

MEMORANDUM

TO: Mayor and City Council

FROM:



Paul J. Brake, ICMA-CM, CEcD
City Manager

DATE: November 22, 2019

RE: Workplan for Addressing Homelessness and Addiction Problems in Downtown

Assignment

Identify a process to formulate solutions for the growing problems related to homelessness, drug and alcohol addiction, and other related issues that have arisen, particularly in the last two months, in downtown Morgantown. When addressing these identified problems, it is important to apply consistency across area jurisdictions, and to communicate with residents, business owners, and all stakeholders.

Background

On October 11, 2019, the Morgantown City Council gave the City Manager direction to develop a workplan and develop resources needed to establish objectives and solutions to address a number of concerns raised by local business owners. During this same meeting, the City Council heard a briefing from Police Chief Ed Preston about criminal activity, aggressive pan handling, West Virginia State Code, etc. pertaining to the problems experienced in the downtown area. Additionally, a representative from the City Attorney's office provided a written opinion about the City's existing Aggressive Panhandling ordinance and consideration of alternative measures that are invalid because they violate Constitutional rights.

In the meantime, one of the City Councilors and staff have conducted preliminary meetings with business leaders and social service agencies as an initial information gathering session (this was a small workgroup that met privately). Also, the Monongalia County Commission has announced a task force for a temporary housing plan associated with the holidays. The strategy presented in this memo intends to reach out to the greatest number of stakeholders for a collaborative approach to making a sustainable change. In doing so, a four-pillar approach is presented for your consideration.

Approach

The four-pillar approach consists of the following:



1. Community Engagement – Process and Ideas

- Formulate a strategy and engage private/public leaders
- Focus on outcomes, not on inputs – community briefing and collection of information

2. Current Assessment – Real Numbers and Real Needs

- Conduct a Homeless and Addiction Problem Needs Assessment
- Analyze data to determine the level of need for detox for substance abuse of individuals experiencing homelessness
- Identify gaps or lack of resources (i.e. health care, transportation, housing, employment, etc.)
- Develop base-line data of the population needs – a measurement system is needed to show progress
- Conduct a review of current ordinances, regulations, and statistics pertaining to unlawful behavior (i.e. Morgantown Police Department’s calls for service)

3. Coordinated Response – “Us” not “You”

- Bring community partners together to expand current services based on the gaps identified
- Remove or mitigate barriers for those seeking housing
- Partnership with the Prosecutor and courts to develop community service diversion program

4. Sustainable Solutions – Treatment and Expanded Housing Options

- Develop a proactive outreach model for separate issues of detox/substance abuse and those needing permanent housing
- Initiate progressive wrap-around services with the primary goal of stabilization, access to emergency/traditional housing, food, clothing, and basic hygiene
- Once stable, cultivate a secondary assessment and referral to be activated that clearly states the process for linkage to resources offered to community partners

Discussion

An efficient homelessness services program needs collaborative partnerships among service providers that can offer a menu of core services to a diverse population in need. It is likely through this process, that we will identify several gaps in service delivery that must be filled in a partnered way that allows each partner to focus on their core service while working collaboratively. Over the course of the next nine months to one year, staff proposes to complete the analysis and assessment to identify the core service delivery menu.

This workplan seeks to build on successes and mobilizes public and private resources in the right order of magnitude over time to address large unmet needs, to continue to implement strategies that work, think creatively, test new practices, and improve policies and programs. The workplan is meant to be a living document, updated along the way, to reflect on learnings and the evolving needs of the community.

The tasks and timeline to carry out the anticipated tasks could consist of the following:

<p>One to Three Months</p> <p>Presentation of the Workplan to Address Homelessness and Addiction</p> <p>Formulate a Community Task Force Work Group to Address Downtown Issues</p> <p>Review the Scope of the Plan and Investigation</p> <p>Street Outreach and Shelter Input Session(s)</p> <p>City officials and staff to review current City ordinances</p>
<p>Four to Six Months</p> <p>Explore coordinated efforts of service providers</p> <p>Discuss diversion program with prosecutor and courts</p> <p>Begin discussion of a model detox/substance abuse treatment facility</p> <p>Review existing housing diversion program and explore improvements, revisions, and leading practices</p>
<p>Seven to Nine Months</p> <p>Explore wraparound services for sustainable solutions</p> <p>Conduct secondary assessment and referral system</p>
<p>Ten Months to One Year</p> <p>Key findings and community input sessions</p>

The process described here can be altered and adjusted as deemed appropriate. This is presented as a possible sequence of the topics to be addressed over the next year. I would recommend securing the services of a skilled facilitator/consultant to help the City to understand Morgantown's unique needs and assets, review data on housing, health, and homelessness, and analyze data pertaining to people, programs, and systems that address homelessness. The scope of services could also include facilitating meetings with key community leaders who work directly on homelessness.

