



Advocates to Prevent and End Homelessness

Coming Together to Solve Homelessness In Your Community

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West Virginia Coalition to End Homelessness



Collaborative
Applicant/Lead
Agency for the
Balance of State
Continuum of
Care

HMIS Lead for
the Balance of
State Continuum
of Care

State Advocacy
body for issues of
homelessness in
WV

Direct Service
Provider of
Street Outreach,
Housing
Location &
Stabilization

SSI/SSDI
Outreach Access
and Recovery
State
Lead/Trainer

Our Tenets

1. The only solution to homelessness is housing.
2. Homelessness is incredibly costly and housing is much less so.
3. Anyone can be housed.
4. Limited resources must be focused on those who require it the most.

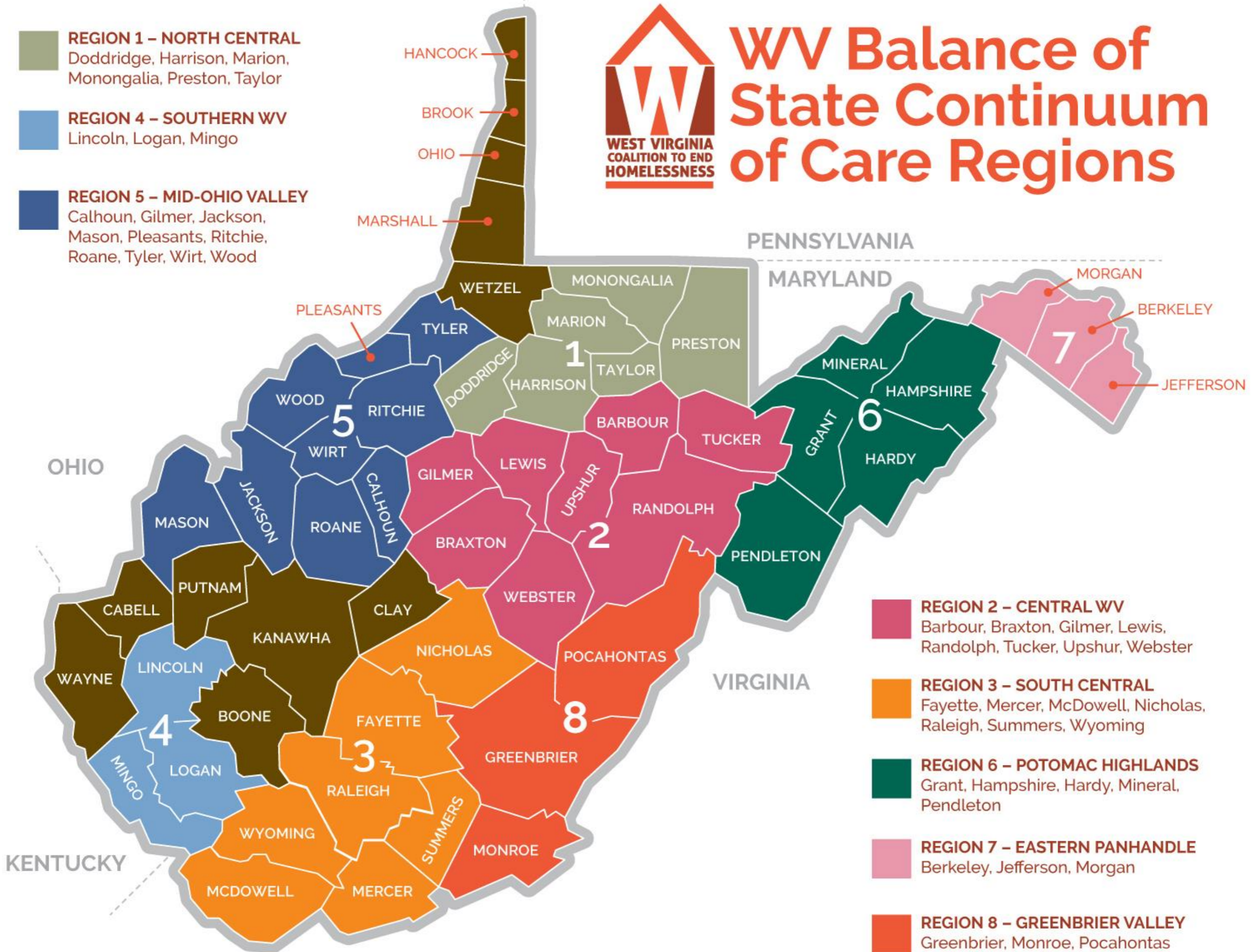


WV Balance of State Continuum of Care Regions

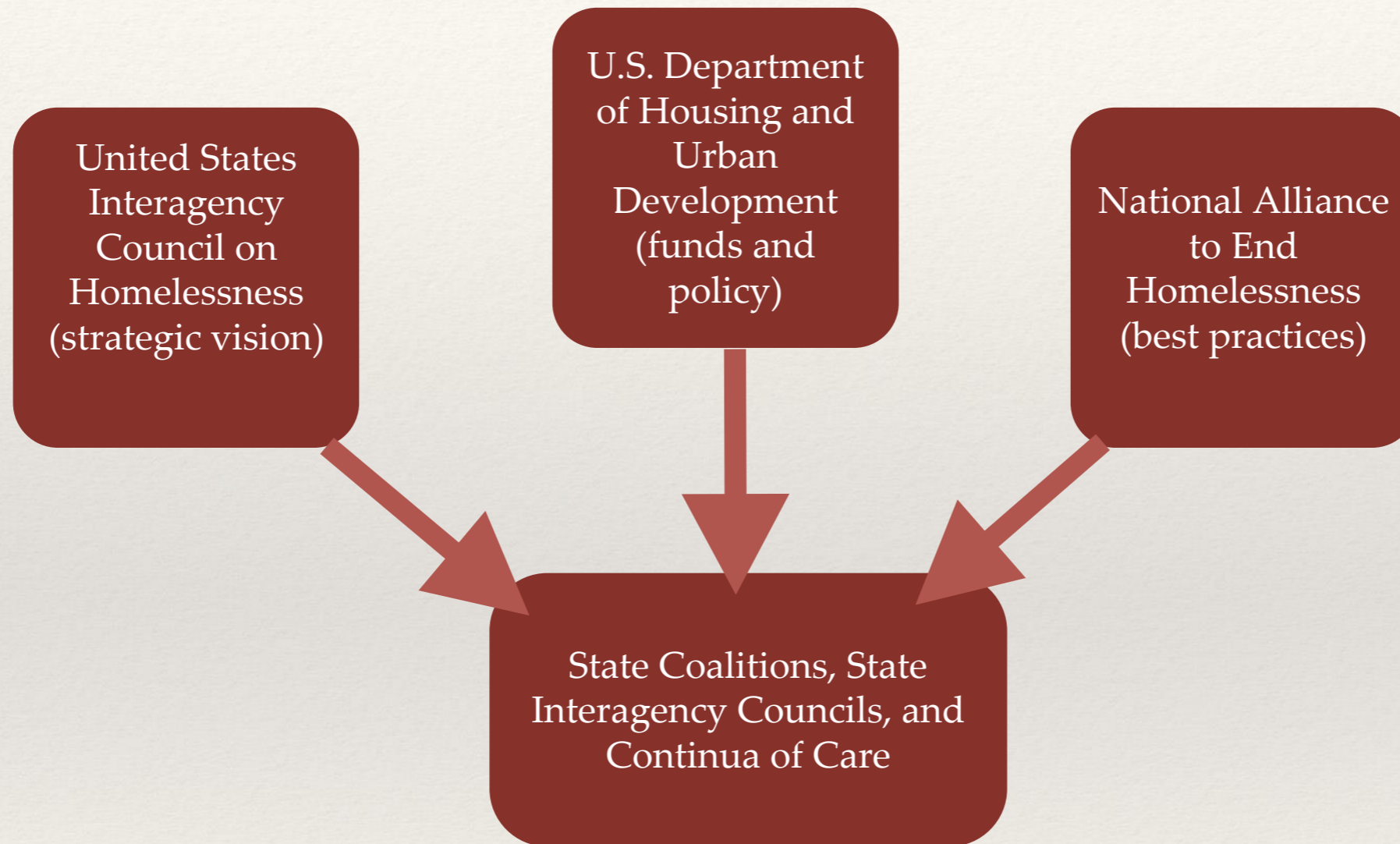
REGION 1 – NORTH CENTRAL
Doddridge, Harrison, Marion, Monongalia, Preston, Taylor

REGION 4 – SOUTHERN WV
Lincoln, Logan, Mingo

REGION 5 – MID-OHIO VALLEY
Calhoun, Gilmer, Jackson, Mason, Pleasants, Ritchie, Roane, Tyler, Wirt, Wood



Key Players in Policy and Practice toward Ending Homelessness



Continuum of Care

There are 4 CoC's in West Virginia.

Regulations note that the purpose of the CoC is to:

1. Promote community-wide commitment to end homelessness
2. Provide funding to quickly re-house homeless people while minimizing trauma and dislocation
 - Permanent Supportive
 - Rapid Re-Housing
 - Joint Transitional Housing & Rapid Re-Housing Component
3. Optimize self-sufficiency among people experiencing homelessness

Homeless Definition

ESG and HUD CoC- funded Programs

❖ **Category 1 – Literally Homeless**

- Sleeping in a place not meant for human habitation
- Living in a shelter, transitional housing, or hotel/motel PAID FOR by a charitable organization
- Exiting an institution where the person resided 90 days or less and was homeless immediately before
- entering the institution.

