Center for Business and Economic Research

An Assessment of Housing Needs for West Virginia Veterans – 2019

Final Report

October 31, 2019

Prepared for the West Virginia Department of Veterans Assistance

An Assessment of Housing Needs for West Virginia Veterans – 2019

Diana Long, Ed.D.

Director of Workforce Development and Education

Justin Matthews

Senior Research Associate

Kent Sowards

Public Policy Fellow

Prepared for:

West Virginia Department of Veterans Assistance

Table of Contents

An Assessment of Housing Needs for West Virginia Veterans – 2019 1
Background and Motivation 4
Project Description 4
Methodology 4
Literature Review 5
Evaluation in the Literature 5
Implications from the Literature 6
Estimates of Demographics and Housing Characteristics for West Virginia Veterans 7
West Virginia Veteran Demographics 7
Table 1. Veteran Population Breakdown - West Virginia and the United States, 2017 7
Table 2. Veteran Population Projections - West Virginia, 2015-2045 8
Figure 1. West Virginia Veteran Population, 2018 8
West Virginia Veteran Program Participation 9
Table 3. West Virginia Summary of Beneficiaries, FY 2017 9
Table 4. Compensation and Pension Benefits Recipient Profile - West Virginia, FY2017 9
Figure 2. WV Veterans Receiving Compensation Benefits by Age Group, FY2017 9
West Virginia Veteran Employment and Labor Force Participation 10
Table 5. Employment and Labor Force Participation by Veteran Status, 2013-2017 10
Figure 3. Unemployment Rate by Veteran Status, 2013-2017 10
Income, Poverty and Disability 11
Table 6. Median Income by Veteran Status and Gender – West Virginia and Surrounding States, 2017 11
Figure 4. Veteran Median Income, 2017 11
Table 7. Veteran Poverty and Disability - West Virginia and Surrounding States, 2017 12
Figure 5. Veteran Poverty Rate – West Virginia and Surrounding States, 2017 12
Figure 6. Veteran Disability Rate – West Virginia and Surrounding States, 2017 13
Table 8. Veteran Service-Connected Disabilities, West Virginia and Surrounding States 13
Table 9. Veteran Service-Connected Disability Ratings, ... 14
West Virginia and Surrounding States 14
Table 10. Service-Connected Disability Ratings, West Virginia Counties 14
Educational Attainment 15
Table 11. Veteran Educational Attainment - West Virginia and Surrounding States, 2017 15
Figure 7. Veteran Educational Attainment – Percent Bachelor's Degree or Higher, 2017 15
Table 12. VA Home Loans, West Virginia and the U.S. 2015-2018 16
Figure 8. VA Home Loans, West Virginia, 2015-2018 16

Table 13. VA Home Loans, West Virginia, 2015-2018 17
Table 14. VA Home Loans, West Virginia and Surrounding States, 2018 17
Group Quarters Populations 18
Table 15. Group Quarter Population - West Virginia and Surrounding States 18
Table 16. Veteran Group Quarter Population Breakdown 19
Notes on National Veteran Program Participation 19
West Virginia Veteran Homelessness 20
Figure 9. Estimates of Homeless Veterans by State, 2018 20
Table 17. Homeless Veterans, Point-in-Time (PIT) Count - 2014-2018 21
Figure 10. Total Homeless Veterans, Point-in-Time (PIT) Count - 2014-2018 21
Figure 11. Sheltered Homeless Veterans, Point-in-Time (PIT) Count - 2014-2018 22
Figure 12. Total Unsheltered Homeless Veterans, Point-in-Time (PIT) Count - 2014-2018 22
Table 18. Total Homeless Veterans, PIT Count, West Virginia and Surrounding States 23
Table 19. Unsheltered Homeless Veterans, PIT Count, West Virginia & Surrounding States 23
Table 20. Total Homeless Veterans, PIT Count, WV Continuum of Care - 2014-2018 24
Table 21. Sheltered Homeless Veterans, PIT Count, WV Continuum of Care - 2014-2018 24
Table 22. Unsheltered Homeless Veterans, PIT Count, WV Continuum of Care - 2014-2018 24
An Analysis of Capacity 26
Federal Programs 26
Table 23. Supportive Services for Veteran Families (SSVF) Provider List FY2020 28
WV Department of Veterans Assistance Facilities 29
Estimates of Bed Capacity 30
Table 24. Total Housing Inventory Count, West Virginia and Surrounding States 2017-18 30
Table 25. Housing Inventory Count by Type, West Virginia & Surrounding States 2018 31
Table 26. Permanent Housing by Type, West Virginia and Surrounding States 2018 32
Table 27. Total Housing Inventory Count by Type, WV Continuum of Care - 2014-2018 32
Estimates of Utilization 33
Table 28. Annual Veteran Housing Placements by West Virginia CoC 33
Table 29. HUD-VASH Voucher Tracking, West Virginia 33
Table 30. Housing Inventory Bed Utilization, by Housing Type, 2012-2016 34
Stakeholder Interviews 34
Summary of Stakeholder Responses 35
Summary of Findings 42
Recommendations for Future Analysis 46
Citations 47
Supplemental Appendices 49

Background and Motivation

The West Virginia Department of Veterans Assistance, responding to requirements set forth in West Virginia House Bill 2926 passed during the 2019 Regular Session of the West Virginia Legislature, sought research and analytic assistance from the Center for Business and Economic Research (CBER) at Marshall University. West Virginia State Code[1] calls for the Secretary of the Department of Veterans' Affairs to study three primary topics including 1) the need for additional veterans' homes; 2) general housing needs for veterans; and 3) other veteran needs relating to housing. Further, HB 2926 required that "the secretary shall submit its study to the Joint Committee on Health and the Joint Committee on Government and Finance regarding the housing needs of veterans, including draft legislation addressing those needs, where the need is greatest and the need for additional veterans homes".[2] This report is submitted to the Department of Veterans Assistance in partial fulfillment of that task.

Project Description

This report seeks to provide Veterans with an assessment of the housing needs for West Virginia veterans using publicly available federal and state-level data sources. A series of targeted stakeholder interviews is used to help understand observations in the data and to better frame current and emerging issues related to housing needs for veterans in the state.

Methodology

To assist with the analysis and later stakeholder interviews, CBER conducted a thorough literature review of scholarly articles and related publications to identify major themes. CBER worked directly with staff from Veterans (or others as appropriate) to review data needs and to develop a list of publicly available sources, supplementing existing data with secondary sources where necessary. Using that information, CBER developed a structured interview format and target list, in consultation with Veterans, for deployment.

CBER reviewed data from publicly available sources as well supplementary, secondary sources where necessary.

[1] §9A-2-1. State homes for veterans.
[2] Enrolled HB 2926.

Literature Review

A great deal of attention has been paid to the issues of housing and homelessness, that of Veterans in particular. Concerns over the affordability of housing for returning servicemen is apparent at least as early as the post-Civil War era where the public provision for Civil War Veterans was openly defined to counter what was often described as a 'demeaning provision' of charity for paupers (Skocpol, 1992; Cetina, 1977). In the post-WWII era, this attention continued in the form of the introduction and expansion of home loan benefits granted under the World War II and Korean War GI Bills (Fetter, 2011).

Veteran homelessness has been a focus of research for over 3 decades (Tsai and Rosenheck, 2015). Despite this focus, homelessness and the consequences that accompany it (including mental health, physical health and drug use) continue to be problems regionally and nationally (Washington, et al., 2010).

Evaluation in the Literature

Homeless Veterans initially came to the country's attention in the 1970s and 1980s, when homelessness generally was becoming a more prevalent and noticeable phenomenon (Perl, 2015). The wars in Iraq and Afghanistan brought renewed attention to the needs of Veterans, including those of homeless Veterans.

Veterans are overrepresented among the homeless in the United States and are at greater risk than non-veterans of becoming homeless (Tessler, Rosenheck, and Gamache, 2002; Robertson, 1987). Research associating Veteran status with higher risk for homelessness is widespread in the literature and suggests that services (particularly housing and health services) for an aging homeless population will grow in scope and cost (Fargo, et al., 2012).

Homelessness is regularly associated with chronic health conditions, either preceding homelessness or where homelessness complicates treatment (Fargo, et al., 2012). The predisposition to chronic disease and disability for homeless people increases as they age given their lack of housing and stable care. Homeless Veterans will likely disproportionately contribute to the increased demand for long-term care through the Veterans Administration (VA) and related institutions (Kinosian, et al., 2007; Wolitski, et al., 2007).

In addition to the complex set of factors influencing all homelessness, many displaced and at-risk Veterans face staggering effects from post-traumatic stress disorder (PTSD) and substance abuse (Wenzel, 1993). Looking at a panel of Veteran homelessness studies, Tsai and Rosenheck (2015) concluded that the "strongest and most consistent risk factors were substance use disorders and mental illness" followed by income-related factors (p. 13-14). Compounding matters, the changing needs for health and housing support services of an aging homeless population is just becoming better understood and those with the most fragile ties to stability will likely face pressing challenges (Malphurs and Striano, 2001).

The relationship between Veteran homelessness and incarceration is also well documented in the literature (Greenberg and Rosenheck, 2008; Kushel, et al., 2005; Metraux and Culhane, 2004; Metraux, Roman, and Cho, 2007; Roman and Travis, 2004; Tsai and Rosenheck, 2013), suggesting a bidirectional association between these two phenomena where "both homelessness and incarceration share risk factors and each increases the risk of the other" (Cusack and Montgomery, 2017, p. 250).

Estimates suggests that women Veterans are three to four times more likely than non-veteran women to become homeless (Gamache, Rosenheck, and Tessler, 2003) and many of the available programs cannot accommodate or are not structured to address the privacy and other gender-specific concerns of women, particularly those with children or trauma histories (Washington, et al., 2010). Among women, the youngest age groups were at highest risk for homelessness and in general, the period of highest vulnerability for homelessness is when they are heads of household for families with young children (Culhane and Metraux, 1999).

Ensuring that Veterans receive the appropriate supportive services, for which they are entitled, is yet another concern. Byrne et al., examining VA services use among veterans accessing healthcare through the VA, found that 41% of homeless Veterans from a community sample did not access any VA homeless service (Byrne, Montgomery, Treglia, Roberts, & Culhane, 2013). The low reported uptake of VA homeless services suggests there are barriers to care, especially for Veterans who live in rural areas (Tsai et al., 2016). This may be complicated by the fact that younger populations and those not witnessing combat appear less likely to self-identify or be classified as Veterans (Metraux, et al., 2014; Treglia, 2016).

Implications from the Literature

The literature suggests that a multitude of factors are associated with homelessness among veteran populations. Among these, scholars repeatedly identify contributions from low income and poverty, unemployment, drug abuse, incarceration, mental health, age, disability status and gender. Building upon this evidence, we next attempt to analyze available data related to West Virginia Veterans and homelessness to better frame discussions related to capacity. Findings from the literature also frame topics of discussion for the targeted interviews with stakeholders.

Estimates of Demographics and Housing Characteristics for West Virginia Veterans

Understanding demographic data related to veterans helps create a suitable frame for the discussion of housing needs and homelessness in the state. A brief review of population distribution, projections, employment and income are presented in the text below. An examination of characteristics related to veteran homelessness follows.

West Virginia Veteran Demographics

As of 2017, West Virginia ranks 36th in the nation with a veteran population of nearly 143,000 - slightly more than ten percent of the population 18 and over. While percentages of female Veterans and military retirees in West Virginia lag national figures, the percentage of West Virginia Veterans aged 65 and over is higher than for that of the nation. **Table 1** provides a comparison of Veteran characteristics between West Virginia and the United States.

Table 1. Veteran Population Breakdown - West Virginia and the United States, 2017

	West Virginia	United States
Number of Veterans	142,694	19,998,799
Percent of Adult Population that are Veterans	10.22%	6.60%
Number of Women Veterans	10,218	1,882,848
Percent of Women Veterans	7.16%	9.41%
Number of Military Retirees	11,033	2,156,647
Percent of Veterans that are Military Retirees	7.73%	10.78%
Number of Veterans Age 65 and Over	72,607	9,410,179
Percent of Veterans Age 65 and Over	50.88%	47.05%

Source: National Center for Veterans Analysis and Statistics

The West Virginia Veteran population is projected to decline by nearly two percent annually from FY 2015 to FY 2045, only slightly faster than the national estimate.[3] This decline roughly mirrors the projection of WV population declines over the same period. 53 of the 55 WV counties are expected to see declines in Veteran population over the projection period. Only Berkeley and Pendleton counties are expected to have increases in Veteran populations. Despite these declines, the distribution of Veterans by age group is roughly stable.

Table 2 provides a breakdown of Veteran population projections by age group and gender. While the total Veteran population in West Virginia declines over the 2015-2045 projection period, certain demographic subsets are expected to hold steady or increase. Projections of the Veteran age group for those 85+ is anticipated to see a moderate increase in 2035, with that figure subsiding close to current numbers by 2045. Further, the percentage of the population Age 65 and over remain relatively constant over the projection period at roughly half of the total.

[3] National Center for Veterans Analysis and Statistics, Veteran Population Projections 2016.

