WEST VIRGINIA

Interagency Council on *Homelessness*

Opening Doors in West Virginia

A Plan to Prevent and End Homelessness / 2015-2020

December 2015

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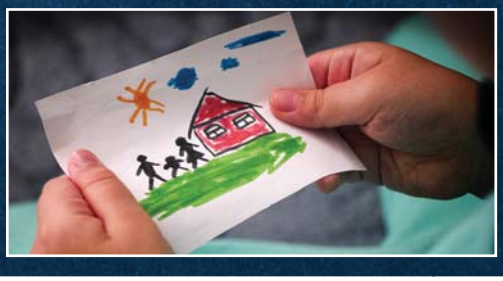

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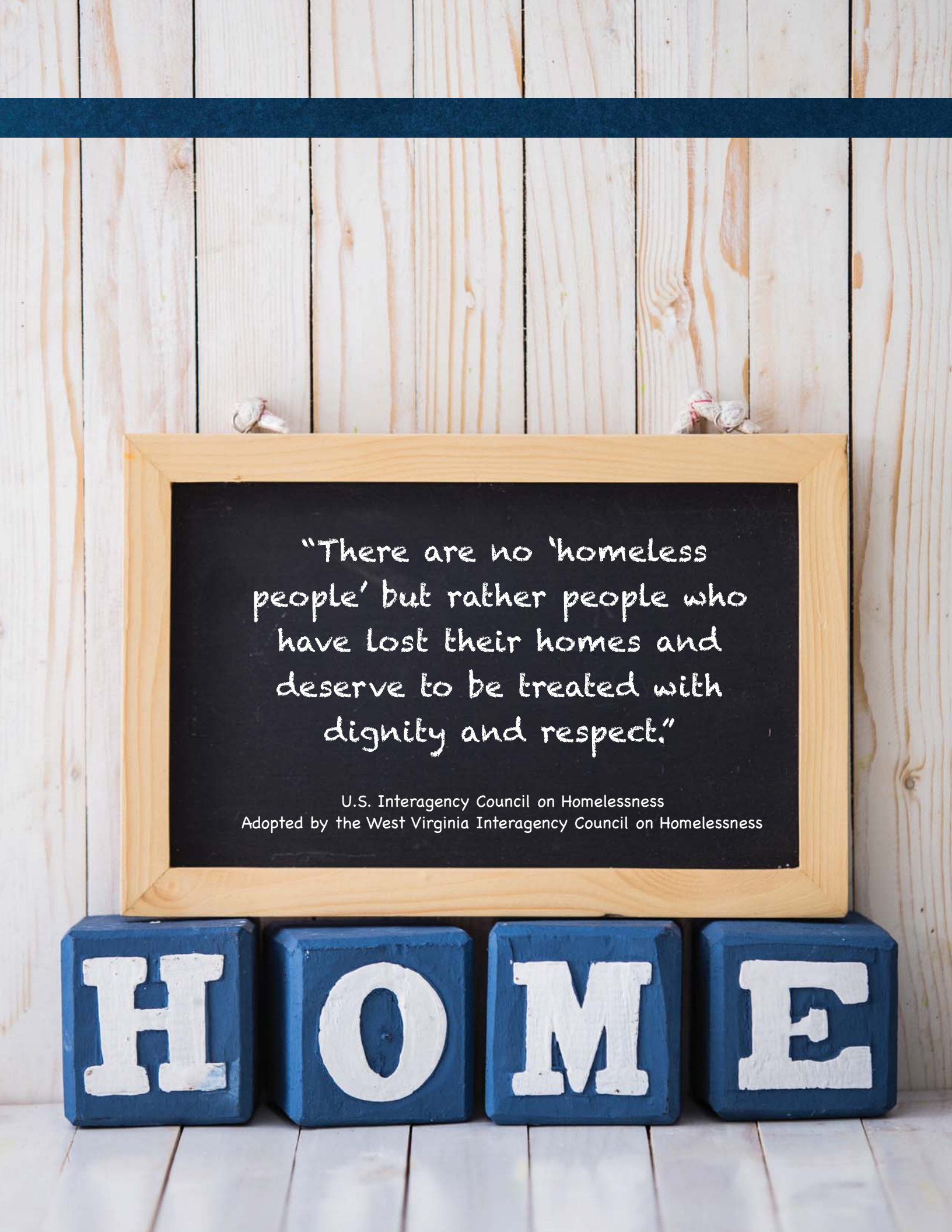

"There are no 'homeless people' but rather people who have lost their homes and deserve to be treated with dignity and respect."
U.S. Interagency Council on Homelessness
Adopted by the West Virginia Interagency Council on Homelessness
HOME

Introduction

Safe, affordable, and stable housing is a basic need and a fundamental indicator of a community's economic conditions and overall well-being. However, there are men, women, and children in our communities who do not have the assurance of a safe or stable place in which to live. The concept of homelessness often conjures up images of people sleeping under a bridge or loitering in city parks. In reality, homelessness is a far bigger picture. Simply put, homelessness is when a person or family lacks the necessary income to secure and maintain suitable housing. Whether a person is living on the street, "couch surfing" between friends and family members, or awaiting available community living options, the face of homelessness can be seen on a veteran, a person with a disability, a child, or an elder member of our community.

Experiencing homelessness is a devastating experience, physically, mentally and emotionally. Fortunately, the majority of people who access homeless shelters and services are able to return to traditional housing within several months and never experience homelessness again. Still, for many homelessness is a reality with more Veterans and families with children finding themselves without a permanent nightly residence. For others, however, homelessness is an ongoing or recurring condition over many years.

In order to prevent and end homelessness in our state, Governor Earl Ray Tomblin issued Executive Order No. 9-13 to revitalize the West Virginia Interagency Council on Homelessness (WVICH) (See Appendix A). The Council is charged with the development and implementation of this plan, which is presented in three sections.

Chapter 1 explores who is experiencing homelessness and why - the facts and impact. Thousands of West Virginians experience homelessness on any given night. They include people of all ages and from many different walks of life. In most cases, a combination of factors led to their homelessness, including loss of a job, low wages, high rents, domestic violence, mental health disorders, and substance misuse. Experiencing homelessness is a devastating experience, physically, mentally and emotionally. Beyond the moral imperative to end homelessness, it is also more cost-effective to provide housing and support services than to leave a person on the streets or even in a shelter.

Chapter 2 provides an overview of current efforts to address homelessness. Over the past decade, efforts have shifted from managing the problem of homelessness to a commitment to ending it through effective prevention and intervention activities. The foundation for these efforts is the collaboration among programs at local, state and federal levels and partnerships between government and private sector organizations. In addition, communities and the members of those statewide communities are vital to the success of initiatives to identify and successfully address homelessness. Caring and concern is essential to our overall well-being.

Chapter 3 presents five-year goals and strategies to prevent and end homelessness. Because people experience homelessness for a variety of reasons, plans to end homelessness must address multiple, interconnected issues. Building on the work carried out at the federal level, WVICH developed this state plan with seven overarching themes related to preventing and resolving homelessness: **leadership and collaboration, housing, economic security, physical and behavioral health, crisis response systems, public policies, and data systems.**

The plan includes common and population-specific goals and strategies for families, veterans, youth, elders and people who experience chronic homelessness. It also addresses the challenges faced by people who are affected by substance abuse, mental health disorders, domestic violence, intellectual and/or developmental disabilities and HIV/AIDS, as well as people returning to communities from prison and people convicted of sex offenses.

Homelessness is not inevitable or unresolvable. This plan is based on substantial evidence of policies and programs that are effective in preventing and ending homelessness. The success of the plan hinges on the participation of all of us, from community members who reach out to people who are struggling, to programs that offer various kinds of assistance, and to state and local leaders who support policies and practices aimed at making homelessness obsolete.

CHAPTER 1

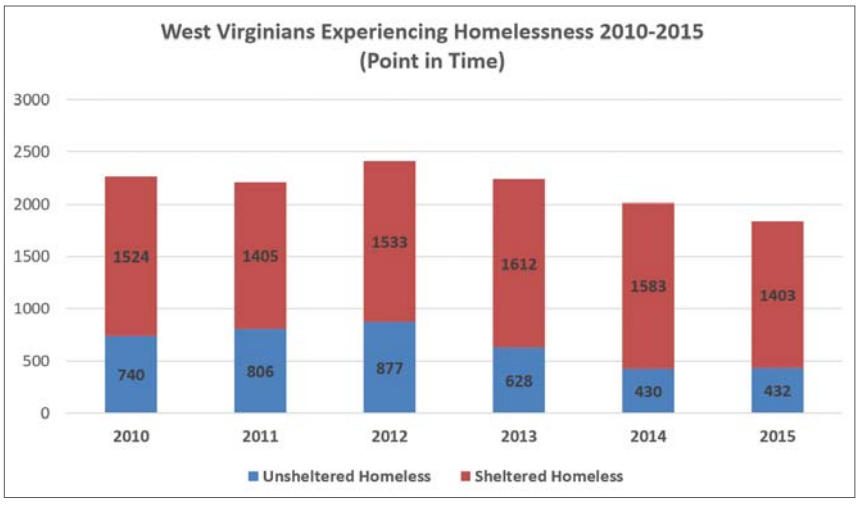
Who Experiences Homelessness and Why – the Facts and Impact

On a typical winter night in West Virginia, thousands of people experience homelessness: they are sleeping in homeless shelters or with no real shelter at all. About one in four are adults who experience frequent or long-term homelessness. Almost one in ten are youth not accompanied by a responsible adult. The **Point in Time** chart (below) shows the number of individuals residing in shelters or on the streets during a one-day period in January. The statistics should be considered as minimums, because the numbers do NOT include the many more West Virginians who are sleeping in cars, on other people's couches, living in vans and trailers not intended as permanent homes, or who are on the verge of losing their housing.

Point-in-Time Counts are unduplicated one-night counts of both sheltered and unsheltered homeless populations. The one-night counts are conducted by Continuums of Care nationwide and occur during the last week in January of each year.

The U.S. Department of Education utilizes a broader definition of homelessness that includes youth that are "couch surfing," living in hotels, motels, campgrounds, substandard housing, awaiting foster care placement, and children of migrant workers. The chart on page 7 shows the upward trend of youth experiencing homelessness from 2011 through 2013 school years.

There is no single definition of what it means to be homeless. Criteria vary among federal and state programs. As stated in the June 2010 Government Accountability Office (GAO) Report entitled *HOMELESSNESS: A Common Vocabulary Could Help Agencies Collaborate and Collect More Consistent Data*, "These different definitions of homelessness and different terminology to address homelessness have made it difficult for communities to plan strategically for housing needs and for federal agencies such as the U.S. Department of Education (DOE), Health and Human Services (HHS), and the U.S. Department of Housing and Urban Development (HUD) to collaborate effectively to provide comprehensive services." The report further states, "Within various programs, the definition of



Source: West Virginia Annual Point-in-Time Count

homelessness determines whether individuals are eligible for program benefits. For the Education of Homeless Children and Youth program, meeting the definition entitles the student to certain benefits; however, in other cases, such as HUD's homeless assistance programs or HHS's Runaway and Homelessness Youth programs, benefits are limited by the amount of funds appropriated for the program." (p. 5)

The Causes and Impact of Homelessness

Across our country and in West Virginia, there are many and varying causes of homelessness. Loss of income or financial support, loss of housing as well as physical and/or behavioral health conditions top the list as factors or oftentimes co-existing conditions that result in a person or family experiencing homelessness. The chart below provides a snapshot of the factors identified as most often associated with periods of homelessness as reported by the Homeless Resource Network based on the 2010 Point in Time count.

Loss of job/income tops the list as a key contributor to one's homeless experience. As noted by many experts including the National Coalition for the Homeless, poverty and homelessness are inextricably linked. "Difficult choices must be made when limited resources cover only some of these necessities. Often it is housing, which absorbs a high proportion of income that must be dropped. If you are poor, you are essentially an illness, an accident, or a paycheck away from living on the streets." On the following page is a snapshot of poverty related risk measures impacting our country and state provided by the National Alliance to End Homelessness.

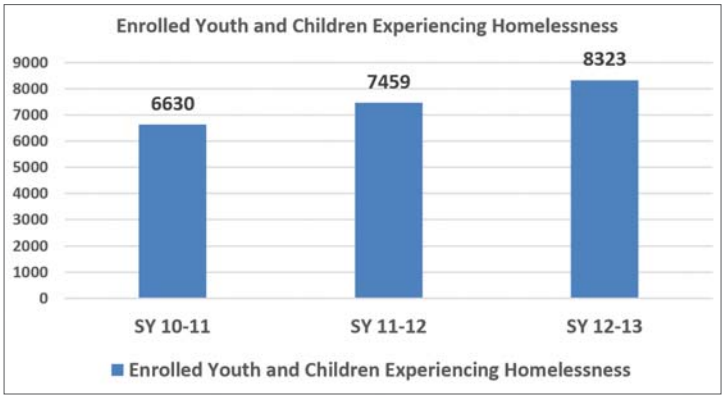
The HEARTH Act (Homeless Emergency Assistance and Rapid Transition to Housing) (Final Rules recorded in the Federal Register, 12/5/11) reauthorized McKinney-Vento in an attempt to remedy these discrepancies, as it broadened the definition of homelessness by establishing four main categories, as follows (See Appendix B for a full description):

1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided;

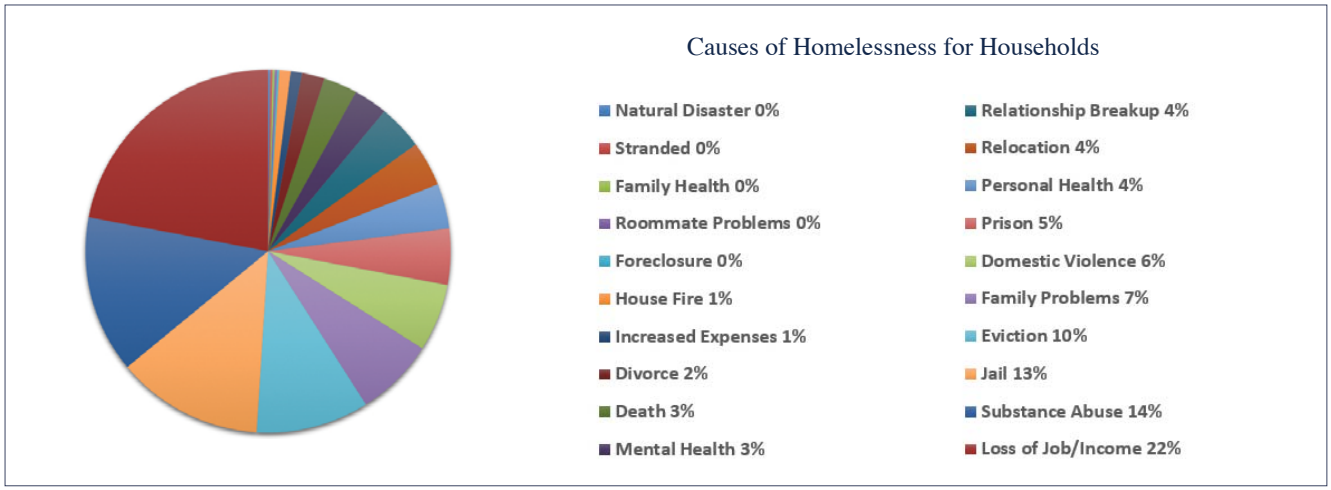
2) individuals and families who will imminently lose their primary nighttime residence;

3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and

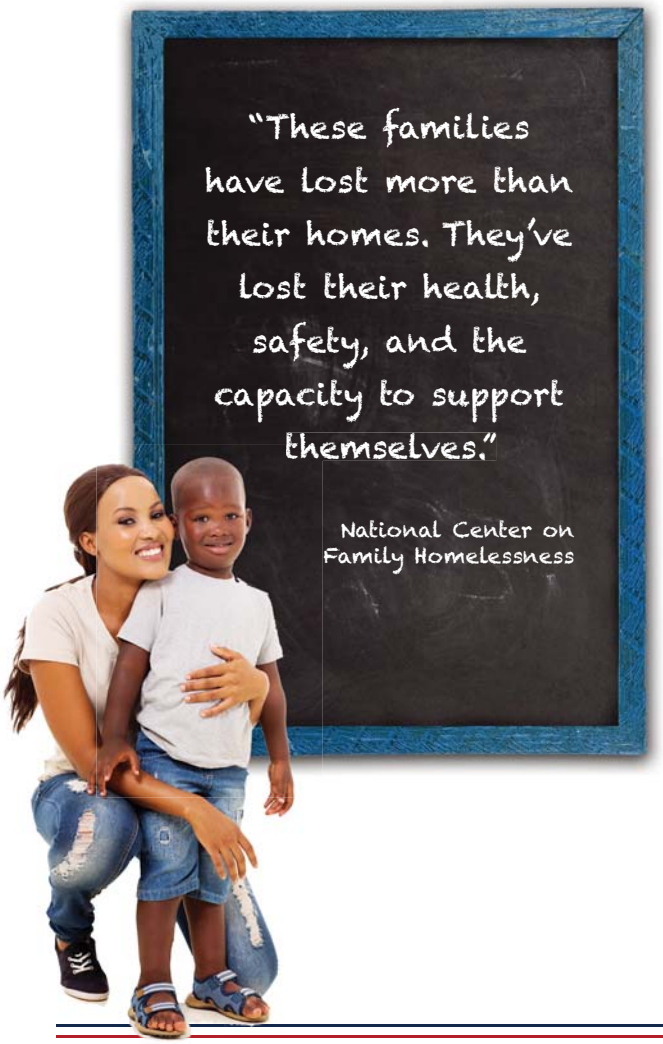
4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.