❖ **Category 2 – Imminent Risk**

- Will lose their primary residents within 14 days AND no other residence has been identified AND they lack the resources necessary to obtain permanent housing.

❖ **Category 3 – Homeless Under other Federal Statutes - There are no CoC's in the country eligible to use this definition yet.**

- Unaccompanied Youth under age 25 or Families with children, who do not qualify under #1 or #2, but meet another federal definition, AND have not had a lease or permanent housing in 60 days AND have moved 2 or more times in the last 60 days AND are expected to continue in this state due to disabilities, employment barriers, DV, etc.

❖ **Category 4 – Fleeing or Attempting to Flee DV**

Program Components funded under the CoC

1. Permanent Housing (PH)
 - *Permanent Supportive Housing*
 - *Rapid Re-Housing*
 - *Joint Transition Housing and Rapid Re-Housing Component*
2. Supportive Services Only (SSO) - *to operate Coordinated Entry*
3. HMIS
4. CoC Planning
5. Domestic Violence PH Bonus

Housing Resources in WV

Emergency Shelter

- ❖ Meant to act as a temporary, emergency triage until the next step in more permanent housing is available.
- ❖ The focus should always be on housing.
- ❖ Shelter should not be the destination.
- ❖ Can play an important role in Coordinated Entry as one of the four primary access point to assist households with resolving housing crisis prior to entry or assessing to identify appropriate PH resources.
- ❖ Many current rules in place make it difficult for shelters to act as true triage centers for the most vulnerable people.
- ❖ Many are ESG and DHHR funded.
- ❖ Many are also faith-based.



Transitional Housing

Costly intervention, but found to be most effective for the following:

1. “Bridge Housing” for high acuity people being “spring-boarded” into other types of permanent housing.
2. Interdictions for Youth who otherwise cannot or will not thrive in regular modes of permanent housing (PSH, RRH, or Public and Market Rate Housing).
3. Persons in shelter or from the street with no immediate access to permanent housing.



Placements into Transitional Housing should be of moderate to high acuity (generally, 8-12 on the VI-SPDATs) and be awaiting document-readiness for placement from the housing prioritization guide. Transitional Housing should NOT be considered a destination or a measure that exhausts its length of stay requirements (generally, 18-24 months).

Rapid Re-Housing

- ❖ A short-term to medium-term housing subsidy with case management.
- ❖ The placement of homeless individuals and families from either the streets or shelters, directly into rental housing with case management.
- ❖ Designed to greatly reduce the time from homelessness to housing, particularly effective for families and in rural areas.
- ❖ Considered a “housing first” initiative, and has been proven to be more effective when sobriety is not a precondition of housing.
- ❖ Generally for low and mid-acuity individuals and families.



Permanent Supportive Housing

- ❖ A long-term housing subsidy with intensive case management.
- ❖ The placement of homeless individuals and families from either the streets, shelters, or transitional housing into project-based, or leased rental housing with intensive case management.
- ❖ Designed to greatly reduce chronic homelessness, lessen the cost of high-acuity homelessness, and prevent death on the streets.
- ❖ Considered a “housing first” initiative, and has been proven to be more effective when sobriety is not a pre-condition of housing.
- ❖ Generally for high-acuity individuals and families who have physical or cognitive disabilities, and/or a history of substance use and mental illness.



How many empty beds are in your CoC?

Housing Inventory Count (HIC) and Unsheltered Point in Time Count (PIT) Analysis of Vacant Homeless Beds

Select CoC Number & Name

WV-508 West Virginia Balan..

Select Line or Slope

Line

2018 Unsheltered PIT

95

2018 Empty ES Beds

340

2018 Empty TH Beds

81

2018 Empty PSH Beds

133

2018 Empty ES, TH, & PSH Beds

554

Unsheltered PIT Count

% Empty ES

% Empty TH

% Empty PSH

% Empty ES+TH+PSH



Inspired By West Virginia Coalition to End Homelessness & Zach Brown's Manifesto

SOURCE: HUD Exchange 2012-2018 HIC Raw Data File

Let's take a little trip back to 2006

- Italy wins the World Cup in Germany
- Google purchases YouTube for \$1.65 billion
- “Crash” wins the Academy Award for Best Picture
- Iraq dictator Saddam Hussein is executed
- Sago mine explosion kills 12 miners
- David Porter “Bad Day” was number 1 on the year end billboard charts
- 72nd Sugar Bowl: #11 West Virginia beats #7 Georgia, 38-35
- I graduated high school...
- And we were doing this to people experiencing homelessness...

You came to a shelter for help, and you got in if a bed was open (and you maybe got in).

If you were sober, or promised to be sober, we let you in the shelter.

If you stayed sober, we let you stay...for a really long time.

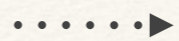
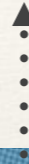
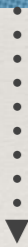
But if you continued to use drugs, drink, or disobeyed the often long list of rules, you were kicked out of "sanctioned"

We did life skills, budgeting, and other stuff to "prepare" you for the "real" world. As if you had left.

