

## Northern Panhandle Continuum of Care Street Outreach Standards

### 1) Purpose of Document

- a) The purpose of this document is to outline best practices and expectations for street outreach workers. This includes all entities in the Northern Panhandle Continuum of Care (NPCoC) including those who receive HUD funding and those who do not.
- b) Street outreach providers are guided by their contractual obligations with their funders. Among other criteria, the contracts inform the approach to be used for street outreach, the activities to be performed with the funding, activities that are not permitted with the available funding, hours of service, area(s) to be served, and service targets.
- c) Other entities within the NPCoC may choose to adopt and enforce these standards as best practice at their discretion.

### 2) Defining Street Outreach

- a) Street outreach often begins with an initial triage encounter. Unless an immediate resolution is possible, the definition of street outreach provided in 2.b applies.
- b) Street outreach is defined as strategic homeless intervention services. This includes but is not limited to HUD funded positions, volunteer-based service providers, advocates and other outreach personnel with law enforcement agencies, peer-recovery specialists and other formal and informal workers interacting regularly with unsheltered populations.

These workers help to support individuals with accessing permanent or temporary housing by building trusting relationships and ongoing rapport. Street outreach seeks to engage individuals living unsheltered in a culturally competent and trauma-informed manner, provide links to mainstream services, and use diversion and problem-solving techniques to connect people with safe housing options whenever possible. The immediate goal is to find temporary shelter and connect individuals to relevant services with the ultimate goal of street outreach to find affordable housing for each individual, with access to voluntary wraparound services needed to stay healthy, including employment, substance use treatment, and mental health care. While this is ideally accomplished quickly, outreach often requires time and interactions with unsheltered individuals experiencing homelessness therefore should not be seen as one-time engagements. Rather, each interaction should be seen as an opportunity for outreach workers to build a relationship and help people work toward making a connection to housing and services. Key to the success of outreach and engagement efforts is consistent follow-up and building trust with individuals through regular interactions, including learning about the individuals' current social network and supports.

- c) Street outreach is understood to be a critical and necessary service to people experiencing unsheltered homelessness within the boundaries of the NPCoC. Street outreach is an essential ingredient to the system of care for people experiencing homelessness in the community. All organizations providing street outreach, whether HUD funded or otherwise should participate with the NPCoC through General Membership Meetings and other relevant committees.

### 3) Professional Training and Ethics

As required for all HUD funded projects and recommended as best practice for all other providers; all trainings will be made available regardless of their funding sources. Funders of street outreach activities may coordinate, offer, and make available, for training to meet these standards. Employers of street outreach workers are responsible for ensuring their workers attend, participate in, and complete the necessary training, as well as keep a record of all street outreach trainings that are completed by each street outreach worker that is employed by their agency.

- a) Training on documentation and the use of Homeless Management Information System (HMIS), especially as it pertains to street outreach and Coordinated Entry System (CES), shall be completed within the first month of starting employment as a street outreach worker and shall be refreshed once every three years thereafter.
- b) Motivational interviewing, cultural competency assertive engagement, harm reduction, self-care and vicarious trauma, understanding sympathy vs. empathy and trauma-informed care training shall be started within six months of employment and will continue on an ongoing basis.
- c) First aid and CPR shall be completed within three months of starting as a street outreach worker unless current certification is already in place, and shall be refreshed as necessary to ensure street outreach workers maintain certification.
- d) Training on overdose response and the administration of Narcan shall be completed within 30 days of starting as street outreach workers, unless completed within the past two years, and refreshed once every three years or as necessary thereafter
- e) Mental health first aid training and mental health recovery shall be completed within six months of starting employment as a street outreach worker, unless completed within the past two years, and refreshed once every three years thereafter.

- f) Training on professional boundaries and ethics shall be completed within three months of starting employment as a street outreach worker, and shall be refreshed once every three years thereafter.
- g) Training on street outreach workers safety shall be completed within the first month of starting employment as a street outreach worker, and refreshed once every three years thereafter.
- h) Additional training which may be offered and/or promoted: Veteran Services, LGBTQIA+, mandated reporting, human trafficking, traumatic brain injury, domestic violence, sexual trauma, crisis intervention with victims of violence, other specialized trainings may be offered as needed. Street Outreach workers are encouraged to attend.