Source: U.S. Department of Education. Consolidated State Performance Report Parts I and II for state Formula Grant Programs. http://nchespp.serve.org/profile/WV



From: The State of Homelessness in America 2014 prepared by The National Alliance to End Homelessness		
Measure	**National Data**	**West Virginia Data**
Change in Number of People in Poverty, 2011-2012	2011 # of Persons in Poverty: 48,452,035 2012 # of Persons in Poverty: 48,760,123 % Change: 0.6% 2012 Poverty Rate: 15.9%	2011 # of Persons in Poverty: 334,885 2012 # of Persons in Poverty: 320,055 % Change: -4.43% 2012 Poverty Rate: 17.8%
Change in Number of Unemployed People, 2011-2012	2011 # of Unemployed People: 13,833,340 2012 # of Unemployed People: 12,512,946 % Change: -9.55% 2012 Unemployed Rate: 8.1%	2011 # of Unemployed People: 63,024 2012 # of Unemployed People: 59,075 % Change: -6.27% 2012 Unemployed Rate: 7.3%
Change in People in Poor Households Doubled Up, 2011-2012	2011 Poor Households Living Doubled Up: 7,441,265 2012 Poor Households Living Doubled Up: 7,416, 170 % Change: -0.3%	2011 Poor Households Living Doubled Up: 51,271 2012 Poor Households Living Doubled Up: 49,279 % Change: -3.9%



The second area indicated at 14% is substance abuse. Substance abuse increases barriers for individuals experiencing homelessness and often makes the process of recovery more difficult as well as transitioning to a home of their own. Substance use can be both a cause and effect of homelessness. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Homelessness Resource Center, individuals who are homeless rarely have substance use disorders alone. Many have serious mental illnesses, acute and chronic physical health problems, and histories of trauma. They require safe and appropriate housing, multiple interventions, and client-centered care.

Children, Youth, and Families

About one-third of people who experience homelessness in the United States are people in families.While there are a wide variety of families who experience homelessness, the majority of them are headed by young, single women with limited education. About three-quarters of families who enter shelters move to permanent housing quickly, with minimal assistance, and never return, according to the National Alliance to End Homelessness. Other families need more intensive help.

For young children, homelessness can have a significant and sometimes lasting impact on development. During the first years of life, the brain is forming more rapidly than it ever will again, creating the basic architecture for vision, hearing, language, emotions and learning. Impoverished and unstable environments – the kind typically experienced by homeless families – create stress that interferes with early brain development and puts children at risk for developmental delays, poor health and other problems. Problems that can impact them long-term.

Children who experience homelessness are more likely to fall behind in school than are low-income students who are not. Frequent moves, stressful living situations, not enough food and a host of chronic health problems take their toll on school attendance and academic progress. According to the National Center on Family Homelessness, among elementary students who experience homelessness nationally, less than 25 percent are proficient in math and reading. By high school, math and reading proficiency rates drop to less than 15 percent among students who experience homelessness.

Teens who experience homelessness and are not accompanied by a parent or other responsible adult face numerous threats to their immediate and long-term well-being. According to the National Center for Youth, "The consequences of homelessness bring despair to youth in the form of mental health problems, substance use, victimization and criminal activity, unsafe sexual practices, and barriers to education and employment. If these youth are not helped, they will likely become an addition to the population of chronic homeless adults."

Veterans

Many Veterans who experience homelessness grapple with post-traumatic stress disorder (PTSD), traumatic brain injuries (TBI), substance abuse, and mental health issues, along with issues related to transitioning to civilian life. According to the National Alliance to End Homelessness fact Sheet, Ending Veteran Homelessness: Veterans are more likely than civilians to experience homelessness. Like the general homeless population, veterans are at a significantly increased risk of homelessness if they have low socioeconomic status, a mental health disorder, and/or a history of substance

SARAH

Sarah, like many who experience domestic violence, was in a marriage in which the abuse developed over a period of time. Life circumstances and struggles served to exacerbate the abuse. After repeated separations and reconciliations, Sarah finally ended the abusive relationship but found herself and her young son without transportation, without employment, and without housing. There was seemingly nowhere to turn and no options available. Amidst all that had happened, Sarah overdosed on anxiety medication in what she now believes was an uncontemplated suicide attempt.

Fortunately Sarah received services after stabilizing in a treatment facility, while a relative cared for her son. She also began attending a 12-step recovery program and was helped by a local domestic violence shelter. While at the shelter Sarah was referred to and entered a transitional housing program. With occupancy fees capped at 30 percent of income, the program gave Sarah the time she needed to achieve stability, while she worked with a local therapist, attended her 12-step meetings, and looked for a better paying job. Transitional housing also gave her the time she needed to pay back unpaid back rent (that had prevented her from applying for public housing), thus enabling her to find affordable housing upon leaving the program.

ED

Ed is a Veteran who experienced homelessness on and off for twenty years. He used to sleep in the park in Washington, D.C. He was shot twice in Vietnam and witnessed a close friend being killed right in front of him. He still remembered the war vividly, as if it were happening now. His wartime memories, coupled with the trauma of past sexual assault triggered such strong feelings he couldn't bring himself to stay at the local Rescue Mission.

Ed slept on a five-foot-tall cement platform - the back of what used to be an old loading dock no more than two yards from the railroad tracks - with a ragged pillow, a dirty worn blanket, and a bottle of vodka. Ed previously had one hip replaced, but he needed to have the other one done too. His situation was so dire, the outreach worker feared he may not be alive the next day if he waited too long to find housing for him.

The outreach worker took Ed to a local rental agency and got him into a housing unit. Within a week, Ed began attending AA meetings. He was excited to hear that people wanted him there. They encouraged him to come back and told him there would always be a seat there for him. Ed is not yet sober, but with so much support, the change in him is visible. He pays his rent on time and remains housed.

abuse. Yet, because of veterans' military service, this population is at higher risk of experiencing traumatic brain injuries and Post-Traumatic Stress Disorder (PTSD), both of which have been found to be among the most substantial risk factors for homelessness. Among the recent Iraq and Afghanistan cohort of veterans—who are more frequently female than their older counterparts—an experience of sexual trauma while serving in the military greatly increases the risk of homelessness. Additionally, veterans often experience difficulty returning to civilian life, particularly those without strong social support networks, and may not have skills that can be easily transferred to employment outside of the military. Veterans face the same shortage of affordable housing options and living wage jobs as all Americans, and these factors— combined with the increased likelihood that veterans will exhibit symptoms of PTSD, substance abuse, or mental illness—can compound to put veterans at a greater risk of homelessness than the general population.

Veterans in West Virginia face additional challenges due to the rural nature of the state, with minimal or no public transportation or other amenities outside of major cities.

Chronic Homelessness

People are considered "chronically homeless" if they experience long-term or frequent episodes of homelessness due to conditions such as mental illness or substance abuse. They have some of the most severe service needs, but are often the least able or likely to seek assistance from providers.

"Chronically homeless people are among the most vulnerable people in the homeless population," according to the National Alliance to End Homelessness. "They tend to have high rates of behavioral health problems, including severe mental illness and substance abuse disorders, conditions that may be exacerbated by physical illness, injury or trauma. Consequently, they are frequent users of emergency services, crisis response, and public safety systems."

Other Populations

In addition to the groups mentioned above, there are other groups of people, or populations that experience

homelessness. These include survivors of domestic violence, the elderly, people with developmental and intellectual disabilities, people who are living with HIV/AIDS, persons with felony convictions, as well as individuals with sex offense convictions and those exiting correctional facilities.

- According to the National Law Center on Homelessness and Poverty, "[d]omestic violence is a leading cause of homelessness nationally. Indeed, one out of every four homeless women is homeless because of violence committed against her. With affordable housing in short supply and federal housing programs under-resourced, low-income domestic violence survivors and their children are often forced to choose between life with an abuser and homelessness. Further, they are often evicted for disruption or damages caused by their abusers."

- The current percentage of elders experiencing homelessness is quite small, but research indicates this is one of the fastest growing populations that experience homelessness. Elder homelessness includes people who experienced homelessness earlier in life, as well as people who experienced homelessness as older adults due to job loss, inadequate incomes, substance abuse problems, injury, illness, or loss of family support.

  In particular, the National Coalition for the Homeless notes that "[s]tudies across the U.S. have shown a clear upward trend in the proportion of 'older' persons' (aged 50-64) among the homeless population. This is a group which frequently falls between the cracks of governmental safety nets. They are not old enough to qualify for Medicare, however, when their physical health is assaulted by poor nutrition and severe living conditions they may eventually resemble someone much older.

  There is a relatively low percentage of 'elder' (aged 65 and over) homeless persons' among the current homeless population. This smaller

RANDY

An outreach worker first met Randy on a downtown street, where he was talking to himself as he stood in a doorway. The outreach worker saw that he had one small grocery bag holding what appeared to be all of his belongings. The outreach worker put Randy up in a motel until he could find him a place to stay, since there was no shelter in the area.

Unfortunately, Randy's untreated mental health issues and volatile behavior resulted in him getting kicked out of the motel. He then moved into a tent near the downtown area. The weather was getting worse, temperatures were dropping, and Randy was becoming more agitated.

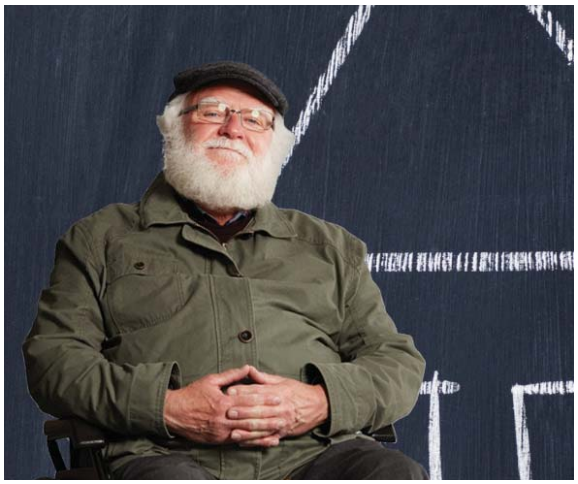
The outreach worker searched the county and surrounding counties for housing, but unfortunately, Randy did not pass the background checks to get into the available units or did not meet the minimum income requirements set for several of the properties in the area. They kept searching, though and finally found an affordable apartment.

The outreach worker found resources to assist with the first month's rent, and with Randy's consent, set up a representative payee to make sure his rent and bills were paid on time, assisted with him obtaining SSI, a medical card, and applying for SNAP benefits. With SSI and SNAP benefits in hand, Randy was able to comfortably maintain his apartment in the area where he had grown up. He also asked for assistance with his anger issue and sought treatment from the local community behavioral health center. Currently, Randy appears to be thriving; his place is clean and well kept, and he is staying sober.

proportion may be due to the increased availability of successful safety net programs, which only kick-in at a certain age including:

- Subsidized housing – Available at age 62
- Medicare – Available at age 65
- Social Security benefits – Available at age 65

- People with intellectual and developmental disabilities may be at risk of homelessness when they age out of or leave programs voluntarily. Of particular concern are young adults aging out of youth programs who could become at risk for homelessness due to a lack of available programs or inadequate transition planning to the programs that are available. Underlining this point is a recently published article, Morton, L. G., Cunningham-Williams, R. M., & Gardiner, G. (2010). Volunteerism among homeless persons with developmental disabilities. Journal of Social Work in Disability & Rehabilitation, 9(1), 12–26. http://doi.org/10.1080/15367100903526070 noting that "developmental disabilities are relatively common among the homeless, with prevalence rates of [IDD] alone estimated at 22% (Stratigos & Katsambas, 2003; US Conference of Mayors, 1998). Further, homelessness is viewed as the end result of a long period in which a person's social and economic resources are gradually depleted as a consequence of personal disabilities (Baum & Burnes, 1993; Baumohl, 1989; Johnson, Freels, Parsons, & Vangeest, 1997)."



- People living with HIV/AIDS may have difficulties securing and maintaining housing without wraparound health, mental health and other services. More specifically, according to the Commonwealth Land Trust "[i]ncreasing rates of homelessness contribute to the spread of HIV/AIDS. The Center for Disease Control (CDC) estimates that over one million individuals are living with HIV/AIDS in America and 50% of those infected are homeless or at risk of homelessness. In 2006, The National Alliance to End Homelessness estimated that 3.4% of homeless people were HIV positive, compared to .4% of adults in the general population. Individuals experiencing homelessness are more likely to engage in high-risk behaviors (i.e. substance abuse, unprotected sex with multiple partners), which make them susceptible to contracting the virus. Numerous studies have shown that securing permanent housing is associated with a decrease in risk behaviors. Homeless individuals living with HIV/AIDS face considerable challenges in managing their health. Living conditions associated with homelessness make adhering to complex medical regimens extremely difficult. Most shelters have limited hours and patrons are forced to spend large periods of time outside where they may be exposed to cold and rainy weather. Homeless people often suffer from malnutrition and poor hygiene and are 3-6 times more likely to become ill than people in housing.

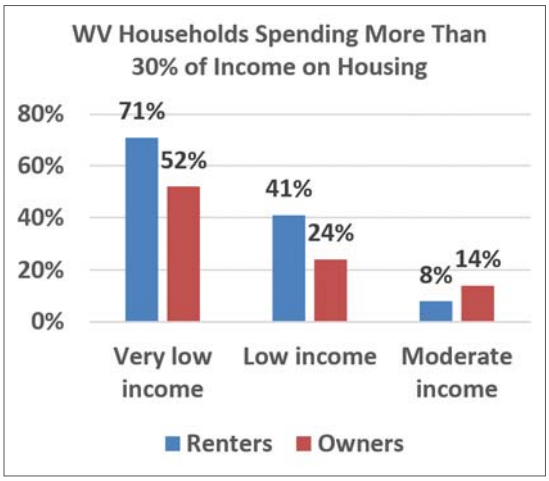
  Compared to stably housed people living with HIV/AIDS, homeless people experience worse physical and mental health, have lower CD4 counts and higher viral loads, and are less likely to adhere to antiretroviral therapy. A vital component of HIV/AIDS care is housing, which provides a place to store medication and food, a dependable contact location, and emotional security."