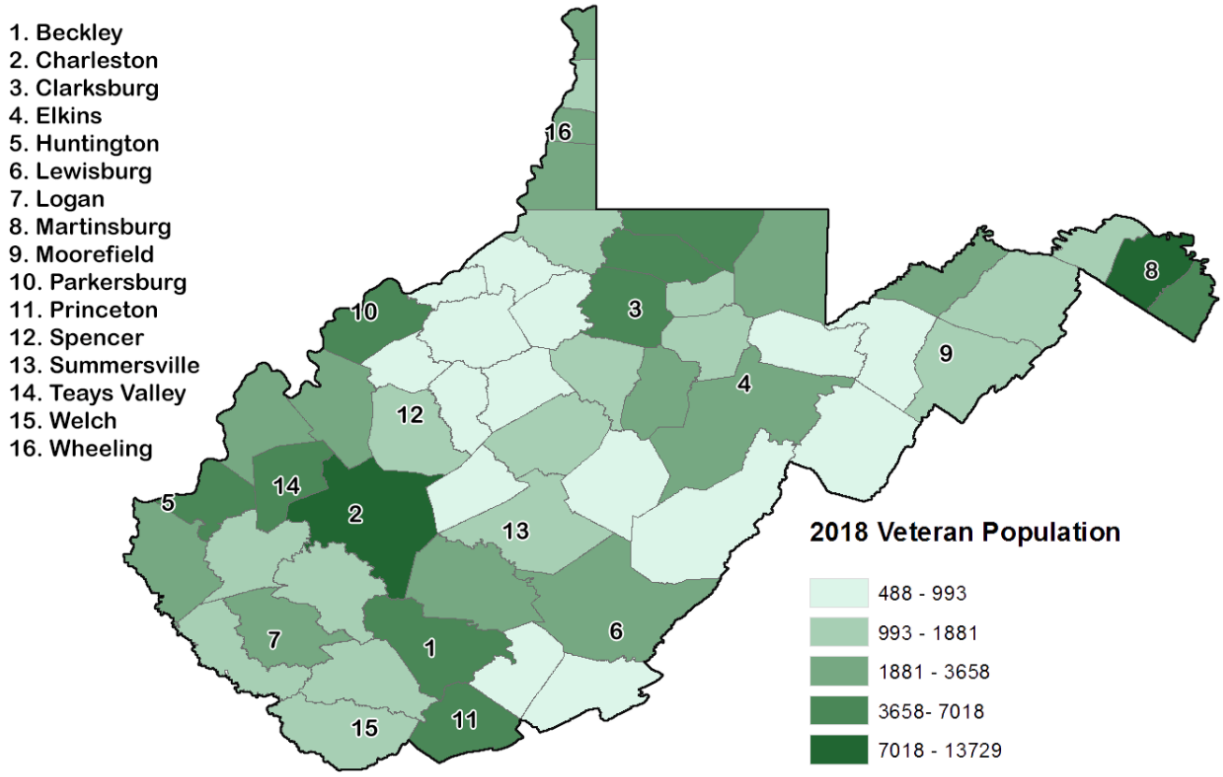
Table 2. Veteran Population Projections - West Virginia, 2015-2045[4]

Group	2015	2025	2035	2045
Age 17-44	27,000	22,000	17,000	16,000
Age 45-64	47,000	38,000	32,000	26,000
Age 65-84	62,000	51,000	36,000	30,000
Age 85+	11,000	11,000	14,000	10,000
Total	147,000	121,000	98,000	81,000
Gender	**2015**	**2025**	**2035**	**2045**
Male	138,000	110,000	86,000	68,000
Female	10,000	11,000	12,000	13,000

Source: National Center for Veterans Analysis and Statistics, Veteran Population Projections 2016

Figure 1 presents West Virginia Veterans by county of residence for 2018. This ranges from a low of 5.7% in Monongalia County to a high of 12.5% in Taylor County. VA field offices are provided as a means of comparing estimates of population and service provision.

Figure 1. West Virginia Veteran Population, 2018



Source: VA Predictive Analytics and Actuary Service, estimated 9/30/2018. Field offices denoted by location.

[4] Numbers reported to nearest thousand, totals may not sum due to rounding.

West Virginia Veteran Program Participation

Of the more than 142,000 Veterans living in WV in FY2017, more than 79,000 were enrolled in the VA Healthcare System, roughly 35,000 were receiving compensation benefits and more than 21,000 were education beneficiaries. Most of the Veterans receiving compensation and pension benefits were between the ages 65 through 74 (see **Figure 2**). See **Table 3** and **Table 4** for additional information.

Table 3. West Virginia Summary of Beneficiaries, FY 2017

VA Healthcare and Benefits (as of 9/30/2017)	West Virginia	United States
Number of Veterans Receiving Disability Compensation	35,226	4,552,819
Number of Veterans Receiving Pension	2,399	276,570
Number of Dependency & Indemnity Comp Beneficiaries	3,803	411,390
Number of Education Beneficiaries	21,459	987,577
Number of Enrollees in VA Healthcare System	79,183	9,116,200
Number of Unique Patients Treated	57,614	6,035,183

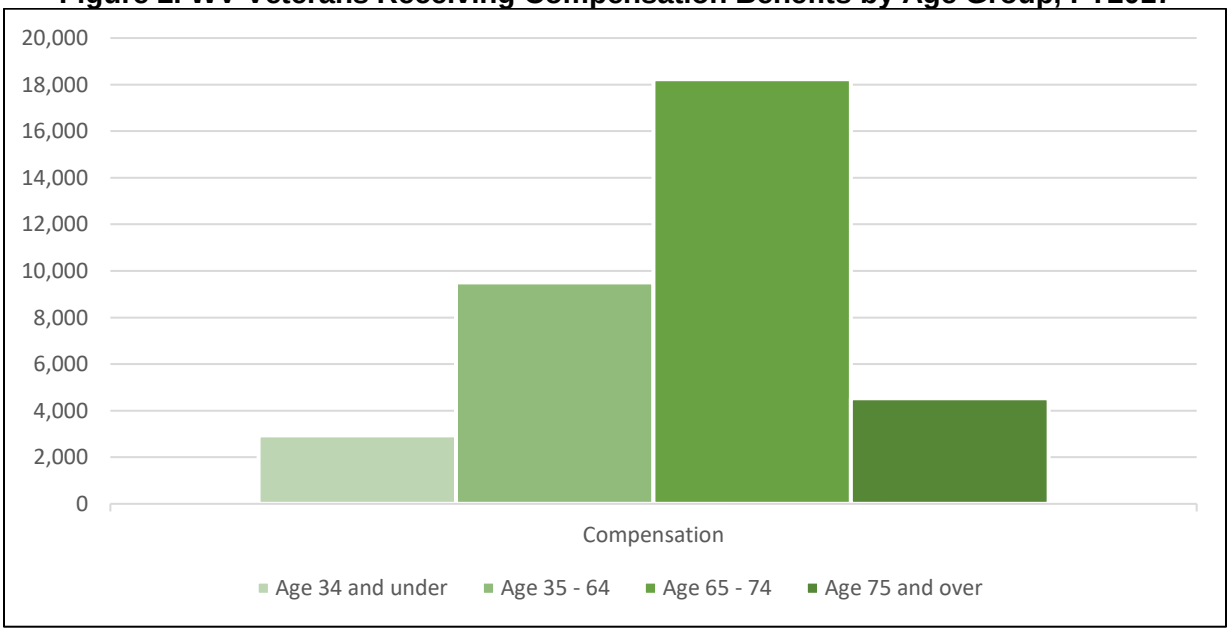
Source: National Center for Veterans Analysis and Statistics, State Summaries FY2017.

Table 4. Compensation and Pension Benefits Recipient Profile - West Virginia, FY2017

	Total Veterans	Age 34 and under	Age 35 - 64	Age 65 - 74	Age 75 and over
Compensation	35,226	2,934	9,509	18,237	4,538
Pension	2,399	6	709	1,060	624

Source: Veterans Benefit Administration, Annual Benefits Report, Fiscal Year 2017. Available at: https://www.benefits.va.gov/REPORTS/abr/docs/2017_abr.pdf.

Figure 2. WV Veterans Receiving Compensation Benefits by Age Group, FY2017



Source: Veterans Benefit Administration, Annual Benefits Report, Fiscal Year 2017. Available at: https://www.benefits.va.gov/REPORTS/abr/docs/2017_abr.pdf.

West Virginia Veteran Employment and Labor Force Participation

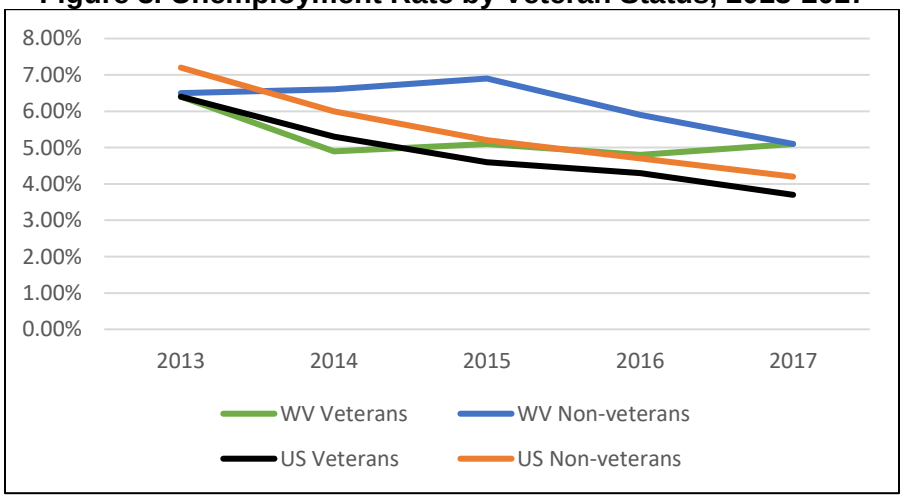
The U.S. Bureau of Labor Statistics[5] report that Veteran employment declined over the 2013-2017 period in both West Virginia and the nation, while non-veteran employment increased. Unemployment rates for Veterans and non-veterans alike produce a downward trend. However, unemployment and labor force participation rates in West Virginia, lag those for the U.S., particularly among Veteran populations. See **Table 5** and **Figure 3** for more detail.

Table 5. Employment and Labor Force Participation by Veteran Status, 2013-2017

West Virginia	Employment (in 000s)		Unemployment Rate		Labor Force Participation Rate	
Year	**Veterans**	**Non-veterans**	**Veterans**	**Non-veterans**	**Veterans**	**Non-veterans**
2013	72	675	6.4%	6.5%	46.3%	56.4%
2014	64	676	4.9%	6.6%	43.1%	55.9%
2015	60	670	5.1%	6.9%	41.9%	55.6%
2016	62	674	4.8%	5.9%	42.9%	55.9%
2017	61	711	5.1%	5.1%	44.2%	56.0%
United States	**Employment (in 000s)**		**Unemployment Rate**		**Labor Force Participation Rate**	
Year	**Veterans**	**Non-veterans**	**Veterans**	**Non-veterans**	**Veterans**	**Non-veterans**
2013	10,253	132,189	6.4%	7.2%	49.0%	66.1%
2014	10,171	134,589	5.3%	6.0%	50.6%	65.7%
2015	10,263	136,947	4.6%	5.2%	50.7%	65.4%
2016	10,129	139,560	4.3%	4.7%	50.6%	65.5%
2017	9,755	147,957	3.7%	4.2%	49.7%	65.6%

Source: U.S. Bureau of Labor Statistics, Employment Situation of Veterans series

Figure 3. Unemployment Rate by Veteran Status, 2013-2017



Source: U.S. Bureau of Labor Statistics, Employment Situation of Veterans series

[5] Employment status of veterans 18 years and over. Please see: https://www.bls.gov/news.release/vet.toc.htm.

Income, Poverty and Disability

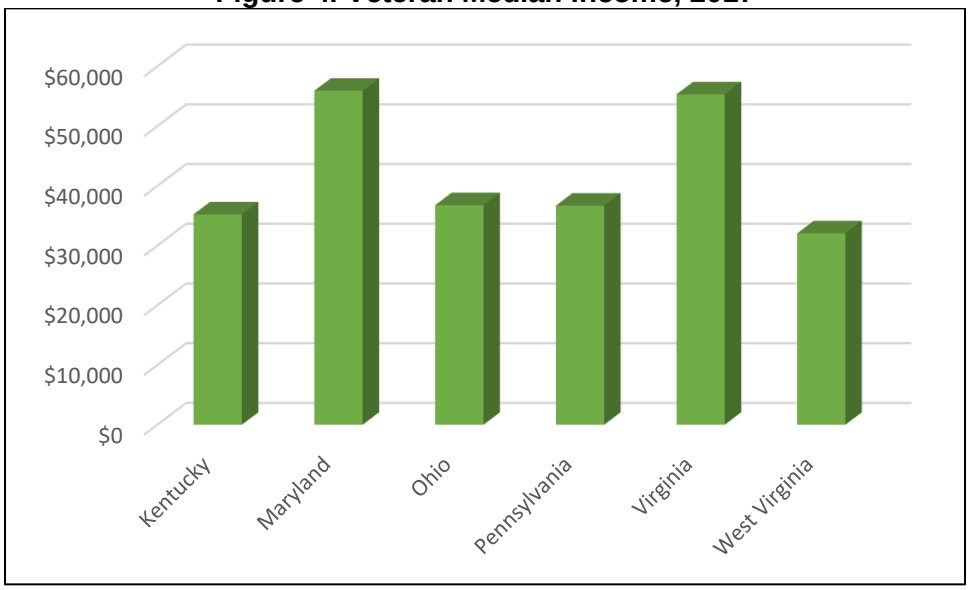
Estimated 2017 Median Incomes for West Virginia populations (non-veterans and male, female and total Veterans) lag those for surrounding states, particularly Maryland and Virginia. Veteran groups, however, generally exceed those for their non-veteran counterparts. **Table 6** and **Figure 4** provide additional detail.

