

# **MORGANTOWN/MONONGALIA TASK FORCE ON HOMELESSNESS**

## **COMMUNITY-WIDE PLAN TO REDUCE HOMELESSNESS**

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## I. BACKGROUND

**The Purpose:** In the spring of 2010, the Morgantown City Council and the Monongalia County Commission jointly approved the creation of a Task Force on Homelessness for the purpose of developing a community-wide plan to reduce homelessness.

While there is always a need for emergency services for those experiencing homelessness (food, shelter, clothing, etc.), the greater need today, and the main focus for the Task Force, is reducing the number of persons experiencing homelessness, through

- 1) prevention services that reduce the number of persons who become homeless, and
- 2) rehousing services that reduce the length of time that persons are homeless and increase the number of persons regaining housing.

Or more simply put, the goal is to reduce the number of people entering the system of homeless services and increase the number of people exiting the system.

**The Cost of Homelessness:** The immediate impact of homelessness is, of course, on those who find themselves without a place to live. However, this problem also affects the quality of life for all in our community. The costs of homelessness are not just borne by those who directly experience homelessness. Everyone pays at least some of the personal, health, social, economic and governmental costs of homelessness because of the demand upon, and cost of, police, health, and other public services.

Homelessness has an impact on the local economy. Those experiencing homelessness are not contributing personally or financially as much as they could if housed and employed. Some residents of the community have the perception that some on the street are dangerous and therefore they prefer not to frequent downtown merchants.

Homelessness costs all of us. Therefore, everyone in our community has a stake in addressing this problem, and all will be served by reducing the number of persons in our community who are homeless.

Much of the following report was informed by the model in Huntington, West Virginia, that has been in place for over 25 years. Their success shows that a community like ours can succeed as well.

## ACRONYMS

ACT Unit: Alpha-Chemical Treatment Unit

HMIS: Homeless Management Information System

PATH: Projects for Assistance in Transition from Homelessness

SAMHSA: Substance Abuse and Mental Health Services Administration

SSI: Supplemental Security Income

SSDI: Social Security Disability Income

SOAR: SSI/SSDI Outreach, Access, and Recovery

## II. GUIDING PRINCIPLES

The following are central affirmations which will guide all of our future efforts:

1. **Shared Responsibility** - The problem of homelessness and lack of affordable housing is shared by everyone and every agency in the community: government, private business, schools, social service agencies, private citizens.... No one agency is responsible. Ending homelessness is a collective responsibility. This includes those experiencing homelessness taking personal ownership and accountability in ending their homelessness.
2. **Prevention and Rapid Re-Housing**: The first objective of homeless-serving systems, agencies, programs and funding is to help people experiencing homelessness gain and maintain permanent housing. Once housed, the individual has stability, allowing service providers better opportunity to resolve specific issues that may be contributing to homelessness. The chief goals are to prevent homelessness through intervention and to rapidly re-house those who become homeless, reducing the number who require emergency shelter.
3. **Housing First** – Employ a Housing First model rather than requiring clients to meet certain goals before housing can be provided. It is now the goal of the Department of Housing and Urban Development for people who are homeless to be permanently housed in 30 days. This criterion will be a key measure in evaluating what programs receive federal funding.
4. **Coordinated Assessment** -- We will develop a standardized access and assessment process for all clients and a coordinated referral process for clients to receive prevention, housing, and/or other related services. Each service provider will use the Homeless Management Information System (HMIS).
5. **Progressive Engagement** – Employ Progressive Engagement, a nationally recognized best practice in addressing homelessness, which provides customized levels of assistance to families and preserves the most expensive interventions for households with the most severe barriers to housing success. By starting with a small amount of assistance for a large group, service providers are able to effectively assess which individuals and families should receive more intensive services. This progressive engagement process allows for the most at-risk individuals, those experiencing long term or chronic homelessness, to be identified quickly. (See APPENDIX C)
6. **Clients/Families cannot fail out of the program** - services will be developed and provided to meet even the most difficult client needs. A variety of case management and support services will be offered such as: "low demand" services, relationship building, life skills, community living support. Services will "start where the client is" and move forward from there.
7. **Community Integration** - avoidance of programs that separate those experiencing homelessness from the community.

