

# Iowa Statewide Needs Assessment

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## Results

*Building a Case for Transformation*

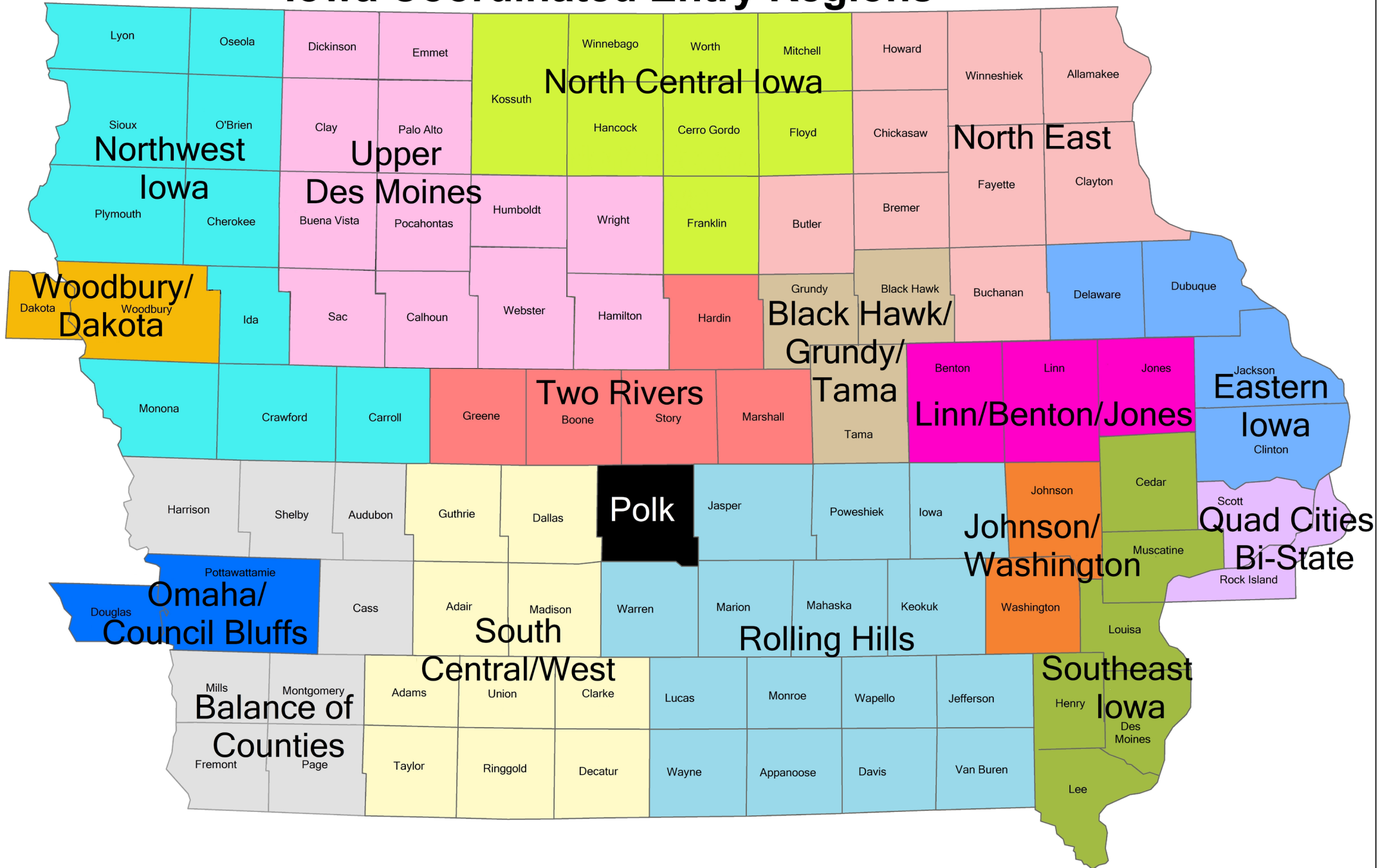




## Needs Assessment Questions:

- What is the extent and scope of homelessness on a statewide basis and in each region?
- How could we understand different needs, profiles, and attributes of each region in a more intentional way?
- How does each region organize its response to homelessness? How should it organize itself?
- What adjustments in each region might provide additional response capacity and/or greater impact?