These are current social service agencies delivering services:

Bartlett Housing Solutions

Provides emergency, transitional, and permanent housing (using the "Housing First Model"), as well as meals, life skills training, and comprehensive case management services to homeless individuals and families to promote self-sufficiency and end the cycle of homelessness.

www.bartletthousingsolutions.org

Caritas House

Provides advocacy, case management, prevention education, community and nursing outreach, transitional housing, and volunteer and support services to enable people with HIV/AIDS to improve their health and quality of living.

www.caritashouse.com

Court Appointed Special Advocates (CASA) for Kids

Advocates for abused or neglected children so they can be safe, regain permanence, and have the opportunity to thrive within a loving and healthy family environment.

<http://wvcasa.org/casa-for-kids>

Catholic Charities West Virginia

Works to alleviate, prevent, and reduce poverty through direct service and programs that provide basic needs and opportunities for improving the well-being for all people in need.

Christian Help

Assists residents of Monongalia and Preston counties with emergency financial assistance, food orders, free clothing, household items and kitchenware, resumé, interview and job application assistance, as well as a Jobs for Life training program and referrals to additional community resources.

www.motownchristianhelp.com

Legal Aid of West Virginia

Helps to ensure fairness in the justice system by providing free assistance to eligible individuals and families facing civil legal issues affecting their health, safety, economic security, and other basic needs.

www.lawv.net

Milan Puskar Health Right (MPHR)

Meets the health care needs of those who are uninsured, underinsured, or are receiving Medicaid benefits. The clinic takes a whole person approach and provides services to improve physical, mental, dental and vision health. MPHR also operates the Friendship Room.

<https://mphealthright.org>

Monongalia County Child Advocacy Center

Provides a child-friendly and safe environment where child abuse victims and their families are interviewed, educated, and healed.

www.moncocac.org

NCWV Community Action Association

Provides a wide variety of services to low-income individuals and families and is committed to advocating for low-income individuals so they can reach self-sufficiency.

www.ncwvcaa.org

The Salvation Army

Cares for the total family by providing social, counseling, and faith-based services. Also home to the area's only hot dinner program.

<http://salvationarmymwv.org/the-corps/west-virginia>

Hope Farm Inc Food Pantry

Hope Farm Inc Food Pantry is a food pantry which serves Marion County, Monongalia County, Taylor County. Food pantry service hours: Monday-Friday: 8:00am - 5:00pm.

Covenant Evangelical Methodist Food Pantry

Covenant Evangelical Methodist Food Pantry is a food pantry. Serves Monongalia County. Food Pantry is open on the 3rd Saturday of each month. The hours of operation are 9am-11:30am.

The Morgantown Community Kitchen (MCK)

This is a non-profit organization, established in 1984 with a focused goal – to help the less fortunate members of our community. The Kitchen provides a safe, clean, uplifting environment for those in need of a nutritional meal. They serve the homeless, the working poor, the unemployed and their families. In short, they help people who, through no fault of their own, find themselves in crisis.

Open Monday through Friday, 10:00 a.m. – 1:00 p.m. The Community Kitchen is located in the fellowship hall of the Trinity Episcopal Church on the corner of Spruce and Willey Street.

communitykitchenmorgantown@gmail.com

Additional resources from national non-profits and government agencies:

National Alliance to End Homelessness

www.endhomelessness.org

National Low-Income Housing Coalition
www.hlihc.org

U.S. Department of Housing and Urban Development – Annual Homeless Assessment Report
<https://www.hudexchange.info/homelessness-assistance/ahar/#2019-reports>

National Law Center on Homelessness & Poverty – Comprehensive Report on Tent Cities
https://nlchp.org/wp-content/uploads/2018/10/Tent_City_USA_2017.pdf

Recommendation

The problems identified by downtown business owners and stakeholders identify symptoms of a much larger and complex problem that exists in Morgantown. As stated in the Four Pillars, this is an “Us” problem, not a “You” problem. This is the beginning phase of a call for collective action to make a meaningful impact. This has been attempted before, but what is presented is a refreshed approach. Solutions of simply addressing homelessness, mental health, drug addiction or alcohol abuse do not work in silos and should be viewed as part of the overall ecosystem.