- People convicted of sex offenses are limited by federal, state and local law in the locations where they may reside and are therefore at higher risk of experiencing homelessness.

Homeless programs that accept convicted sex offenders are rare. The same is true for people leaving correctional facilities without an adequate "home plan" that includes housing and other re-entry support. According to a November 30, 2014 article written by Ashby Jones appearing in The Wall Street Journal, Cities and Towns Scaling Back Limits on Sex Offenders, "In the mid-1990s, states and cities began barring sex offenders from living within certain distances of schools, playgrounds and parks. The rationale: to prevent the horrible crimes sometimes committed by offenders after their release. . . About 30 states and thousands of cities and towns have laws restricting where sex offenders can live, while others are adding them."

The Need for Safe and Affordable Housing

The lack of availability of safe and affordable housing contributes to people experiencing homelessness. Because of West Virginia's low median income (third lowest in the nation) and only slightly below average cost of living (24th lowest in the nation), many individuals and families have a hard time making ends meet. Large percentages of low-income households spend more than 30 percent of their income on housing. The chart on the right illustrates the disparity.

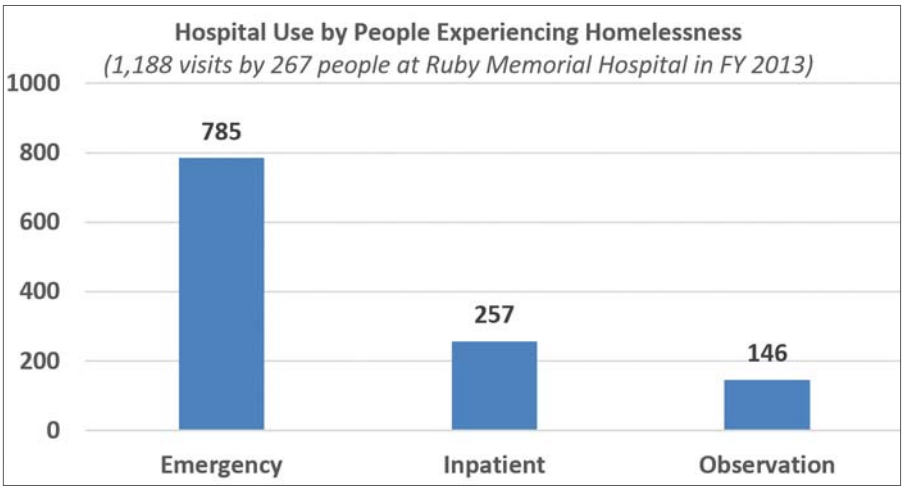


Source: Center for Housing Policy tabulations of 2011 American Community Survey in West Virginia Housing Policy Framework, by WV Housing Policy Work Group

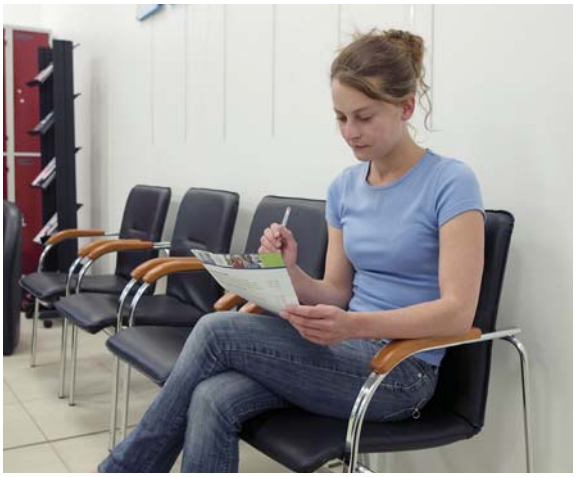
Communities and Society

Beyond the moral imperative to end homelessness in West Virginia, it is also more cost-effective for taxpayers to provide housing and support services than to leave a person on the streets or even in a shelter. Persons experiencing homelessness have longer hospital stays and more costly health care services, spend more time in jail or prison, and frequently use other emergency services and crisis response services.

According to the U.S. Department of Health & Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), providing housing to someone experiencing chronic homelessness reduces utilization of publicly funded services such as police, hospital, emergency and inpatient services, and the correctional systems.



Source: Parker, R. et al. An Inexpensive, Interdisciplinary, Methodology to Conduct and Impact Study of Homeless Persons on Hospital Based Services.



Many persons who experience homelessness receive temporary housing through the provision of emergency shelter services. While emergency shelters may be necessary for short-term crises, they were never intended to serve as long-term housing. Nationally, the cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants program is approximately $8,067 ***more*** than the average annual cost of a federal housing subsidy under the Section 8 program, according to the National Alliance to End Homelessness.

People experiencing homelessness are less likely to have a primary care doctor, receive preventive services and seek timely care when they need it. One of the consequences of this is a higher rate of emergency room visits for care that could have been provided in a less expensive clinic setting. A study conducted by West Virginia University and the West Virginia Coalition to End Homelessness examined the cost of providing care at Ruby Memorial Hospital during Fiscal Year 2013 to people who were experiencing homelessness. A total of 267 people received care costing $6 million, or more than $22,000 per person. Utilization was highly variable, with 10 of the people accounting for a third of the total cost. Of the 1,188 total visits, two-thirds were in the emergency room. A larger study is currently being conducted by West Virginia University to gain a more comprehensive understanding of the true costs of homelessness, across several systems.

A Proactive, Integrated Approach

Core Values

Over the past decade, efforts have shifted from managing the problem of homelessness to a commitment to ending it through effective prevention and intervention. These efforts are guided by six core values, which have been adopted by both the West Virginia Interagency Council on Homelessness (WVICH) and the United States Interagency Council on Homelessness (USICH):

1. Homelessness is unacceptable.
2. There are no "homeless people" but rather people who have lost their homes and deserve to be treated with dignity and respect.
3. Homelessness is expensive; it is better to invest in solutions.
4. Homelessness is solvable; we have learned a lot about what works.
5. Homelessness can be prevented.
6. There is strength in collaboration, and the WVICH and USICH can make a difference.

Best Practices

The WVICH state plan is based on strategies that have shown to be most effective in addressing homelessness, in West Virginia and nationally. Widely recognized best practices include **Housing First, rapid re-housing, centralized assessment and referral, and supportive services.**

Best Practices

Housing First

Housing First is a proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. This strategy offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing. Without clinical prerequisites like completion of a course of treatment or evidence of sobriety, and with a low threshold for entry, Housing First yields higher housing retention rates, lower returns to homelessness, and significant reductions in the use of crisis service and institutions.

Rapid Re-Housing

When a person experiences homelessness, it is difficult to get back into housing because of upfront costs, such as security deposits and first and last months' rent. Rapid Re-Housing (RRH) provides temporary financial assistance and supportive services in order to quickly return people to permanent housing. Key components of rapid re-housing programs include: housing identification; financial assistance for rent and moving costs; and rapid re-housing case management and services. Rapid re-housing is effective in reducing homelessness, particularly among families. This strategy also enables shelters to accommodate more families without increasing capacity. RRH is also particularly effective in West Virginia as its flexibility allows quicker and more effective housing of people experiencing homelessness in very rural areas where resources are few or non-existent.

Coordinated Assessment and Referral System

A coordinated assessment system helps people move through the system faster, creates easier access to services, improves and streamlines referrals, and can be used to prioritize persons for housing placement based on need. As defined in Continuum of Care Interim Rule, Section 578.3, a centralized or coordinated assessment system is "a process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool."

Supportive Services

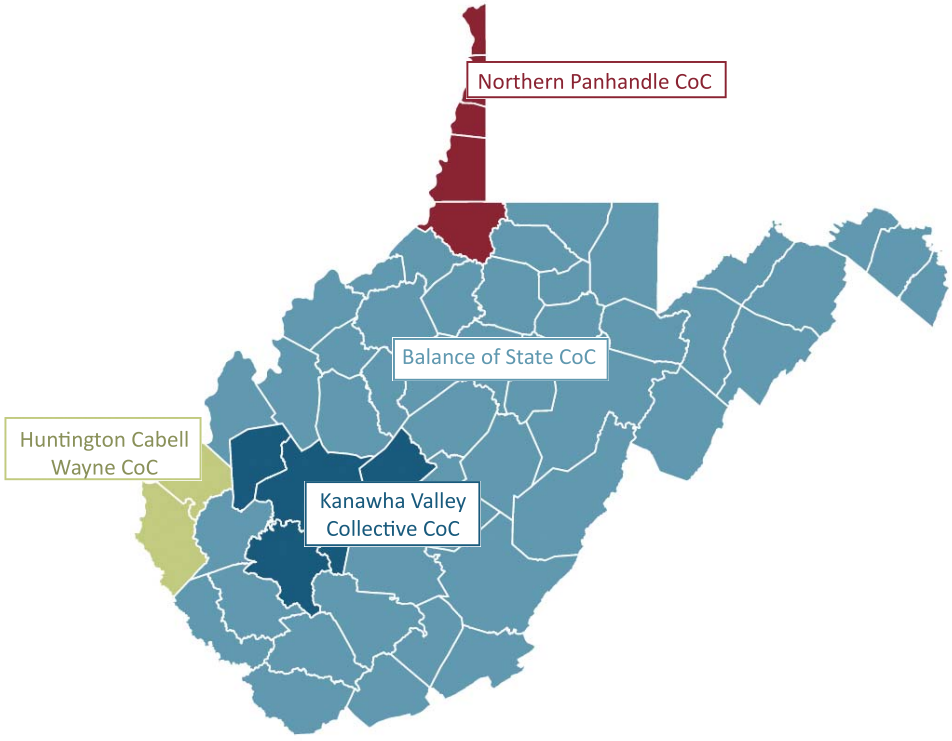
Many people who experience homelessness need more than housing. They also need supportive services that help them keep their housing and address their physical, economic, social and emotional needs. These can include case management, health and mental health care, substance abuse treatment and recovery programs, independent living skills training, vocational services and social activities. "Supportive services may be provided on-site within a supportive housing development, off-site at a central community location, or through a mobile team of multidisciplinary service providers that visit tenants in their homes," according to the nonprofit Corporation for Supportive Housing. "Services should be designed and delivered to promote integration of residents into their communities to the greatest extent possible and appropriate."

Collaborating Organizations

Community Level: Continuum of Care Organizations

The first and most essential responders to homelessness are local programs that help people deal with their immediate crises and move into safe and stable housing. In order to maximize their effectiveness, communities across the state and nation are using a Continuum of Care model. This is a group of individuals, organizations, and policy makers who gather under a formal structure to develop local systems and strategies for delivering housing and services. The overall approach is based on the concept that homelessness is more than a lack of shelter, but involves a variety of underlying, unmet physical, economic, and social needs.

West Virginia Continuums of Care



Funded by the federal Department of Housing and Urban Development (HUD), the Continuum of Care program is administered through four regional organizations in West Virginia: Huntington-Cabell-Wayne Continuum of Care; Kanawha Valley Collective; Northern Panhandle Continuum of Care; and West Virginia Balance of State Continuum of Care, sponsored by the West Virginia Coalition to End Homelessness. (See map on page 16)

Each Continuum of Care funds initiatives by nonprofit providers and public agencies to quickly rehouse individuals and families experiencing homelessness, while minimizing the trauma and dislocation caused by homelessness; promote access to and utilization of mainstream programs by people experiencing homelessness; and optimize self-sufficiency among individuals and families experiencing homelessness. These programs include funds for Transitional Housing, Safe Havens (one in WV), Supportive Services Only, and Permanent Housing (including Rapid-Rehousing for families). The Continuum of Care funding also supports the Homeless Management Information System (HMIS) in each of the four regions.

State Level: West Virginia Interagency Council on Homelessness

The West Virginia Interagency Council on Homelessness was initially formed in May 2004 by Governor Bob Wise and reorganized in 2007 by Governor Joe Manchin. On November 21, 2013, Governor Earl Ray Tomblin issued Executive Order No. 9-13, which re-established the WVICH, with the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities as the lead agency.

Under the current Order, the Governor-appointed, eight-member Council is supported by a larger Work Group to assist it in its duties and make recommendations about its work. The Work Group is comprised of state agency staff, representatives of the state's Continuum of Care organizations, a statewide homeless advocacy group, and other entities. The Work Group is to report its activities and recommendations to the Council and assist the Council in reaching out to local communities regarding the statewide plan to prevent and end homelessness.

The Council is charged to "develop and implement a plan to prevent and end homelessness in the State of West Virginia." Further the Council is to "serve

WVICH Membership

Kimberly Walsh, *Chair*
Deputy Commissioner, WV Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities

Alyssa Keedy
Governor's Office

Rebecca Nicholas
HHR Specialist Sr.,
WV Department of Health and Human Resources, Bureau for Children and Families

Stacy Brown
Chief Administrative Officer,
WV Department of Veterans' Assistance

Rebecca Derenge
Coordinator, Office of Federal Programs,
WV Department of Education

Erica Boggess
Acting Executive Director,
WV Housing Development Fund

Rick Staton
Director West Virginia Division of Justice and Community Services (DJCS)
WV Department of Military Affairs and Public Safety

Julie Alston
Director, WV Department of Commerce,
Office of Economic Opportunity

USICH Member Agencies

Department of Agriculture

Department of Commerce

Department of Defense

Department of Education

Department of Energy

Department of Health and Human Services

Department of Homeland Security

Department of Housing and Urban Development

Department of Interior

Department of Justice

Department of Labor

Department of Transportation

Department of Veterans Affairs

Corporation for National and Community Service

General Services Administration

Office of Management and Budget

Social Security Administration

U.S. Postal Service

White House Office of Faith-based and Neighborhood Partnerships

as a statewide homelessness planning and policy development resource for the Governor and the State of West Virginia," which includes plan development that will "ensure services and housing are provided in an efficient, cost-effective, and productive manner." The Council is also charged with developing recommendations to improve and increase access to resources and services, assist with cross-sector partnerships, develop strategies for implementation and oversight, and other similar duties as delineated in Executive Order No. 9-13 (See Appendix A).

Federal Level: United States Interagency Council on Homelessness

In order to address the issues of homelessness at the federal level, the United States Interagency Council on Homelessness (USICH) was established in 1987 by the Stewart B. McKinney Homeless Assistance Act (PL 100-77). This independent establishment of the USICH within the Executive Branch includes 19 federal agencies (see sidebar). USICH's mission "is to coordinate the Federal response to homelessness and to create a national partnership at every level of government and with the private sector to reduce and end homelessness in the nation while maximizing the effectiveness of the Federal Government in contributing to the end of homelessness."

In 2010 the USICH released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* – a comprehensive five- year plan to prevent and end homelessness based on the vision that "No one should experience homelessness – no one should be without a safe, stable place to call home." This plan is updated annually and includes four goals and ten objectives, with 58 strategies. The current goals are (1) Finish the job of ending chronic homelessness by 2016; (2) Prevent and end homelessness among Veterans by 2015; (3) Prevent and end homelessness among families, youth, and children by 2020; and (4) Set a path to ending all types of homelessness.