#### **4) Acknowledging the Risks that Come with the Work & Personal Safety**

- a) Street outreach workers perform their work in the community and may witness or encounter firsthand risks that are inherent with serving people who are street-involved. Street outreach workers are responsible for reducing the impacts of those risks whenever possible, as per their training, and supports provided by or through their employer.
- b) Street outreach workers may encounter secondary or vicarious trauma as a result of performing the duties of the job. Street outreach workers are responsible for engaging in self care, as per their training, and processing critical incidents appropriately.
- c) Street outreach workers and their employer are responsible for promoting the personal safety of street outreach workers and taking the necessary measures to decrease risks as is reasonable in the context of street outreach.
- d) In the event of a real or perceived imminent risk, street outreach workers are permitted to refuse to provide street outreach services, as per their training. Workers should follow their organization's policies relating to refusal of services.
- e) Street outreach workers shall inform their supervisor, colleague, or other appropriate individual or follow their employee safety protocols of their probable locations during their outreach shift, and shall update as appropriate, if there are deviations from the probable locations identified for the shift.
- f) When there are extenuating safety concerns, street outreach worker will request law enforcement to provide a police escort.
- g) Employer should facilitate an environment and culture of self-care by providing time,

space, and opportunity for outreach workers to debrief and process critical events or occurrences.

## 5) Service Orientation

- a) There is a power differential between the street outreach worker and the individual who is unsheltered being served. Street outreach workers shall be sensitive to this power imbalance in every exchange with an individual who is unsheltered and work to ensure the power imbalance does not prevent or stall the effectiveness of the engagement and subsequent services with the person who is unsheltered.
- b) Compassion is necessary for effective engagement. The street outreach worker engages and supports people who are unsheltered not by seeing the relationship as one of healer and wounded, but as a relationship between equals. Street outreach workers shall demonstrate empathy in each encounter with a person who is unsheltered.
- c) A person-centered and strength-based approach is necessary for effective street outreach engagement and supports. Street outreach workers shall endeavor to create service support plans based upon the specific needs and presenting issues of the person who is unsheltered and leverage the strengths of the individual to help them create and act on a plan to resolve their homelessness .
- d) Trauma and its impacts are widespread within the unsheltered homeless population, and as such, street outreach workers will employ a trauma-informed approach to all encounters, planning, and action. The guiding principles of a trauma-informed approach shall be employed in the work of street outreach when encountering and supporting people who are unsheltered. When street outreach workers encounter individuals who have experienced any type of sexual violence and/or domestic violence, the worker shall refer the individual to the organization(s) that are specialized to provide those services.
- e) Brain injury is common amongst the unsheltered homeless population, and as such, street outreach workers shall communicate with individuals who are unsheltered in ways that use plain language, are clear and concise, and appropriately articulate action steps.

Behaviors associated with brain injury may make it necessary for street outreach workers to amend their approach to engagement and planning appropriately.

- f) Individuals served through street outreach will have a broad range of cognitive abilities for a variety of reasons. As such, street outreach workers shall employ diverse engagement and communication strategies to be as effective as possible in these instances.
- g) Mental health recovery shall be practiced by street outreach workers in their approach to supporting a person who is unsheltered. In particular, street outreach workers shall address the stigma associated with mental illness and strive to connect individuals with compromised mental wellness to appropriate mental health specialists and community

supports.