Moving forward will depend upon a proposed taskforce that will consist of key leaders from the university, hospitals, business leaders, non-profit agencies, social service providers, community & elected leaders and faith-based organizations. This should not be an exclusive group, and it should include all those who will contribute to the collaborative action.

A separate recommendation of a consultant/facilitator will be presented for City Council’s consideration. Continuing this thought of the fresh approach and new perspective – our selected consultant/facilitator can assist the City, and more importantly the community, with a results-driven public-private partnership. Morgantown has the capacity of organization and institutions to tackle this complex issue and the collaborative action approach will increase the likelihood of achieving desired results and impact.

Attach.

Appendix A – Housing Needs and Out of Reach 2019 – West Virginia
National Low-Income Housing Coalition

Appendix B – A Simple Yet Frustrating Way to View Some of the Problems Faced When Trying to Help Those in Need

2019 WEST VIRGINIA HOUSING PROFILE



Across West Virginia, there is a shortage of rental homes affordable and available to extremely low income households (ELI), whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). Many of these households are severely cost burdened, spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.

SENATORS: Joe Manchin, III and Shelley Moore Capito

KEY FACTS

68,285
OR
34%
Renter Households that are extremely low income

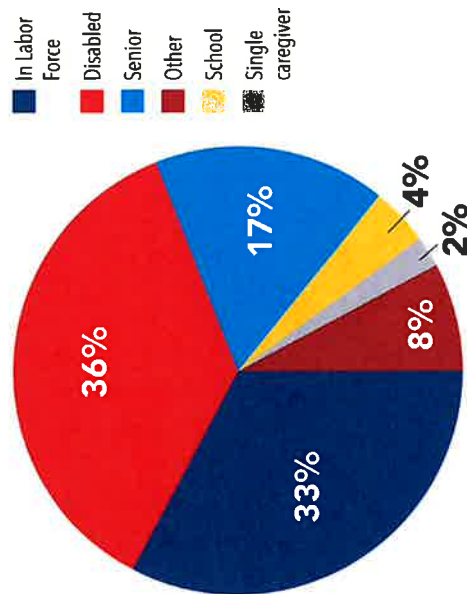
\$24,600
Maximum income of 4-person extremely low income households (state level)

\$29,336
Annual household income needed to afford a two-bedroom rental home at HUD's Fair Market Rent.

62%
Percent of extremely low income renter households with severe cost burden

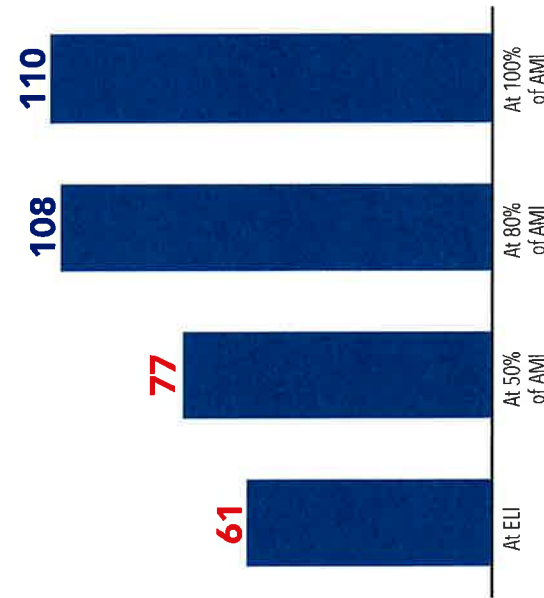
-26,414
Shortage of rental homes affordable and available for extremely low income renters

EXTREMELY LOW INCOME RENTER HOUSEHOLDS



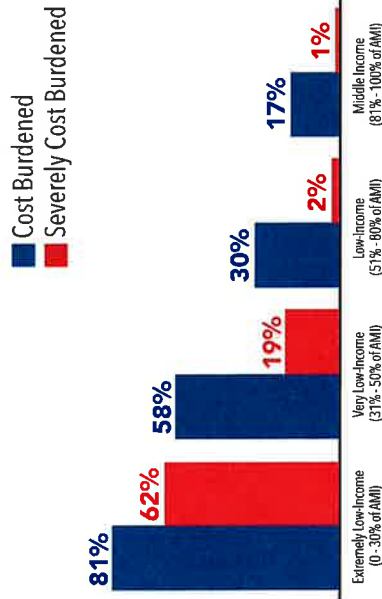
Note: Mutually exclusive categories applied in the following order: senior, disabled, in labor force, enrolled in school, single adult caregiver of a child under 7 or of a household member with a disability, and other. Nationally, 15% of extremely low-income renter households are single adult caregivers, more than half of whom usually work more than 20 hours per week and 2% of whom are in school. Source: 2017 ACS PUMS.