### III. THE NEED

The numerous service providers in Monongalia County and the increase in the number of persons experiencing homelessness in Monongalia County highlight the need. These 40 agencies are committed to the same goal: coming together to more effectively coordinate services to end and prevent homelessness in Monongalia County. Between 2009 and 2012, 1,773 unduplicated individuals received homeless services in Monongalia County. We know this number is incomplete because not all service agencies have begun using the Homeless Management Information System (HMIS) that tracks homeless services for providers across the State, including four of our major agencies - Health Right, Christian Help, Salvation Army, and Connecting Link. Also, these numbers do not include anyone at risk of becoming homeless, only those actually receiving services while experiencing homelessness. Implementation by all community service agencies of the HMIS will allow tracking of all individuals seeking services, homeless and at-risk of homelessness. It will allow better coordination of services throughout Monongalia County and the state and will provide streamlined referrals and assessment of needs.

We know the numbers of those experiencing homelessness are increasing. The number of children experiencing homelessness is also increasing.

Population Served by the Bartlett House			
	2011	2012	
Persons Served	478	663	28% increase
Under 18	42	85	51% increase

On the one day annual Point in Time Count in January of 2011, the most recent year for which we have fully-analyzed, county-wide data, there was a total of 52 children experiencing homelessness in Monongalia County. The county school system identified an additional 16 whose residential situation was unstable enough for them to be considered homeless by the Department of Education, plus 5 unaccompanied minors (independent youth under 18). Agencies in the rural parts of the county identified 13 children whose living situations were extremely unstable or whose living conditions were not fit for habitation. These numbers do not reflect an extensive research effort - we have reason to believe the actual numbers are higher. For instance, parents are often reluctant to describe their situation honestly out of fear that their children might be removed from their custody. In the first two months of the 2011-2012 school year, the Homelessness Facilitator for Mon County schools received 15 referrals. In the same two months of the 2012-2013 year, she received 34 referrals.

The 2012 Point in Time Count identified eight families with 26 children living at the Bartlett House. The annual unsheltered, street count, identified three additional families with children and 10 unaccompanied youth under 18 in the City of Morgantown.

These annual counts reveal around 120-125 persons experiencing homelessness on a given day in Monongalia County. The count for 2013 are not complete, but preliminary numbers suggest a significant increase this year. These numbers include only those persons living in an official shelter or out of doors. None of these numbers include persons at risk of homelessness - who are seriously behind in rents or utilities, in danger of eviction, or are moving around from place to place ("couch-surfing"); nor does it count groups living together in overcrowded conditions or those in seriously inadequate conditions.

#### IV. IMPORTANT LEARNINGS

1. The primary cause of homelessness is the lack of affordable housing. Therefore, the expansion of affordable housing is a top priority.
2. The majority of persons experiencing homelessness in our community are not visible and are quite different from the stereotype many persons have, based on whom they see on the street.
3. The majority of homeless people in our community are working at least part-time.
4. Families with children is the fastest growing portion of the homeless population.
5. Prevention of homelessness among those who are vulnerable must become as important as providing services to persons already experiencing homelessness.
6. Re-Housing persons as rapidly as possible reduces the negative impacts of homelessness and is less expensive in the long-run than housing them in shelters . (See VI. RAPID RE-HOUSING)
7. Recent changes in regulations for federal grants now make Prevention and Rapid Re-Housing higher priorities than emergency shelter. Communities that do not change their priorities accordingly will see their federal support decline.
8. There are different kinds of homelessness, requiring different strategies:
  - Temporary: generally caused by a change in economic situation, such as loss of job, illness, bankruptcy, divorce.
  - Chronic: episodic or continuous experience of homelessness, most often associated with addiction, mental illness, or both.
9. Housing First: Placing chronically homeless persons in housing at public expense is cheaper in the long run for the community than leaving them homeless (See VII. HOUSING FIRST)
10. Rural homelessness takes a different form from urban homelessness and requires a separate approach.