- h) Harm reduction and evidence-based practices shall be supported by street outreach workers to help address risks and potential harms related to the use of alcohol and other drugs and/or participation in sex work by a person who is unsheltered. All street outreach workers shall be conversant in, and practice, harm reduction strategies that do not require access to harm reduction supplies, but also cognizant of how to access and deploy harm reduction supplies.
- i) Progressive engagement customizes the level of support for an individual who is unsheltered based upon their assets and strengths. The responsibility is on the person who is unsheltered to demonstrate what they are capable of doing on their own and be empowered as such to do so. Increased supports are provided only when there is inertia or inability to perform tasks themselves that would expedite their exit from homelessness.
- j) Individual choice is a basic human right and is necessary for effective engagement, planning, and action. Street outreach workers shall not coerce, force, bribe, trick, or bargain with person who is unsheltered into decisions. REMEMBER, ALL CHOICES BELONG TO THE PERSON WHO IS PARTICIPATING IN SERVICES.
- k) Building trust and a good relationship is important for effective communication, and this often takes time. When doing this, street outreach workers should be careful to maintain clear professional boundaries. Both their words and actions should always reflect that the relationship is a professional one.

## **6) Interface with Law Enforcement**

- a) Street outreach workers shall not act on behalf of law enforcement.
- b) Whenever possible, street outreach workers shall be available to assist individuals who are unsheltered in the event law enforcement engages in activities that dislodge the individual from where they are staying, when notified by police in advance of enforcement activities. Efforts shall be made by street outreach workers to make referrals and help the individual connect to resources in the event of enforcement activities. Street outreach workers are present to assist the homeless individual(s) only and are not engaged in any enforcement activities themselves.
- c) When there is planned closure of an encampment, street outreach providers shall provide advanced intensive outreach efforts, and provide information to law enforcement on their efforts when consents are in place to do so.
- d) When law enforcement undertakes outreach and engagement activities they may request street outreach workers participate in those activities with them. When operationally available, street outreach workers will participate.
- e) In rare circumstances, street outreach workers may witness behavior or actions on the part of a person who is unsheltered that triggers a legal mandate to report the incident or information to law enforcement (e.g., child maltreatment, elder abuse, suicidal or homicidal ideation). Street outreach workers shall do so promptly and thoroughly in

these rare instances. Victims of crime are in no way mandated to participate in the criminal justice system. Declining to participate with the criminal justice system doesn't prohibit individuals from receiving medical services or social services. Choices belong to the person who is participating in services.

## **7) Structured Engagement**

- a) Street outreach workers shall preferably work in small groups.
- b) The structured engagement of street outreach workers shall occur outdoors in the majority of instances, especially with first-time encounters with person who is unsheltered. Follow-up engagement may occur in sheltered locations as necessary but cannot be mandated or expected on the part of the street outreach workers.
- c) Street outreach workers shall identify themselves, the organization they work for, and the intention of their engagement in every encounter with a person who is unsheltered they have not previously engaged with during street outreach.
- d) In the event a person who is unsheltered does not wish to engage with street outreach workers, this shall be respected during the encounter. Street outreach workers shall make offers of service again in the future to that same person who previously denied service offers. Street outreach workers shall use their professional discretion and ask permission from the person in determining the length of time.
- e) In the event a person who is unsheltered that previously did not want services decides that they would like to receive services, there shall be no punitive actions on the part of the street outreach provider.

## **8) Provision of Goods**

- a) Street outreach workers should always begin and focus encounters with a person who is unsheltered on housing and accessing other resources in the community that may be of assistance in accessing and maintaining housing.
- b) Street outreach workers are not obligated to make the provision of materials available under any circumstance.

## **9) Interface with Other Service Providers & Government Entities**

Addressing underlying cause of homelessness often includes substance use disorder, mental illness and victimization and connecting individuals with specially trained organizations.

- a) Shelter space may be scarce, but remains an invaluable resource to make available to a person who is unsheltered whenever possible. Referrals will be made to appropriate crisis intervention and housing providers.
- b) Benefits and income access are often necessary to move from homelessness to housing.

Street outreach workers shall link individuals to services and providers who can assist with maintaining benefits and income.

- c) Individuals who are unsheltered who are veterans shall have the opportunity to be referred to Veterans Affairs and/or other veteran-serving organizations if the individual so chooses and the individual is eligible.
- d) Some individuals who are unsheltered use alcohol and/or other drugs. Street outreach workers shall refer and connect individuals who are unsheltered to harm reduction resources when the individual is interested.
- e) Securing identification is most often necessary for securing housing. As such, street outreach workers shall refer to appropriate entities to help them secure identification.