AFFORDABLE AND AVAILABLE HOMES PER 100 RENTER HOUSEHOLDS



Source: NLIHC tabulations of 2017 ACS PUMS

HOUSING COST BURDEN BY INCOME GROUP



Renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened. Source: NLIHC tabulations of 2017 ACS PUMS.



Out of Reach 2019: West Virginia

Working at minimum wage **\$8.75**^{/hr}

Each week you have to work

54 HOURS!

To afford a modest 1 bedroom rental home at Fair Market Rent

State Facts

MINIMUM WAGE	\$8.75	MINIMUM WAGE WORKER	\$455 /mo
AVERAGE RENTER WAGE	\$12.06	HOUSEHOLD AT 30% OF AREA MEDIAN INCOME	\$459 /mo
2-BEDROOM HOUSING WAGE	\$14.27	WORKER EARNING AVERAGE RENTER WAGE	\$627 /mo
NUMBER OF RENTER HOUSEHOLDS	201,016		
PERCENT RENTERS	27%		

Affordable Rent for Low Income Households

Fair Market Rent

1-BEDROOM FAIR MARKET RENT	\$611 /mo
2-BEDROOM FAIR MARKET RENT	\$742 /mo

COMPARE JURISDICTIONS

Number of Households

TOTAL	50,830	<i>Morgantown MSA</i>	38,410	<i>Monongalia County</i>
RENTER	18,521		16,261	
PERCENT RENTERS	36%		42%	

Housing Wage

ZERO-BEDROOM	\$12.88	<i>Morgantown MSA</i>	<i>Monongalia County</i>
ONE-BEDROOM	\$13.04		
TWO-BEDROOM	\$15.13		
THREE-BEDROOM	\$20.10		
FOUR-BEDROOM	\$20.50		

Fair Market Rent

ZERO-BEDROOM	\$670	<i>Morgantown MSA</i>	<i>Monongalia County</i>
ONE-BEDROOM	\$678		
TWO-BEDROOM	\$787		
THREE-BEDROOM	\$1,045		
FOUR-BEDROOM	\$1,066		

Annual Income Needed to Afford

ZERO-BEDROOM	\$26,800	<i>Morgantown MSA</i>	<i>Monongalia County</i>
ONE-BEDROOM	\$27,120		
TWO-BEDROOM	\$31,480		
THREE-BEDROOM	\$41,800		
FOUR-BEDROOM	\$42,640		

Minimum Wage

MINIMUM WAGE	\$8.75	<i>Morgantown MSA</i>	<i>Monongalia County</i>
RENT AFFORDABLE AT MINIMUM WAGE	\$455		

Work Hours/Week at Minimum Wage

ZERO-BEDROOM	59	<i>Morgantown MSA</i>	<i>Monongalia County</i>
ONE-BEDROOM	60		
TWO-BEDROOM	69		
THREE-BEDROOM	92		
FOUR-BEDROOM	94		

Renter Wage

ESTIMATED MEAN RENTER WAGE	\$12.91	<i>Morgantown MSA</i>	<i>Monongalia County</i>
RENT AFFORDABLE AT MEAN RENTER WAGE	\$671		\$683

Work Hours/Week at Mean Renter Wage

ZERO-BEDROOM	40	<i>Morgantown MSA</i>	<i>Monongalia County</i>
ONE-BEDROOM	40		
TWO-BEDROOM	47		
THREE-BEDROOM	62		
FOUR-BEDROOM	64		

Supplemental Security Income (SSI) Payment

SSI MONTHLY PAYMENT	\$771	<i>Morgantown MSA</i>	<i>Monongalia County</i>
RENT AFFORDABLE TO SSI RECIPIENT	\$231		\$771