If you continued to behave, we let you stay even longer. Or, we moved you into Transitional housing.

Then you stayed on the street a really long time, and maybe went to multiple shelters and the process would repeat itself if you couldn't get sober or follow the rules.

And you stayed homeless...



We went on hunches.
We weren't and in some places still aren't, able to determine if you need our service or not.

But if you followed the rules, you got to stay. A really long time.

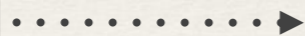
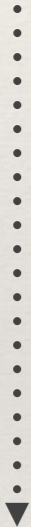
Maybe you got an apartment, but that was your responsibility solely. And if you did get in, we didn't follow up.

We had rules. Sometimes 80+ pages of rules. For our safety. For your safety. Safety first.

We prided ourselves on shelter nights and meals served. Life skills taught, etc.

Our peers monitored us, so there was no real accountability from the outside.

Everything worked well, right?



The problem is...

Hard to serve people
stayed on the street



Easy to serve people
stayed in the shelter

That cost us a lot of
money



That cost us a lot of
money as a state and
as communities



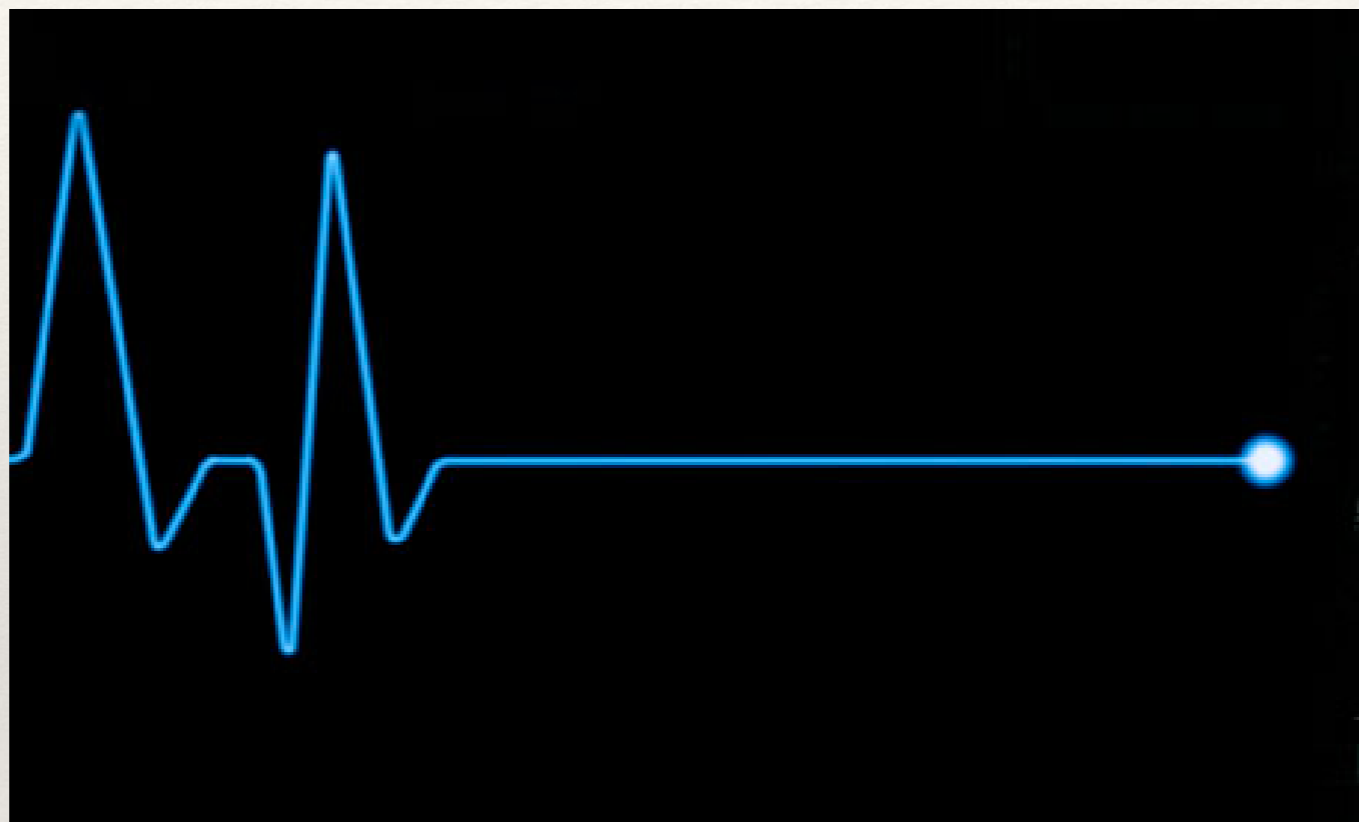
Law enforcement, ER,
Shelters, Crisis, In-
Patient, Outpatient,
State Hospitals, etc.