#### **10) The Interface with Coordinated Entry**

- a) Street outreach workers shall ensure persons who are unsheltered are added to the community's By Name List if they are not already included on the list.
- b) The street outreach workers shall complete all necessary documentation to refer a person who is unsheltered to Coordinated Entry if they are not already included on the By Name List.
- c) When a person who is unsheltered has been identified as a match for a vacancy through Coordinated Entry, street outreach workers shall assist in locating the individual and organizing and arranging transportation and connection to the housing opportunity.
- d) Street outreach workers shall follow policies outlined in the Coordinated Entry Written Standards from WVCEH.

#### **11) Maintaining a Housing Focus**

- a) Street outreach engagement and support are anchored in the objective of helping the person who is unsheltered move from being unhoused to housed. A range of housing options, from institutional care to family reunification, roommates to independent living, should be discussed, offered, and operationalized as appropriate.
- b) Street outreach workers shall be knowledgeable of the housing process within and outside of Coordinated Entry. When housing options are explored independent of Coordinated Entry, the street outreach workers are required to directly support the person who is unsheltered in accessing housing) When a person who is unsheltered does not desire or is ambivalent about housing, the street outreach workers shall respectfully be persistent and use all available skills like Motivational Interviewing and Assertive Engagement to support and assist the individual in considering housing.
- c) Street outreach workers shall not coerce, force, bribe, trick, or bargain with person who is unsheltered to accept housing.
- d) Once a person moves into housing and is no longer unsheltered, street outreach workers may follow-up, engage, and support the person in transferring to other necessary supports.

## **12) Coverage & Overlap**

- a) Street outreach workers shall coordinate throughout the CoC to ensure all areas are receiving outreach.
- b) When more than one street outreach team serves overlapping geographic areas, every effort should be made to coordinate outreach to reduce duplication of services through participating in CoC Provider Meetings.

## **13) Provision of Information**

- a) Street outreach workers are responsible for maintaining current knowledge of available resources to person who is unsheltered within their specific coverage area, and across West Virginia more generally.
- b) Street outreach teams shall provide information on available resources in writing if requested by the person who is unsheltered.
- c) Street outreach workers shall inform the person who is unsheltered of the Coordinated Entry process when relevant for ongoing knowledge of community resources and hours of services.

## **14) Confidentiality**

- a) Street outreach workers shall confidentially maintain the identity of all person who is unsheltered through their professional efforts unless there is explicit consent to share that information with others.
- b) Electronic records of information shall be password protected to decrease the potential of a privacy breach.
- c) Street outreach workers that make physical notes on paper related to their street outreach efforts shall ensure the papers remain confidential during and after work hours.
- d) Information about a person who is unsheltered including, but not limited to, name, date of birth, Social Security Number, location, presenting issue(s), referrals, and action steps, shall not be divulged to any third party unless there is explicit consent to do so or a legal mandate to report.

## **15) Record Keeping**

- a) Street outreach workers are responsible for meeting or exceeding their employer's requirements for record-keeping, as well as all record-keeping requirements identified in their funding contract.
- b) Person who is unsheltered receiving street outreach workers may request information regarding how to access information that is stored and used regarding outreach services. If the request is made, street outreach workers shall inform the person who is unsheltered

which information is part of the record of an engagement and service, how that information is stored and protected, and how to access or amend that information in the future if they so desire.

#### **16) Case Coordination**

- a) When appropriate consents are in place, a street outreach workers or team may organize a case coordination meeting to improve engagement, services, or follow-through with any particular person who is unsheltered.
- b) Whenever possible, the person who is unsheltered that is being referenced in the case coordination shall be invited to attend and participate in the case coordination.

#### **17) Warm Handoffs**

- a) Whenever the street outreach workers are referring a person who is unsheltered to another worker, all reasonable efforts shall be made to ensure that there is a complete and transparent sharing of information. .