There are a variety of federal programs that provide housing assistance to low-income people in general, as well as to targeted groups, such as Veterans, people with disabilities and people living with HIV/AIDS. The U.S. Department of Housing and Urban Development (HUD) administers the three largest

rental assistance programs, which play a pivotal role in preventing and ending homelessness:

1. *Housing Choice Vouchers*, which allow very low-income families to lease or purchase safe, decent, and affordable privately-owned rental housing;

2. *Public Housing*, which provides decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities; and

3. *Private low-rent apartments*, where the government provides tax credits directly to apartment owners, who lower the rents they charge low-income tenants.

4. *Continuum of Care and ESG Funds*, CoC funds provide Permanent Supportive Housing, Transitional Housing, and Rapid Re-Housing while ESG funds provide shelter operations, Rapid Re-Housing, and Prevention Dollars.

5. *Veterans Administration Funded Programs* such as Supportive Services for Veteran Families (SSVF), Grant and Per Diem (GPD), and HUD VASH, provide Rapid Re-Housing (SSVF), Transitional Housing (GPD), and Permanent Supportive Housing (HUD VASH) for Veterans experiencing homelessness.

Assistance for first-time homebuyers in West Virginia is available through the West Virginia Housing Development Fund, West Virginia Affiliates of Habitat for Humanity, the U.S. Department of Agriculture Rural Development, and through municipal community development offices. (For more information on renter and homebuyer assistance in West Virginia, see http://portal.hud.gov/hudportal/HUD?src=/states/west_virginia.)

Housing Assessment

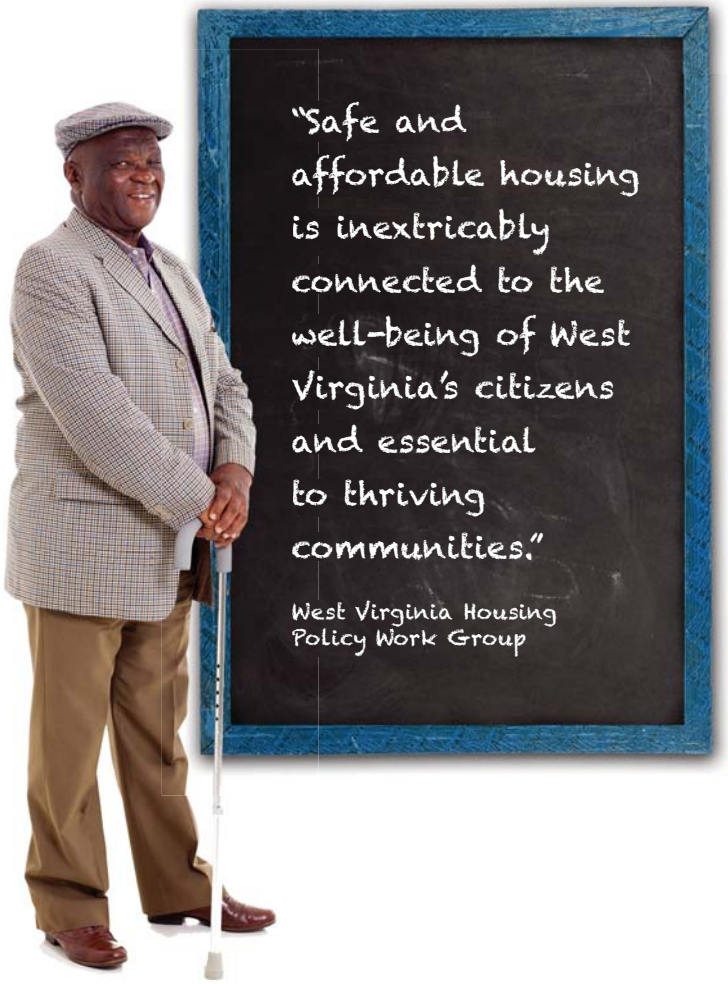
To help plan for the state's future housing needs, the West Virginia Housing Development Fund contracted with Vogt Santer Insights to conduct a county-by-county housing assessment in 2014. Key findings that pertain to homelessness include the following:

- In West Virginia, demand for affordable, government-subsidized, conventional rental housing appears strong, with occupancy rates of 98 percent or higher and many projects maintaining waiting lists. Government-subsidized rental units (Public Housing and Housing Choice Vouchers) generally target households with incomes below 50 percent of Area Median Household Income (AHMI) and are available to varying degrees in all counties.
- Private apartments where owners receive tax credits for lower rents typically target households with incomes between 41 and 60 percent of AHMI. In West Virginia, tax credit projects are less prevalent than government-subsidized units. Of the 35 counties that have tax credit projects, the majority have occupancy rates of at least 95 percent.
- Renter-occupied households are projected to increase in only 8 counties between 2014 and 2019. However, senior (age 55 and older) rental households are expected to increase in all but one county in the state. While younger people are moving out of state for employment, seniors tend to "age in place" in West Virginia, and the greatest housing need is for affordable senior rental housing.
- West Virginia also has a high share (14.9 percent) of occupied non-conventional housing units, which include mobile homes, boats, RVs and vans, which are often functionally obsolete. Areas with large shares of unconventional housing often indicate a high need for modern, quality housing.

- Many counties are not taking full advantage of first-time homebuyer loan programs for income-eligible people, including 15 counties reporting no such loan originations in 2012.
- The influx of temporary workers in the Marcellus and Utica Shale regions of the state is increasing housing demand and prices and reducing affordable housing options in those areas. Because oil and gas workers are more transient, this industry has not generated a quantifiable increase in the demand for housing and new housing development.

Housing Policy Framework

The West Virginia Housing Policy Framework was developed in 2013 by West Virginia Housing Policy Work Group. CommunityWorks in West Virginia convened a broad group of stakeholders in the planning process, under a grant from the Claude Worthington Benedum Foundation.



The framework is based on the belief that safe and affordable housing is inextricably connected to the well-being of West Virginia's citizens and essential to thriving communities. Inadequate and unsafe housing affects everyone by devaluing nearby property and impeding neighborhood revitalization and business development.

The purpose of the framework is to establish broad goals and policy direction related to the state's housing policy, and to assist in coordination within and across public and private organizations to address the state's housing challenges. The framework (available at http://communityworkswv.org/housing_policy_group/index.php) includes five major goals, with specific recommendations for each:

1. Raise the importance of housing in state governance and promote accountability, effectiveness and consistency in housing policy administration.

2. Increase resources for housing development, preservation and rehabilitation.

3. Promote statewide planning, coordination and integration of housing with other state improvement efforts.
4. Increase the quality and quantity of West Virginia's housing stock.

5. Ensure that West Virginia can meet the housing needs of its senior, special needs, and homeless populations.

"A housing policy framework helps ensure that policy responses to West Virginia's housing issues are not piecemeal, but instead link together to form a cohesive and comprehensive strategy," according to the Housing Policy Work Group. "It is not meant to be static, however. The framework should continue to evolve in response to changing opportunities or new issues that emerge."

Major Agencies with Programs to Prevent and End Homelessness

Key Federal Agencies	Key State and Local Agencies
• Education	• Coalition Against Domestic Violence
• Health and Human Services	• Community Action Partnership
• Homeland Security	• Continuum of Care Organizations
• Housing and Urban Development	• Education
• Justice	• Faith-based & other private groups
• Labor	• Health & Human Resources
• Social Security Administration	• Office of Economic Opportunity
• Veterans Affairs	• Public Housing Authorities
	• Veterans Assistance
	• Workforce West Virginia
	• WV Housing Development Fund

Programs That Address Homelessness

Programs aimed at preventing and ending homelessness are spread across multiple agencies at local, state and federal levels. Though the programs are numerous, their capacity is insufficient to address the needs of all who experience or are at risk of homelessness. Coordination across programs with differing definitions and eligibility criteria is also challenging. Nonetheless, many organizations throughout the state are working hard to take advantage of the resources that are available. Appendix C provides a listing of the major federal assistance programs for homelessness and descriptions of homeless service programs in West Virginia.

West Virginia is also engaged in two national initiatives committed to ending chronic homelessness and veteran homelessness: Mayor's Challenge and Zero: 2016.

Mayor's Challenge

The Mayors Challenge to End Veteran Homelessness is a way to solidify partnerships and secure commitments to end Veteran homelessness from mayors across the country. The call to action, announced in 2014 by First Lady Michelle Obama and amplified by the HUD Secretary and many others, is for mayors to make a commitment to ending Veteran homelessness in their cities in 2015. (For more information, see https://www.hudexchange.info/resources/ documents/ Mayors-Challenge-Fact-Sheet.pdf.)

Zero: 2016

As a follow up to the successful 100,000 Homes Campaign, Zero: 2016 is a national campaign to end veteran and chronic homelessness in 2016. Three of the four CoCs in West Virginia have been selected, along with 68 other US communities, to participate in Zero: 2016. Community Solutions, a New York City-based nonprofit, in collaboration with the West Virginia Coalition to End Homelessness, will work intensively with the communities of Beckley, Charleston, Huntington, Lewisburg, Martinsburg, Morgantown, and Parkersburg by providing hands-on coaching and data tools to better access existing resources, collect and utilize data to improve performance, engage community leaders and other stakeholders to remove policy roadblocks, and connect communities via a network to increase knowledge, innovation, and problem solving. (For more information, see http://cmtysolutions.org/ zero2016 and http://wvceh.org/blog/west-virginia-selected-to- join-national-campaign-to-end-veteran-and-chronic.)

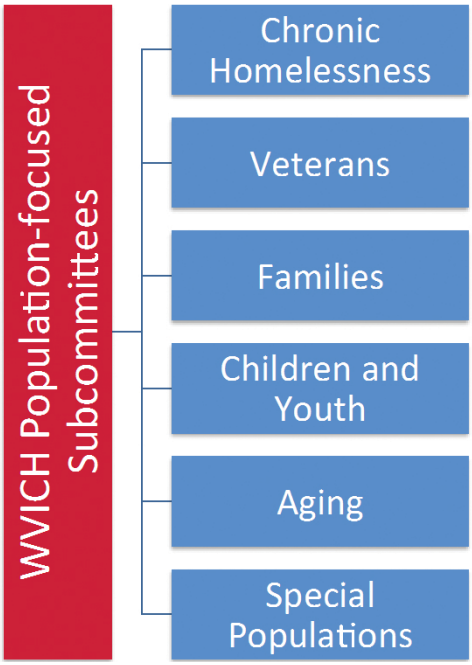
Planning Process

The WVICH engaged more than 200 people in the development of this plan. The process was spearheaded by the eight-member Council, with substantial contributions from dozens of stakeholders who served on subcommittees and are recognized at the beginning of this report.

The resulting plan includes overarching themes for preventing and ending homelessness, as well as specific goals and strategies for children and youth, people in families, veterans, aging individuals and people who experience chronic homelessness. A subcommittee on special populations focused on people who are affected by domestic violence, developmental disabilities and HIV/AIDS, as well as people returning to communities from prison and people with sex offense convictions.

The WVICH held 12 planning meetings between February 2014 and May 2015. (See Appendix D for meeting dates.) Planning activities included:

- A review of Opening Doors: *Federal Strategic Plan to Prevent and End Homelessness 2010*, by USICH, as well as plans developed by other states;
- Presentations from in-state and national experts, including USICH Regional Coordinator Amy Sawyer;
- A SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) of the homeless system and services in West Virginia;
- A survey of West Virginia Housing Conference attendees and the general public pertaining to homeless services in the state;
- Extensive work by population-focused subcommittees to identify the needs of each group, best practices, and recommended goals and strategies for the next five years;
- Interviews with people who had experienced homelessness; and
- Focus groups with people who participated in homeless services and other stakeholders.



Guiding Principles for the WVICH Plan	
Accessible	• Solutions should be accessible to everyone regardless of the reason a person is experiencing homelessness. • Up-to-date information should be readily available through a clearinghouse of services.
Focused on the Individual	• The service consumer should be the driving force in the system. • A hand-up versus hand-out concept should be used to foster independence. • Wraparound services should be tailored to individual needs and circumstances. • Brief Strength based case management to reduce the barriers and time to physical and behavioral health treatment entry to improve overall functioning.
Respectful and Trauma Informed	• Communities should work to reduce the societal stereotype that persons who are experiencing homelessness lack worth and motivation. • Programs should take a holistic approach, considering the needs of the individual and the family.
Cost Effective	• Resources should be redistributed toward the prevention and reduction of homelessness. • Individualized supports must be recognized as essential to preventing and reducing homelessness, in addition to bricks and mortar.
Collaborative	• Communities should have the autonomy to work out local solutions and achieve a coordinated effort across systems. • Collaboration at every level should include systems alignment in terms of principles, definitions, outcomes, etc. • Collaboration should focus on intake and assessment, transition and discharge planning, multi-disciplinary practices and other key elements of an effective system to prevent and end homelessness. • Collaboration should focus on the "greater good" while respecting the integrity of participating organizations.
Outcomes Driven	• Plans should include how progress toward goals will be measured. • Uniform definitions should be developed and used. • The long-term nature of systems change must be recognized when developing short- and long-term outcomes. • Outcome measures should reflect system-wide values, priorities, principles and best practices, and should address all homeless populations. • The resources needed to achieve desired outcomes should be identified. • West Virginia should study and learn from the experiences of other states and communities regarding what works.
The WVICH adapted and added to the principles set forth in by the USICH in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness 2010.*	

The WVICH relied on data from multiple sources during the planning process. Depending on the definition of homelessness used, the numbers of persons experiencing homelessness can vary considerably, with the U.S. Department of Housing and Urban Development (HUD) using the narrowest definition and the U.S. Department of Education using the broadest definition:

HUD Point in Time Count (PIT) in WV: Counts are conducted by communities every January of people who are unsheltered or staying in emergency shelters or transitional housing. The count **does not** include families, youth or other individuals who are "doubled up" (temporarily living in other people's homes).

WV Homeless Management Information Systems (HMIS): This on-going, daily, real-time database collects client-level information for all persons experiencing homelessness and accessing the housing and services system in West Virginia. Reports can then be run on any frequency needed by CoCs, funders, and others. Figures include people who used shelter, transitional housing, rapid re-housing, permanent supportive housing, veterans transitional, veteran rapid re-housing, as well as many free clinics, youth homeless programs, drop-in centers, HOPWA, faith-based, street outreach, and other programs. This data does not include HUD VASH program clients or women who use domestic violence shelters.

WV Department of Education: Data are collected from outreach and enrollment information, which can include doubled up numbers; youth living in hotels, motels, trailer parks or campgrounds; youth awaiting foster care placement; youth living in substandard housing; and children of migrant workers. It is aggregate.

US Department of Veterans Affairs (VA Homeless Management Evaluation System - HOMES): Data are collected through programs that target veterans experiencing homelessness.