## V. NEED FOR A COORDINATED ASSESSMENT SYSTEM

*The central need in reducing homelessness is a coordinated assessment system, with a central point of entry for clients and a permanent organization to implement the plan.*

We are blessed with a wide variety of excellent services offered through over 40 different organizations that provide services to those at risk of or experiencing homelessness in Morgantown and Monongalia County (not including congregations, which provide significant episodic assistance). What is lacking is a community-wide plan. We need to move from a program-based approach that measures success by the outcomes of each different agency to a system-based approach that measures success by reduction in total homelessness across the entire community.

*Why do we need to move from a program-based to a system-based approach?*

- Navigating several agencies can be complicated, especially for those in crisis. Ending homelessness requires an easier, coordinated way for those at risk of or experiencing homelessness to get help. The current lack of coordination leaves clients too much on their own, and often means that individuals and families receive the bulk of services from programs that may not be best suited to meet their needs and/or move them quickly out of homelessness.
- Government financing is going to decrease while homelessness is increasing. We are going to have to learn to do more with less. Only a coordinated effort can achieve that by reducing duplication of services, avoiding gaps between agencies, allowing each agency to focus upon what it does best, and ensuring that the most cost-effective services are being provided by implementing evidence-based interventions and a coordinated system of service provision.
- Individual agencies are struggling just to keep up with the demand for their services. None of them is in a position to step back and coordinate all the interactions among agencies.
- Chronic homelessness is very difficult to treat. It requires a specific focus all its own. Only one agency, Caritas House, currently gives these persons the specialized supportive housing they require. Their success, however, shows that progress is possible with the appropriate resources and focus. Rapid re-housing can be used to free up beds for individuals who are more high-risk and who have greater barriers to housing. Case Managers can then use progressive engagement to assess the needs of this population and triage them accordingly.
- Only a coordinated assessment system can develop a unified service plan for clients and coordinate resources from various agencies in a way that will bring about positive changes in the homeless population.
- Across West Virginia, homeless service providers are moving toward a statewide HMIS (Homeless Management Information System) implementation that will further strengthen coordinated assessment and a "systems approach". This will allow clients to move through a state system that better assesses and meets their needs if/as they move from Wheeling to Charleston to Morgantown to Martinsburg, etc. We must have a coordinated assessment system in order to fully integrate with this statewide system.

A coordinated system has two fundamental requirements:

***A Central Organization:*** Creating and managing a systems-based approach requires a separate organization with staff and a specific set of skills to serve as the backbone for the entire initiative and to coordinate services provided by the participating organizations and agencies.

***A Centralized Point-of-Entry:*** There needs to be a central location to which anyone needing assistance can go to receive information on resources to prevent and/or overcome homelessness. An ideal place would be a day-center, or drop-in center where a variety of services and training would be offered. Such a single point-of-entry will soon be a requirement under new guidelines for federal funding of homeless services.

This coordinated system would also provide:

- ***A Common Agenda:*** All participating agencies have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
- ***Shared Measurement:*** Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
- ***Mutually Reinforcing Activities:*** Each agency focuses on what it does best while still being coordinated through a mutually reinforcing plan of action.
- ***Continuous Communication:*** Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation.

Public confidence will increase as coordination among private, non-profit, and governmental partners becomes evident and improvements are seen.

## VI. RAPID RE-HOUSING

Rapid Re-Housing is a strategy that has been successfully used by many communities to reduce homelessness. Today, most households become homeless as a result of a financial crisis that prevents them from paying the rent, or a domestic conflict that results in one member being ejected or leaving with no resources or plan for housing. Most households who become homeless today have already lived in independent permanent housing, and they can generally return and remain stably housed with limited assistance. And homelessness itself is associated with a host of negative outcomes that can be minimized by limiting the period of time people experience it. By helping homeless households return to permanent housing as soon as possible, communities have been able to reduce the length of time people remain in homeless shelters. This opens beds for others who need them, and reduces the public and personal costs of homelessness.

Rapid Re-Housing addresses the two primary obstacles homeless households face in trying to leave shelter:

- Obtaining new rental housing is expensive. Households with limited income have great difficulty saving up enough for a security deposit, first month's rent, and utility connections. Waiting in shelter until it is possible to save enough money for housing start-up is a very poor use of scarce shelter resources.
- Landlords often deny rental applications from extremely low-income households because of previous defaults on rent, criminal convictions, or other factors deemed to indicate a likelihood of failure to pay rent. Outreach to landlords, indicating the involvement of a supporting agency, can often overcome this reluctance to rent to homeless individuals.