#### **18) Grievances, Retaliation, Whistleblower Policies**

- a) All organizations delivering street outreach services shall have grievance, retaliation, and whistleblower policies and accompanying procedures for investigating, and when appropriate, acting on them.
- b) Once a person who is unsheltered has provided consent to receive street outreach services, they shall be made aware of the policies.

#### **19) Encountering an Individual who is Unsheltered in Distress**

- a) In rare instances, street outreach workers will encounter a person who is unsheltered in physical, emotional, or mental distress. Efforts will be made to engage the person who is unsheltered and address their distress.

#### **20) Encountering an Individual Who Is Deceased**

- a) In very rare instances, street outreach workers will encounter a person who is unsheltered who has died. Call 911.

#### **21) Encountering an Individual who is Unsheltered During Non-Work Hours**

- a) From time to time, street outreach workers may encounter person who is unsheltered that they know during non-work hours. During those instances, the off-duty street outreach

workers is not to acknowledge the person who is unsheltered unless the person who is unsheltered initiates acknowledgment first.

b) In the event the off-duty street outreach workers is with others during the time of acknowledgment with the person who is unsheltered, no information about the person's name, circumstances, services, or care shall be shared with the others.

c) Street outreach workers shall never post details regarding individuals, locations, or content of the work on social media. Workers shall not divulge details to a third party that is not professionally involved in the provision of services to persons who are homeless without consent.

## **22) Participation in Collaboration and Meetings**

a) Street outreach workers shall make their knowledge and skill available to assist with Point In-Time counts and NPCoC Provider Meetings.

b) Street outreach workers are expected to participate in meetings, gatherings, and training when applicable.

c) Street outreach workers are expected to work with law enforcement conducting outreach activities when appropriate, so long as those activities are not related to enforcement.

d) Street outreach workers are expected to work with non-profit homeless service providers and members of the interfaith community.

e) Street outreach workers are expected to work with members of the broader community, including neighborhood businesses and residents.

f) Street outreach workers are expected to work with Emergency Medical Services providers and the fire department.

## **23) Monitoring**

a) Every HUD street outreach program should demonstrate compliance with Monitoring and Compliance Written Standards of the NPCoC.

## **24) Amending Street Outreach Standards**

a) These street outreach standards for NPCoC shall be formally reviewed at least once every three years. NPCoC Written Standards Committee, as determined, shall lead this process. Amendments may occur at that time or when necessary.

b) An ESG or HUD funded street outreach provider may formally request an amendment to the street outreach standards in the intervening period. These requests are to be made by the chair of the NPCoC Board. The standard to be amended or deleted, or a standard to be added, shall be identified in writing, along with a rationale for making the amendment. The NPCoC Board will undertake an internal review of all such requests.

Correspondence on the request shall occur within 30 days of the request being made. If the amendment, subtraction, or addition to the standards are made, the NPCoC Board will establish an “enforce” date which may be different than the time frame associated with the correspondence.

### **Key Terms and Frequently Used Acronyms for Street Outreach**

#### **Homeless Categories:**

- **Literally Homeless (HUD Homeless Definition Category 1)** – An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  1. An individual or family with a primary night time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
  2. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); **or**
  3. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (24 CFR 578.3)
- **Imminently at Risk of Homelessness (HUD Homeless Definition Category 2)** – An individual or family who will imminently lose their primary nighttime residence, provided that:
  1. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
  2. No subsequent residence has been identified; **and**
  3. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing (24 CFR 578.3)
- **Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)** - Any individual or family who:
  1. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life- threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has

- made the individual or family afraid to return to their primary nighttime residence;
2. Has no other residence; **and**
  3. Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing (24 CFR 578.3)

**Access** – The engagement point for persons experiencing a housing crisis. Also refers to how a person enters the Coordinated Entry System (CES).

**Assessment** – Progressive gathering of information at various phases in the coordinated entry process, for different purposes, by standardized, trained assessors.