Utilities, meals, case
mgt., life skills,
computer labs, shelter
workers, etc.

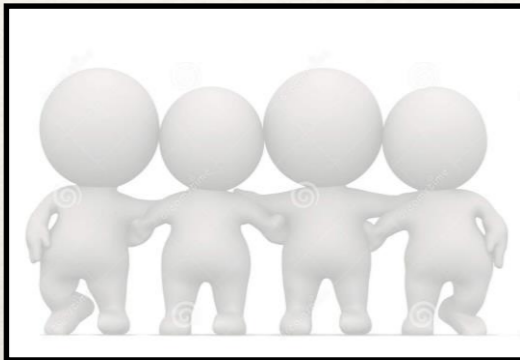
We were paying top \$



To kill people.



The Typology of Homelessness



Between 75%-80% of people are homeless once, solve their own homelessness and are never homeless again.



About 15% of people need only a semi-short intervention like Rapid Rehousing and their homelessness is solved.



About 5% of people need the most intensive, long-term interventions such as Permanent Supportive Housing. These are the high need people most likely to stay homeless if not house, and by far consume the most services.

And of that 5%

According to the *National Alliance to End Homelessness*, a chronically homeless person costs the tax payer an average of \$35,578 per year. Costs on average are reduced by 49.5% when they are placed in supportive housing. Supportive housing costs on average \$12,800, making the net savings roughly \$4,800 per year.

“Someone on the street costs taxpayers four or five times more in tax revenue than if they’re actually housed with a federal/state subsidy, because when you’re on the streets, you deteriorate, which results in extensive uses of emergency rooms, police interactions, and crisis response systems.” – *Zach Brown, WVCEH CEO*

Some actual cost numbers

WVCEH did a study with WVU's Ruby Memorial Hospital that compared HMIS data with hospital data.

- ❖ 1 in 100 people in Morgantown was a homeless person seeking care at Ruby Memorial.
- ❖ 267 homeless persons received care at Ruby between 7/1/12 and 6/30/13. (Only included persons who were entered into HMIS AND sought healthcare).
- ❖ Total cost of homeless health care was \$5,979,463 to Ruby, uninsured costs were \$1,636,895.
- ❖ Billed charges by person ranged from \$0 - \$322,545.30
- ❖ Study is published in the Journal of Community Health

Annual Point in Time Count

- ❖ A count of all sheltered and unsheltered homeless people in the United States.
- ❖ An accurate count offers several benefits:
 - Monitor trends of homelessness in our local area,
 - Supports local efforts by identifying unmet needs and characteristics of those who are experiencing homelessness,
 - Identifies areas where development of new programs and services or re-distribution of programs or services, are needed
 - Raises community awareness of homelessness
 - Raises political awareness of homelessness

Annual Housing Inventory Count

- ❖ The Housing Inventory Count (HIC) is an annual report to HUD done at the same time as the PIT.
- ❖ Provides information about a community's capacity to house people who are homeless.
- ❖ Most information for the HIC can be gained from the Statewide HMIS *unless* the agency does not use HMIS
 - In which case, they complete a **Bed Tally Sheet** to log the number of beds available.

