

2014 HousingIowa Innovation Award

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On Sunday April 7, 2013 local affordable housing providers and advocates woke to an article in the Des Moines Register announcing the Hotel Randolph had been sold to an out of state developer who planned on converting it to 55 luxury apartments. The Randolph was one of the last Single-Room Occupancy Hotels in downtown Des Moines and catered to almost 100 very low income residents with multiple barriers to housing.

The financial incentives required by the conversion left the City of Des Moines and the developer in the position of using public funds to displace individuals who would likely end up in the local homeless shelters. The optics and public policy created was not acceptable to either.

Relocation efforts were explored. Talk of debit cards loaded with cash being delivered along with tenancy termination notices was quickly dismissed since the population would likely be unable to locate other housing even with cash in their pockets and a list of available apartments.

In May of 2013 the Nominee, Primary Health Care (PHC) and its Outreach Team, was asked by the City of Des Moines to prepare a census and assessment of the Randolph tenants. The report covered 82 rooms and detailed multiple barriers to rehousing the occupants.

In August of 2013 the developer engaged PHC to update the census and **create a plan and budget to rehouse the residents.** The deadline for relocation was October 24, 2013. The August census revealed 83 tenants with varying degrees of housing barriers. A plan for relocation was created with a budget of \$230,000.00. The budget included payment for the Nominee's professional services as well as \$118,500.00 for direct relocation expenses such as deposits, first month's rent, payment of utility arrearages and moving costs.

Initially residents were assigned a "Tier" based on their individual situation and the number of barriers to housing they demonstrated. These Tiers informed the amount of financial assistance each resident could receive. Deviations from this formula were permitted after a discussion between the developer and PHC Project Manager. This flexibility contributed to the project's efficiency.

The program had a "Housing Navigator." This individual was a PHC staff member responsible for searching for available apartments and acting as an advocate for the Randolph residents with private landlords. Using traditional sources for apartment

searches and making direct calls to known landlords resulted in a pool of available units that were matched to residents' stated housing needs.

PHC staff transported residents to view apartments and meet with landlords and property managers. It also assisted with applications and provided additional advocacy to assist in overcoming landlord reluctance to house these tenants. Once the resident approved an apartment and it was secured, PHC staff assisted in connecting the tenants with sources for furniture and other household items.

Sixty-one residents received some form of financial assistance. Of the \$118,500.00 budgeted for relocation expenses, only \$69,000.00 was spent. (This was due in part to leveraging of resources, flexibility with landlords, and the team's ability to find and negotiate reasonable housing accommodations.) Seventy four residents received at least one case management service, including consultation with the Housing Navigator. The final resident was moved from the Randolph in mid-October.

In its final project report the Nominee graciously acknowledges all of the help and support provided by the local governments and other housing providers. And while the work was part of a community effort, we submit that it was the planning and supportive services provided by PHC that brought the project in on time, under budget and with the caring support these residents needed and deserved. No doubt their strategic approach of using a dedicated Housing Navigator, building relationships with private landlords, serving as a tenant advocate and connecting tenants with mainstream resources, such as ongoing case management, will help ensure these are successful and sustainable relocations.

BEYOND THE PROJECT, ONGOING IMPACT

Building permanent relationships between the Housing Navigator and private landlords has helped to open market rate affordable housing to a population of tenants who were traditionally rejected out of hand. These new relationships can dramatically increase the number of units available to a population that has the highest demonstrated need in Polk County – those households making less than 30% of Area Median Income. While this housing crisis ended with a positive outcome, PHC is now searching for funding to continue its Housing Navigator program across all its work with the populations it serves.

We hope you agree the Primary Health Care Outreach Team is most worthy of the HousingIowa Innovation Award so their work can be recognized, shared and celebrated. Thank you for your consideration.

"All too often a proposed solution to a monumental problem is followed by people saying how or why it can't be done. When our community was faced with the difficult and delicate prospect of moving nearly 100 residents from low income housing in an old downtown hotel slated for redevelopment, Primary Health saw an opportunity - not a problem. They quickly assembled the right team, the right plan, the right attitude for success. Their innovative concept allowed our community to treat these residents with dignity and compassion; and virtually every displaced resident benefited in the process."

Chris Coleman, Des Moines City Council
and Chair of the Region's Homeless
Coordinating Council

Photo 1: Hotel Randolph, Des Moines



Shardonna Teneyck, Tenant

Excerpt from 3-page personal letter of appreciation to PHC

January 10, 2014

... My brother, Lonnie heard about our despair. He welcomed [me, my mother, and my daughter] to live with him at the Randolph Hotel on East 4th and Court Avenue. He stated it was not a king's castle but it was clean and bug free, and he was correct. I felt extremely happy knowing the baby and I had a roof over our head. The downfall was we were living 3 stories above the 'Down-Town Pantry' grocery store that is connected to the Randolph Hotel. There was no air at all: any air-conditioning or fans. In order to get air was to open the windows which had no screens, and the windows started about a foot and half from the floor almost to the ceiling: easy reach for the baby who

just turned 2 years old. Another down-fall is the bathroom did not have a working shower and it didn't come with a bathtub. The bathroom sink only produced cold water, and the toilet was sensitive on the flushing. In order to take a shower, we had to go downstairs to the desk and then take an elevator up to the 5th or 7th floor, and after the shower we had to go back downstairs to the desk and return the key. It got complicated at times especially with the baby. Our home was a single little room without any cooking supplies except for a microwave that we had to supply ourselves: With the baby's diet and buying box meals it became very expensive to eat. My brother and I were down to one breakfast bar in the morning and a single super, so the baby did not suffer. My brother slept on the floor and the baby slept in a play-crib and I on the bed.

Coming late August, we received news that the Randolph was being sold, and everybody had to move out of the Randolph by October 24th. My family did not have enough money to move or enough money to afford a standard apartment, especially with doctor's order refraining me to work and my brother's seasonal income. Primary Care Outreach was taking interviews to help place Randolph's residents to another home. We got interviewed a couple of times. During our interviews Primary Care Outreach had us fill out application for different housing programs. Also, they felt the same way we did, that the baby was not safe at the Randolph because of the problems mentioned earlier. They made a couple of calls and referred the baby and me into a women's family shelter. After about 3 ½ weeks we received news stating they found a program with a one bedroom apartment for the baby and me. Unfortunately, my brother did not qualify for this program, but about a week later they found him an efficiency with a kitchenette. With our interviews I received referrals to help us out financially: The F.I.P. and food assistance program.

Without the help from Primary Care Outreach, I don't know where we would be at today. They not only found us a new home, which we love, they also help us out financially by coming together and helping me out with an old utility bill, which gave me a fresh start. They supported our emotional needs, and they also gave us hope again. The Primary Care Outreach is a positive support for the community. They care. They listen, and they help those in need.

Photo 2: City of Des Moines Proclamation Presentation



“In my 30 years of work related to city planning, this is one of the most innovative and effective plans I have seen in relocating and helping low-income people with their housing options. Therefore, I was pleased and not surprised when the City of Des Moines recognized Primary Health Care with a formal proclamation on November 18, 2013. The leaders of PHC were professional and diligent in interacting with the developer. It was clear they were committed to finding opportunities rather than problems. Their overall plan was both innovative and practical. The team assessed tenant’s needs, searched for apartments, provided transportation, worked with social workers, counseled clients and arranged for movers. The PHC Outreach Team was working on a very tight timeframe and still managed to treat every tenant’s individual situation with the attention they needed and with respect and caring for all involved.”

Mary Neiderbach
Planner, City of Des Moines