**Balance of State (BoS)** – Geographical areas throughout a state that are not covered by other continuums.

**Chronically Homeless – An individual who:**

1. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter;
2. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions totaling 12 months or more in the last 3 years; **and**
3. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria (**listed above**) of this definition [as described in 24 CFR Parts 91 & 578 of the CoC Final Rule], before entering that facility;

A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria (**listed above**) of this definition [as described in 24 CFR Parts 91 & 578 of the CoC Final Rule], including a family whose composition has fluctuated while the head of household has been homeless.

**Community Development Block Grant (CDBG)** – A program funded by the U.S. Department of Housing and Urban Development (HUD) given to states to be distributed through a need-based formula to local governments, in order to develop sustainable satisfactory communities by providing decent housing, a suitable living environment, and expanded economic opportunities (principally for persons of low to moderate income).

**Community Services Block Grant (CSBG)** – A federal anti-poverty program administered by the Community Advancement and Development office. The purpose in West Virginia is to aid a network of 16 Community Action Agencies (CAAs) and other statewide organizations in the reduction of poverty, revitalization of low-income communities, and to provide economic opportunities for low-income families.

**Continuum of Care (CoC)** – A regional or local planning body that coordinates housing and services funding for homeless families and individuals. A CoC is designed to promote community wide 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 individuals and families experiencing homelessness.

**CoC Lead Agency** – Agency that is designated to carry out the activities of the CoC or grant including fiscal and compliance activities. Regular administrative tasks may include, but are not limited to: management of the annual HUD application, coordination of other funding opportunities, project and system monitoring, meeting management, etc.

**Cooperative Agreements to Benefit Homeless Individuals (CABHI)** – A program funded by SAMSHA to help people with behavioral health issues find housing and supportive services.

**Coordinated Entry System (CES)** – CES is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

<https://files.hudexchange.info/resources/documents/Coordinated-Entry-and-HMIS-FAQs.pdf>

**Crisis Response System** – All of the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless.

**Department of Housing and Urban Development (HUD)** – The Federal Agency that oversees the CoC and ESG Programs.

**Diversion** – A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.

**Emergency Services** – Services typically accessed by a person experiencing a housing crisis, they include, but are not limited to, homelessness prevention assistance, domestic violence and emergency services hotlines, drop-in service programs, domestic violence shelters, emergency shelters and motel voucher programs, and other short- term crisis residential programs.

**Emergency Shelter (ES)** – A place for people to live temporarily when they cannot live in their previous residence. This includes programs that provide motel vouchers to persons experiencing homelessness. Emergency shelters assist persons experiencing homelessness in regaining permanent housing.

*Version 2.0 – October 2023 21*

**Emergency Solutions Grant (ESG)** – A Federal grant program that funds street outreach, homelessness prevention, emergency shelter, and rapid re-housing activities.

**Encampment** - According to HUD there is no standard definition of encampment. Although there are several common elements that localities use when defining the term.

- A group of people sleeping outside in the same location for a sustained period.
- The presence of some type of physical structures (e.g., tents, tarps, lean-tos).
- The presence of personal belongings (e.g., coolers, bicycles, mattresses, clothes).
- The existence of social support or a sense of community for residents

<https://www.huduser.gov/portal/sites/default/files/pdf/Unsheltered-Homelessness-and-Homeless-Encampments.pdf>

**Grant and Per Diem (GPD)** – A program funded annually by the Department of Veterans Affairs Health Care for Homeless Veterans (HCHV) Program to fund community agencies providing Transitional Housing and Supportive Services to homeless Veterans.

**Health Care for Homeless Veterans (HCHV)** – A program funded by the Department of Veterans Affairs to contract with providers in the community to provide Emergency Shelter to Veterans in coordination with outreach to connect the Veteran to VA care, housing, and other services.

**Homeless Management Information System (HMIS)** – A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. The information system designated by the Continuum of Care must comply with the HMIS requirements prescribed by HUD. The HMIS used in West Virginia Statewide HMIS Implementation, which includes all four CoCs, is ServicePoint.