West Virginia Homeless PIT Rate Per 1000 Population

Select Year
2019

PIT Subpopulation
Total Homeless People

County or BoS Region
BoS Region

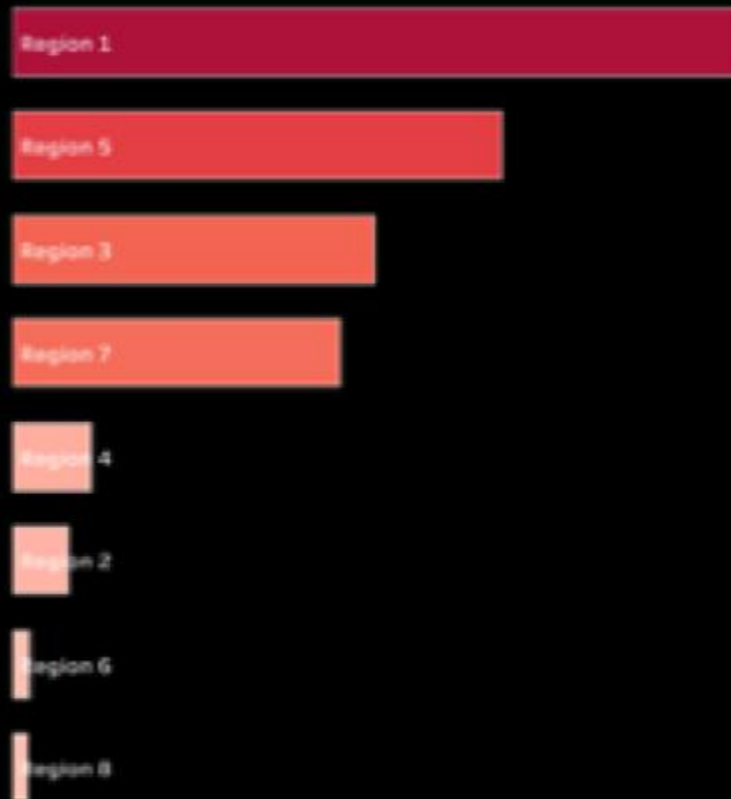
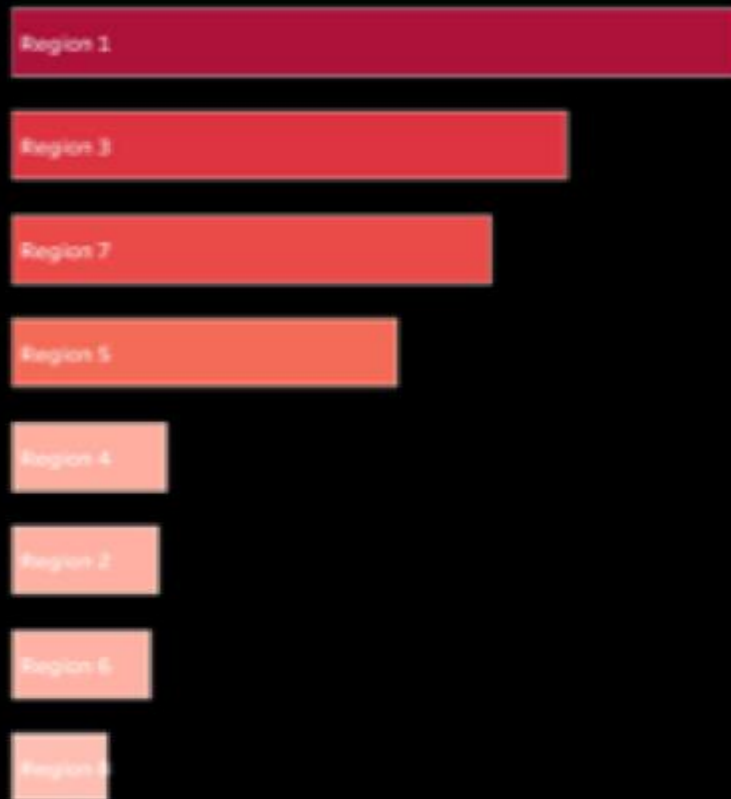
2019 Population Estimate



2019 Total Homeless People



2019 Total Homeless People /1000 Pop



Restructuring the Homeless Services System

- ❖ HUD requires all designated CoC's to establish a Coordinated Entry System (CES) designed to coordinate program participant intake, assessment, and provision of referrals.
- ❖ The CES must cover the entire geographic area served by the CoC.
- ❖ The CES must be easily accessed by all population groups seeking housing and services.
- ❖ The CES must be well advertised.
- ❖ The CES must include a comprehensive and standardized assessment tool.

The goals of Coordinated Entry

- ❖ Helps people move through the system faster
- ❖ Reduces new entries into homelessness
- ❖ Improves data collection and quality
- ❖ Provides accurate information on what kind of assistance consumers need
- ❖ Reduces the overall cost of homelessness on the system as a whole.
- ❖ Uses a housing first philosophy