Homeless people who are living on the streets or in shelters are often described as living in a day-to-day survival mode, unable to plan beyond where they will secure their next meal or where they will sleep that night. They are focusing on their most basic unmet needs. People who have lost their housing have, in a real sense, lost their safety. Good homeless programs recognize that the anxiety, depression and irritability, the disorganized, "apathetic" or aggressive behaviors they may see in their homeless clients are very likely to be consequences of the stress of homelessness rather than enduring personal characteristics.

Once they feel safe in housing, Rapid Re-Housing clients nearly always become motivated to achieve other personal goals. Employment, relationships with their children's schools, and re-connecting with family members become the new priorities for many.

(Adapted from *Rapid Re-Housing: Creating Programs That Work*, National Alliance to End Homelessness, July 2009.)



## VII. HOUSING FIRST

Traditionally, people experiencing homelessness were expected to address the issues associated with their homelessness, such as mental illness or addictions, before receiving housing. With Housing First, the priority is to quickly move people experiencing homelessness into appropriate housing first, and then, from the stability and safety of a home, begin to work on the issues that contributed to their homelessness. Housing First programs respect client choice, follow a harm reduction approach and see permanent housing as a basic human right.

Research demonstrates that it costs less to provide appropriate housing and support to a person at risk of or experiencing homelessness compared with providing that same person with short-term and ongoing emergency and institutional responses, where taxpayer money goes towards hospitalizations for health care, mental health care, alcohol/drug abuse, emergency room visits, ambulance services, jail/prison time, police, and shelter costs. [for data from these studies, see Appendix II]

Other studies have shown that Housing First has a high retention rate and is at least as effective, if not more so, in addressing substance abuse and mental health issues.

Housing First is now the accepted plan in most cities, and is receiving increased attention from the Department of Housing and Urban Development, which administers most of the grants for federal programs that address homelessness. It is now their goal for people who are homeless to be permanently housed in 30 days. This criterion will be a key measure in evaluating what programs receive federal funding.

### **VIII. ACTION PLAN: Summary of Goals**

- 1. Create a Central Organization to Coordinate Community-Wide Action to Reduce Homelessness**
- 2. Create a Day Center**
- 3. Enlist all Service Providers in Using the Homeless Management Information System (HMIS)**
- 4. Create an Affordable Housing Task Force**
- 5. Enhance Discharge Planning**
- 6. Create an Organized Program to Prevent Homelessness**
- 7. Develop a Process to Address the Unique Needs of Rural Persons**
- 8. Develop a New Task Force to Address the Lack of Addiction Recovery Services in Monongalia County and the Special Needs of the Chronically Homeless**
- 9. Develop a Public Relations and Communications Strategy to Enhance Public Awareness**
- 10. Research and Seek Funding**

## IX. ACTION PLAN: Strategies

### 1. Create a Central Organization to Coordinate Community-Wide Action to Reduce Homelessness

The causes of homelessness are varied and complex. In order to create a lasting solution to such a complex social problem, all organizations – service providers, government, business, law enforcement – need to coordinate their efforts and work together around a clearly defined goal. In order to achieve this goal, there is a need for a separate organization (*A Backbone Organization*) whose sole purpose is to coordinate the community-wide efforts, develop a common agenda, assist in creating data sharing and measurement standards, facilitate continuous, open communication, and keep all agencies aligned with the common agenda.

Coordination takes time, and none of the participating organizations has any to spare. The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails. ***The success of this entire plan rests upon the creation of a Central Organization.***

Fifteen years ago, the community created the Mon Valley Homeless Initiative for the purpose of reducing homelessness. It was not successful because it relied entirely on voluntary service - there was no staff to develop common goals, coordinate activities, and follow through on identified actions. Without a separate organization with at least a half-time executive, this community-wide plan will have no chance of succeeding.

The backbone organization requires a dedicated staff, separate from the participating organizations, who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly.