**Homeless System** – All of the services and housing available to persons who are literally homeless.

**Housing Opportunities for Persons with Aids (HOPWA)** – Federal grant program fund by the Department of Housing and Urban Development (HUD) as part of the Community Development Block Grant. HOPWA was established to help those with low-income, living with HIV/AIDS, and their families establish and/or maintain stable housing, reduce risk of homelessness, and improve access to health care and other needed support services.

**By Name List (BNL)** – A guide, or multiple guides by population group, of persons who are experiencing homelessness in the CoC and imminently “house-able”. This list is created and

managed within HMIS. The Coordinated Entry workers will oversee the housing guide along with a larger list of those who are engaged in services, but may still need additional information prior to connecting with appropriate housing intervention. Street Outreach workers will be linked to Coordinated Entry to assist with those who are not yet engaged and maintain engagement with those who are on the list. This takes place through the NPCoC Provider Meeting.

**Household** – Covers any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles, couples or multiple adults; with or without children).

**HMIS Lead** – The entity designated by the Continuum of Care to operate the Continuum’s HMIS on its behalf. The WV Coalition to End Homelessness is the HMIS Lead for the BoS CoC.

**Housing Interventions** – Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers).

**HUD/VASH** – Provides Permanent Supportive Housing (PSH) with a HUD subsidy coupled with Veteran’s Administration clinical case management for Veterans Health Administration eligible homeless Veterans who are single and Veterans with families. The program is developed for the homeless Veteran, so eligible Veteran families must include the Veteran.

**In-Reach:** A project type that meets people experiencing homelessness in a service setting and provides supportive services, advocacy, and access to housing options.

**Non-HMIS List** – A Housing Prioritization List that uses anonymous, unique identifiers in order to accommodate domestic violence survivors and other households that do not consent to sharing their information in HMIS.

**No Wrong Door** – An approach to Coordinated Entry that ensures people experiencing homelessness can access services regardless of how they enter the Coordinated Entry System. If a population shows up at the wrong place, there must be a process for getting them linked to the right place

**Non-funded providers** –Organizations providing assistance to homeless or at-risk individuals and families that do not receive HUD Homelessness Assistance or funding through another federal partner.

**Personally Identifiable Information (PII)** – Any information about an individual, maintained by an agency, which can be used to distinguish, trace, or identify an individual’s identity, including personal information which is linked or linkable to an individual.

**Prevention Services** – Financial assistance and supportive services designed to prevent homelessness for an otherwise housed household.

**Prioritization** – Ensures that those persons with the greatest need and vulnerability receive the supports they need to resolve their housing crisis.

**Program Standards** – A set of expectations developed by program funders/grant recipients across the state for each project type, based on HUD guidance and best practices, that the CoC funded agencies, and other agencies funded through federal partners, are required to follow.

**Project** – Housing and/or supportive services intended to help people exit homelessness and sustain housing.

**Provider** – Organizations that serve program participants in projects funded by the CoC Program, ESG Program grants, and other federal partners (e.g. VA, SAMSHA, etc.). This includes grant recipients and sub-recipients.

**Rapid Re-Housing (RRH)** – A housing intervention designed to help individuals and families quickly exit homelessness and return to permanent housing. RRH assistance is offered without preconditions and the resources and services provided are tailored to the unique needs of the household.

**Permanent Supportive Housing (PSH)** – A housing intervention that combines housing assistance with voluntary support services to address the needs of chronically homeless people. PSH assistance is offered without preconditions and the resources and services provided are longer-term and more intensive than RRH, while still tailoring to the unique needs of the household.

**Point in Time Count (PIT)**- The PIT count is a count of sheltered and unsheltered people experiencing homelessness that HUD requires each CoC nationwide to conduct in the last 10 days of January each year.

**Projects for Assistance in Transition from Homelessness (PATH)** – A project funded by SAMHSA to provide street outreach and other supportive services for people with serious mental illness (SMI) experiencing homelessness.