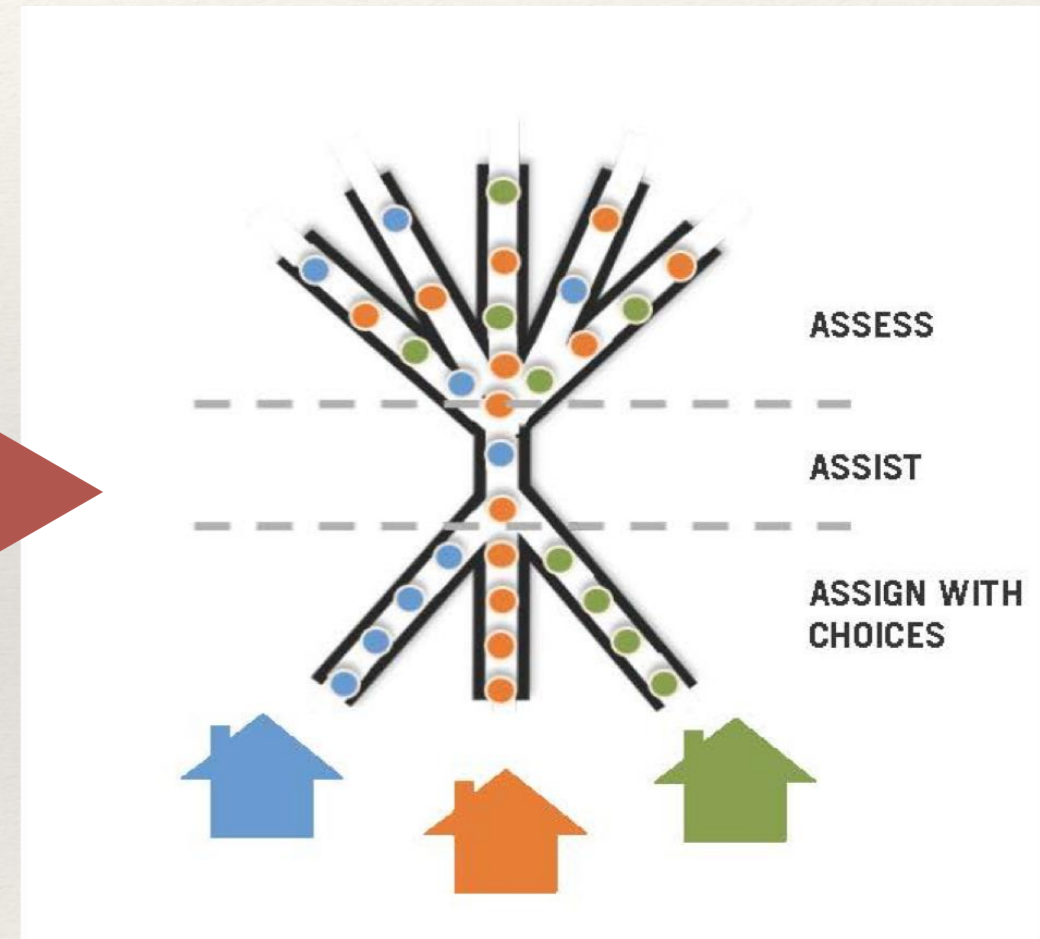
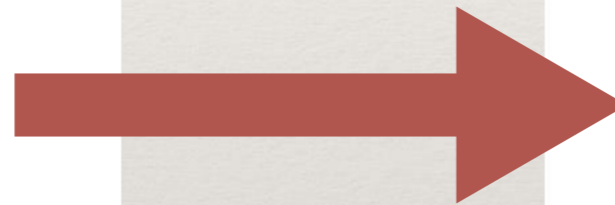
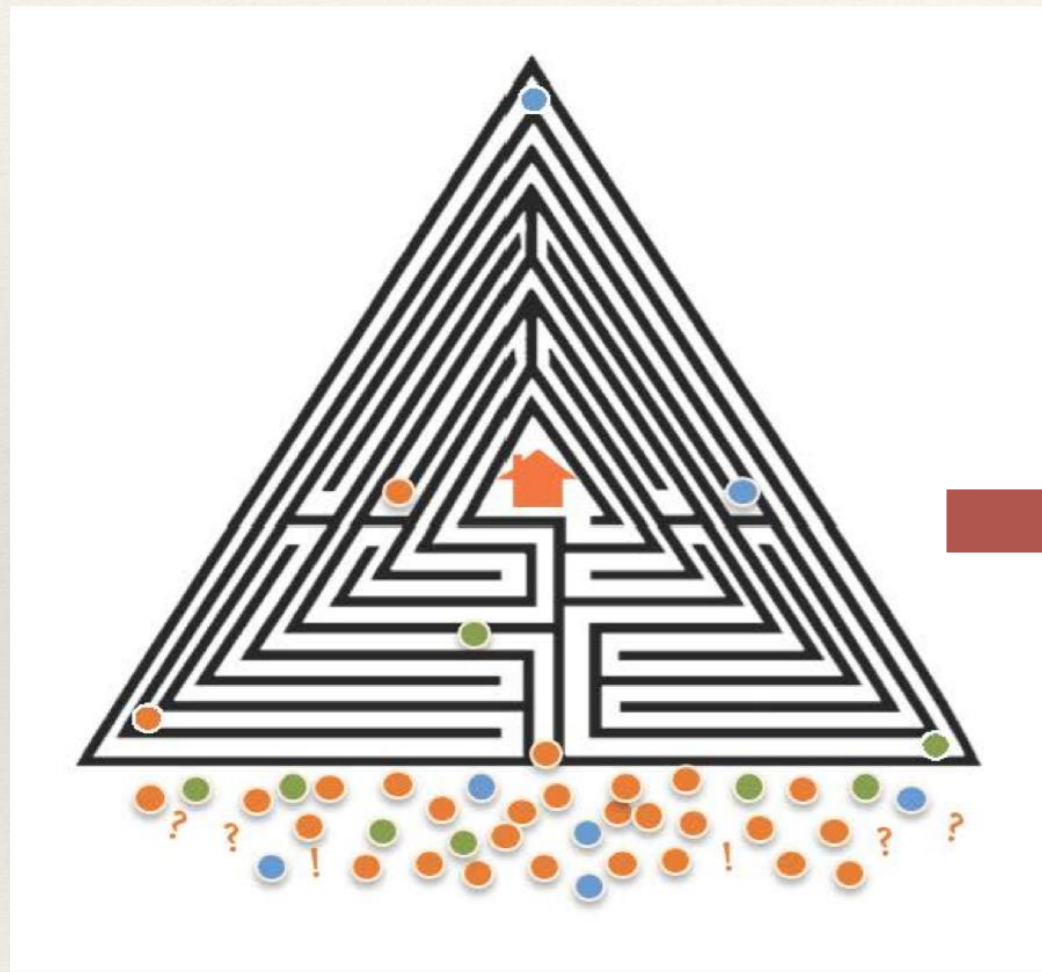
Housing First