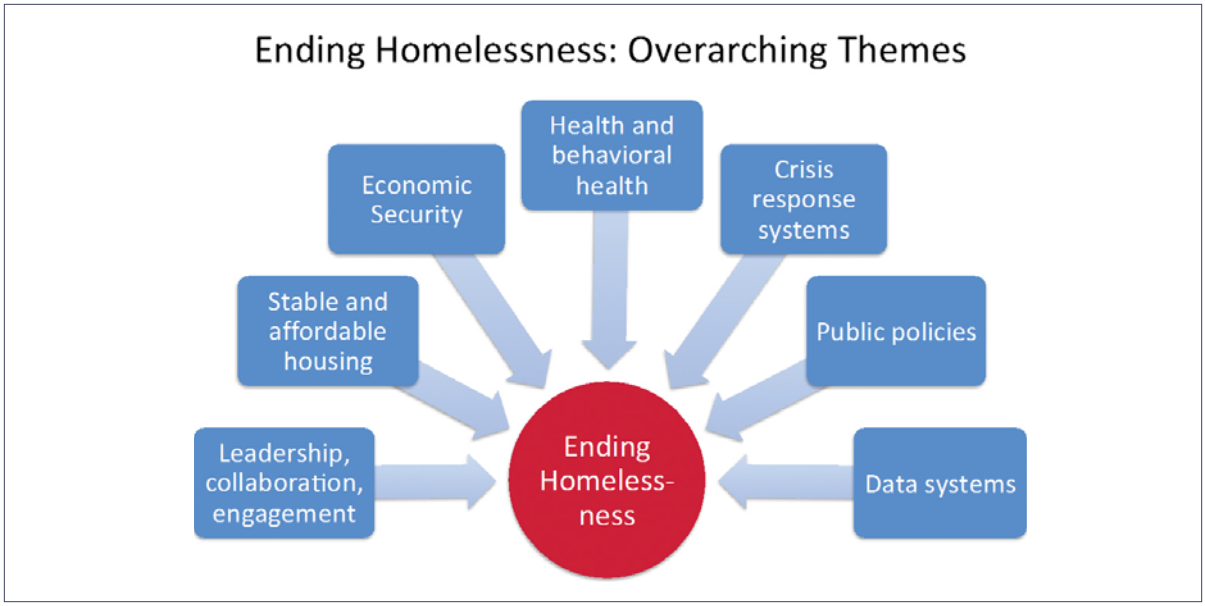
Overarching Themes and Strategies

Because people experience homelessness for a variety of reasons, plans to end homelessness must address multiple, interconnected issues. Building on the work done at the federal level, WVICH developed its state plan with seven overarching themes related to preventing and resolving homelessness. They include leadership and collaboration, housing, economic security, health and behavioral health, crisis response systems, public policies and data systems.

The following themes and strategies apply to the system as a whole, as well as to the population-specific recommendations of the subcommittee reports.

Increase leadership, collaboration, and civic engagement

- Engage the state leadership (Department Heads, Legislature, Governor's Office, and Continuums of Care) in the adoption of strategies, allocation of resources and the implementation of current and future recommendations of the Council.
- Promote collaborations emphasized across all sectors.
- Create short, explanatory pieces on best practices, state and federal priorities, trauma informed care and other topics, as it relates to provision of homeless services.
- Increase interagency support and participation in Continuum of Care organizations.



- Strengthen public commitment to preventing and ending homelessness.

Increase access to stable and affordable housing

- Develop replicable local community planning model(s) for integrated housing and service delivery strategies to be implemented at the local level, with emphasis on the development of guiding principles that address the key areas of collaboration, governance, authority and finances by local housing and service provider collaboratives.
- Increase availability and access to permanent, affordable housing.
- Support rapid re-housing, housing first and targeted population housing with supports.

Increase economic security

- Expand access to and use of the federal mainstream housing and support service programs by families experiencing homelessness and individuals who experience "chronic homelessness".
- Increase meaningful and sustainable employment for people experiencing or are most at risk of homelessness.

Improve overall health, behavioral health and promote recovery and wellness

- Maximize the use of health and behavioral health care funding and services in order to promote improved health and behavioral health outcomes through stable housing.
- Improve the health and housing stability of people experiencing homelessness and other vulnerable populations.
- Increase the speed at which people experiencing behavioral health disorders get into treatment by providing Brief Strengths-Based Case Management interventions to resolve any client-identified barriers to treatment, such as lack of transportation, child care, and social support.
- Increase access to substance abuse and mental health treatment.
- Promote the integrated models of primary and behavioral health care services with access to

homeless assistance programs and housing in order to reduce people's vulnerability to and the impact of homelessness.

- Increase the number of peer run drop in centers that promote recovery and social connectedness

Retool the homeless crisis response system

- Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.
- Use shelters for their intended purpose, which is to provide short-term housing and supports, with emphasis on return to permanent housing.
- According to the HUD Interim Rule, 24 CFR Part 578, Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program a "Continuum of Care . . . carries out the planning responsibilities of the Continuum of Care program . . . A Continuum of Care then designates certain applicants as the entities responsible for carrying out the projects that the Continuum has identified through its planning responsibilities."
- According to the Governor's Executive Order, the Interagency Council on Homelessness serves as the "statewide homelessness planning and policy development resource for the Governor and the State of West Virginia."
- Support and promote CoC responsibility for doing all of the above and our WVICH primary points of contact for information, decision making, progress, and stewardship.

Make improvements to system-wide policies supporting timely, effective and sufficient services connections

- Develop and adopt state policies to promote effective discharge of institutionalized individuals (including discharge from correction facilities, hospitals, treatment facilities, foster care, or juvenile justice programs) directly to community-based settings.
- Evaluate, develop and ensure implementation of statewide, transition planning policies and practices for the foster care system, hospitals, and mental health and correctional facilities.
- Create set-asides in the existing housing structure specifically to end homelessness.
- Encourage state and CoC funders to reward entities that show success in ending homelessness using proven methods. Focus on outcomes-based funding and reallocation of resources from programs that don't work to programs that do.

Prioritize data collection and reporting

- Use data to guide planning and support on-going evaluation of utilization and outcomes.
- Increase statewide data collection and system coordination.
- Improve data quality and access.
- Build upon existing capacity and improve performance.
- Report on outcomes and promote replication of successful models.

WV Interagency Plan Goals and Strategies

Subcommittees developed goals, strategies, and objectives to end homelessness for each of their respective population focus. Summaries and full reports of the six subcommittees are posted at www.wvich.org. Overarching goals and strategies emerged from this work that apply to all. They include:

5-Year Overarching Goals for All Populations		
Goal Area	**Focus Area**	**Strategies**
I. Education and Awareness *Develop a two pronged education and awareness initiative regarding homelessness and its impact on West Virginian's addressing myths, realities and facts as well as services and supports available for those experiencing homelessness.*	➢ Increase advertising and education about available resources for people who are experiencing homelessness ➢ Conduct and publicize cost analysis of homelessness versus affordable housing, including the impact of homelessness on individuals, families, businesses and communities ➢ Improve awareness of and access to essential mainstream services, including housing, public benefit programs, education and job training, support services, behavioral health and health care	• Coordinate efforts across all agencies, state and local, public and private, to ensure that accurate and consistent information is disseminated, and solicit funding from multiple sources to fund the cost of materials • Post information at key locations throughout the state, including rural areas, wherever persons experiencing homelessness can be found • Utilize fully the reach capacity of the existing Community Point site that feeds from the resources in HMIS : http://help.wvceh.org/ • Create and provide speakers bureau and resource information • Provide housing information to Help4WV Helpline, Aging and Disability Resource Centers and Family Resource Networks
II. Housing *Evolve efforts to increase the supply of safe, affordable, accessible housing options for West Virginians.*	➢ Create additional permanent housing options through Continua of Care and Housing Authorities ➢ Evolve and expand the practice of Rapid Re-Housing with WV housing providers ➢ Assure that no one is discharged to homelessness from any institution ➢ Increase regulations and incentives for housing developers to incorporate Universal Design Principles into more housing and rental properties ➢ Work with enforcement agencies to provide more outreach and training about accessibility standards, as well as stricter penalties for violations of these standards	• Begin dialogue with service and housing providers to identify policies that are overly restrictive and other barriers • Convene a cross-sector subcommittee to develop and implement a uniform process for the entire state for discharging persons from juvenile justice centers, jails and prisons, foster care programs, and health care and mental health facilities • Examine alternative housing options, such as adult foster care, adult family care and other non-residential options • Develop mechanisms to reduce conflicting and restrictive policies and rules across agencies that serve persons experiencing homelessness and those at risk of homelessness • Identify all sources of bricks-and-mortar funding for housing • Establish preferences or extra points for competitive funding streams (e.g. Low-Income Housing Tax Credits) to encourage more developers to build accessible housing • Strengthen assessments, needs-based decision-making and collaboration regarding services • Establish common performance measures across state funded housing resources which supports the measures established by USICH, HUD, and the CoC Program.

Goal Area	Focus Area	Strategies
III. <u>Access, Collaboration, and Partnering</u> *Strengthen existing and develop new partnerships between current statewide initiatives, community resources and service providers in order to better leverage capacity, avoid duplication and provide meaningful opportunities to pursue and achieve wellness, stability and economic self-sufficiency.*	➢ Evolve statewide systems based on best practice ➢ Evolve support services and systems statewide that are trauma-informed ➢ Strengthen and encourage partnerships between ID/D, mental health, substance abuse, and housing providers ➢ Assure each region of the state has a variety of housing options with sufficient community based supportive services available once housing is attained ➢ Expand people's access to supportive permanent housing that integrates services and housing into one model	• Maximize cross-systems funding, including Medicaid and the Affordable Care Act, for allowable expenses for homeless support services • Perform gaps and needs analyses • Identify and learn from models that are currently working in the state and nation • Increase collaboration among housing developers, human services and senior center providers and healthcare agencies to create a "no wrong door" system for elderly persons who are homeless or at risk of homelessness • Align planning efforts regarding substance abuse with efforts outlined by the GACSA • Align planning efforts with existing and planned JRI initiatives • Align planning with the Bureau of Children and Families Safe at Home initiative • Align planning with the State Take Me Home WV and Olmstead initiatives • Align planning with the Intergovernmental Task Force on Juvenile Justice
IV. <u>Data Collection, Reporting, Analysis, and Planning</u> *Assess existing data collection and reporting mechanisms to ensure that data from all relevant sources is collected, analyzed and available for planning purposes and evolve capacity where needed to support successful plan implementation and planning going forward.*	➢ Access the full capacity of the HMIS structure in place in collaboration with the Cross-CoC Statewide HMIS Steering Committee supporting statewide CoC data collection and reporting, in order to learn more about people experiencing homelessness in WV, and develop more effective policies and programs to meet their needs. ➢ Make use of promising practices to enhance WV's ability to comprehensively implement the annual Point in Time (PIT) count, which is overseen by the WVCEH, in order to more accurately reflect the number of both sheltered and unsheltered people in West Virginia experiencing homelessness ➢ Further develop the State's capacity to share and analyze de-identified data across the public and private sectors	• Improve current data collection and analysis for youth homelessness across agencies targeting age groups: under 18, 18-21, 21-24 • Encourage all applicable entities to actively participate in the State Epidemiological Outcomes Workgroup (SEOW) in order to maximize the State's data sharing capacity
V. <u>Sustainability:</u> *Define a structure supporting fiscal and resource knowledge, accountability and capacity to leverage and sustain current system components and needed system improvements.*	➢ Ensure that existing resources are targeted adequately and appropriately by reviewing all available and applicable data ➢ Pursue applicable, available and diversified funding opportunities	• Create sustainable housing and related service initiatives that have the capacity to continue beyond the life of a given grant

Population-Specific Strategies

In addition to the goals and strategies identified on pages 27 and 28, the following strategies represent activities that are unique to each population. These strategies are not intended to be considered as a comprehensive list, rather they serve as starting points.

CHRONIC HOMELESSNESS

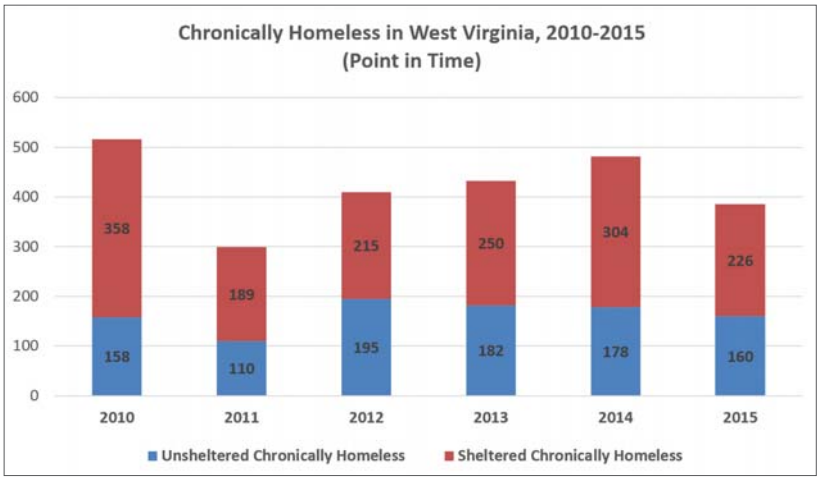
Recently on December 4, 2015, HUD published a new updated definition for chronic homelessness. Accordingly people are considered "chronically homeless" if they have lived in a place not meant for human habitation, a safe haven or emergency shelter continuously for 12 months or longer, or on at least 4 separate occasions within a three year period, or someone residing in institutional care who met the above conditions prior to entering the institutional setting. A family with an adult head of household meeting the above criteria would also be considered chronically homeless. See full definition detail with the Final Rule (FR) at https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf.

People experiencing chronic homelessness are among the most vulnerable people in the homeless population. They tend to have higher rates of behavioral health problems, including severe mental illness and substance use disorders, conditions that may be exacerbated by physical illness, injury or trauma. Consequently, they are also frequent users of emergency services and crisis response systems. People experiencing chronic homelessness also have some of the most severe service needs, but are often the least able or likely to seek assistance from providers.

In 2015, there were 386 chronically homeless West Virginians identified in the annual Point-in-Time Count. Between 2010 and 2015, the number of chronically homeless people declined by 25.2 percent. Among that group, the number of unsheltered persons increased by 1.3 percent, and the number who were sheltered decreased by 36.9 percent.

PRIORITIES FOR 2015-2020

In 2002, the Bush Administration established a national goal of ending chronic homelessness within 10 years. An impetus behind the initiative



is that people experiencing chronic homelessness are estimated to account for only 10% of all users of the homeless shelter system, but are estimated to use nearly 50% of the total days of shelter provided (Kuhn and Culhane, 1998). Given the lack of progress on achieving this goal nationally, this initiative was extended to 2016 for this population.

Emphasis needs to be placed on creating more affordable housing options and strengthening the safety net to prevent homelessness. Priority should be given to rapidly re-house individuals or placing them in permanent supportive housing, which combines affordable housing and a tailored package of supportive services that help people achieve housing stability, improved health, linkages to other types of care and better social outcomes. According to the U.S. Interagency Council on Homelessness, permanent supportive housing not only ends homelessness for people with the most severe challenges, but also results in reduced use of emergency services and lower public costs.

The West Virginia Interagency Council on Homelessness (WVICH) Five-Year Plan focuses on addressing policies and practices which may be contributing to chronic homelessness, assuring that each region of the state has a range of housing options and community-based supportive services, and implementing a uniform discharge plan statewide for people leaving corrections, foster care, health care, mental health and substance abuse facilities.

Targeted Strategies Regarding Persons Who Experience Chronic Homelessness

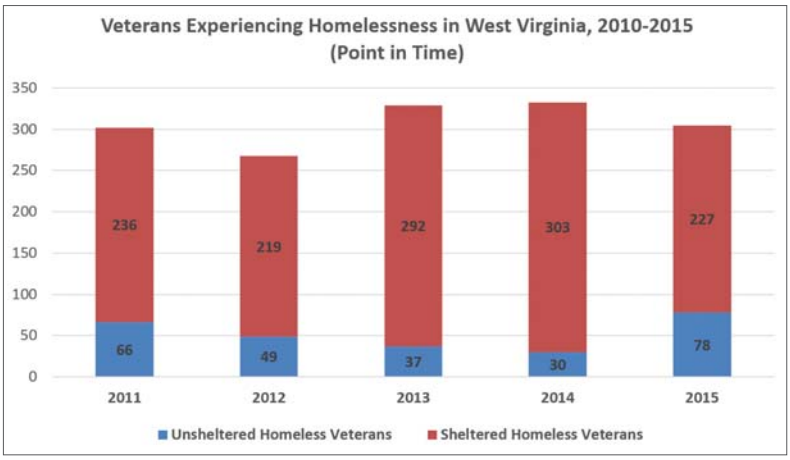
- Use standardized intake and assessment forms and data-sharing systems to improve coordination of services. (Goal Area III - Access, Collaboration, and Partnering)
- Determine chronic homelessness trends of the major cities in WV using the last 5 years of HMIS service data to determine areas with effective interventions. (Goal Area IV – Sustainability)

VETERANS AND HOMELESSNESS

The nation's Veterans who are homeless are predominantly male, single and younger than the overall veteran population, according to the U.S. Department of Veterans Affairs. Beyond the common risk factors for homelessness, such as lack of affordable housing and livable incomes, many Veterans grapple with post-traumatic stress disorder (PTSD), traumatic brain injuries, substance abuse, and mental health issues, along with lack of family or other support upon discharge. Some have trouble finding jobs because their military experience is not always transferable to the civilian workforce. Young Veterans may also have few practical life skills.