**Safety Plan** – Outlines the process for connecting individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, violence but who are seeking shelter or services from non-victim service providers to appropriate emergency services.

**State Opioid Response Grant (SOR)** - The purpose of this program is to address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.

**SSI/SSDI Outreach, Access, and Recovery (SOAR)** – Initiative to train case managers on how to prepare a Social Security disability benefits application and properly document behavioral

health issues to increase access to benefits for those with behavioral health issues experiencing or at risk of homelessness.

**Street Outreach** – A project type that meets people experiencing homelessness where they live and provides supportive services, advocacy, and access to emergency services and housing options.

**Substance Abuse and Mental Health Services Administration (SAMHSA)** – The Federal Agency that oversees the PATH and CABHI Programs, in addition to the SOAR initiative.

**Supportive Services for Veteran Families (SSVF)** – A federal program by the U.S. Department of Veterans Affairs that awards grants to private non-profit organizations and consumer cooperatives who can provide supportive services to very low-income Veteran families at-risk or experiencing homelessness.

**Transitional Housing (TH)** – A time-limited housing intervention that combines housing assistance with support services to address the needs of people experiencing homelessness. TH is an expensive intervention and is not effective if operating on the premises of “housing readiness”. TH can be effective if utilized for specific populations or as triage when other housing options are not available.

**VI-SPDAT, VI-F-SPDAT, TAY-VI-SPDAT** – Vulnerability Index-Service Prioritization Decision Assistance Tool; Vulnerability Index-Service Prioritization Decision Assistance Tool for Families; and Transition-Age Youth Vulnerability Index-Service Prioritization Decision Assistance Tool are the standardized assessment tools used in the Coordinated Entry System. The VI-SPDAT series is a set of triage tools that are designed to be used by all providers within the Coordinated Entry System to quickly assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available.

**Volunteers of America Mid-states (VOAMID)** – Organization that operates the SSVF Program in the southwestern part of the state.

**WV Bureau for Behavioral Health (WVBBH)** – The recipient of PATH and SOR funding from SAMHSA that is administered to agencies across West Virginia.

**WV Coalition to End Homelessness (WVCEH)** – The organization that acts as the state advocacy body for issues of homelessness in West Virginia. WVCEH is the CoC Lead/Collaborative Applicant and HMIS Lead for the NPCoC, the SOAR State Lead, and a direct service provider of street outreach, housing location and stabilization services throughout the 44-county catchment area.

**WV Community Advancement and Development Office (WVCAD)** – The recipient of ESG funds from HUD and the administrator of several other state and federal programs designed to improve the quality of life in West Virginia (e.g., HOPWA, CDBG, CSBG, Weatherization Assistance Program, etc.).

**WV Community Action Partnerships, Inc. (WVCAP)** – A statewide membership organization for

the 16 Community Action Agencies in West Virginia that operates the SSVF Program statewide in West Virginia.

**WV Department of Health and Human Resources (WVDHHR)** - DHHR is comprised of the Bureau for Behavioral Health; Bureau for Child Support Enforcement; Bureau for Children and

Families; Bureau for Medical Services; Bureau for Public Health; Office of Inspector General; and West Virginia Children's Health Insurance Program (WV CHIP). DHHR provides services in all 55 counties through a dedicated workers of nearly 6,000 individuals.

### Referrals

Victim Advocate Prosecutor's Office 304-234-3631

Sexual Assault Help Center 304.234.1783

STEP of YWCA (Survivors of Trafficking) 304.232.0511

Wheeling PD Victim Advocate 304.234.3600

YWCA Family Violence Prevention 304.232.2748

WV Child and Adult Abuse Hotline 1.800.352.6513

Suicide and Crisis Line 988

Information and Referral 211

Complete resource guide can be found at:

Ohio County [www.ocfrn.com](http://www.ocfrn.com)

Brooke/Hancock County <https://www.brookehancockfrn.org/community-resource-manual/>

Marshall County: <https://marshallcountyfrn.com/resources/>

Wetzel County: <https://wcccfwv.org/family-resource-network/>

Adopted 11/2024