# Iowa Coordinated Entry Regions



# Forecasted Homelessness Prevalence – 2025

<b>Household Type</b>	<b>Projected Number</b>	<b>Percentage</b>
Single person households	<b>13,675</b>	<b>80%</b>
Households with at least one adult and one child	<b>3,315</b>	<b>20%</b>
<b>Total Households Expected to Experience Homelessness in 2025</b>	<b>16,990</b>	<b>100%</b>

Iowa Region	Short-term Needs (Inflow)		Long-term Needs (Chronic)	
	Singles	Families	Singles	Families
Sioux City/Dakota, Woodbury*	208	93	14	8
Des Moines/Polk	1,895	675	535	54
Council Bluffs/Pottawattamie	417	233	234	23
Threshold CoC (Omaha + Council Bluffs)	3,380	260	1,013	68
Balance of Counties	25	30	12	7
Black Hawk/Tama/Grundy	490	126	85	42
Eastern Iowa	269	76	91	20
Johnson/Washington	661	101	153	14
Linn/Benton/Jones	430	60	219	15
North Central	262	23	29	4
North East	75	24	14	4
Northwest	22	13	1	0
Quad Cities Bi-State*	785	259	149	49
Rolling Hills	114	58	18	12
South Central/West	94	109	1	2
Southeast	330	44	52	3
Two Rivers	372	49	49	8
Upper Des Moines	145	53	11	5

\*Includes persons from adjacent states

# Available Homelessness Services Inventory – 2024

<b>Project Type</b>	<b>Family Units</b>	<b>Single Units</b>
<b>Emergency Shelter (ES) Bed/Units</b>	<b>260</b>	<b>2,281</b>
<b>Transitional Housing (TH) Beds/Units</b>	<b>178</b>	<b>398</b>
<b>Rapid Rehousing (RRH) Service Slots</b>	<b>324</b>	<b>571</b>
<b>Permanent Supportive Housing (PSH) Units</b>	<b>119</b>	<b>1,158</b>
<b>Other Permanent Housing (OPH) Units</b>	<b>145</b>	<b>343</b>

# System Modeling

System modeling is a structured, data-driven process to forecast estimates of the size and needs of the population of people experiencing homelessness and assumptions about the types and amounts of assistance (shelter, services, housing) that would effectively and equitably meet those needs.



# SYSTEM MODELING: *How do we get there?*



## DEMAND

*What's the annual demand?*

1. Annual # becoming homeless
2. # long-term homeless



## PATHWAYS

*What are the pathways out of homelessness?*

1. Pathways to housing (combination of projects)
2. Length of assistance in each project



## SYSTEM CAPACITY

*How much of each pathway do we need?*

1. Current system inventory for each project type
2. Annualized unit cost for each





# System Modeling Assumptions

- Rates of increases in homeless prevalence over past 5 years carried forward into 2025
- 2024 rates of long-term homelessness (chronicity) held constant for 2025
- CES assessment of current need applied to future need
- Households grouped into 3 housing pathways:
  - ❑ **Crisis Response** – Homelessness Prevention, Diversion, Direct to Housing, Rapid Exit
  - ❑ **Moderate Intensity** – Rapid Exit, RRH
  - ❑ **Intensive** – PSH, OPH

# What Housing Strategies and Pathways Define the System?

## Crisis Response

1. Prevention  $\Rightarrow$  maintain lease holder status
2. Diversion  $\Rightarrow$  return to family/friends as non-lease holder
3. Emergency Shelter + Direct to Housing  $\Rightarrow$  crisis housing plus market or subsidized housing (lease holder)
4. Direct to Housing  $\Rightarrow$  market or subsidized housing (lease holder)