Table 6. Median Income by Veteran Status and Gender – West Virginia and Surrounding States, 2017

	Non-Veterans	Veterans		
State	**Median Income**	**Median Income**	**Median Income - Male**	**Median Income - Female**
Kentucky	$26,254	$35,232	$35,561	$30,486
Maryland	$39,235	$55,937	$55,572	$59,006
Ohio	$29,726	$36,770	$37,124	$30,802
Pennsylvania	$30,800	$36,700	$37,085	$31,010
Virginia	$34,891	$55,344	$56,221	$50,312
West Virginia	$24,254	$32,054	$32,182	$30,165

Source: U.S. Census Bureau, American Community Survey, 2017 1-Year Estimates.[6]

Figure 4. Veteran Median Income, 2017



Source: U.S. Census Bureau, American Community Survey, 2017 1-Year Estimates.[7]

[6] American Community Survey 2017, 1 Year Estimates, Table S2101.
[7] American Community Survey 2017, 1 Year Estimates, Table S2101.

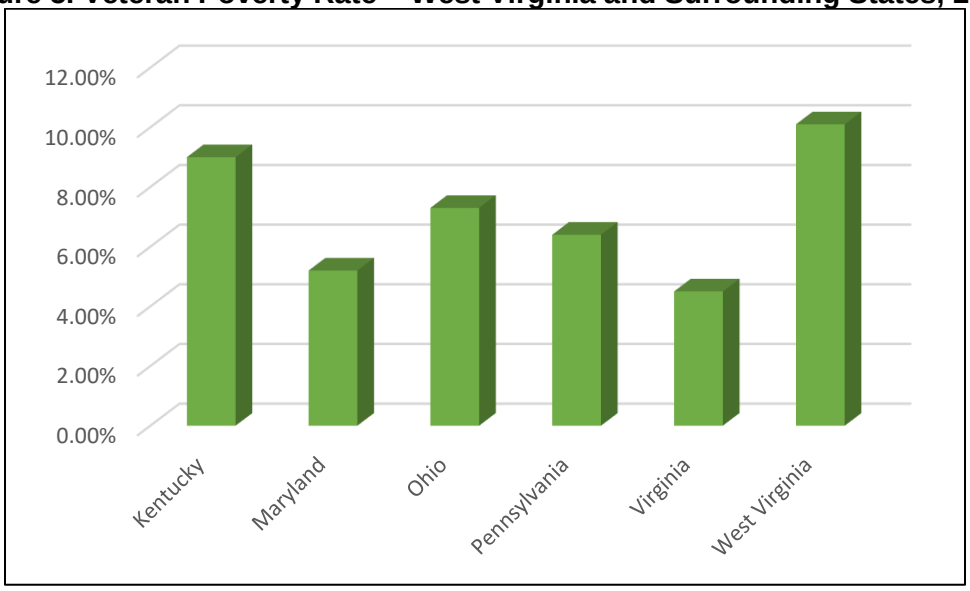
Estimates of poverty and disability in Veteran populations for 2017 suggest that higher percentages of West Virginia Veterans had incomes below the federal poverty level and higher percentages were classified as having some type of disability when compared to those in surrounding states. Roughly ten percent of West Virginia Veterans were living below the poverty level and more than 38 percent were classified as having a disability. See **Table 7** for a full comparison. **Figure 5** and **Figure 6** illustrate Veteran poverty and disability rates respectively.

Table 7. Veteran Poverty and Disability - West Virginia and Surrounding States, 2017

State	Veteran Population	Below Poverty Level	With Any Disability
Kentucky	258,559	9.0%	33.0%
Maryland	362,661	5.2%	22.3%
Ohio	698,515	7.3%	29.1%
Pennsylvania	724,863	6.4%	30.7%
Virginia	677,052	4.5%	22.2%
West Virginia	124,881	10.1%	38.3%

Source: U.S. Census Bureau, American Community Survey, 2017 1-Year Estimates.[8]

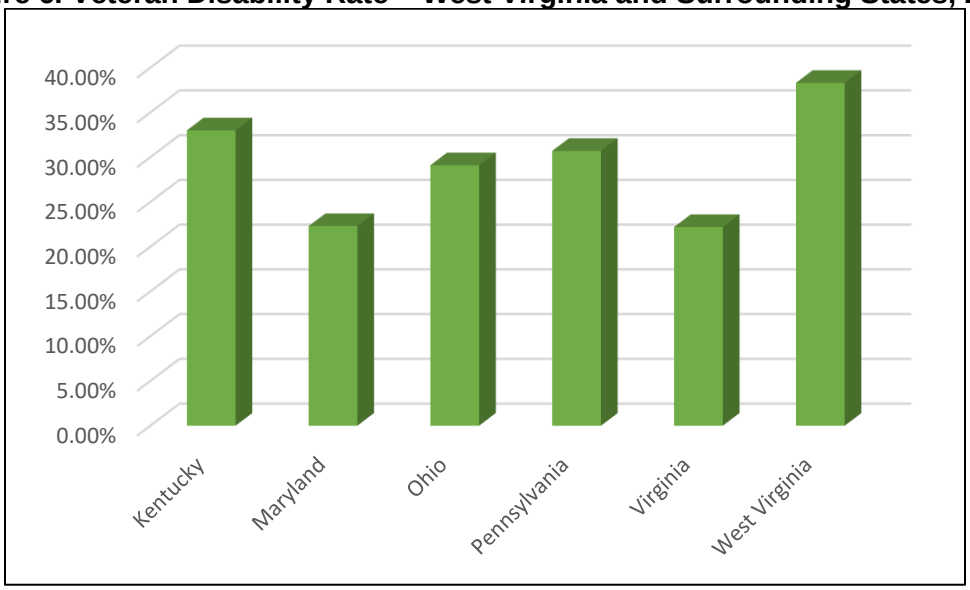
Figure 5. Veteran Poverty Rate – West Virginia and Surrounding States, 2017



Source: U.S. Census Bureau, American Community Survey, 2017 1-Year Estimates.[9]

[8] American Community Survey 2017, 1 Year Estimates, Table S2101.
[9] American Community Survey 2017, 1 Year Estimates, Table S2101.

Figure 6. Veteran Disability Rate – West Virginia and Surrounding States, 2017



Source: U.S. Census Bureau, American Community Survey, 2017 1-Year Estimates.[10]

Similarly, West Virginia Veterans were estimated to have higher rates of service-connected disabilities in comparison to those in most surrounding states and for the nation. Only Virginia reported a higher rate. Please see **Table 8** for a full comparison**.**

Table 8. Veteran Service-Connected Disabilities, West Virginia and Surrounding States

	No Service-Connected Disability Rating		Has a Service-Connected Disability Rating	
State	**Number**	**Percent**	**Number**	**Percent**
Kentucky	217,714	78.0%	61,439	22.0%
Maryland	309,682	81.4%	70,873	18.6%
Ohio	631,665	84.0%	120,488	16.0%
Pennsylvania	687,484	85.6%	115,936	14.4%
Virginia	521,739	75.8%	166,797	24.2%
West Virginia	106,954	77.2%	31,554	22.8%
United States	15,039,603	79.4%	3,899,616	20.6%

Source: U.S. Census Bureau, American Community Survey, 2017 5-Year Estimates.[11]

Table 9 outlines Veteran service-connected disability ratings for West Virginia, surrounding states and the nation. Higher percentages of West Virginia Veterans are estimated to have service-connected disability ratings at 70 percent or greater than each of those in surrounding states and higher than that of the nation.

[10] American Community Survey 2017, 1 Year Estimates, Table S2101.
[11] American Community Survey 2017, 5 Year Estimates, Table B21100.

Table 9. Veteran Service-Connected Disability Ratings, West Virginia and Surrounding States

	Service-Connected Disability Rating Percentages					
State	**0%**	**10 or 20%**	**30 or 40%**	**50 or 60%**	**70% or Higher**	**Not Reported**
Kentucky	5%	26%	18%	12%	33%	6%
Maryland	5%	29%	20%	13%	27%	6%
Ohio	6%	32%	17%	13%	25%	7%
Pennsylvania	6%	30%	17%	11%	30%	6%
Virginia	5%	28%	19%	15%	28%	4%
West Virginia	4%	26%	14%	13%	36%	8%
United States	5%	30%	17%	13%	30%	6%

Source: U.S. Census Bureau, American Community Survey, 2017 5-Year Estimates[12]

Thirty-one of West Virginia's Fifty-five counties report percentages of Veterans with a service-connected disability that is higher than that for the nation. Mercer County ranks 4th in the state by count and 3rd in the state in percentage terms. The five highest counties by number and percentage are displayed in **Table 10**. Please see **Appendix A** for percentages for each West Virginia County.

Table 10. Service-Connected Disability Ratings, West Virginia Counties

WV County	Highest Number	WV County	Highest Percent
Berkeley	2,864	**Wayne**	34.6%
Kanawha	2,561	**Gilmer**	33.5%
Raleigh	2,140	**Mercer**	32.9%
Mercer	1,509	**Raleigh**	32.9%
Cabell	1,450	**Greenbrier**	32.0%

Source: U.S. Census Bureau, American Community Survey, 2017 5-Year Estimates[13]

[12] American Community Survey 2017, 5 Year Estimates, Table B21100.
[13] American Community Survey 2017, 5 Year Estimates, Table B21100.

Educational Attainment

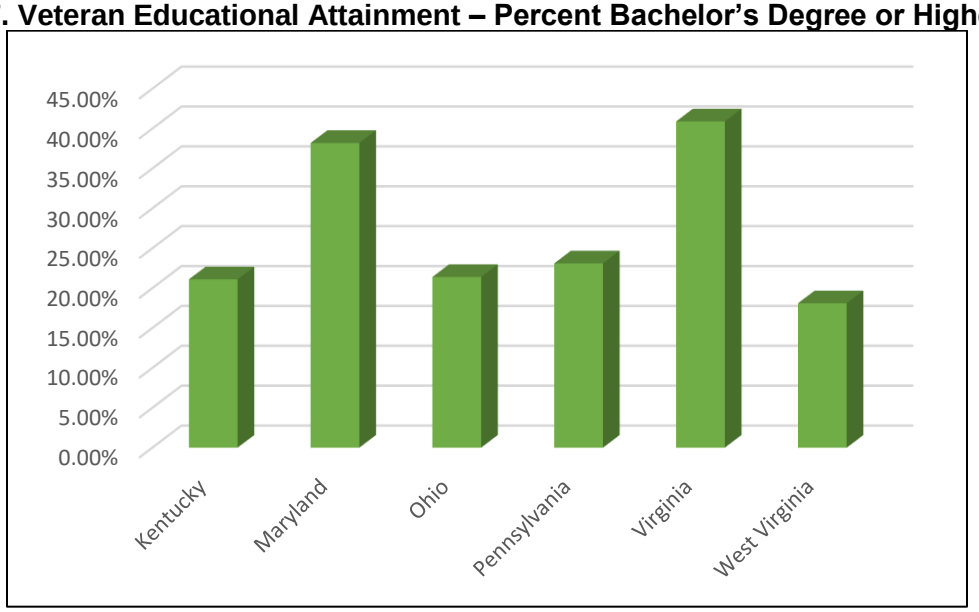
Estimates suggest lower educational attainment for West Virginia Veterans as compared to those in surrounding states. More than 43 percent of West Virginia Veterans indicate High School and Equivalency as their highest level of education attained, while slightly more than 18 percent claim a Bachelor's Degree or Higher. **Table 11** provides a full comparison and **Figure 7** illustrates percentages of veterans with a Bachelor's Degree or Higher.

Table 11. Veteran Educational Attainment - West Virginia and Surrounding States, 2017

	Civilian Population Age 25 and Higher				
State	**Veteran Population**	**Less Than High School**	**High School and Equivalency**	**Some College or Associate's Degree**	**Bachelor's Degree or Higher**
Kentucky	260,609	8.4%	33.5%	37.0%	21.1%
Maryland	362,397	5.1%	25.5%	31.2%	38.2%
Ohio	706,684	7.1%	37.2%	34.3%	21.4%
Pennsylvania	736,392	6.9%	40.9%	29.1%	23.1%
Virginia	672,321	4.7%	20.4%	34.0%	40.9%
West Virginia	126,037	8.0%	43.5%	30.4%	18.1%

Source: U.S. Census Bureau, American Community Survey, 2017 1-Year Estimates.[14]

Figure 7. Veteran Educational Attainment – Percent Bachelor's Degree or Higher, 2017



Source: U.S. Census Bureau, American Community Survey, 2017 1-Year Estimates.[15]

[14] American Community Survey 2017, 1 Year Estimates, Table S2101.
[15] American Community Survey 2017, 1 Year Estimates, Table S2101.