This organization will include within its structure:

***A Board*** representing key entities:  
 service providers, including United Way;  
 government: city, county, state;  
 police and sheriff;  
 hospitals;  
 business;  
 legal;  
 landlords;  
 school system;  
 faith communities;  
 WVU;  
 consumers

*The Board should include several identified community leaders*

**Staff:** executive at least half-time with support staff

**Regular meeting of executives of all key service agencies** to develop and continually evaluate philosophy, goals, and approaches

**Regular meeting of case managers** to coordinate entrance into system and continuing care for clients

This approach is exactly what the West Virginia Coalition to End Homelessness is seeking to create across the entire state and can be a model for other communities.

**Funding:** Initial funding for 2 years is requested from the local governments that created the Morgantown/Monongalia Task Force on Homelessness: the City of Morgantown and Monongalia County. During that initial 2 year period, a long term sustainable funding plan will be developed that will combine funding from local government, state and federal grants, foundations, and members of the community.

## **2. Create a Day Center**

The goals for the day center are to be the point of entry into homelessness services in the community and ultimately to provide the following services: case management, free nurse clinic, showers, restrooms, laundry, telephones, mail services, email, and a locked storage area.

### ***Program Coordination***

Connecting Link has offered to move their offices into the Day Center in order to be the point of entry into homeless services. They would be responsible for the intake assessment of each client and the assignment of a case manager. The central or backbone organization charged with coordinating the cooperation of all agencies serving persons experiencing homelessness can also have its offices in the center. One or the other of them will have responsibility for management of the building.

### ***Case Management***

Consumers will work one on one with a Case Manager to identify their barriers to employment and housing. Case Managers provide resources and guidance to help a consumer develop an individual plan to return to an independent life. This will need to be a community effort to supply case managers. Some of the agencies that provide case management are Bartlett House, Valley Health Care System, Caritas House, and Health Right.

Valley HealthCare has been awarded funding for a PATH worker (Projects for Assistance in Transition from Homelessness) to seek out and assess clients. This worker will operate out of the Day Center.

As part of case management, create a Multi-disciplinary Team of direct service providers to assist in evaluating the needs of new clients and in supporting their progress toward independent living.

### ***Onsite Access to Other Service Providers***

Key agencies providing homeless services would have regular weekly office hours in the Day

Center. A facility of adequate size will be obtained so that some of the agencies could move to that facility or have satellite offices, making contact with clients easier, and reducing operating expenses through:

- more adequate assessment of need and therefore more appropriate provisions of referrals and services
- better control over duplication of services
- sharing administrative and infrastructure costs
- reducing the amount agencies spend on rent and utilities
- offering streamlined approach to service delivery.

These agencies include:

- Social Security Administration
- Health Right
- Valley HealthCare
- Family and Children's Services
- Veterans Administration
- Department of Human Services
- Legal Aid Services
- Workforce

### ***Community E-Mail***

Community E-Mail provides personal mailboxes to consumers. Having a personal method of contact is crucial when filling out employment and housing applications. The Day Center could also provide a phone number where messages could be left.

### ***Life Skills Classes***

Life Skills Classes would be offered by the WVU Extension Office and others, such as

- Health Care
- Housing
- Employment Application
- Resumes and Interviews
- Disaster Preparedness
- Personal Hygiene
- Risk Prevention
- Money Management
- Decision Making

### ***Laundry***

There will be washer/dryers available and individuals will be able to schedule an appointment to do laundry.

### ***Shower Facilities***

Individuals will be able to schedule shower times.

### ***Cold Shelter***

During cold weather, the day center would serve as a cold shelter when needed.

### ***Advisory Board***

Professionals from areas such as Social Work, Family Medicine, Drug and Alcohol Rehabilitation, Law Enforcement and Justice System, and Mental Health will be recruited to serve in an advisory capacity.

### **3. Enlist all Service Providers in Using the Homeless Management Information System (HMIS)**

The Homeless Management Information System (HMIS) is a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve those at risk of or experiencing homelessness. Federal regulations now require all agencies offering homeless services to use HMIS, even if they are not receiving federal funds. This shared information system is the only way to ensure that the efforts of all agencies are coordinated. It is also necessary in order to have complete data by which to measure the outcomes of our efforts. Such measurements are a requirement for the community to assess its progress and to continue to receive federal funds.