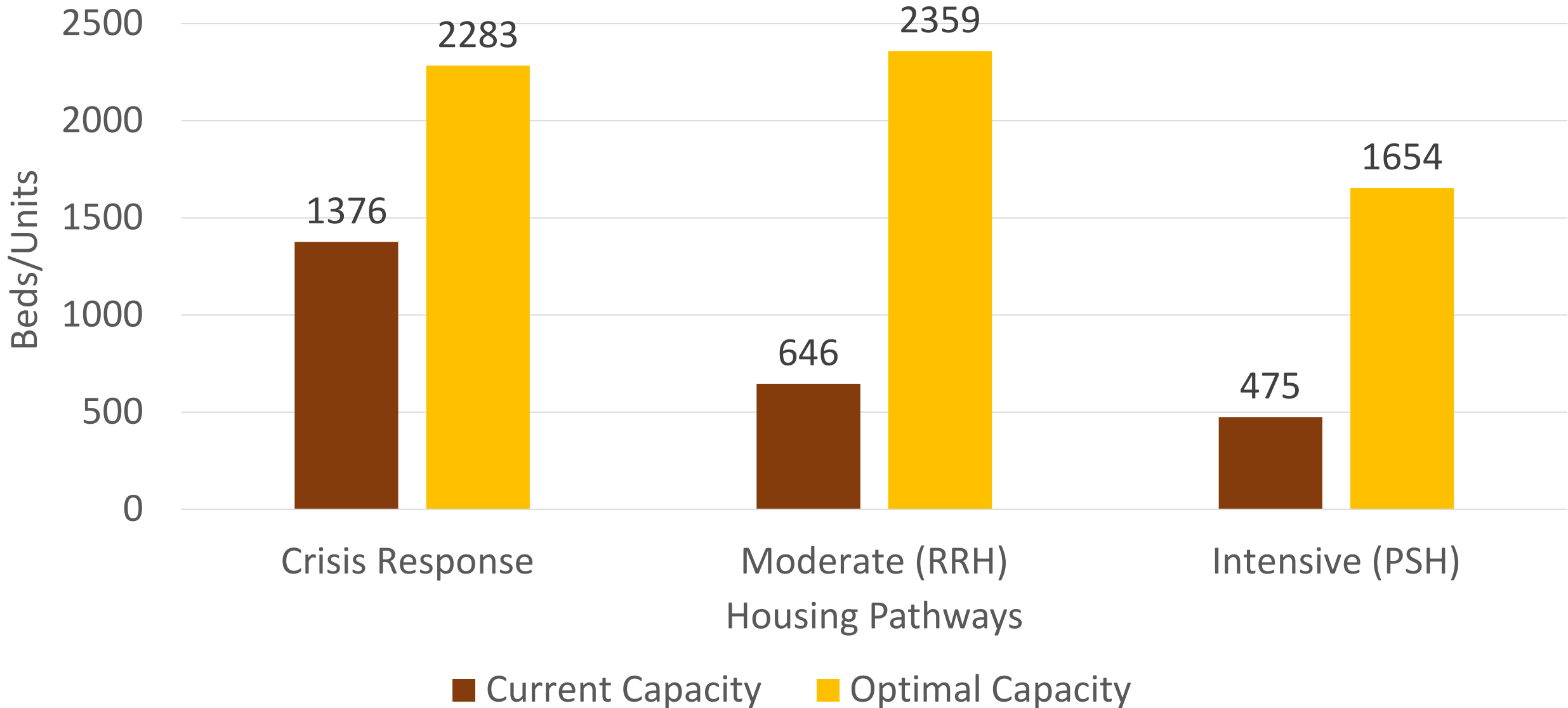
## Moderate Intensity

1. ES + RRH  $\Rightarrow$  time-limited subsidy and case management (lease holder)
2. RRH  $\Rightarrow$  time-limited subsidy and case management (lease holder)