Veterans in West Virginia face additional challenges due to the rural nature of the state, with limited to no public transportation and other amenities outside major cities. There are, however, strong Veteran organizations in the state, including a Disabled Veteran Outreach Program in every county and American Job Center offices; chapters of Disabled American Veterans, Veterans of Foreign Wars, and the American Legion; a VA Regional Office in state; four VA Hospitals; ten Outpatient Clinics; nine Veteran Centers; two Veteran Homes (skilled nursing and domiciliary); one Veteran Service Center, Veteran transitional housing in urban areas, and the SSVF Program (Veterans Rapid Re-Housing) that covers the entire state: http://www.va.gov/homeless/ssvf/index.asp.

In 2015, there were 305 Veterans experiencing homelessness identified in West Virginia's annual



Point-in-Time Count. Between 2011 and 2015, the number of Veterans experiencing homelessness increased by 1.0 percent. Among those Veterans, the number of unsheltered persons increased by 18.2 percent, and the number who were sheltered decreased by 3.8 percent.

PRIORITIES FOR 2015-2020

West Virginia is participating in two national initiatives aimed at ending veteran homelessness. One is the Mayors Challenge to End Veteran Homelessness. The other, Zero: 16, is a follow-up to the successful 100,000 homes campaign. Zero: 16 is a national campaign to end veteran and chronic homelessness in 2016. Three CoCs in West Virginia have been selected (Balance of State CoC, KVC, and Huntington), along with 68 other US communities, to participate in Zero: 2016. Community Solutions, a New York City-based nonprofit, in collaboration with the West Virginia Coalition to End Homelessness, will work intensively with the communities of Beckley, Charleston, Huntington, Lewisburg, Martinsburg, Morgantown, and Parkersburg by providing hands-on coaching and data tools to better access existing resources, collect and utilize data to improve performance, engage community leaders and other stakeholders to remove policy roadblocks, and connect communities via a network to increase knowledge, innovation, and problem solving. (For more information, see http://cmtysolutions.org/zero2016 and http://wvceh.org/blog/west-virginia-selected-to-join-national-campaign-to-end-veteran-and-chronic

The West Virginia Interagency Council on Homelessness (WVICH) Five-Year Plan focuses on coordinating efforts among all organizations concerned with Veterans to increase awareness of existing resources, as well as expand options for housing and other services for Veterans.

Note: There are new criteria and benchmarks for ending Veteran Homelessness from USICH: http://usich.gov/action/what-it-means-to-end-homelessness/criteria-for-achieving-the-goal-of-ending-veteran-homelessness/

Targeted Strategies Regarding Veterans

- **Strategies identified for Goal Area II – Housing:**
  - Expand Veteran family care homes and develop incentives for participating homes
  - Develop "Little Homes Veteran Communities," especially in rural communities
- **Strategies identified for Goal Area III - Access, Collaboration, and Partnering:**
  - Evaluate existing federal policy(ies) that impact program participation timeframes for Veteran's needing extended services, in order to develop recommendations for policy change and to support interim solution identification for WV Veterans
  - Use standardized intake and assessment forms and data-sharing systems to improve coordination of services

FAMILIES AND HOMELESSNESS

Every year, hundreds of thousands of families in the U.S. experience homelessness, including 2.5 million children, according to the National Center on Family Homelessness. They are often hidden from view, doubling up in the homes of friends and relatives, sleeping in cars and campgrounds, or staying in shelters that accept families. Homelessness is a highly stressful experience that undermines the health and well-being of children and adults.

Multiple factors contribute to family homelessness, including poverty related to unemployment, low-wage jobs and single-parent families, coupled with the shortage of affordable family housing. In addition, health and mental health challenges and domestic violence increase the risk of family homelessness.

Homelessness affects families of all kinds, regardless of marital status, with and without children.

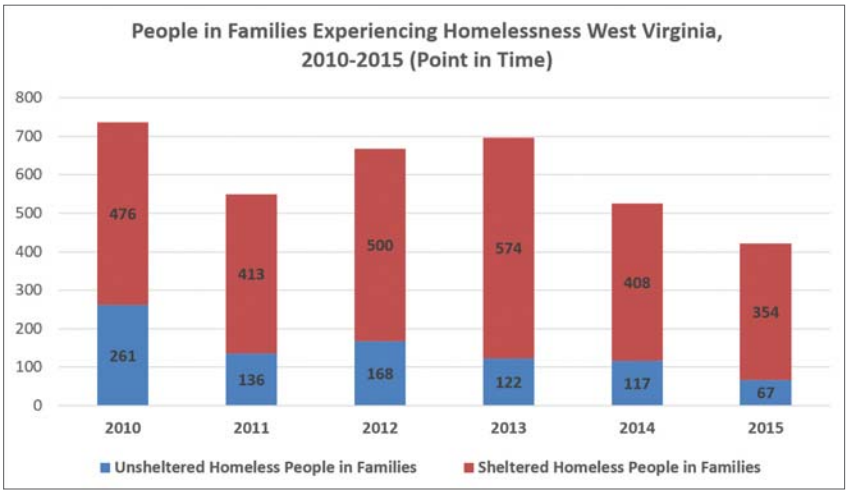
The annual Point-in-Time Count of people who are homeless defines "people in families" as those who are part of households with at least one adult and one child. Please see the section on "Homeless Children and Youth" for estimates based on broader definitions.

In West Virginia, there were 421 people in families identified as experiencing homelessness in the 2015 Point-in-Time Count, including 254 children. Between 2010 and 2015, the number of people in families experiencing homelessness decreased by 42.9 percent. Among this group, the number of unsheltered persons decreased by 74.3 percent, and the number who were sheltered decreased by 25.6 percent.

PRIORITIES FOR 2015-2020

About three-quarters of families who enter shelters move to permanent housing quickly, with minimal assistance, and never return, according to the National Alliance to End Homelessness. Other families need more intensive help, and rapid re-housing is a key resource. The sooner families have access to permanent housing, the sooner their lives can return to relative stability. Prevention strategies, such as cash assistance, child care and housing subsidies, affordable health care and other services, can help many families avoid homelessness altogether.

The West Virginia Interagency Council on Homelessness (WVICH) Five-Year Plan focuses



on improving services to families experiencing homelessness and providing the necessary knowledge and tools to communities and service providers to meet family needs. It also includes efforts to maximize existing housing resources for families and advocate for funding to expand affordable housing.

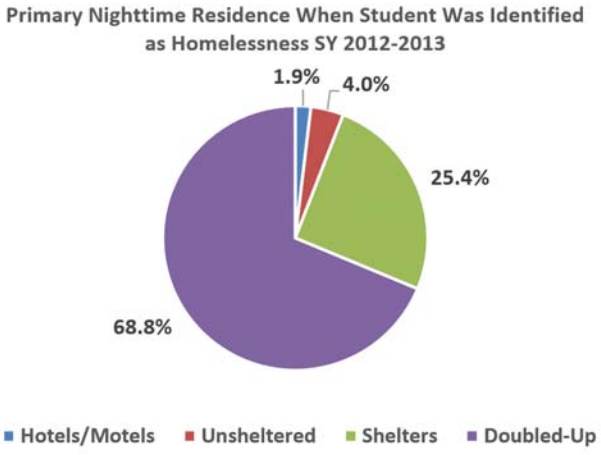
Targeted Strategies Regarding Families

- Evolve trauma informed care education targeted to staff of homeless programs (Goal Area I – Education and Awareness)
- Assess existing family shelter and other temporary housing capacity statewide supporting whole family living during periods of homelessness in order to determine the need for expanded access (Goal Area II - Housing)
- **Strategies identified for Goal Area III – Access, Collaboration, and Partnering:**
  - Assess existing state policy related to whole family supports and keeping families together during periods of homeless experience in order to make recommendations for improvements
  - Assure that children in families experiencing homelessness receive educational opportunities that are consistent with the HEARTH Act and are child-centered rather than system-centered
  - Use standardized intake and assessment forms and data-sharing systems to improve coordination of services
  - Assure health and behavioral health screenings are provided and that children and families receive crisis intervention as needed, case management, education and life skills training, assistance in securing doctor appointments and access to medication, and other appropriate referrals and linkage
  - Identify strategies to extend evidence-based home visiting services to children and families experiencing homelessness, in coordination and collaboration with early childhood partners

CHILDREN AND YOUTH

The Youth Subcommittee focuses on the prevention and elimination of homelessness in the 18-24 age group and an educational system of support for school aged children 3-17 to assist and prevent students from dropping out of school thereby exacerbating the circumstances leading to homelessness in the 18-24 age.

McKinney-Vento "Homeless" students ages 3-17 qualifying for services through the Steward B. McKinney Homeless Assistance Act education for homeless children and youth including unaccompanied youth still attending school and unaccompanied persons 18-24.



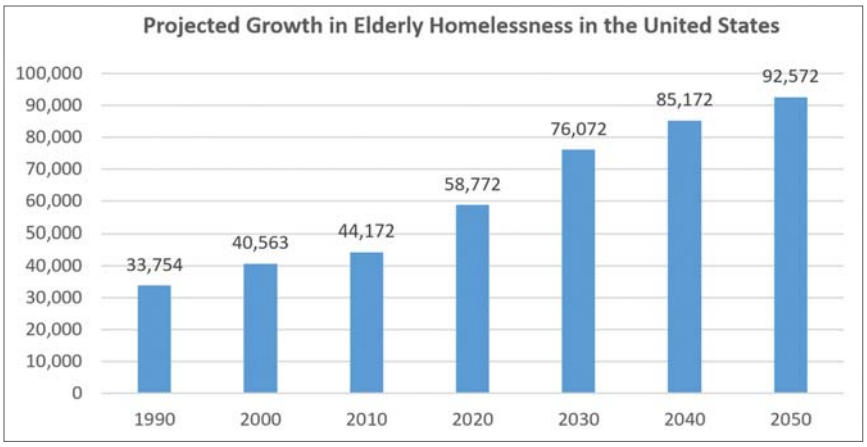
Targeted Strategies for Youth Experiencing Homelessness

- **Strategies identified for Goal Area III – Access, Collaboration, and Partnering:**
  - Establish regional Transitional Youth/Adult Team "Care Coordinators" to respond to homeless service programs and provide trainings/resources for mainstream providers
  - Evolve resource coordination and trauma informed care education to children's crisis sites to assist with transitioning age (18-25 years) youth including those aging out of the child welfare system and to prevent out of home placements
  - Evolve targeted efforts to identify and provide timely access to needed services/supports
  - Look at WVDE Early Warning System Data with regard to students identified as experiencing homelessness for consistent risk patterns to guide and inform policy recommendations (Goal Area IV – Data Collection, Reporting, Analysis, and Planning)

AGING AND HOMELESSNESS

The current percentage of people experiencing homelessness who are over the age of 62 is quite small (less than 5 percent of the overall homeless population in West Virginia), but research indicates that this is one of the fastest growing homeless populations. No comprehensive plan to end homelessness would be complete without preventative measures to stop the growth of homelessness among the state's elderly population. If such measures are ignored, homelessness may not decline in future years, but merely shift demographics.

If nothing changes, the number of elderly homeless people in the United States is expected to double by 2050, according to research by the National Alliance to End Homelessness. The projection is based on the surge of aging baby boomers and persistent poverty rates of around 10 percent among people over 65. These researchers noted two major pathways to homelessness among elderly people.



Source: Homelessness Research Center of the National Alliance to End Homelessness

The first is the aging of people who have experienced chronic homelessness, and the second is people who experience homelessness as older adults due to job loss, inadequate incomes, substance abuse problems, injury, illness, or disagreements with friends and family.

"West Virginia has the second largest senior population (age 65 and older) in the country, which will continue to grow as baby boomers retire. Today, seniors comprise approximately 16 percent of the state population. By 2035, nearly one in four state residents will be over the age of 65. This demographic shift will have an enormous impact on the state's economy in the coming decades. Policymakers and other stakeholders will need to consider policies and programs to ensure that the state's seniors age gracefully." *The State of Older Adults in West Virginia Economic Security and the Over 65 Population, Pg. 4.*

The West Virginia Statewide Housing Needs Assessment report indicates both a rapid rise in the state's elderly population who need housing subsidy assistance and a persistent occupancy rate of current housing that meets the needs of elderly persons. If measures are not taken to address the housing needs of the growing elderly population as a whole, homelessness among West Virginians over the age of 62 will almost certainly rise. It should also be noted that this population also needs support systems and case management services in conjunction with their housing programs to assist with their health and daily living needs.

PRIORITIES FOR 2015-2020

The West Virginia Interagency Council on Homelessness (WVICH) Five-Year Plan focuses on quantifying the population of elderly individuals in the state of West Virginia who are experiencing homelessness and developing strategies to find permanent housing for those individuals.

Targeted Strategies Regarding Aging

- Extrapolate information about older adult housing needs from the WV Housing Development Fund's Statewide Housing Needs Assessment and other data sources (Goal Area II - Housing)
- **Strategies identified for Goal Area III - Access, Collaboration, and Partnering:**
  - Redefine the statewide definition of "homeless" to account for the growing elderly population residing in unsuitable living environments, institutions and family homes that are insufficient to meet their needs
  - Coordinate information sharing on resources with the Bureau of Senior Services (BoSS) and Aging and Disability Resource Centers

HOMELESSNESS AND SPECIAL POPULATIONS

The West Virginia Council on Homelessness (WVICH) examined the prevention and elimination of homelessness among specific groups that may face challenges with regard to housing policies. To date, the Special Populations Subcommittee has focused their efforts on five particular groups: (A) victims of domestic violence; (B) persons with intellectual and/or developmental disabilities; (C) sex offenders; (D) people with HIV/AIDS; and (E) people re-entering communities after incarceration. For each group, the Plan includes the following findings, 5-year goals (2015-2020), and objectives for the first year.

(A) People Experiencing Domestic Violence (DV)
Domestic violence is a pattern of coercive behavior used by one person in order to maintain power and control in a relationship. Batterers repeatedly

subject their victims to physical, sexual, verbal, emotional, and/or financial tactics of control in order to force them to do something batterers want them to do without regard to the victims' rights or well-being. Often the victims of domestic violence enter DV shelters. Persons that reside in DV shelters are recognized as "homeless".

The West Virginia Coalition Against Domestic Violence (WVCADV) works to strengthen the response statewide to address this issue and participated in the WVICH planning process. The subcommittee focused on rapid re-housing to decrease lengths of stay in DV shelters and on methods to assist DV providers with individuals with complicated substance abuse and/or mental health issues.