### **4. Create an Affordable Housing Task Force**

Research shows that the greatest cause of homelessness is the lack of affordable housing. Nowhere in this country, including Monongalia County, can someone earning minimum wage get a 1 bedroom apartment at fair market value for 30% of income. This situation is made more severe in a university community where landlords can earn more renting a unit to several students rather than to one family, couple, or independent adult.

Therefore, some of the more affordable housing for those of low incomes is available out of town. But many low income individuals, and nearly all of the homeless population, lack their own car or access to reliable transportation. And transportation into town, where most of the jobs are, is costly, time-consuming, and often unsuitable because of limited hours, days, and routes.

Develop a community-wide effort to promote housing opportunities in a variety of categories:

- permanent supportive housing for individuals who need a level of continuing support in order to maintain stable housing
- permanent housing for individuals (Single Room Occupancy lodging houses, efficiency and one bedroom apartments)
- permanent housing for families
- incentives for developers and landlords

### **5. Enhance Discharge Planning**

Work with hospitals, jails and prisons, foster care agencies on discharge planning to ensure that no one is discharged to homelessness.

Enlist case managers and supervisors of the homeless shelters to work with the discharge planners or their equivalent in hospitals, jails and prisons, foster care agencies, etc. in order to develop a program for better planning of discharge, so as to avoid situations such as the Department of Corrections delivering people to Morgantown without any plans or hospitals discharging patients without their medications.

### **6. Create an Organized Program to Prevent Homelessness**

Preventing homelessness is both more humane and less expensive than assisting persons once they are homeless. It is our responsibility as a community to assist individuals in regaining suitable housing, independence, and full control over their own problem solving as quickly as possible. Providing the minimal assistance necessary for the shortest length of time possible, and treating each client with respect while empowering, helps build independence and self-sufficiency for the long term. The earlier intervention begins and assistance is provided in a housing crisis, the greater the success for the

individuals and families and the lower the cost to the community. The longer assistance has to be provided, the lower the success rate of the homelessness program.

Strategies:

- Develop a data base of resources of assistance to individuals or families facing the possibility of losing their housing.
- Train case managers of homeless service providers to identify at risk situations
- Research ways of increasing the funds available to supplement rent and utility payments.

## **7. Develop a Process to Address the Unique Needs of Rural Persons**

In rural areas, homelessness takes a different form of doubling or even tripling up or living in conditions that are unsafe and unsuited for human habitation. People are often isolated from services, many of which are in Morgantown, because of lack of transportation. Rural homelessness therefore presents particular challenges and needs its own approach, including landlord education and outreach to those whose needs are not readily visible.

*Rental Costs:* The arrival of drilling companies has driven up rents.

*Availability:* some properties that could be rented are not because:

- renting property would increase taxes
- there is a perception that certain renters would not be good tenants
- there is a fear of government controls through inspections and zoning

*Rural Poverty Is Often Hidden:*

- Households will "gang up" & live w/others in overly crowded conditions:
  - Some people are one argument away from being without a roof over their head.
  - Some landlords threaten eviction of the tenant if extra people don't leave in a short time.
- Inadequate Living Conditions:
  - Because there are no codes to follow, some buildings (including trailers), even though they may be owner occupied, are not fit for habitation – leaking roofs, rotted floors, holes in walls, inadequate electrical service, live wires dangling from ceiling, water and pipe issues, cannot pay to have sewerage, furnaces are broken which landlord will not replace (use of space heaters increases).
  - There are no county-wide housing standards.
  - Renters fear that if they complain or go to authorities, they will be evicted.

*Transportation:*

Persons living in rural parts of county without their own transportation, have difficulty getting to jobs or services, many of which are in Morgantown. Persons with jobs in Morgantown cannot choose housing in the rural areas where it may be less expensive because there is not adequate transportation to get them to and from work.

We recommend a special task force be appointed by the Monongalia County Commission to work in cooperation with the Central Organization on the special needs of the rural parts of the county.

## **8. Develop New Task Force to Address the Lack of Addiction Recovery Services in Monongalia County and the Special Needs of the Chronically Homeless**

The chronically homeless, most of whom are characterized by addiction or mental illness or both, can absorb as much as 50% of the cost of services. They are also the most at risk of dying early. One study revealed that 1/3 died within 5 years of entering the homelessness system. If this were any other condition, it would be considered an epidemic.

