persons who have increased employment/income at exit
- 5. Reduction in Persons/Households who become homeless for the first time:** 20% reduction in number of persons/households who become homeless for the first time.

The data necessary to determine performance of each of the above targets are initially collected and reported by homeless project staff who enter client specific data into the HMIS. The CoCB has adopted a Performance Management Plan that includes a local evaluation and monitoring process. The process is described in detail in question 9 below.

9. How the CoC monitors the performance of its youth providers, including: • Monitoring criteria, • Frequency of monitoring, • Process by which the CoC provides feedback

regarding monitoring to providers, • How the CoC supports providers with identified issues to improve their Performance: Performance is monitored via on-site evaluation and monitoring performed semiannually by Grant Committee members and CoCB staff. Monitoring criteria include progress toward meeting system performance targets, challenges faced in serving the targeted population, project sustainability and compliance with PCCoC policies and procedures. An Onsite Evaluation Report is completed during the provider visit with the results summarized and forwarded to the program following the visit. Underperforming projects are required to enter into a Quality Improvement Plan that identifies areas of improvement, completion date and responsible staff. Assistance to improve performance is provided by CoCB staff, peer-to-peer mentoring or request to HUD for TA.

10. How the CoC has used data, either data regarding the composition of the local homeless youth population or the effectiveness of various interventions for serving homeless youth, in developing a strategy to prevent and end youth homelessness. Recently, the CoCB approved procedures for prioritization and ranking of projects for the 2018 CoC NOFA. Priority setting was based on analysis of CI data about demand for PSH and RRH, broken down by household type (adults/families/youth/parenting youth/dv), and based on VI-SPADT scores in 2017 as well as on the current inventory of PSH & RRH for each household type. RRH for parenting youth was ranked as the #2 priority due to the majority of this population (70%) having VI-SPDAT scores in the range for RRH and the current inventory being 6 units; the lowest number of units for any household type. PSH for unaccompanied youth was the #5 priority, however, there is not a youth provider skilled in administering a PSH grant. Creating a partnership between an affordable housing and youth provider is a priority for the CoCB.

11. If selected as an YHDP community, describe your proposed demonstration outcome measures and how your community would define success.

Community Outcomes Measures and Success Indicators

- a. Reduction in youth homeless population – 15% reduction/yr.
- b. Reduction in returns to homelessness (6 mos./12mos./24 mos.) – $\leq 10\%$
- c. Reduced average length of homelessness – 10 % reduction in length of time
- d. After housing identified, how long till stably housed – Average of 30 days
- e. Wage increase from time of entry to time of exit – 10% increase in the number of persons who have increased employment/income at exit
- f. Positive adult relationship (exit survey) – 70% have positive relationship at exit