Targeted Strategies Regarding Domestic Violence

- Implement a process for offering victims and survivors of domestic violence financial assistance in obtaining or maintain safe and affordable housing that can include a combination of rapid rehousing (both short term rental assistance and medium-term rental assistance), security deposits, utility deposits and payments, moving costs, hotel/motel vouchers and permanent housing (Goal Area II - Housing)
- **Strategies identified for Goal Area III – Access, Collaboration, and Partnering:**
  - Provide opportunities and venues for mental health and substance abuse agencies and domestic violence programs to:
  - Establish common goals and principles for collaborative intervention
  - Assess current needs and resources
  - Establish more immediate access to mental health and substance abuse treatment
  - Address institutional and system barriers that impede both practice and access to care
  - Establish ongoing cross-agency partnerships
- Utilize collaborative trauma informed treatment and service delivery models that reflect the social and advocacy needs as well as the psychological concerns of victims and survivors of domestic violence

(B) **People with Intellectual and/or Developmental Disabilities (ID/DD)**

"Developmental disability" means a severe, chronic disability of a person which is attributable to a mental or physical impairment or a combination of mental and physical impairments; is manifested before the person attains age twenty-two; and results in substantial functional limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency. People with ID/DD need services and supports which are of lifelong or extended duration and are individually planned and coordinated.

People with ID/DD may be at risk of homelessness when they age out of or leave programs voluntarily. Of particular concern are young adults aging out of youth programs who could experience homelessness due to a lack of available adult programs or inadequate transition planning to the programs that are available.

Targeted Strategies Regarding People With ID/DD

- Provide training to homeless service providers or in groups/conferences/other opportunities about identifying and communicating effectively with individuals with ID/DD, autism and other cognitive challenges (Goal Area I – Education and Awareness)
- **Strategies identified for Goal Area III – Access, Collaboration, and Partnering:**
  - Establish regional Transitional Youth/Adult Team "Care Coordinators" to respond to homeless service programs and provide trainings/resources for other providers
  - Evolve resource coordination and trauma informed care education to children's crisis sites to assist with transitioning youth and to prevent out of home placements
  - Work with DHHR's Children's Regional Clinical Review Teams to provide technical assistance, information and referral and resources to providers
  - Implement pilot of the DHHR Clinical Adult Review Process (CARP) to provide technical assistance, information and referral and resources to providers promoting services access for individuals with complex needs

(C) People with Sex Offense Convictions

This group includes people who have committed a crime classified as a "sexual offense". They are required to register on the West Virginia Sex Offender Registry, which in most cases is a lifetime registry. Sex offenders are limited by law in the locations where they may reside and are therefore at higher risk of homelessness.

While Permanent Supported Housing and Rapid Re-Housing options supported by the state's Continuums of Care efforts accept individuals experiencing homelessness with a history of sex offenses there remains a shortage of readily available options in all areas of the state. In addition, receptiveness to serving individuals with a sex offense history is an impediment to accessing safe, affordable housing options. Further, labeling of someone within the Sex Offender Registry is misleading as the registry does not account for the variations of offense resulting in this label or designation within the registry confines. This has significant impact with regard to housing as referenced above as well as work and employment options based on the stigma and restrictions that exist for this population.

Targeted Strategies Regarding People Convicted of Sex Offenses

- Conduct regional seminars/trainings that are directed to both local regional providers and the public sector on what types of supervision and treatment are available for people convicted of sex offenses in the community. This should include a more in-depth description/ explanation of the importance of having strong community based treatment and supervision (Goal Area I – Education and Awareness)
- **Strategies identified for Goal Area II – Housing:**
  - Include within the housing development initiatives efforts to evolve low-density housing options for people convicted of sex offenses, with more regional representation for housing options post-prison and access to treatment options
  - Establish expanded access for people convicted of sex offenses to emergency shelters throughout the state
- Examine the lifetime registry for people convicted of sex offenses to determine the value of evolving a tiered system based on the level of offense (Goal Area III – Access, Collaboration, and Partnering)

(D) People with HIV/AIDS

Accurate numbers for West Virginians living with HIV/AIDS are unknown, with estimates ranging from 2,000 to as much as 10 times that many. Numbers reported by homeless shelters are likely to be understated since the data are based on self-reports. There are concerns that the overall number of people with HIV-AIDS may be rising due to the increase in heroin use and risk of infection from needle-sharing.

Housing Opportunities for Persons with AIDS (HOPWA) provides supportive services and housing supports, currently through four main providers in the state, serving approximately 400 households annually. HOPWA has a high success rate for the households that seek it, with 80 percent remaining in stable housing 12 months after receiving assistance. An area of concern is the lack of affordable, safe housing and housing choice vouchers. An area of opportunity is the expanded access to health coverage, including Medicaid, under the Affordable Care Act, with local navigators available to help people obtain coverage.

Targeted Strategies Regarding People With HIV/AIDS

- Develop and implement an integration plan for comprehensive case management and service provision to persons with HIV so that all people experiencing homelessness receive the same standard of care for housing and services, focusing on homelessness prevention, rapid rehousing, housing first, and incorporating mental health, physical health, and substance abuse services with mainstream service access (Goal Area III - Access, Collaboration, and Partnering)

(E) People Re-entering Communities After Incarceration

Without sufficient support in communities, people may leave correctional facilities and go right into homelessness, or be unable to leave the facility if a "home plan" has not been identified - "pocket parole". Inmates who are granted parole may have up to 90 days to secure an approved home plan. If unable to secure a home plan during this time, the inmate must wait another year.

Individuals leaving correctional facilities do not leave with an ID or the documents needed to obtain an ID (birth certificate, Social Security card). Homeless providers and social service agencies often have to access these documents for this population after release, leading to potentially long delays in obtaining employment and the ability to live independently.

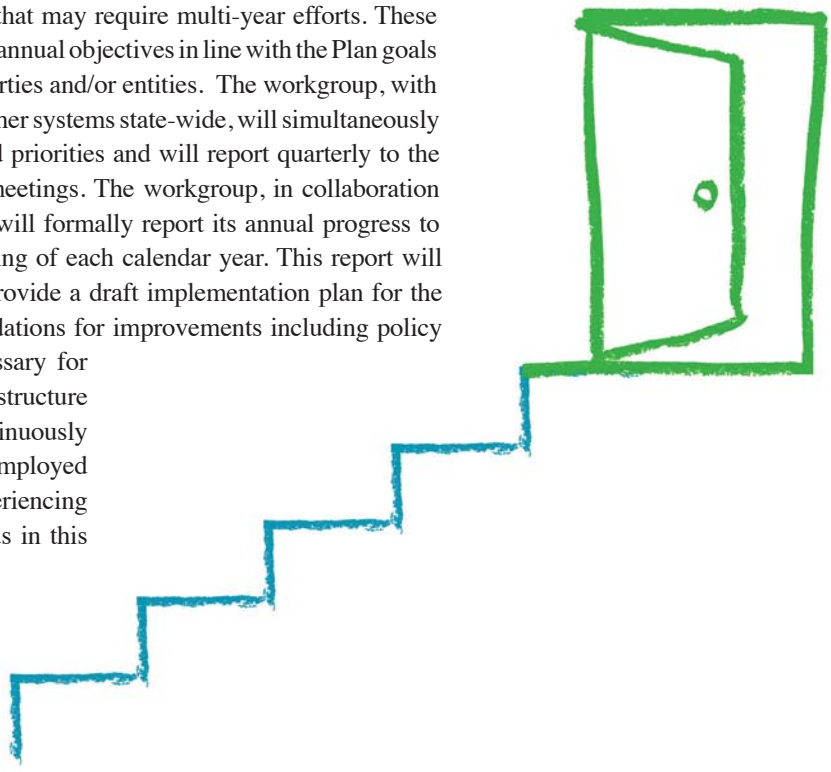
The Justice Reinvestment Act is currently providing more options for those in correctional settings, however, there are some funding limitations. Currently, some funds are available as loans to provide access to needed items for those leaving corrections, but there are barriers to spending those funds based on state purchasing restrictions and the funds being provided as loans.

Targeted Strategies Regarding People Re-entering Communities After Incarceration

- **Strategies identified for Goal Area III - Access, Collaboration, and Partnering:**
  - Refine systems to support inmate/ offenders' ability to obtain needed documents, to include Social Security Cards, Birth Certificates, Driver's Licenses, and state-issued IDs
  - Improve access to as needed treatment options available in every community supporting timely connectivity with treatment upon release

The Opening Doors Plan provides a foundation as well as a roadmap to support and guide various efforts to address and end homelessness in West Virginia. These efforts will require the combined talents and commitment of so many individuals and agencies throughout the state. People's lives and livelihood depend on this collaborative spirit as well as the collective will to evolve positive change, resulting in the creation of a place for everyone, regardless of circumstance. Homelessness is a complicated and debilitating experience. Finding a door that will open is so important for those experiencing homelessness, having watched as so many have shut before them. This Plan offers hope for those reading it and for those who will experience the fruits of its implementation.

The WVICH members will continue the partnership established with the workgroup members who have been instrumental in developing this Plan. Detailed annual implementation plans and strategies will be developed to guide the Council's work, taking into account more complex pursuits that may require multi-year efforts. These implementation plans will lay out each year's annual objectives in line with the Plan goals set forth herein, timelines and responsible parties and/or entities. The workgroup, with tentacles spread throughout the service and other systems state-wide, will simultaneously pursue strategies to implement the identified priorities and will report quarterly to the WVICH membership during their regular meetings. The workgroup, in collaboration with the many partners engaged statewide, will formally report its annual progress to the WVICH during the final quarterly meeting of each calendar year. This report will focus on the annual implementation plan, provide a draft implementation plan for the coming year and present formal recommendations for improvements including policy recommendations that are considered necessary for successful implementation of the Plan. This structure will help the Plan remain current and continuously up to date as different initiatives are employed to open doors for West Virginian's experiencing homelessness. We hope that you will join us in this worthwhile initiative.



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- Subcommittee Report: Veterans, Leah Willis, Chair
- Subcommittee Report: Youth, Jackie Payne, Chair

APPENDIX A - EXECUTIVE ORDER NO. 9-13

STATE OF WEST VIRGINIA

EXECUTIVE DEPARTMENT

AT CHARLESTON

EXECUTIVE ORDER NO. 9-13

By the Governor

WHEREAS, the West Virginia Interagency Council on Homelessness was established by Executive Order 9-04 to address the problem of homelessness through coordinated program development and delivery of essential services; and

WHEREAS, the latest snapshot provided by the National Alliance to End Homelessness estimates that there are 633,782 people experiencing homelessness on a given night in the United States, with 38 percent of those people being families, 16 percent being chronically homeless, and 13 percent being veterans; and

WHEREAS, the latest snapshot completed by the West Virginia Coalition to End Homelessness estimates that there are 3000 people experiencing homelessness on a given night in West Virginia, with 45 percent being families, 18 percent being chronically homeless, and 15 percent being veterans; and

WHEREAS, the most recent data reflects that from 2012 to 2013 there was an 11 percent increase in the number of veterans experiencing homelessness in West Virginia; and

WHEREAS, the West Virginia Coalition to End Homelessness' annual Point in Time Count found that nearly half of the individuals experiencing homelessness in West Virginia have chronic substance abuse issues and more than 28 percent have a serious mental illness; and

WHEREAS, West Virginia Department of Education Data for School Year 2011 showed that 6,630 children and youth enrolled in WV public schools were homeless at some point during the year; and

WHEREAS, multiple state agencies bear the responsibility of serving people experiencing homelessness and those who are at risk of homelessness; and

WHEREAS, ending homelessness requires collaboration among state agencies, local governments, the private sector and service provider networks to coordinate program development, deliver essential services and provide housing; and

WHEREAS, ending or reducing homelessness contributes to economic development and improves the overall quality of life within our communities; and

WHEREAS, the objectives of the Council and the services it provides are compatible with the Department of Health and Human Resources' mission, and the Council is best suited to be placed under the supervision of the Department of Health and Human Resources.

NOW, THEREFORE, I, Earl Ray Tomblin, Governor of the State of West Virginia, by virtue of the authority vested in me as the Governor of the State of West Virginia, do hereby **ORDER** and **DIRECT** that the West Virginia Interagency Council on Homelessness is hereby transferred from the Department of Commerce, Office of Economic Opportunity to the Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities, effective herewith. The transfer of the Council shall include transfer of all personnel, property, equipment, records, documents, books, maps, charts, plans, grants, contracts, programs, literature of any kind, and any and all federal and state funds heretofore allotted to the West Virginia Interagency Council on Homelessness. I further order as follows:

1. The WV Interagency Council on Homelessness (the "Council") is continued to develop and implement a plan to prevent and end homelessness in the State of West Virginia.

2. The Council shall be chaired by the Commissioner of the WV Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities, or his or her designee.

3. In addition to the Chair, the Council shall be comprised of the following seven members, each of whom shall serve without compensation. The Governor, at his discretion, may appoint additional members to the Council.

    a. The Governor, or his designee;

    b. The Commissioner of the WV Department of Health and Human Resources, Bureau for Children and Families, or his or her designee;

    c. The Secretary of the WV Department of Veterans' Assistance, or his or her designee;

    d. The Superintendent of the WV Department of Education, or his or her designee;

    e. The Executive Director of the WV Housing Development Fund, or his or her designee;

    f. The Secretary of the WV Department of Military Affairs and Public Safety, or his or her designee; and

    g. A representative from the Office of Economic Opportunity.

4. Members of the Council shall attend meetings and vote in person.

5. The Council shall serve as a statewide homelessness planning and policy development resource for the Governor and the State of West Virginia, and shall:

    a. Develop a plan to prevent and end homelessness in West Virginia including evidence-based improvements to programs and policies that will ensure services and housing are provided in an efficient, cost-effective, and productive manner.

    b. Develop recommendations to:

        i. expand and maximize housing resources;

        ii. increase access to mainstream state and federal social service resources such as Temporary Assistance to Needy Families (TANF), Social Security Income (SSI), and veterans benefits;

iii. expand and maximize service resources such as mental health and substance abuse services;

iv. improve cross system policies and procedures through system integration, streamlined application and eligibility processes, and improved outreach;

v. ensure persons in state institutions have access to services that will help prevent homelessness upon their discharge.

c. Develop a strategy to implement the plan and to recommend resource, policy and regulatory changes necessary to accomplish the goals of the plan;

d. Recommend and assist in developing partnerships with private entities, including corporate, philanthropic and faith and community-based organizations, as well as the federal and local government, to obtain involvement and support to achieve the goals of the plan;

e. Monitor and oversee the implementation of the plan to ensure accountability and consistent results;

f. Identify and maximize the leveraging of resources to improve the system of services for people who are homeless or are at risk of becoming homeless; and

g. Submit an annual report to the Governor for consideration of the Council's recommendations.

6. The Council shall be supported by a work group to assist it in its duties and make recommendations about its work. The work group shall report its activities and recommendations to the Council. The work group may be comprised of state agency staff, representatives of the state's continuum of care organizations, a statewide homeless advocacy group, and other public and private entities as determined by the Council. The work group shall also assist the Council in reaching out to local communities regarding the state's plan to prevent and end homelessness.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of West Virginia to be affixed.

DONE at the Capitol, in the City of Charleston, State of West Virginia, this the twenty-first day of November, in the Year of Our Lord Two Thousand and Thirteen, and in the One Hundred Fifty-First year of the State.