- ❖ Housing first is an approach to **quickly and successfully connect** individuals and families experiencing homelessness to **permanent housing *without preconditions and barriers to entry***, such as sobriety, treatment or service participation requirements.
- ❖ Supportive services are **offered, and encouraged, but not required**, to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Housing First (continued)

- ❖ Reduces the fiscal and human cost to the overall system of care
- ❖ Improves physical and behavioral health outcomes of those experiencing homelessness
- ❖ Reduces the use of the crisis response services
- ❖ Is applicable in a variety of housing models
- ❖ Have few to no programmatic prerequisites to permanent housing entry – not a “housing ready” mindset
- ❖ Is a requirement for CoC-funded PSH programs

Coordinated Entry on the Ground



VI-SPDAT Assessment

- ❖ The VI-SPDAT helps determine where to *triage* an individual or family in the homeless housing and services system or if the individual/family should even enter the housing system.
- ❖ The most evidence-based assessment available.
- ❖ Used in over 200 communities across North America and Australia.
- ❖ Simple, understandable, quick, and easy to use across program types. Takes about 7-10 minutes.
- ❖ The “full SPDAT” is a living document that changes when the client’s situation changes.
- ❖ The SPDAT assessment tools are objective and take a healthcare approach to solving homelessness

Homeless Management Information Systems (HMIS)

- ❖ A shared data system designed to provide an unduplicated count of homeless individuals, information on the number of people who are homeless, related demographics and their needs over time.
- ❖ A software program that local communities implement to enter and share client-level data across agencies about homeless persons served in shelters or other agencies

HMIS in West Virginia

- ❖ Between 9,000-11,000 records per year.
- ❖ Open Statewide System-Only case notes are locked down per provider.
- ❖ HOPWA and RHY projects are locked down completely and only those specific providers can see each other's entries.
- ❖ 315 total users in 80 agencies with a total of 273 programs.
- ❖ Agencies as varied as HUD programs, shelters, food pantries, free clinics, rapid re-housing, and faith-based.

Where we are now

- ❖ There are established CoC Regions that are now charged with working together to address homelessness on the regional, county and local levels
- ❖ WVCEH offers training to providers on how to practice Diversion (*remember the 75-80% we talked about earlier*)
- ❖ WVCEH trains assessors at each System Access Point (Emergency Shelter, Outreach, Supportive Services for Veteran Families, or Intake Line) across each CoC region
- ❖ There is a regional Housing Prioritization process where households are referred to a housing provider and assigned a unit, as appropriate
- ❖ WVCEH, as the CES provider, has developed a Steering Committee and has community member, provider and consumer surveys where we are continually seeking feedback to improve the process
- ❖ WVCEH continues to build/improve collaborations with federal partners to increase system access for all population groups (e.g. Victims of Violence, Veterans, Youth, Persons with Disabilities)

Measuring CoC System Performance

HUD has developed the following 7 system-level performance measures to help communities gauge their progress in preventing and ending homelessness

- ❖ Length of time persons remain homeless
- ❖ The extent to which persons who exit homelessness to PH destinations return to homelessness
- ❖ Number of homeless persons
- ❖ Jobs and income growth for homeless person in CoC Program-funded projects
- ❖ Number of persons who become homeless for the first time
- ❖ Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects
- ❖ Successful housing placement

What does it mean to END homelessness?

- ❖ Every community has a systematic response in place that ensures homelessness is prevented or is otherwise a rare, brief, and non-recurring experience
- ❖ Every community will:
 - Quickly identify and engage people at-risk and experiencing homelessness
 - intervene to prevent the loss of housing and divert people from entering homelessness
 - provide IMMEDIATE access to shelter and crisis services, without barriers to entry, while permanent housing and supports are being secured
 - when homelessness does occur, the community connects people to housing assistance and services tailored to their needs and strengths and helps them achieve and maintain housing.

How to help YOUR Community

- ❖ Organize meetings locally to familiarize yourself with the providers in your area
- ❖ Determine what is working or not working well in your community
- ❖ Identify the cost burden on your local 911 and how they would benefit from identifying solutions to homelessness
- ❖ Identify current resources being spent by local organizations (e.g. a hotel with no connection to permanent housing resources) that could be better used elsewhere
- ❖ Coordinate with CoC for TA and regional coordination of services

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