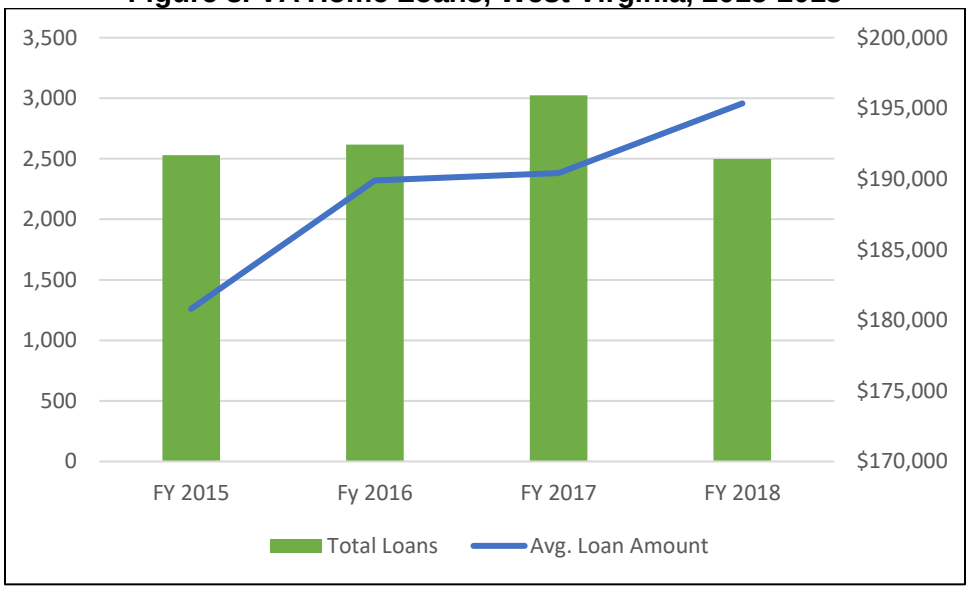
The U.S. Veterans Benefits Administration measures VA home loan volume at the national and state level. Between 2015 and 2018, West Virginia VA home loans peaked at 3,025 in 2017. Average loan amounts in West Virginia lag those for the nation but increase in each year for which data is available. A comparison between West Virginia and U.S. VA home loans is provided in **Table 12**. **Figure 8** illustrates the volume of total loans and average loan amounts in West Virginia for 2015-2018.

Table 12. VA Home Loans, West Virginia and the U.S. 2015-2018

West Virginia	Total Loans	Avg Loan Amount	Total Loan Sum
2015	2,531	$180,803	$457,611,799
2016	2,616	$189,901	$496,780,110
2017	3,025	$190,418	$576,013,759
2018	2,497	$195,348	$487,783,927
United States	**Total Loans**	**Avg Loan Amount**	**Total Loan Sum**
2015	631,131	$243,166	$153,469,474,425
2016	705,392	$253,244	$178,636,453,834
2017	740,381	$254,859	$188,692,800,206
2018	610,512	$264,197	$161,295,325,718

Source: U.S. Veterans Benefits Administration, Lender Statistics series[16]

Figure 8. VA Home Loans, West Virginia, 2015-2018



Source: U.S. Veterans Benefits Administration, Lender Statistics series[17]

[16] https://www.benefits.va.gov/HOMELOANS/Lender_Statistics.asp.
[17] https://www.benefits.va.gov/HOMELOANS/Lender_Statistics.asp.

Breaking down VA loans by type and value, we see a steep drop-off in the number of interest rate reduction refinancing loans (IRRRL) in West Virginia from 2017 to 2018, making up a substantial portion of the total loan activity decrease. **Table 13** provides additional detail.

Table 13. VA Home Loans, West Virginia, 2015-2018

West Virginia	2015	2016	2017	2018
Total Purchase Loans	1,371	1,350	1,584	1,565
Total Purchase Loans %	54.2%	51.6%	52.4%	62.7%
Loan Amount Avg - Purchase	$186,408	$194,391	$198,269	$200,203
Total Loan Amount - Purchase	$255,564,863	$262,427,343	$314,058,325	$313,317,028
Total IRRRL Loans	587	609	636	230
Total IRRRL Loans %	23.2%	23.3%	21.0%	9.2%
Loan Amount Avg - IRRRL	$184,539	$198,187	$190,436	$189,297
Total Loan Amount - IRRRL	$108,324,229	$120,695,717	$121,117,371	$43,538,305
Total Cash-Out Loans	573	657	805	702
Total Cash-Out %	22.6%	25.1%	26.6%	28.1%
Loan Amount Avg - Cash-Out	$163,565	$172,994	$174,954	$186,508
Total Loan Amount - Cash-Out	$93,722,707	$113,657,050	$140,838,063	$130,928,594

Source: U.S. Veterans Benefits Administration, Lender Statistics series[18]

Comparing VA loan data across states, we see significantly lower total loan activity in West Virginia. Virginia reported the largest total loan volume (34,757) accounting for more than 40 percent of regional loan activity. Please see **Table 14** for more detail.

Table 14. VA Home Loans, West Virginia and Surrounding States, 2018

State	Total Loans	Purchase Loans %	IRRRL Loans %	Cash-Out Loans %
Kentucky	7,174	62.3%	9.5%	28.2%
Maryland	14,685	60.1%	14.6%	25.3%
Ohio	16,123	63.8%	9.3%	26.9%
Pennsylvania	13,069	60.8%	11.3%	27.9%
Virginia	34,757	66.7%	11.6%	21.8%
West Virginia	2,497	62.7%	9.2%	28.1%
United States	610,512	62.8%	11.0%	26.2%

Source: U.S. Veterans Benefits Administration, Lender Statistics series[19]

[18] https://www.benefits.va.gov/HOMELOANS/Lender_Statistics.asp.
[19] https://www.benefits.va.gov/HOMELOANS/Lender_Statistics.asp.

Group Quarters Populations

The U.S. Census Bureau defines group quarters as a place where people live or stay, in a group living arrangement, that is owned or managed by an entity or organization providing housing and/or services for the residents. This is not a typical household-type living arrangement. Institutionalized population include those people living in adult correctional facilities or nursing/skilled nursing facilities, while non-institutionalized group quarters refer to college/university student housing. Figures represent totals and percentages of the 18 and over population for a given geography.

American Community Survey data indicate that 2,440 West Virginia Veterans are living in group quarters populations. Of those, 1,830 are in institutionalized group quarters with slightly more than half in nursing or skilled nursing facilities. **Table** 15 **15** and **Table 16** compare percentages for group quarters Veteran populations for West Virginia and surrounding states.

Table 15. Group Quarter Population - West Virginia and Surrounding States

State	Veteran Population	Percent Veteran	Group Quarters Population, Veteran	Group Quarters Population, Percent Veteran	Institutionalized Group Quarters Population - Veteran	Institutionalized Group Quarters Population - Percent Veteran
Kentucky	279,153	8.2%	7,055	5.8%	5,597	8.4%
Maryland	380,555	8.2%	7,247	5.6%	4,643	7.2%
Ohio	752,153	8.4%	17,262	5.6%	14,994	9.3%
Pennsylvania	803,420	8.0%	21,091	5.1%	18,288	9.6%
Virginia	688,536	10.8%	10,832	5.4%	9,168	9.5%
West Virginia	138,508	9.5%	2,440	5.2%	1,830	6.9%
United States	18,939,219	7.7%	412,950	5.5%	315,993	8.3%

Source: U.S. Census Bureau, American Community Survey, 2017 5-Year Estimates.[20]

[20] American Community Survey 2017, 5 Year Estimates, Table B26107.

Table 16. Veteran Group Quarter Population Breakdown

Institutionalized and Non-Institutionalized Group Quarters Population - Veterans								
	Adult Correctional Facilities		Nursing/Skilled Nursing Facilities		College/University Student Housing		Other	
State	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Kentucky	2,144	30.4%	3,278	46.5%	69	1.0%	1,564	22.2%
Maryland	1,287	17.8%	3,136	43.3%	282	3.9%	2,542	35.1%
Ohio	4,417	25.6%	10,496	60.8%	145	0.8%	2,204	12.8%
Pennsylvania	5,507	26.1%	12,572	59.6%	271	1.3%	2,741	13.0%
Virginia	4,619	42.6%	4,344	40.1%	132	1.2%	1,737	16.0%
West Virginia	802	32.9%	982	40.2%	16	0.7%	640	26.2%
United States	116,278	28.2%	193,369	46.8%	5,112	1.2%	98,191	23.8%

Source: U.S. Census Bureau, American Community Survey, 2017 5-Year Estimates.[21]

Notes on National Veteran Program Participation

Figures from the FY2016 VA Utilization Profile indicate that 7.1 million veterans received one or more benefits provided by the Veteran's Administration, including 2.6 million veterans receiving loan guaranty benefits (including Special Housing Allowance or Special Adaptive Housing benefits). The percentage of benefit users has increased among the Veteran population concurrent with an overall decline in population (38% in 2007, 48% in 2016). Nationwide, the number Home Loan Guaranty beneficiaries showed a sharp decrease from 2008 to 2009 consistent with the overall housing market, but afterward has been recovering steadily.

A 2010 survey of veterans nationwide[22] asked respondents to describe their living arrangements, particularly with respect to renting vs owning and their knowledge about the Home Loan Guaranty program. Approximately 60 percent of respondents indicated the presence of a mortgage or contract rental agreements. Roughly one-third indicated no mortgage balance or occupying dwelling with no payment of cash rent. More than 68 percent of respondents indicated that they were aware of the Home Loan Guaranty program. Corresponding data for West Virginia was not tabulated as part of the final report and no questions related to mortgages or rent with regards to length or comparison to household income were included.

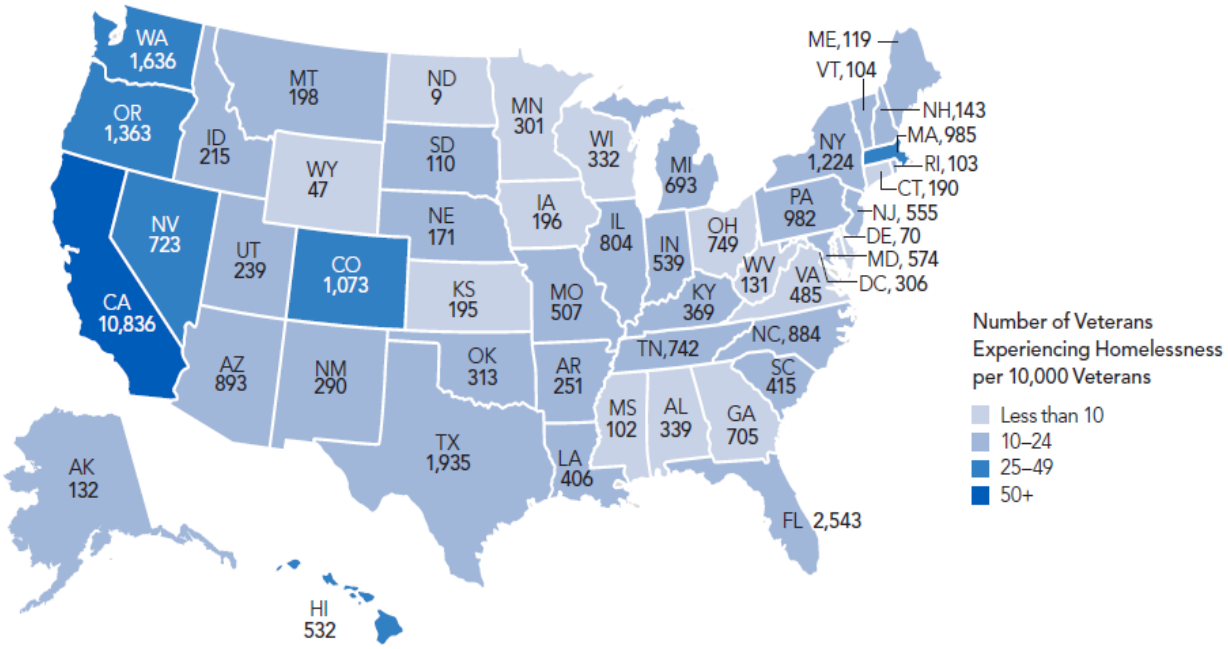
[21] American Community Survey 2017, 5 Year Estimates, Table B26107.

[22] 2010 National Survey of Veterans. Conducted by Westat on behalf of the U.S Veterans Administration.

West Virginia Veteran Homelessness

Nationally the number of Veterans experiencing homelessness has been cut nearly in half since 2009, by 48 percent (or 35,489 people), reaching a new low of 37,878 in 2018.[23] **Figure 9** displays the estimates of homeless Veterans by state.

Figure 9. Estimates of Homeless Veterans by State, 2018



Source: The U.S. Department of Housing and Urban Development. The 2018 Annual Homeless Assessment Report to Congress: Part 1.

West Virginia homeless Veteran counts are estimated annually in an effort led by the U.S. Department of Housing and Urban Development (HUD) known as the Point-in-Time (PIT) Count.[24] The count of homeless West Virginia veterans as reported by the PIT Count, dropped significantly from 2015 to 2016 and continues to decline. Unsheltered homeless Veterans in West Virginia peaked in 2015 and declined significantly from 2015 to 2016. An uptick in unsheltered homeless Veterans in West Virginia was reported in 2018. **Table** 17 **17** and **Figure 10** provides a comparison for West Virginia and the U.S.