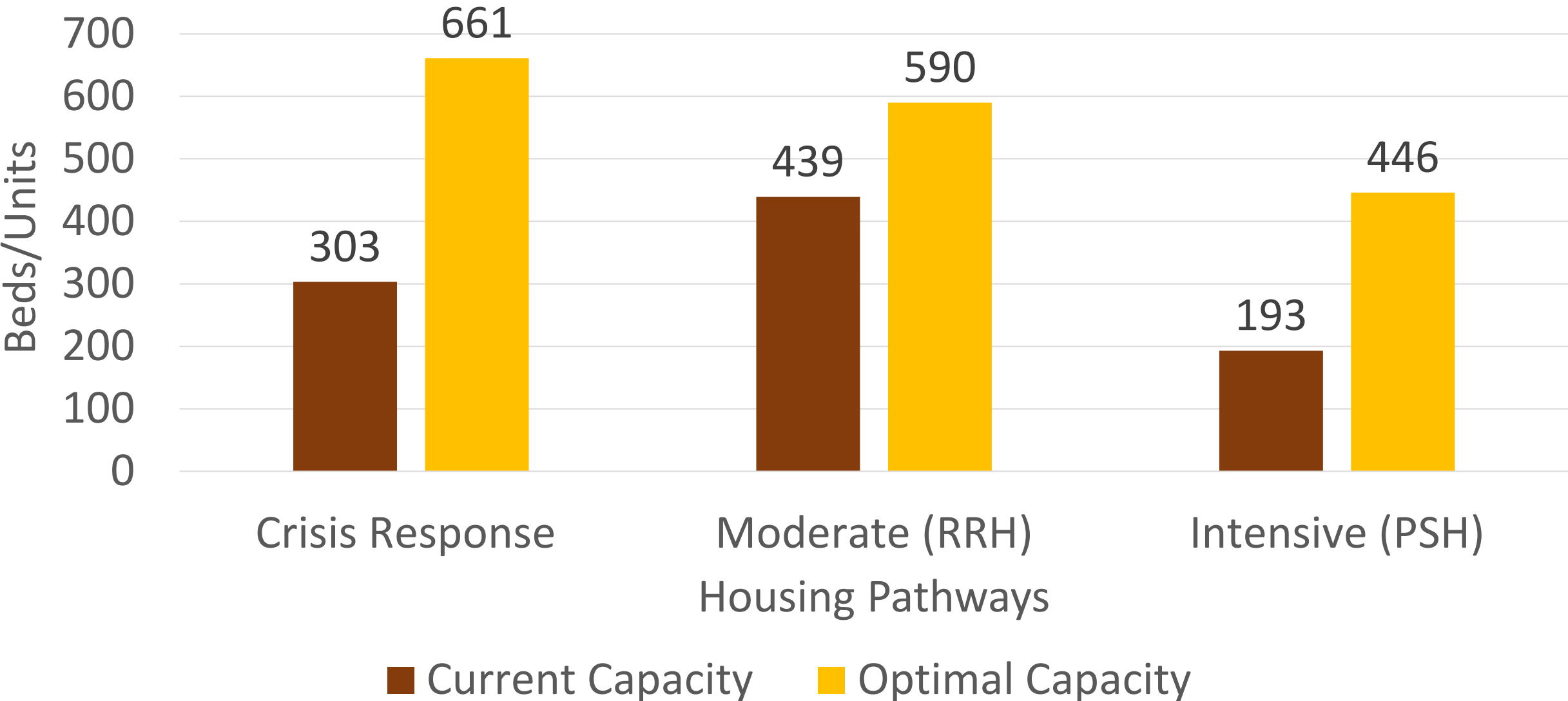
## High Intensity

1. ES + PSH  $\Rightarrow$  long-term subsidy, optional services
2. PSH  $\Rightarrow$  long-term subsidy, optional services

# Current Capacity Compared to Optimal Capacity for Single Adults



# Current Capacity Compared to Optimal Capacity for Family Households



# Estimated Average Costs – Single Adults

	Crisis Response Resources				Rehousing Resources	
Cost Category	Prevention & Diversion	Direct to Housing	ES		RRH	PSH*
Rent Subsidy/Leasing – \$1,000/month	\$1,000	-	-		\$12,000	\$12,000
Services/Flex Fund	-	\$1,500	-		\$5,000	\$7,500
Operations	\$500	-	\$12,000		-	-
Administration	\$225	\$225	\$1,800		\$2,550	\$2,925
<b>TOTAL Annual Per Unit/Bed Cost</b>	<b>\$1,725</b>	<b>\$1,725</b>	<b>\$13,800</b>		<b>\$19,550</b>	<b>\$22,425</b>
<b>TOTAL Per Person Cost</b> (based on turnover)	<b>\$1,725</b>	<b>\$1,725</b>	<b>\$3,450</b>		<b>\$19,550</b>	<b>\$22,425</b>