Earl Ray Tomblin

GOVERNOR

By the Governor

Natalie E. Tennant

SECRETARY OF STATE

APPENDIX B - Federal Program Definitions of Homelessness

(Adapted from Congressional Research Service Report 7-5700. Homelessness: Targeted Federal Programs and Recent Legislation. http://fas.org/sgp/crs/misc/RL30442.pdf)

There is no single definition of what it means to be homeless. Definitions vary among federal and state programs. Many programs use the McKinney-Vento Act definition of homelessness as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

According to McKinney-Vento Act definition as amended by the HEARTH Act, a person is homeless if any of the following apply:

- They lack a fixed, regular and adequate nighttime residence and if their nighttime residence is a place not meant for human habitation
- They live in a shelter, or if they are person leaving an institution who had been homeless prior to being institutionalized (HUD definition clarifies they cannot have been residing in an institution for more than 90 days)
- They live in a hotel or motel paid for by a government entity or charitable organization
- They live in transitional housing
- They face imminent loss of housing, defined by meeting all of the following criteria:
    - They will imminently lose housing, whether their own housing, shared housing, hotel/motel not paid for by government or charitable entity
    - Imminent loss is evidenced by an eviction requiring an individual or family to vacate within 14 days; lack of resources to allow them to remain in a hotel/motel for 14 or more days; credible evidence that an individual/family could not stay with another homeowner or renter for more than 14 days
    - They have no subsequent residence identified
    - They lack resources/supports to obtain other permanent housing
- Unaccompanied youth and families with children defined as homeless under other federal statutes, who also meet the following criteria (HUD defined youth as under age 25):
    - They have experienced a long-term period without living independently in permanent housing (HUD defined long-term as 60 days)
    - They have experienced instability (HUD defined to mean at least 2 moves during the 60 days prior to applying for assistance)
    - They can be expected to continue in unstable housing due to factors such as chronic disabilities/physical health or mental health conditions, substance addiction, history of domestic violence/childhood abuse, child or youth with disability, or multiple barriers to employment such as lack of high school degree, illiteracy, lack of English proficiency, history of incarceration, or history of unstable employment
- Domestic Violence: anyone who is fleeing a situation of "domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized
    - Must also lack resource or support network to find another housing situation
    - HUD specified that conditions must have occurred at the primary nighttime residence or made the individual or family afraid to return to their residence

Definition of Terms

Excerpt from: US Dept. of HUD: The 2014 Annual Homelessness Assessment Report (AHAR) to Congress October 2014, Part 1: Point in Time Estimates of Homelessness

Continuums of Care (CoC) are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state.

Chronically Homeless People in Families are people experiencing homelessness in families in which the head of household has a disability and has either been continuously homeless for a year or more or has experienced at least four episodes of homelessness in the last three years.

Chronically Homeless Individuals are unaccompanied homeless individuals with disabilities who have either been continuously homeless for a year or more or have experienced at least four episodes of homelessness in the last three years.

Emergency Shelter is a facility with the primary purpose of providing temporary shelter for homeless people.

Individuals are people who are not part of a family during their episode of homelessness. They are homeless as single adults, unaccompanied youth, or in multiple-adult or multiple-child households.

Other Permanent Housing is housing with or without services that is specifically for formerly homeless people, but that does not require people to have a disability.

Rapid Rehousing is a housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing.

Permanent Supportive Housing is designed to provide housing and supportive services on a long-term basis for formerly homeless people, who have disabilities.

People in Families are people who are homeless as part of households that have at least one adult and one child.

Point-in-Time Counts are unduplicated one-night estimates of both sheltered and unsheltered homeless populations. The one-night counts are conducted by Continuums of Care nationwide and occur during the last week in January of each year.

Safe Havens provide private or semi-private long-term housing for people with severe mental illness and are limited to serving no more than 25 people within a facility.

Sheltered Homeless People are individuals who are staying in emergency shelters, transitional housing programs, or safe havens.

Transitional Housing Program provides homeless people a place to stay combined with supportive services for up to 24 months in order to help them overcome barriers to moving into and retaining permanent housing.

Unaccompanied Children are people who are not part of a family or in a multi-child household during their episode of homelessness, and who are under the age of 18.

Unaccompanied Youth are people who are not part of a family during their episode of homelessness and who are between the ages of 18 and 24.

Unsheltered Homeless People are people who stay in places not meant for human habitation, such as the streets, abandoned buildings, vehicles, or parks.

APPENDIX C - Descriptions of Federal and State Programs

Federal Homeless Assistance Programs
There are many federal departments and programs that provide funding and services for people experiencing homelessness. Following is a chart listing the federal department and related programs.

Source: Congressional Research Service Report 7-5700. Homelessness: Targeted Federal Programs and Recent Legislation

Department	Program
Education (ED)	Education for Homeless Children and Youth
Homeland Security (DHS)	Emergency Food and Shelter (EFS) Program
Health and Human Services (HHS)	Health Care for the Homeless (HCH) Program
	Projects for Assistance in Transition from Homelessness (PATH)
	Grants for the Benefit of Homeless Individuals
	Runaway and Homeless Youth Program • Basic Center Program • Transitional Living Program • Street Outreach Program
Justice (DOJ)	Transitional Housing Assistance for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking
Housing and Urban Development (HUD)	Homeless Assistance Grants • Emergency Solutions Grant (ESG) Program • Continuum of Care (CoC) Program o Transitional Housing o Permanent Supportive Housing o Supportive Services o Homeless Management Information Systems (HMIS) o Rapid Rehousing • HUD VA Supported Housing (HUD-VASH) • Rural Housing Stability (RHS) Grants
Labor (DOL)	Homeless Veterans Reintegration Program (HVRP)
	Referral and Counseling Services: Veterans at Risk of Homelessness Who Are Transitioning from Certain Institutions
Veterans Affairs (VA)	Health Care for Homeless Veterans (HCHV)
	Homeless Providers Grant and Per Diem Program • Homeless Veterans with Special Needs
	Domiciliary Care for Homeless Veterans (DCHV)
	Compensated Work Therapy Program (CWT)
	HUD VA Supported Housing (HUD-VASH)
	Supportive Services for Veteran Families
	HUD and VA Homelessness Prevention Demonstration Program
	Other Activities for Homeless Veterans • Comprehensive Homeless Centers
Social Security Administration (SSA)	SSI/SSDI Outreach, Access, and Recovery SOAR Initiative *Collaboration between HHS, HUD, and SSA*

Homeless Service Programs in West Virginia
Excerpt from: WV Coalition to End Homelessness: Chart of Homeless Service Programs in WV

Continuum of Care (CoC)
WV Balance of State CoC (WV Coalition to End Homelessness)
Kanawha Valley Collective CoC
Huntington-Cabell-Wayne CoC
Northern Panhandle CoC
Funder: HUD Continuum of Care
Description: The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individual an families experiencing homelessness. Provides Transitional Housing, Safe Haven (1 in WV), Supportive Services Only, and Permanent Housing (including Rapid-Rehousing for families) funds. The CoC funding also supports the Homeless Management Information System (HMIS) in each CoC. Each CoC Collaborative Applicant applies annually to HUD for CoC funds in each of the 4 regions in WV

Housing Opportunities for Persons with Aids (HOPWA)
Funder: WV Office of Economic Opportunity
Description: Housing and Urban Development Office of Planning and Community Development, Special Needs Assistance funding. Provides formula allocations and competitively awarded grants to eligible states, cities, and nonprofit organizations to provide housing assistance and related supportive services to meet the housing needs of low-income persons and their families living with HIV/AIDS. These resources help clients maintain housing stability, avoid homelessness, and improve access to HIV/AIDS treatment and related care while placing a greater emphasis on permanent supportive housing.

Emergency Solutions Grant
Funder: WV Office of Economic Opportunity
Description: US Department of Housing and Urban Development, Office of Planning and Community Development, Special Needs Assistance funding.

1. *Street Outreach: funds may cover costs related to essential services for unsheltered persons (including emergency health or mental health care, engagement, case management, and services for special populations.*
2. *Emergency shelter: funds may be used for renovation of emergency shelter facilities and the operations of those facilities, as well as services for the residents (including case management, child care, education, employment assistance and job training, legal, mental health, substance abuse treatment, transportation, and services for special populations)*
3. *Homelessness Prevention and Rapid Re-Housing: both components fund housing relocation and stabilization services (including rental application fees, security deposits, utility deposits or payments, last month's rent and housing search and placement activities). Funds may also be used for short- or medium-term rental assistance for those who are at-risk of becoming homeless or transitioning to stable housing.*
4. *HMIS: funds may be used to pay the costs for contributing data to the HMIS designated by the Continuum of Care for the area. Eligible activities include (computer hardware, software, or equipment, technical support, office space, salaries of operators, staff training costs, and participation fees).*

WV Community Action Partnership
Funding: CoC Funding Emergency Solutions SSVF
Description: The WV Community Action Partnership is the collective group of 16 community action agencies in WV. They are focused on ending poverty and to "stimulate a better focusing of all available local, State, private, and Federal resources upon the goal of enabling low-income families, and low-income individuals of all ages, in rural and urban areas, to attain the skills, knowledge and motivation to secure the opportunities needed for them to

become self-sufficient." Many of the WVCAP ember agencies receive CoC funding for transitional and permanent housing, ESG funding for shelters, rapid re-housing, and prevention, VA SSVF Funding and several operate DHHR contract shelters.

PATH Program - Projects for Assistance in Transition from Homelessness
Funder: WVDHHR
Description: The PATH program is administered by WVDHHR Bureau for Behavioral Health and Health Facilities and federally funded by the Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA), one of eight Public Health Services Agencies with the US Department of Health and Human Services. PATH services are for people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at risk of becoming homeless. PATH services include community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services.

Emergency Contract Shelters
Funder: WVDHHR
Description: As a result of the Hodge Decree, the WV Department of Health and Human Resources implemented the Homeless Program in WV in the late 1980s. The Hodge Decree requires the provision of certain basic services for individuals and families who are homeless. These include emergency shelter, food and medical care. From the beginning, however, the Department of Health and Human Resources has desired to go beyond these basic needs to address the underlying causes of the homeless situation. In doing so, DHHR has entered into contractual arrangements with ten agencies throughout West Virginia. These agencies provide case management as a critical service in addition to meeting the essential needs for emergency shelter, food and medical care.

HUD-VASH
Funder: U.S. Department of Veterans Affairs
Description: The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless veterans with case management and clinical services provided by the Department of Veteran's Affairs (VA). VA provides these services for participating veterans at VA medical centers (VAMCs) and community-based outreach clinics. Generally, the HUD-VASH HVC is administered in accordance with regular HCV program requirements by the local Public Housing

Grant & Per Diem Program
Funder: U.S. Department of Veterans Affairs
Description: The Grant and Per Diem (GPD) Program funds community-based agencies providing transitional housing or service centers for homeless Veterans on a per diem basis based on bed-nights.

Domiciliary Care Program
Funder: U.S. Department of Veterans Affairs and WV Department of Veterans Assistance
Description: The Domiciliary Care Program is the Department of Veterans Affairs (VA) oldest health care program. Established through legislation passed in the late 1860s, the domiciliary purpose was to provide a home for disabled volunteer soldiers of the Civil War. Domiciliary care was initially established to provide services to economically-disadvantaged Veterans, and it remains committed to serving that group. The Domiciliary has evolved from a "Soldiers' Home" to become an active clinical rehabilitation and treatment program for male and female Veterans and domiciliary programs are now integrated with the Mental Health Residential Rehabilitation and Treatment Programs (MH RRTPs). There is one Domiciliary rehabilitation program in WV in Martinsburg at the VAMC. The WV Department of Veterans Assistance has one domiciliary home in Barboursville WV that includes a transitional unit.

Healthcare for Homeless Veterans
Funder: U.S. Department of Veterans Affairs
Description: Initially serving as a mechanism to contract with providers for community-based residential treatment for homeless Veterans, many HCHV programs now serve as the hub for a myriad of housing and other services which provide VA a way to outreach and assist homeless Veterans by offering them entry to VA care. Outreach is the core of the HCHV program. The central goal is to reduce homelessness among Veterans by conducting outreach

to those who are the most vulnerable and are not currently receiving services and engaging them in treatment and rehabilitative programs.

Supportive Services for Veteran Families
Funder: U.S. Department of Veterans Affairs
Description: Through the SSVF Program, VA aims to improve very low-income Veteran families' housing stability. Grantees (private non-profit organizations and consumer operatives) will provide eligible Veteran families with outreach, case management, and assistance obtaining VA and other benefits, which may include:

- *Health care services*
- *Daily living services*
- *Personal financial planning services*
- *Transportation services*
- *Fiduciary and payee services*
- *Legal services*
- *Child care services*
- *Housing counseling services*

In addition, grantees may also provide time-limited payments to third parties (e.g. landlords, utility companies, moving companies, and licensed child care providers) if these payments help Veterans' families stay in or acquire permanent housing on a sustainable basis.

Emergency/Transitional Shelters
Funder: WV Domestic Violence Providers
Description: In WV, there are many other providers that serve individuals and families experiencing homelessness. The WV Coalition Against Domestic Violence is the collection of 14 licensed Domestic Violence programs, many of which provide emergency shelter and transitional shelter.

Emergency shelter, emergency assistance, various supportive services
Funder: Most are private funded
Description: There are various providers across our state, such as local Rescue Missions, Catholic Charities, Salvation Army, Family Resource Networks, and local churches that provide a combination of emergency assistance, supportive services, and housing to homeless and formerly homeless individuals and families in WV.

Public Housing Authorities/WV Housing Development Fund
Funder: Mainstream Resources
Description: HUD provides operating subsidies to Public Housing Authorities (PHAs) to help them meet operating and management expenses. A PHA can use operating funds for operating and management costs, including administration, routine maintenance, anti-crime and anti-drug activities, resident participation in management, insurance costs, energy costs, and costs, as appropriate, related to the operation and management of mixed finance projects and repayment of debt service to finance rehabilitation and development of public housing units. PHAs operate Project Based Rental Assistance, Project Based Voucher Program, and Housing Choice Voucher Program. WV Housing Development Fund operates the HOME program that supplemented server CoC funded Transitional and Permanent Housing facilities in the Balance of State CoC. The primary objective of the HOME program is to expand the supply of decent, safe, sanitary and affordable housing, primarily rental housing; to strengthen the abilities of state and local governments to provide housing; to ensure that federal housing services, financing, and other investments are provided to state and local governments in a coordinated, supportive fashion; to expand the capacity of nonprofit community-based housing development organizations; and to leverage private sector participation in financing affordable housing.

APPENDIX D - WVICH PLANNING MEETINGS

February 5, 2014: Kickoff Meeting

February 25, 2014: WVICH Meeting – Project planning; subcommittee membership

April 8, 2014: WVICH Meeting – Retreat Planning; Subcommittee Membership

May 15, 2014: WVICH Meeting – Retreat Planning; Subcommittee Membership

June 12, 2014: WVICH/Subcommittee Retreat – USICH and provider presentations; subcommittee sessions

June 25, 2014: WVICH/Subcommittee Retreat – Provider presentations; vision and values; subcommittee session; Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis

August 4, 2014: WVICH Meeting – Planning meeting; revise timeline

September 2, 2014: WVICH/Subcommittee Meeting – Survey development; plan for November retreat; subcommittee report section criteria; expanding outreach; HUD presentation

November 6-7, 2014: WVICH/Subcommittee Retreat – Development of subcommittee recommendations and overarching themes

December 17, 2014: WVICH Meeting – Plan recommendations and year-end report

January 13, 2015: WVICH/Subcommittee Meeting – Plan development; dissemination ideas

March 12, 2015: WVICH/Subcommittee Meeting – Review of Subcommittee reports

May 19, 2015: WVICH Meeting – State Initiatives and Policy Work Impacting People Experiencing Homelessness; Plan review and editing

June 15, 2015: Data Team Conference Call

December 14, 2015: WVICH/Subcommittee Meeting – Final review of and revisions to plan

WEST VIRGINIA
Interagency Council on *Homelessness*