[23] The U.S. Department of Housing and Urban Development. Office of Community Planning and Development. The 2018 Annual Homeless Assessment Report to Congress: Part 1.

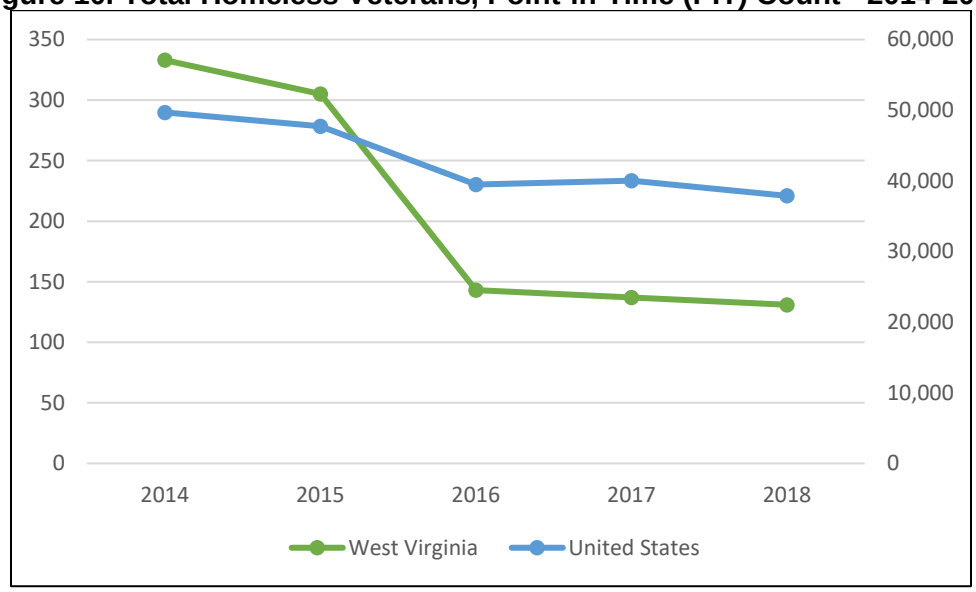
[24] The Point-in-Time (PIT) Count is an annual effort led by the U.S. Department of Housing and Urban Development (HUD) to estimate the number of Americans, including Veterans, without safe, stable housing. It is one of the tools used to assess progress each year toward VA's priority goal of ending homelessness among Veterans. Data are available at: https://www.va.gov/HOMELESS/pit_count.asp.

Table 17. Homeless Veterans, Point-in-Time (PIT) Count - 2014-2018

	Homeless Veterans		Sheltered Total Homeless Veterans		Unsheltered Homeless Veterans	
Year	**West Virginia**	**United States**	**West Virginia**	**United States**	**West Virginia**	**United States**
2014	333	49,689	303	32,119	30	17,570
2015	305	47,725	227	31,505	78	16,220
2016	143	39,471	126	26,404	17	13,067
2017	137	40,020	124	24,690	13	15,330
2018	131	37,878	106	23,312	25	14,566

Source: United States Department of Veteran Affairs, Point-in-Time (PIT) Count series

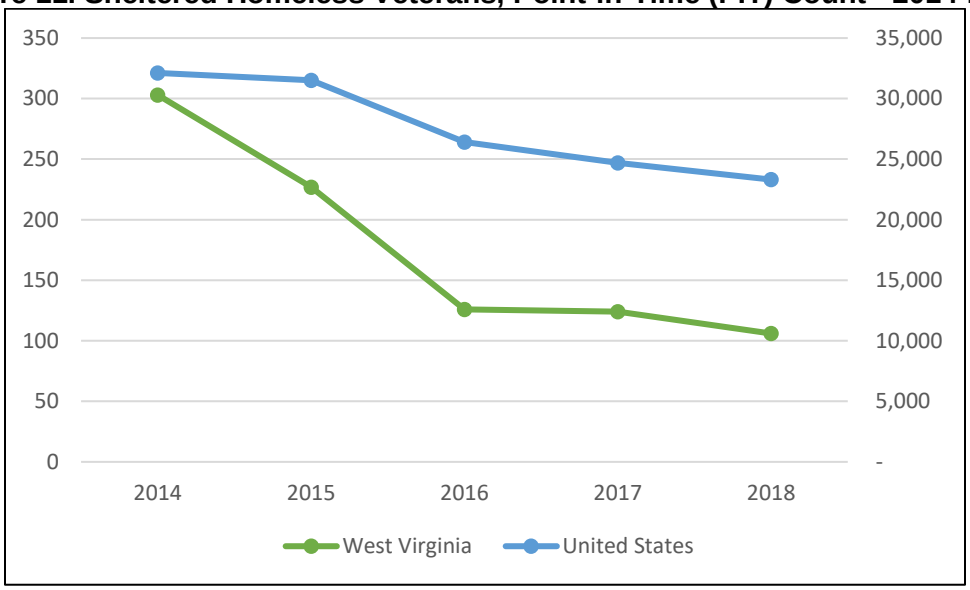
Figure 10. Total Homeless Veterans, Point-in-Time (PIT) Count - 2014-2018



Source: United States Department of Veteran Affairs, Point-in-Time (PIT) Count series

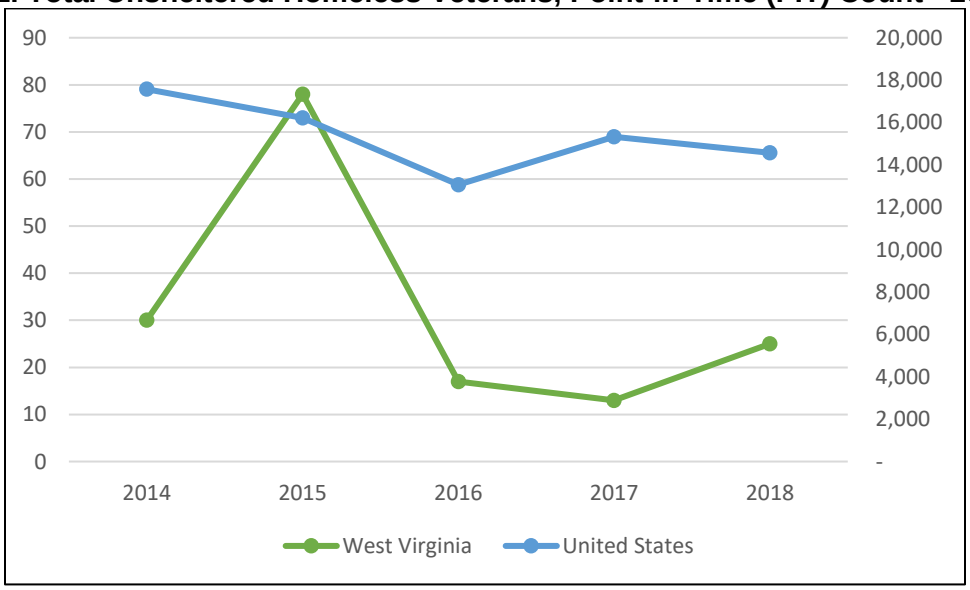
Figure 11 and **Figure 12** graphically illustrate the number of sheltered and unsheltered homeless Veterans in West Virginia and the U.S. for 2014 to 2018, respectively. For both West Virginia and the U.S, the number of sheltered homeless Veterans decline over the 2014-2018 time period. The number of unsheltered homeless Veterans in West Virginia shows less stability, despite an overall declining trend.

Figure 11. Sheltered Homeless Veterans, Point-in-Time (PIT) Count - 2014-2018



Source: United States Department of Veteran Affairs, Point-in-Time (PIT) Count series

Figure 12. Total Unsheltered Homeless Veterans, Point-in-Time (PIT) Count - 2014-2018



Source: United States Department of Veteran Affairs, Point-in-Time (PIT) Count series

From 2014 to 2018, the number of homeless Veterans in West Virginia declined faster than in any surrounding state (60.7%). **Table** 18 **18** provides detail for West Virginia and surrounding states.

Table 18. Total Homeless Veterans, PIT Count, West Virginia and Surrounding States

	Total Homeless Veterans						
State	**2014**	**2015**	**2016**	**2017**	**2018**	**Change 2014-2018**	**Percent Change 2014-2018**
Kentucky	600	591	512	489	369	(231)	(38.5%)
Maryland	654	714	555	536	574	(80)	(12.2%)
Ohio	1,236	1,183	930	862	749	(487)	(39.4%)
Pennsylvania	1,411	1,375	1,136	963	982	(429)	(30.4%)
Virginia	620	604	515	478	485	(135)	(21.8%)
West Virginia	333	305	143	137	131	(202)	(60.7%)

Source: United States Department of Veteran Affairs, Point-in-Time (PIT) Count series

The number of unsheltered homeless Veterans in surrounding states is more volatile from year to year. Despite an overall reduction regionally, only Ohio reported declines each year from 2014 to 2018. **Table 19** provides the number of unsheltered homeless Veterans by state.

Table 19. Unsheltered Homeless Veterans, PIT Count, West Virginia & Surrounding States

	Total Homeless Veterans					
State	**2014**	**2015**	**2016**	**2017**	**2018**	**Change 2014-2018**
Kentucky	42	50	60	44	61	19
Maryland	99	128	119	96	104	5
Ohio	134	110	85	77	55	(79)
Pennsylvania	75	80	48	88	72	(3)
Virginia	85	91	76	94	85	0
West Virginia	30	78	17	13	25	(5)

Source: United States Department of Veteran Affairs, Point-in-Time (PIT) Count series

PIT Count are also tabulated by Continuum of Care (CoC).[25] There are four CoC's in West Virginia:

- Wheeling, Weirton Area;
- Huntington/Cabell, Wayne Counties;
- Charleston/Kanawha, Putnam, Boone, Clay Counties; and
- West Virginia - Balance of State

Much of the reduction in reported in both total and sheltered Veteran homelessness in West Virginia was observed in the "Balance of the State" CoC (279 in 2014 down to 93 in 2018). **Table 20** provides detail on total homeless Veterans by West Virginia CoC.

[25] See: https://www.hudexchange.info/programs/coc/.

Table 20. Total Homeless Veterans, PIT Count, WV Continuum of Care - 2014-2018

	Total Homeless Veterans			
Year	**Wheeling, Weirton Area**	**Huntington/Cabell, Wayne Counties**	**Charleston/Kanawha, Putnam, Boone, Clay Counties**	**West Virginia - Balance of State**
2014	5	18	31	279
2015	9	13	37	246
2016	9	11	24	99
2017	4	17	34	82
2018	8	14	16	93

Source: United States Department of Veteran Affairs, Point-in-Time (PIT) Count series

Table 21 and **Table 22** display figures for sheltered and unsheltered Veteran populations by West Virginia CoC respectively.

Table 21. Sheltered Homeless Veterans, PIT Count, WV Continuum of Care - 2014-2018

	Sheltered Homeless Veterans			
Year	**Wheeling, Weirton Area**	**Huntington/Cabell, Wayne Counties**	**Charleston/Kanawha, Putnam, Boone, Clay Counties**	**West Virginia - Balance of State**
2014	4	15	29	255
2015	7	4	33	183
2016	8	8	19	91
2017	4	16	31	73
2018	6	12	11	77

Source: United States Department of Veteran Affairs, Point-in-Time (PIT) Count series

Table 22. Unsheltered Homeless Veterans, PIT Count, WV Continuum of Care - 2014-2018

	Unsheltered Homeless Veterans			
Year	**Wheeling, Weirton Area**	**Huntington/Cabell, Wayne Counties**	**Charleston/Kanawha, Putnam, Boone, Clay Counties**	**West Virginia - Balance of State**
2014	1	3	2	24
2015	2	9	4	63
2016	1	3	5	8
2017	0	1	3	9
2018	2	2	5	16

Source: United States Department of Veteran Affairs, Point-in-Time (PIT) Count series

The Beckley community (defined here as the WV/Beckley VAMC Catchment Area, including City of Beckley and Raleigh, Fayette, Nicholas, Summers, Greenbrier, Monroe, Pocahontas, Wyoming, Mercer, McDowell and Clay counties)[26] has been recognized as ending Veteran homelessness. Criteria established by the United States Interagency Council on Homelessness[27] defines such success for communities where "homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and one-time experience". Specifically, the community can:

- Quickly identify and engage people at risk of and experiencing homelessness.
- Intervene to prevent people from losing their housing and divert people from entering the homelessness services system.
- Provide people with immediate access to shelter and crisis services without barriers to entry if homelessness does occur.
- Quickly connect people experiencing homelessness to housing assistance and services tailored to their unique needs and strengths to help them achieve and maintain stable housing.

These figures suggest that efforts made nationally, combined with those at the state, local and private levels have made significant headway in addressing the issue of Veteran homelessness in the state.

[26] https://www.usich.gov/communities-that-have-ended-homelessness.
[27] https://www.usich.gov/resources/uploads/asset_library/Vet_Criteria_Benchmarks_V3_February2017.pdf.