Representatives from among the following entities are recommended for the development of a new task force to work specifically on addiction issues in the county and city:

- Drug Court
- Valley HealthCare
- Law Enforcement
- Chestnut Ridge Center
- Alcoholics Anonymous/Narcotics Anonymous
- ACT Unit in Fairmont
- WVU School of Social Work
- Ruby and Mon General Hospitals - preferably ED social workers
- Bartlett House
- Milan Puskar Health Right
- Law School
- MUSHROOM Project

We also recommend that the Addiction Recovery Task Force consider the following:

- Use Valley HealthCare's PATH worker to provide "Street Case Management" that takes the case manager to the people and begins to establish trust so that healing can eventually take place
- The creation of a day center that functions as a community center for people experiencing homelessness.
- Support and Grow the Mon Valley SOAR Initiative: SSI/SSDI Outreach, Access, and Recovery (SOAR) is a national project funded by the Substance Abuse & Mental Health Services Administration (SAMHSA) that is designed to increase access to SSI/SSDI for eligible adults who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder. Case Managers will be trained in Morgantown to utilize this expedited benefits application process with eligible adults. With income, then housing and health care can be obtained.

#### **9. Develop a Public Relations and Communications Strategy to Enhance Public Awareness**

Raise consciousness of the needs in a way that promotes mutual respect and trust. Avoid an us/them, giver/receiver relationship.

Increase Public Understanding of the issues that impede independence, e.g.:

Lack of Affordable Housing, Lack of Transportation, Lack of Child Care, Addiction, Mental Illness

Involve Churches, Businesses, and Service Groups to build relationships with individuals or families, perhaps serve as a "sponsor."

Employ a variety of methods, such as media coverage, presentations to community groups, a video, a website.

#### **10. Research and Seek Funding** for the central organization, emergency funds to prevent homelessness, new drop-in center, and costs of supporting Rapid Re-Housing.

**Goals and Strategies are not static.** These are a starting point for a central organization, and an initial plan to be addressed while that organization is being created.



**APPENDIX A:**  
**Purpose and Scope of the Task Force**

The following was the original Purpose and Scope of the Task Force as established by the Morgantown City Council and the Monongalia County Commission:

With the growing demand for homeless services and programming in our community, there simply is not enough time or energy for existing organizations to devote to community-wide planning for long term solutions. The Task Force was created to fill the need for an entity whose sole purpose was to study the problems relating to homelessness and to draft a long term plan that, at a minimum, encompasses:

- Preventing homelessness among those at risk, through appropriate interventions.
- Promoting and increasing the availability of low income housing.
- Identifying long-term strategies for increasing the availability of resources and support services to help homeless persons to regain independence and break the cycle of homelessness.
- Promoting community-wide cooperation among government, non-profits, faith-based organizations, business community, housing developers, and the general public.
- Fostering inter-agency cooperation, such as universal discharge planning and coordination of services.
- Identifying under-served areas of the county and facilitating better programming for all areas.
- Reviewing approaches to homelessness taken by other communities of similar size and character as well as adapting and applying aspects of previously successful policy, programming and organizational initiatives.

**APPENDIX B:  
Supporting Data for the Effectiveness of “Housing First”**

A study in Seattle found that the Housing First program saved taxpayers more than \$4 million dollars over the first year of operation. During the first six months, even after considering the cost of administering housing for the 95 residents in a Housing First program in downtown, a study of 95 persons reported an average cost-savings of 53 percent -- nearly \$2,500 per month per person in health and social services, compared to the costs of a wait-list control group of 39 homeless people. [“Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems,” *JAMA*, April 1, 2009, Vol 301, No. 13]

In Rhode Island, the annual costs were reduced from \$31,617 per client to \$22,778 per client, a savings of \$8,839 per person. [Rhode Island’s *Housing First Program, Year 1 Evaluation, Executive Summary*, Eric Hirsch PhD, Department of Sociology, Providence College, Irene Glasser PhD, Department of Anthropology, Roger Williams University]