# Estimated Average Costs – Families

	Crisis Response Resources				Rehousing Resources	
Cost Category	Prevention & Diversion	Direct to Housing	ES		RRH	PSH*
Rent Subsidy/Leasing – \$1,000/month	\$1,200	-	-		\$12,000	\$12,000
Services/Flex Fund	-	\$1,500	-		\$5,000	\$7,500
Operations	\$500	-	\$18,000		-	-
Administration	\$255	\$225	\$2,700		\$2,550	\$2,925
<b>TOTAL Annual Per Unit/Bed Cost</b>	<b>\$1,955</b>	<b>\$1,725</b>	<b>\$20,700</b>		<b>\$24,601</b>	<b>\$26,910</b>
<b>TOTAL Per Person Cost</b> (based on turnover)	<b>\$1,955</b>	<b>\$1,725</b>	<b>\$5,175</b>		<b>\$24,610</b>	<b>\$26,910</b>

*Estimated Additional System Investment Needed to Achieve Optimization – **Single Adults***

Homelessness System Components	Current Average Cost Per Unit	Additional Inventory for Optimization	Approx Additional Annual Cost
<b>Crisis Response Intervention Options</b>			
Prevention & Diversion	\$1,725	907	\$1,564,575 - \$12,516,600
Direct to Housing	\$1,725		
Emergency Shelter	\$13,800		
<b>Rehousing Intervention Programs</b>			
Rapid Rehousing	\$19,550	1,713	\$33,489,150
Permanent Supportive Housing	\$22,425	1,179	\$26,439,075
<b>TOTAL Additional Annual System Cost</b>		<b>\$61,492,800 - \$72,444,825</b>	

***Estimated Additional System Investment Needed to Achieve Optimization – Families***

Homelessness System Components	Current Average Cost Per Unit	Additional Inventory for Optimization	Approx Additional Annual Cost
<b>Crisis Response Intervention Options</b>			
Prevention & Diversion	\$1,955	358	\$617,550 - \$7,410,600
Direct to Housing	\$1,725		
Emergency Shelter	\$20,700		
<b>Rehousing Intervention Programs</b>			
Rapid Rehousing	\$24,610	151	\$4,602,070
Permanent Supportive Housing	\$26,910	253	\$6,808,230
<b>TOTAL Additional Annual System Cost</b>	<b>\$12,027,850 - \$18,820,900</b>		



# Sioux City Region (Woodbury IA & Dakota NE Counties)

Population Component	Current System	Assessed Need	Optimization Gap	Optimization Resource Need
<b>Singles</b>				
Crisis Response	208	217	9	\$15,525 - \$124,200
Moderate (RRH)	34	211	177	\$3,460,350
Intensive (PSH)	59	162	103	\$2,982,525
<b>Families</b>				
Crisis Response	21	23	2	\$3,450 - \$41,400
Moderate (RRH)	34	48	14	\$344,540
Intensive (PSH)	4	69	65	\$1,749,150
<b>Total Annually</b>				<b>\$8,555,540 - \$8,702,165</b>

# Council Bluffs/Pottawattamie (excluding Omaha/Douglas Co.)

Population Component	Current System	Assessed Need	Optimization Gap	Optimization Resource Need
<b>Singles</b>				
Crisis Response	94	162	68	\$117,300 - \$938,400
Moderate (RRH)	24	98	74	\$1,446,700
Intensive (PSH)	60	163	103	\$2,309,775
<b>Families</b>				
Crisis Response	24	142	118	\$203,550 - \$2,442,600
Moderate (RRH)	10	38	28	\$689,080
Intensive (PSH)	29	64	35	\$941,850
<b>Total Annually</b>				<b>\$5,708,255 - \$8,768,405</b>

# Des Moines/Polk

Population Component	Current System	Assessed Need	Optimization Gap	Optimization Resource Need
<b>Singles</b>				
Crisis Response	276	648	372	\$641,700 - \$5,133,600
Moderate (RRH)	57	390	333	\$6,510,150
Intensive (PSH)	48	571	523	\$11,728,275
<b>Families</b>				
Crisis Response	67	116	41	\$84,525 - \$1,014,300
Moderate (RRH)	58	62	4	\$98,440
Intensive (PSH)	41	65	24	\$645,840
<b>Total Annually</b>				<b>\$19,708,930 - \$25,032,165</b>

# System Improvements Needed to Support Optimization



INCREASE ACCESSIBLE,  
AFFORDABLE HOUSING



ADDRESS BASIC NEEDS OF  
CLIENTS



BUILD CAPACITY AND SUPPORT  
PROFESSIONAL ADVANCEMENT  
OF DIRECT CARE STAFF



IMPROVE COORDINATION WITH  
ADJACENT SYSTEMS