An Analysis of Capacity

Several programs and institutions across West Virginia provide services that help address homeless populations in the state. These include federal programs through the U.S Department of Veteran Affairs and the U.S. Department of Housing and Urban Development. Although a brief overview of some of these programs is provided, the information presented here is not intended to be comprehensive. For a detailed description of many activities and process directed toward addressing veteran homelessness, including the Mayors Challenge to End Veteran Homelessness and SOAR (SSI/SSDI Outreach, Access and Recovery), please refer to links in the footnotes and *Ending Veteran Homelessness in WV* produced by the WV Coalition to End Homelessness.[28]

Federal Programs

Specialized homelessness programs at the U.S Department of Veteran Affairs provide health care to almost 150,000 homeless veterans. Additionally, more than 40,000 homeless Veterans receive compensation or pension benefits each month. Since 1987 the VA, using its own resources or in partnerships with others, has secured nearly 15,000 residential rehabilitative and transitional beds and more than 30,000 permanent beds for homeless Veterans throughout the nation. These partnerships are credited with reducing the number of homeless veterans by 70% since 2005.[29]

U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH)[30]

A collaborative program between HUD and VA, HUD-VASH combines rental assistance vouchers for privately owned housing with case manager assistance toward support services such as health care, mental health treatment and substance use counseling. Among VA homeless continuum of care programs, HUD-VASH enrolls the largest number and largest percentage of Veterans who have experienced long-term or repeated homelessness.

The 2017 HUD-VASH Exit Study concluded that of participants staying in the program those who exited with leased-housing, 87 percent remained in the program for at least 1 year and 60 percent for at least 2 years. Of those who exited, nearly 93 percent of leased-housing exiters and 90 percent of non-leased exiters did not return to VA homeless programs during the observation period.[31] The investigated HUD-VASH at four sites: Houston, TX; Los Angeles and Palo Alto, CA; and Philadelphia, PA. As such comparative data for West Virginia is unavailable.

---

[28] *Ending Veteran Homelessness in WV*, WV Coalition to End Homelessness. Rachael Coen, Project Specialist.
[29] https://www.va.gov/homeless/housing.asp.
[30] https://www.va.gov/homeless/hud-vash.asp.
[31] https://www.huduser.gov/portal/sites/default/files/pdf/HUD-VASH-Exit-Study.pdf.

Homeless Providers Grant and Per Diem (GPD) Program[32]

State, local and tribal governments and nonprofits receive capital grants and per diem payments to develop and operate transitional housing—including short-stay bridge housing—and/or service centers for Veterans who are homeless. VA funds an estimated 600 agencies that provide over 14,500 beds for eligible Veterans. The maximum stay in this housing is up to 24 months, with the goal of moving Veterans into permanent housing.

In 2019, Mountain Comprehensive Care Center in Prestonsburg, KY (case Management) and Way Station, Inc. in Frederick, MD (Special Needs) received grant awards to provide services in portions of West Virginia under the GPD Program.

Enhanced-Use Lease (EUL) Program[33]

EUL is a VA portfolio management tool that allows certain land and buildings to be leased to eligible private entities for veterans who lack without safe, affordable housing particularly in areas where real estate is underused. VA's EUL partners often provide Veterans with job training, financial management, haircuts, computer and laundry facilities, fitness centers and other services. To-date no EUL projects have been awarded specifically to address properties in West Virginia.[34]

Supportive Services for Veteran Families (SSVF)[35]

For very low-income Veterans, SSVF provides case management and supportive services to prevent the imminent loss of a Veteran's home or identify a new, more suitable housing situation for the individual and his or her family; or to rapidly re-house Veterans and their families who are homeless and might remain homeless without this assistance.

Through referrals and direct outreach, nonprofit agencies and community cooperatives use SSVF funding to quickly house Veterans and their families who are homeless and keep others from slipping into homelessness by providing time-limited supportive services that promote housing stability. Case management includes help securing VA and other benefits such as educational aid and financial planning. **Table 23** provides the SSVF provider listing for FY2020 including the geographic service area.

[32] https://www.va.gov/homeless/gpd.asp.
[33] https://www.va.gov/ASSETMANAGEMENT/index.asp.
[34] https://www.va.gov/assetmanagement/docs/awardedProjects.XLSX.
[35] https://www.va.gov/homeless/SSVF/.

Table 23. Supportive Services for Veteran Families (SSVF) Provider List FY2020[36]

SSVF Provider Award Number	Organization	Continuum of Care Served	Counties to be Served
14-WV-303	The Greater Wheeling Coalition for the Homeless, Inc.	(WV-500) Wheeling, Weirton Area CoC	Hancock, Brooke, Ohio, Marshall and Wetzel Counties in West Virginia.
14-WV-304	Helping Heroes, Inc.	(WV-500) Wheeling, Weirton Area CoC	Hancock, Brooke, Ohio, Marshall and Wetzel Counties in West Virginia.
14-WV-305	West Virginia Community Action Partnerships Inc	(WV-500) Wheeling, Weirton Area CoC,(WV-501) Huntington/Cabell, Wayne Counties CoC,(WV-503) Charleston/Kanawha, Putnam, Boone, Clay Counties CoC,(WV-508) West Virginia Balance of State CoC	Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall. Mason, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, McDowell. Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh , Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood and Wyoming Counties in West Virginia.

Source: U.S Department of Veterans Affairs, Supportive Services for Veteran Families Program

[36] https://www.va.gov/homeless/ssvf/

WV Department of Veterans Assistance Facilities

As part of its mission, the West Virginia Department of Veterans Assistance operates 16 field and claims offices throughout the state, with staff members conducting more than 250 benefits consultations daily. Additionally, the department operates the West Virginia's State Veteran's cemetery, a veterans nursing facility and a veterans-only homeless shelter.

The West Virginia Veterans Nursing Facility[37] is a 120,000-square-foot, 120-bed facility located Clarksburg. The facility, which opened in 2008 features private and semi-private rooms, as well as a 20-bed unit reserved for residents in need of specialized care because of Alzheimer's Disease or Dementia.

Authorized in 1975 and opened in 1981, the West Virginia Veterans Home[38] is a 150-bed facility located on 23 acres in Barboursville, WV. The home is not a treatment facility and cannot accommodate veterans in need of daily care or skilled assistance. The facility features the "214 Program." In recognition of the nature of homelessness, this program, which is unique among the nation's Veterans' homes, allows homeless veterans to be housed and clothed prior to completing the normal admission process, a process that can take several weeks.

The average weekly number of residents at the West Virginia Veterans Home for CY2018 was 86 residents per day, allowing the facility to react to the emergent needs of the homeless veteran population. The department's 214 Program has served 107 Veterans, allowing the facility to house Veterans who have not yet completed the long prerequisite screening program to be housed at a VA-sponsored domiciliary.[39]

[37] https://veterans.wv.gov/offices-facilities/Pages/WV-Veterans-Nursing-Facility.aspx.
[38] https://veterans.wv.gov/offices-facilities/Pages/WV-Veterans-Home.aspx.
[39] WV Department of Veterans Assistance – CY 2018 Annual Report. Available at: https://veterans.wv.gov/Documents/WVDVA-2018%20Annual%20Report.pdf.

Estimates of Bed Capacity

The U.S. Department of Housing and Urban Development produces a Housing Inventory Count (HIC) to provide a snapshot of beds available to people experiencing homelessness.[40] The count is conducted annually during the last ten days in January, and data are available at the national and state level, as well as for each CoC. The reports summarize the number of beds and units available, and include beds dedicated to serve persons who are Veterans. Year-round bed counts are categorized by program type including Emergency Shelter, Transitional Housing[41] and Safe Havens[42]. Additional data is collected relating to the estimates of available beds categorized as Rapid Re-Housing (RRH)[43], Permanent Supportive Housing (PSH)[44] and Other Permanent Housing.[45]

From 2017 to 2018, Total Year-Round Beds and those dedicated to Veterans declined in West Virginia, its surrounding states and the nation. Kentucky saw the largest percentage decline in total beds over the time period (-18.8%), while West Virginia's Total Year-Round bed count declined only slightly more than the national rate (4 percent vs. 2 percent respectively). West Virginia only lost 2 dedicated Veteran beds from 2017 to 2018, while Kentucky lost nearly one-quarter of its capacity in that area. 2017 and 2018 HIC data for West Virginia and surrounding geographies, for total and Veteran-dedicated beds is provided in **Table 24**.

Table 24. Total Housing Inventory Count, West Virginia and Surrounding States 2017-18

	Total Year-Round Beds (ES, TH, SH)			Dedicated Veteran Beds (ES, TH, SH)		
State	**2017**	**2018**	**Change 2017-2018**	**2017**	**2018**	**Change 2017-2018**
Kentucky	3,540	2,875	(665)	350	265	(85)
Maryland	5,616	5,529	(87)	447	435	(12)
Ohio	9,420	9,269	(151)	662	643	(19)
Pennsylvania	14,246	12,909	(1,337)	779	762	(17)
Virginia	5,628	5,303	(325)	163	153	(10)
West Virginia	1,657	1,593	(64)	116	114	(2)
United States	399,439	389,622	(9,817)	20,751	19,134	(1,617)

Source: The U.S. Department of Housing and Urban Development. Housing Inventory Count.

[40] https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/.

[41] Transitional housing (TH) is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services.

[42] The Safe Haven program component is no longer eligible under the CoC Program. No **new** Safe Haven projects will be funded, but all projects eligible under the McKinney-Vento Act may be renewed to continue ongoing leasing, operations, supportive services, rental assistance, HMIS operation, and administrative functions.

[43] https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf

[44] Permanent supportive housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

[45] This includes permanent housing with services (where no disability is required for entry) and permanent housing where no services are provided.

With respect to Total Year-Round Beds, most of the capacity is made up of Emergency Shelter (ES) beds. Nationwide, ES beds make up nearly three-fourths of Total Year-Round beds. For West Virginia in 2018, that number exceeded 81 percent. However, figures for Year-Round beds that are dedicated to Veterans the reverse is largely true. Nearly three-fourths of the U.S Year-Rounds beds dedicated to Veterans come in the form of Transitional Housing (TH). Transitional Housing beds make up more than 67 percent of the Year-Round capacity dedicated to Veterans. **Table 25** provides a full comparison of Year-Round capacity.

Table 25. Housing Inventory Count by Type, West Virginia & Surrounding States 2018

	2018 Total Year-Round Beds			2018 Dedicated Veteran Beds		
State	**Emergency Shelter (ES)**	**Transitional Housing (TH)**	**Safe Haven (SH)**	**Emergency Shelter (ES)**	**Transitional Housing (TH)**	**Safe Haven (SH)**
Kentucky	2,310	565	0	39	226	0
Maryland	3,470	1,970	89	102	319	14
Ohio	7,265	1,905	99	134	452	57
Pennsylvania	8,096	4,501	312	142	575	45
Virginia	4,184	1,079	40	52	79	22
West Virginia	1,292	287	14	37	77	0
United States	286,203	101,029	2,390	4,348	13,817	969

Source: The U.S. Department of Housing and Urban Development. Housing Inventory Count.

Permanent Supportive Housing (PSH), where permanent housing with indefinite leasing or rental assistance paired with supportive services for disabilities, make up 70 percent of 2018 Permanent Housing capacity in West Virginia. Figures for surrounding states and the nation are roughly comparable (only Virginia has a significantly larger percentage of Rapid Re-Housing capacity). Permanent Supportive Housing makes up even larger percentages of Veteran-dedicated, permanent housing capacity regionally. More than 80 percent of Veteran-dedicated, permanent housing capacity in West Virginia is made up of Permanent Supportive Housing. Table **26** provides additional detail related to Permanent Housing by type.

Table 26. Permanent Housing by Type, West Virginia and Surrounding States 2018

	2018 Total Year-Round Beds			2018 Dedicated Veteran Beds		
State	**Rapid Re-Housing (RRH)**	**Permanent Supportive Housing (PSH)**	**Other Permanent Housing (OPH)**	**Rapid Re-Housing (RRH)**	**Permanent Supportive Housing (PSH)**	**Other Permanent Housing (OPH)**
Kentucky	1,069	3,253	443	152	932	4
Maryland	1,262	7,194	1,911	191	1,315	5
Ohio	5,352	17,895	46	567	2,981	20
Pennsylvania	4,824	12,895	375	619	2,918	29
Virginia	3,119	4,375	849	243	1,689	3
West Virginia	387	1,261	154	131	550	0
United States	109,095	361,386	36,790	14,665	103,783	1,684

Source: The U.S. Department of Housing and Urban Development. Housing Inventory Count.

Total Year-Round bed capacity has largely held constant for the Wheeling/Weirton CoC and the Huntington/Cabell, Wayne CoC. The Charleston and Balance of the State CoC's, however, report declines in total year-round beds for the same period, where combined the two areas have lost roughly one-fourth of that capacity. Data related to Veteran-dedicated beds has only been published for the two most recent HICs, but these figures roughly mirror the trends for total year-round capacity. The Wheeling/Weirton CoC, as an exception, added Veteran-dedicated, year-round capacity from 2017 to 2018. A full breakdown is provided in **Table 27**.