Income Levels

30% OF AREA MEDIAN INCOME (AMI)	\$22,380	<i>Morgantown MSA</i>	<i>Monongalia County</i>
ESTIMATED RENTER MEDIAN HOUSEHOLD INCOME	\$28,384		\$22,380
			\$27,977

Rent Affordable at Different Income Levels

30% OF AREA MEDIAN INCOME (AMI)	\$560	<i>Morgantown MSA</i>	<i>Monongalia County</i>
ESTIMATED RENTER MEDIAN HOUSEHOLD INCOME	\$710		\$560
			\$699

MEDIAN WAGES FOR LARGEST OCCUPATIONS

Occupation	Total Employment	Median Hourly Wage
FOOD PREP WORKERS, FAST FOOD	21,890	\$9.64
CASHIERS	20,210	\$9.70
PERSONAL CARE AIDES	12,500	\$9.70
WAITERS AND WAITRESSES	11,800	\$9.78
MAIDS AND HOUSEKEEPING CLEANERS	5,740	\$10.15
RETAIL SALESPERSONS	23,100	\$10.45
COOKS, RESTAURANT	6,680	\$10.75
COOKS, INSTITUTION AND CAFETERIA	5,090	\$11.29
JANITORS AND CLEANERS	8,380	\$11.64
STOCK CLERKS AND ORDER FILLERS	8,020	\$11.72
ONE-BEDROOM HOUSING WAGE		\$11.75
NURSING ASSISTANTS	8,330	\$12.27
LABORERS AND MATERIAL MOVERS	11,770	\$12.77
FOOD PREP AND SERVING SUPERVISORS	5,280	\$12.98
OFFICE CLERKS	19,110	\$12.99
LIGHT TRUCK OR DELIVERY SERVICES DRIVERS	5,130	\$13.15
CUSTOMER SERVICE REPRESENTATIVES	11,780	\$13.54
TWO-BEDROOM HOUSING WAGE		\$14.27
SECRETARIES AND ADMINISTRATIVE ASSISTANTS	9,410	\$14.84
GENERAL MAINTENANCE AND REPAIR WORKERS	9,940	\$15.02
RETAIL SALES SUPERVISORS	7,200	\$15.27
BOOKKEEPING, ACCOUNTING, AND AUDITING CLERKS	7,870	\$15.87
MEDIAN WAGE		\$15.91
CONSTRUCTION LABORERS	9,080	\$16.04
SUBSTITUTE TEACHERS	5,640	\$17.39

Occupation

Total Employment

Median Hourly Wage

LICENSED PRACTICAL AND VOCATIONAL NURSES	5,860	\$17.59
HEAVY AND TRACTOR-TRAILER TRUCK DRIVERS	12,110	\$18.32
OPERATING ENGINEERS, CONSTRUCTION	6,690	\$19.63
OFFICE AND ADMIN SUPPORT SUPERVISORS	8,830	\$21.07
ELEMENTARY SCHOOL TEACHERS	6,180	\$21.75
REGISTERED NURSES	19,930	\$29.68
CONSTRUCTION TRADE SUPERVISORS	5,390	\$32.11
GENERAL AND OPERATIONS MANAGERS	11,100	\$34.88

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Appendix B – A Simple Yet Frustrating Way to View Some of the Problems Facing When Trying to Help Those in Need

In a perfect world experiencing homelessness would work like this:

Become homeless → Go to Emergency Shelter → Complete Assessment (VI-SPDAT) → score high enough to be eligible for housing assistance/or gain employment → Apply for SSI/SSDI and HUD → obtain housing

However, it actually looks more like this for individuals with mental health:

Become homeless → Emergency Shelter → Unable to follow rules → Eviction → Live outside → Get assistance with SSI/SSDI and HUD/ gain employment → Mental Health Treatment referral → unable to attend due to barriers, like transportation → continue to decompensate → End up in the ED → Go to Chestnut Ridge → Discharge to the streets → begin cycle over again

There are many barriers to consider, here are a few:

- HUD orientation is in Fairmont, and not near a bus stop. If you are disabled, it is very difficult to make it.
- If you miss three or more appointments from a healthcare provider you are typically unable to be seen for six months
- Social Security appointments are also outside of Morgantown, including Clarksburg and Fairmont
- Maslow's Hierarchy of Needs states that without water, food, and shelter; individuals are not able to access resources or sustain gainful employment.
- Many individuals experiencing homelessness have a dual diagnosis