A Massachusetts study found that health care costs alone averaged \$22,000, or more than twice what it would cost to house someone in an inexpensive apartment. [HOME& HEALTHY FOR GOOD, Joe Finn, Executive Director, Jessie M. Gaeta, Physician Advocate, Thomas Brigham, Housing First Coordinator, Massachusetts Housing and Shelter Alliance, May 2009]

In Los Angeles, city authorities found that providing supportive housing was 40% cheaper than leaving people homeless. [*N Y Times*, “A Plan to Make Homelessness History,” David Bornstein, December 21, 2010]

A study reported in the *American Journal of Public Health* found that in New York City, clients housed under the Housing First model had a housing retention rate of 80%, and that “there is no empirical support for the practice of requiring individuals to participate in psychiatric treatment or attain sobriety before being housed.” [*Am J Public Health*, 2004 April 94(4)]

## **APPENDIX C: Progressive Engagement**

Progressive Engagement is a nationally recognized best practice in addressing homelessness, which provides customized levels of assistance to families and preserves the most expensive interventions for households with the most severe barriers to housing success. Progressive Engagement is a strategy to enable service delivery systems to effectively target resources.

Progressive Engagement refers to a strategy of starting with a small amount of assistance for a large group of people and then adding more assistance as needed. The National Alliance to End Homelessness has featured Progressive Engagement as an important strategy in the national implementation of the HEARTH Act.

Below is an example of how Progressive Engagement has worked in practice.

For every household which becomes homeless in the community, the system responds with a basic level of re-housing assistance – Rapid Re-Housing 1- which could include:

- List of rental vacancies,
- Tips about how to find an apartment,
- Help negotiating with landlords or friends or family members a person could live with, and
- Some financial assistance for application fees, deposits, etc.

If it becomes clear that the household will not exit homelessness with only this much assistance, then additional assistance is provided, which might include short-term rental assistance and case management—Rapid Re-Housing.

At this point, a household could be re-housed, but the job may not be over.

If, at the end of a predetermined period of time, it is clear that the family is going to be evicted, then additional assistance can be provided, such as a medium-term or long-term rental assistance and more intensive case management and supportive services.

At some point, it may become clear that the person will never be able to achieve even modest housing stability, in which case you may want to provide a housing voucher (if the issue is primarily economic) or you may look at permanent supportive housing (if the person would not be able to maintain housing even with a voucher).

In a Progressive Engagement approach, the varying levels of rapid re-housing assistance are provided by the same program or agency, which eliminates the need for families to change programs and respects the importance of the family-case manager relationship.

The benefits of the Progressive Engagement model include:

- Time to assess the families' strengths and challenges – you don't have to be able to predict beforehand how much assistance the family will need to be re-housed.
- Scarce shelter and re-housing resources can be stretched to serve more families.
- No disruption for the family. Families are not moving from program to program, or even using

different caseworkers. From their perspective, they stay a short period of time in shelter, and then are assisted to move into permanent housing. Their level of assistance may be increased or decreased, but their living situation is stable.

<http://www.onefamilyinc.org/Blog/2011/11/21/innovation-in-the-spotlight-progressive-engagement/>

**Morgantown Monongalia Task Force on Homelessness**

## Original Roster of Members

Bob Bell, Representing the Monongalia County Commission

Keri DeMasi, Executive Director,  
The Bartlett House

Shelly Raymer Duncan, Executive Director  
West Virginia Association of Local Health Departments

Mac Festa, Credit Analyst  
Huntington Bank

Laura Jones, Executive Director,  
Milan Puskar Health Right

Suzanne Kenney, Director  
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Jennifer Powell, Assistant Dean  
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John Sonnenday, Chair of the Task Force  
Co-Pastor, First Presbyterian Church

Don Spencer, Representing the Morgantown City Council

Joe Statler, formerly Vice President  
Mon Co School Board

Barbara Watkins, Assistant Director  
Main Street Morgantown

The following have joined in the work of the Task Force and played important roles in the development of this plan:

Amber Abel, Homeless Outreach/Hospital Liaison  
Valley HealthCare

Darrell Allman, HUD/VASH Coordinator  
The Veterans Administration

Cheryl Lynn Callen, Executive Director  
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Lt. David Costellow  
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Jim Manilla, Mayor of Morgantown

Brandi Potock, Executive Director  
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