Table 27. Total Housing Inventory Count by Type, WV Continuum of Care - 2014-2018

	Total Year-Round Beds (ES, TH, SH)			
Year	**Wheeling, Weirton Area**	**Huntington/Cabell, Wayne Counties**	**Charleston/Kanawha, Putnam, Boone, Clay Counties**	**West Virginia - Balance of State**
2014	117	261	430	1,157
2015	107	261	431	1,106
2016	113	292	383	943
2017	108	263	347	939
2018	107	275	310	901
	Dedicated Veteran Beds (ES, TH, SH) [46]			
Year	**Wheeling, Weirton Area**	**Huntington/Cabell, Wayne Counties**	**Charleston/Kanawha, Putnam, Boone, Clay Counties**	**West Virginia - Balance of State**
2014	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A
2016	N/A	N/A	N/A	N/A
2017	0	13	22	81
2018	7	13	17	77

Source: The U.S. Department of Housing and Urban Development. Housing Inventory Count.

[46] Data related to veteran-dedicated beds collected as part of the HIC program beginning in 2017.

Estimates of Utilization

In 1999, Congress directed HUD to collect unduplicated counts of clients served, demographic information and outcomes of homelessness projects. In 2001, Congress charged HUD to work with communities to further analyze patterns of service and program effectiveness largely through consistent, longitudinal data in what has become known as Homeless Management Information Systems (HMIS).[47]

Data estimates (building on HMIS) published by the West Virginia Coalition to End Homelessness (WVCEH) are useful tools to help understand the relationship between capacity and utilization. With respect to Veterans in West Virginia, WVCEH publishes statistics related to housing placements and usage of HUD-VASH vouchers for the state and each CoC. Further data related to bed occupancy is published for all persons experiencing homelessness.[48]

State total Veteran housing placements decline over the 2015 to 2017 period, by roughly 50 percent (roughly corresponding to PIT estimate declines over the same time period). Declines are also observed in each CoC. Please see **Table 28** for more detail.

Table 28. Annual Veteran Housing Placements by West Virginia CoC

	Annual Veteran Housing Placements		
Continuum of Care (CoC)	**2015**	**2016**	**2017**
Wheeling, Weirton Area	33	21	15
Huntington/Cabell, Wayne Counties	126	74	48
Charleston/Kanawha, Putnam, Boone, Clay Counties	76	58	31
West Virginia -Balance of State	516	294	282
West Virginia State Total	751	547	376

Source: West Virginia Coalition for the Homeless; Data Visualization Tools

Data related to the utilization of HUD-VASH vouchers indicate increases over the period for which data is available. Selected points are provided in **Table 29**.

Table 29. HUD-VASH Voucher Tracking, West Virginia

West Virginia	**June 2016**	**Dec 2016**	**Jun 2017**
HUD-VASH Vouchers Available	442	442	442
Vouchers in use by Veterans	353	376	392
Percent Vouchers in Use	80%	85%	89%

Source: West Virginia Coalition for the Homeless; Data Visualization Tools

[47] https://www.huduser.gov/portal/periodicals/em/summer12/highlight2.html.
[48] https://www.wvceh.org/tools-resources/data-visualization.html.

Bed inventory utilization on the night of PIT counts, for all homeless persons (not just Veterans). Data presented in **Table 30** suggest a slight downward trend for those in Emergency Shelters, Transitional Housing and Permanent Supportive Housing, but with some volatility year to year.

Table 30. Housing Inventory Bed Utilization, by Housing Type, 2012-2016

	Bed Occupancy, Night of PIT, All Homeless				
Housing Type	**2012**	**2013**	**2014**	**2015**	**2016**
Emergency Shelter	70%	62%	72%	58%	60%
Transitional Housing	81%	82%	76%	80%	69%
Permanent Supportive Housing	95%	90%	83%	93%	91%

Source: West Virginia Coalition for the Homeless; Data Visualization Tools

Stakeholder Interviews

Stakeholder interviews were included in the scope of work for this project to determine whether the literature review and data analysis reflected the experiences and perceptions of the people with "boots on the ground", i.e., the various agencies and individuals working with Veterans every day in the state of West Virginia. CBER, in consultation with staff from the Department of Veterans Assistance, produced a list of interview targets. Using themes gleaned from the literature review, a supporting interview structure was developed in order to guide the collection of information along participants to help provide consistency across responses. A draft list of questions was submitted to Department staff and a final draft of questions were approved. The final question list included:

1. *Estimates suggest a significant decline in Veteran homelessness in recent years. Do you feel these estimates reflect the situation in your region and/or the state?*
2. *Do veteran housing providers have enough capacity to shelter homeless Veterans or those at risk?*
3. *As the Veteran populations ages, do you feel the state/region is adequately prepared to provide housing for older Veterans?*
4. *How well are groups in WV working to prevent homelessness among Veterans?*
5. *How well are groups in WV working to preserve existing housing for Veterans?*
6. *Research suggests that much more attention is given to our male Veteran populations than to our female Veteran population. Does that appear to be true in WV? What are some solutions?*
7. *A history of incarceration and/or substance abuse has been correlated with Veteran homelessness. What programs are in place or have been effective in breaking this cycle?*
8. *Do you feel there are significant issues related to Veteran homelessness that have become prominent since the conflicts in Iraq and Afghanistan?*
9. *Homelessness has been a substantial problem among Veterans for many generations. What issues do you see in rural areas of WV that have an impact on this problem as well?*
10. *What are some potential solutions to the problem of homelessness among Veterans in WV?*

A list of 20 stakeholders were compiled, and Veterans selected 10 contacts to be interviewed. The interviews were conducted via telephone October 21, 2019 – October 29, 2019. The results of the interviews include quotes and paraphrases of the stakeholders and reflect their viewpoints.

Interviews by stakeholder institution, representative and date completed:

- **WV Veterans Home**. Ethan Anderson, Social Worker. October 21, 2019
- **Helping Heroes, Inc**. Holden Smith, Director of Programs. October 21, 2019
- **Partnership of African American Churches**. Elvin Campbell, Veteran Social Worker. October 21, 2019
- **Roark-Sullivan Lifeway Center**. John Thompson, Executive Director. October 22, 2019
- **WV Department of Veterans Assistance**. Kasey Voloski, Veterans Outreach Social Worker, October 25, 2019
- **Disabled American Veterans, Chapter 3**. Donna Decker, Adjutant. October 25, 2019
- **West Virginia Coalition to End Homelessness**. Zach Brown, Chief Executive Officer. October 25, 2019 and written.
- **Greater Wheeling Coalition for the Homeless**. Lisa Badia, Executive Director. October 28, 2019
- **West Virginia Housing Development Fund**. Erica Boggess, Executive Director. October 28, 2019
- **Beckley VA Medical Center**. Canceled.

Summary of Stakeholder Responses

1. Estimates suggest a significant decline in Veteran homelessness in recent years. Do you feel these estimates reflect the situation in your region and/or the state?

The stakeholders' perceptions tended to think the population has remained stagnant or perhaps witnessed a small decline, no one believed there has been a significant decline. Important points to note:

- There was a decline three or four years ago, when many agencies began to focus on Veterans.
- Data may be skewed because portions of the homeless population will travel into a region if they hear of certain services available.
- The Housing First initiative has been successful.
- There has been a decline in Stand Down attendance, but it is believed that there are more homeless Veterans out there, it's just that outreach activities are not always successful.

2. Do veteran housing providers have enough capacity to shelter homeless Veterans or those at risk?

The consensus of the stakeholders is there are not enough emergency shelters in the state. Centralized areas have more capacity than the rural areas, but even the more populated areas of the state lack capacity. There is a need for rural housing, but emergency shelters are in greater demand. Important points include:

- Capacity shortages are created when shelters decide to shelter only males or females, vs. having co-habitation policies. Male only are the most common.
- Local government organizations work to shut down emergency shelters.
- Only Veterans with an Honorable or General Discharge may be served. Agencies are seeing some veterans with Bad Conduct discharges receiving mental health treatments.
- There is a push from HUD and VA for Rapid Re-Housing to direct people from emergency shelters to transitional housing. There is only one transitional housing program in the state.

3. As the Veteran populations ages, do you feel the state/region is adequately prepared to provide housing for older Veterans?

The stakeholders believe the state is not adequately prepared to provide housing and emergency services for elderly Veterans. They each had specific points to describe the variance and depth of the issues; they are summarized and paraphrased below.

- The aging Veterans are low income and have higher needs. Many do not meet the criteria for nursing homes.
- The chronic homeless, those who can't be or won't be housed are out there. What happens when they become frail or sick? There is not a place for them to go.
- Currently, a trend in WV known as 'Drug and Nuisance Ordinances' are making it increasingly difficult to house people experiencing homelessness. Generally, these ordinances allow municipalities to order an eviction on persons in affordable rental units after two calls to the police have been made on the person/unit.
- Many aging Veterans have a mountain of problems. The resist asking for services. Once they do, they are in dire conditions which require quick response.
- Many Veterans need assisted living or nursing facilities. One person indicated they saw more post 9/11 Veterans than elderly, but this population also has multi-faceted needs and need nursing/assisted living.
- The state has one Veterans' home in Barboursville and one nursing facility in Clarksburg. Geographic distribution and poor transportation limit access.
- Housing that is available is often in a state of bad repair and not adequate for Veterans with mobility issues. Apartments are not equipped to handle aging difficulties such as stairs, safety bars, etc.

- The nursing facility in Clarksburg does not serve the Veterans living in the southern part of the state. It is difficult for families to visit, so many Veterans choose not to apply.

4. How well are groups in WV working to prevent homelessness among Veterans?

There is an overwhelming consensus among the stakeholders that the service providers in the state do an outstanding job of working together. Private funding is enabling aggressive targeted prevention and diversion to prevent first-time homelessness. They are networked and understand the strengths and weaknesses of each and are committed to assisting each other whenever possible. Example, some agencies can pay first month rent, some can pay deposits, etc. Some notes of interest:

- Serving the homeless Veterans require a three-pronged approach: the landlords, the community partners and the Veterans themselves. A strong network must be in place to be effective.
- Community agencies are established to improve communication between the different entities
- The funding that is going into drug recovery program enables veterans to go directly to those facilities and bypass the VA. This may contribute to Veterans going under the radar.
- Community agencies are trying to promote that the term "homeless" is not a noun but a person that is experiencing being without housing. The perspective promotes more empathy for the person.
- There is a lack of services available to rural areas. There are places in the state where no services are available.
- There is a need to involve more involvement with local and state government. The Governor's Council on Homelessness[49] and the Transportation Coordinating Council[50] are currently inactive.

5. How well are groups in WV working to preserve existing housing for veterans?

The stakeholders rate the state lower in the services available to preserve existing housing for Veterans than they rated the services available to prevent homelessness. Some notes of interest:

- Non-profits are increasing and becoming more sustainable. Unique project exists in Jackson County in which Operation Jackson County Veterans received a land donation and then built tiny houses for housing.

---

[49] http://www.wvich.org/.
[50] https://transportation.wv.gov/publictransit/Pages/WVTransportation.aspx.

- There is one transitional facility in WV. If more facilities are funded it is important to note that success is not just placing the veteran in housing, but services are also needed to keep the home. Case managers are needed to help manage finances, maintain and repair the house, in addition to servicing the veteran and the issues that resulted in the homelessness.
- Suggest that agencies work with landlords to provide fair and transparent MOU. The programs should not be marketed in a way that is over inflated with success. The warning should be, "Pitch a dream—deal with a nightmare". It is suggested the message should be, "We want to give you the best tenant we can." Put together a packet for landlords.
- There is an advantage to using private, flexible money in order to provide those entering the system a way to be diverted from homelessness and the homeless service system.
- Rapid Resolution is should not be viewed as a "time clock" but more training is needed to help case workers ask the right question to lift barriers and work with other agencies to review their policies and procedures that could be relaxed to give case workers time to find solutions.

6. Research suggests that much more attention is given to our male Veteran populations than to our female Veteran population. Does that appear to be true in WV? What are some solutions?

Stakeholders believe that much more attention is given to male Veterans, but not sure if it is a ratio issue or if the female veterans are more hidden. However, female Veterans are more likely to have different issues related to their gender. They are often the last people to ask for help, and have developed keen survival skills, because they are the hub of the family and they need to feed their family. Some notes of interest:

- There are lower numbers of female Veterans in WV, but the number is estimated around 10,000 that need services. Women have different issues than males. Many of the women have experienced domestic violence, sexual assault and abuse during their military service and do not consider services available through Veteran services a safe place.
- There are no transitional housing programs for women in this state.
- There is a lack of emergency shelter beds. If the women know there is a lack of capacity, does that keep them from coming in and asking for services? There is a need for more shelters that have a section for females.
- Treatment programs should segregate services, whether it be for Post-Traumatic Stress Disorder (PTSD), drug or alcohol abuse.
- There are cultural issues that starts with the VA and treatment of female service members. The general public perceives soldiers as clean cut, white males. Need to show what the population looks like, even in films. Females face identity issues, lack of family support, poverty, addiction and no access to health care.
- The military needs to start transitional services before discharge.

- The female Veterans need to engage, show their face, discuss their needs. There are opportunities to become involved as volunteers, speakers, members of community action groups, etc.

7. A history of incarceration and/or substance abuse has been correlated with Veteran homelessness. What programs are in place or have been effective in breaking this cycle?

The stakeholders acknowledged that the opioid crisis in WV has affected the entire state and the Veteran population has not been spared. Everyone agrees they are seeing more Veterans with addiction issues, mental health issues which links to a history of incarceration. The VA mental health services are multifaceted and include, medical treatment, sobriety counselors and social workers, but there are veterans who are not coming in for services, or who do not have access to services in rural areas. Points of interest discussed:

- It is estimated that 98% of homeless Veterans are either; an active drug user; a person receiving medical assisted treatments; a person not receiving medical assisted treatments but working to stay clean; or they are not a user but are homeless because of someone else's addiction. Intervention programs should address all these Veterans.
- WV is doing a better job of developing discharge plans with Veterans before they are released from incarceration.
- Focus should be on the root of the Veteran's problem, not the punishment.
- Need more Veterans Service Organizations (VSOs) trained in peer support.
- If a Veteran's apportionment could go to the families, while the Veteran was incarcerated, it could help keep the family support system in place for the Veteran when released.
- Treatment programs in place are not adequately funded. Programs are staffed with part time, low waged positions, and many are unfilled. Until staff is offered a competitive wage positions, full time, with benefits, programs can't be very successful.

8. Do you feel there are significant issues related to Veteran homelessness that have become prominent since the conflicts in Iraq and Afghanistan?

Most of the stakeholders believed there are more incidents of PTSD, Traumatic-Brain Injury (TBI) and more drug issues for the younger veterans. One stakeholder, who has worked in the field for many years and has served WWII, Korean and Vietnam Veterans stated that he believes that the limited social support for Veterans has always been an issue and does not see a lot of difference in the younger Veterans who become homeless. Points of interest:

- The younger Veterans have more issues, but at the same time, there are more resources available.
- Younger Veterans have problems with reintegration issues. Maybe they graduated from high school and enlisted in the military and have never been independent. They return to

a life with no structure, no family support and this leads to substance abuse and the vicious cycle of incarceration and homelessness.

- The use of the reservists to fight in today's conflicts is part of the root cause. Weekend military personnel deployed as active duty soldiers have a hard time adjusting to full time conflict and have a hard time coming back and returning to a "normal" life.
- Need more programs to follow up once the Veteran is in housing to prevent them from falling back into homelessness.
- Families of Veterans do not know how to support the returning Veterans. Many of the families of the Post 9/11 Veterans do not have a military background and lack a knowledge of the realities of war.
- Law enforcement do not receive training on how to manage a PTSD victim.

9. Homelessness has been a substantial problem among Veterans for many generations. What issues do you see in rural areas of WV that have an impact on this problem as well?

Each stakeholder identified two main issues in rural areas of West Virginia. There are no transportation services in rural areas and there is a lack of services available in rural areas. Even if limited services are available in a small community, and if the Veteran knows they are available and if the Veteran does not have family with a car, they cannot access. Other points of interest discussed:

- First time homelessness is increasing in rural areas because of opioids. Once the pain pills are gone, there are no jobs or services. They go to more populated areas for services. The increase is more intra-state transition to cities than homelessness coming from other states.
- DAV funds have been cut, and rural areas with low participation rates are often the first to be cut.
- There is a culture in many rural areas that promote intergenerational poverty. "Do not ask for help." "Do not try to improve yourself".
- West Virginia has a small minority population. African Americans may not trust a white VSO and an African American VSO is often reluctant to travel into some rural areas.
- Housing costs are very high in some areas of the state because of the gas drillers demand for temporary housing.
- Rural housing is difficult. No one wants to develop housing in rural areas because there is a lack of qualified contractors and sub-contractors. There is not enough money to distribute and rural areas are competing with more urban areas for funds.

10. What are some potential solutions to the problem of homelessness among Veterans in WV?

The stakeholders were very positive and forthcoming with responses. Every one of them mentioned more funding: more funding for social workers, more funding for non-profits, more funding for transportation, but also there were specific recommendations. They are listed below (without order of preference):

- There is a need for more transitional housing for males and females.
- There is a need for more Veteran friendly shelters for males and female.
- There is a tremendous need for a nursing facility in the southern part of the state.
- Mayors should participate in the VA's Mayor Challenge program to truly serve homeless Veterans in their cities.
- Improve military preparation before they transition out of service. Give them training in life management, financial management and knowledge of services available.
- Stop treating with prescription drugs. Take an empathetic approach. Veterans want you to know how they served and how they are doing.
- There needs to be more landlords willing to house sex offenders.
- Increase more interagency communication including state and local government, Family Resource Networks and nonprofits.
- There needs to be additional funding sources not tied to federal program requirements. The federal programs are too complicated, and the Veterans need more leeway.
- There is a strong correlation between brick and mortar and maintenance. Supportive housing and services need to be paired with housing.
- Support Continuum of Care groups.
- Support public housing authority to prioritize Veteran's preference points.
- Grant funders need to remove barriers to success. Programs need more than social workers or case managers. They do not support or understand the need for administrative staff. Every program comes with needs for financial managers, documentation, reporting, etc. Grant funds should allow these expenses.
- Increase funds for training.
- Allow for maintenance cost. If a Veteran is on a limited income, there is a great chance they are not going to finance preventive maintenance tasks.

Summary of Findings

This report attempts to quantify housing needs for West Virginia Veterans using publicly available federal and state-level data sources. A series of targeted stakeholder interviews understand observation in the data and to better frame current and emerging issues related to housing needs for Veterans in the state.

A great deal of attention has been paid to the issues of housing and homelessness, that of Veterans in particular. **With respect to the literature relaying to homelessness and Veterans, we find that:**

- Despite decades of research, homelessness and the consequences that accompany it (including mental health, physical health and drug use) continue to be problems nationally and regionally.
- Veterans are overrepresented among the homeless in the United States and are at greater risk than non-veterans of becoming homeless.
- Veterans' higher risk for homelessness suggests that services (particularly housing and health services) for an aging homeless population will grow in scope and cost.
- Changing needs for health and housing support services of an aging Veteran population is just becoming better understood and those with the most fragile ties to stability will likely face pressing challenges.
- Homelessness and incarceration share risk factors, and each increases the risk of the other, particularly for Veterans.
- Many of the available programs cannot accommodate or are not structured to address the privacy and other gender-specific concerns of women, particularly women with children or those with trauma histories.
- The low reported uptake of VA homeless services suggests there are barriers to care, especially for Veterans who live in rural areas.

The share of the WV population with military experience is higher than that of the nation but is expected to decline. Along with that decline, the demographic profile of Veterans is expected to change with an increase in the percentage of female veterans. An older, less affluent population with high percentages of service-connected disability imply the need for significant health services, compensation benefits and housing. **With respect to Veteran demographics we observe that**:

- West Virginia Veterans account for roughly 9.5% of the 18 and over population (based on US Census data for 2017; data from the U.S. Department of Veterans Affairs is roughly consistent but slightly higher).
- The percentage of the adult population that are Veterans is roughly one and one-half times that of the national estimate (10.2% in West Virginia; 6.6% for the U.S.).
- Veterans aged 65 and over make up nearly half of the total Veteran population in West Virginia as of FY 2015.

- A population projection of the Veteran age group for those 85+ is expected to see a moderate increase in 2035, with that figure subsiding close to current numbers by 2045.
- Of the more than 142,000 Veterans living in WV in FY2017, more than 79,000 were enrolled in the VA Healthcare System, roughly 35,000 were receiving compensation benefits and more than 21,000 were education beneficiaries.
- Most of the Veterans receiving compensation and pension benefits were between the ages 65 through 74.
- Unemployment rates for Veterans and non-veterans alike produce a downward trend. However, unemployment and labor force participation rates in West Virginia, lag those for the nation, particularly among Veteran populations.
- Roughly ten percent of West Virginia Veterans were living below the poverty level and more than 38 percent were classified as having a disability. These figures are higher than those for surrounding states.
- Higher percentages of West Virginia Veterans are estimated to have service-connected disability ratings at 70 percent or greater than each of those in surrounding states and higher than that of the nation.
- More than 43 percent of West Virginia Veterans indicate that High School and Equivalency as their highest level of education, while slightly more than 18 percent claim a Bachelor's Degree or Higher.
- 2,440 West Virginia Veterans are living in group quarters populations. Of those, 1,830 are in institutionalized group quarters with slightly more than half in nursing or skilled nursing facilities.

In most cases, people with acceptable options for permanent housing do not choose homelessness. Persistent engagement and best practice approaches across a multitude of programs have helped reduce the number of unsheltered veterans. The combination of service providers, federal and state agencies, business and concerned members of the community are committed to help achieving the goal of ending homelessness for West Virginia Veterans. That commitment is on display in terms of published estimates of the number of homeless veterans in the state. **With respect to Veteran homelessness we find that**:

- The count of homeless West Virginia Veterans as reported by the PIT Count, dropped significantly from 2015 to 2016 and continues to decline.
- Unsheltered homeless Veterans in West Virginia peaked in 2015 and declined significantly from 2015 to 2016 but an uptick in unsheltered homeless Veterans in West Virginia was reported in 2018.
- From 2014 to 2018, the number of homeless Veterans in West Virginia declined faster than in any surrounding state (60.7%).
- Declines in total homeless Veterans were observed in the two largest West Virginia CoCs (Balance of the State and Charleston/Kanawha, Putnam, Boone, Clay Counties) while figures for the remaining CoCs were low, but relatively constant.

The West Virginia Department of Veterans Assistance operates the 120-bed West Virginia Veterans Nursing Facility in Clarksburg and the 150-bed West Virginia Veterans Home in Barbourville. Additional counts from The Department of Housing and Urban Development suggest a decline in total year-round beds addressing homelessness, albeit with smaller declines with respect to Veteran-dedicated capacity. **With respect to housing and dedicated capacity for Veterans we find that**:

- From 2017 to 2018, Total Year-Round Beds declined in West Virginia, its surrounding states and the nation.
- Despite those declines, West Virginia Veteran-dedicated beds remined roughly constant, while other states in the region saw larger declines for beds dedicated to Veterans.
- With respect to Total Year-Round Beds, most of the capacity is made up of Emergency Shelter (ES) beds. Nationwide, ES beds make up nearly three-fourths of Total Year-Round beds. For West Virginia in 2018, that number exceeded 81 percent.
- However, figures for Year-Round beds that are dedicated to Veterans the reverse is largely true. Nearly three-fourths of the U.S Year-Rounds beds dedicated to Veterans come in the form of Transitional Housing (TH).
- Permanent Supportive Housing (PSH), where permanent housing with indefinite leasing or rental assistance paired with supportive services for disabilities, make up 70 percent of 2018 Permanent Housing capacity in West Virginia and more than 80 percent of Veteran-dedicated, permanent housing capacity in West Virginia is PSH.

Estimates of housing utilization for Veterans from publicly available sources is less abundant. However, **with respect to housing utilization we find that:**

- State total Veteran housing placements decline over the 2015 to 2017 period, by roughly 50 percent (roughly corresponding to PIT estimate declines over the same time period).
- However, HUD-VASH voucher utilization data indicate increases in utilization in the program from June 2016 to June 2017 (from 80 percent to 89 percent).
- Bed inventory utilization for all homeless persons suggest a slight downward trend but with some volatility year to year.

Using themes gleaned from the literature review, a supporting interview structure was developed in order to guide the collection of information along participants to help provide consistency across responses. A total of XX interviews were conducted with representatives from federal and state government entities, charitable organizations and individual volunteers.

From the stakeholder interviews we determine that:

- The Veteran homeless population decline from official counts may not be telling the whole story because of migration to services and the fact that outreach efforts to find homeless Veterans have limitations.
- Capacity is an issue, particularly for emergency shelters and housing in rural areas. Despite the higher amount of resources, larger areas often lack capacity.

- Emergency shelters are in great demand but differing priorities for HUD/VA, local governments and service providers are moving toward transitional housing.
- Aging Veterans present significant challenges for care and many homeless Veterans do not seek out services until the need is dire.
- The housing stock that exists may not be able to support Veterans with mobility or other age-related issues.
- The geographic distribution of state facilities limit access and transportation options are wanting. Stakeholders felt that there is need for a nursing facility in the southern part of the state.
- An unintended consequence of drug recovery efforts is that Veterans seek treatment/care through those programs, effectively being "under the radar" for Veteran services.
- There is a need to involve more involvement with local and state government. The Governor's Council on Homelessness and the Transportation Coordinating Councils are currently inactive.
- The stakeholders rate the state lower in the services available to preserve existing housing for Veterans than they rated the services available to prevent homelessness.
- Females face identity issues, lack of family support, poverty, addiction and less access to health care. Many of the women have experienced domestic violence, sexual assault and abuse during their military service and do not consider services available through Veteran services a safe place.
- Younger Veterans have problems with reintegration into society. They return to a life with no structure, no family support and this leads to substance abuse and the vicious cycle of incarceration and homelessness.
- Families do not know how to support the returning Veterans. Many of the families of the Post 9/11 Veterans do not have a military background and lack a knowledge of the reality of war.
- First time homelessness in increasing in rural areas because of opioids. Once the pain pills are gone, there are no jobs or services. They go to more populated areas for services.
- Housing costs are very high in some areas of the state because of the gas drillers demand for temporary housing.
- Rural housing is a difficult proposition due to a lack of stock, qualified contractors and lower profit motives. There is not enough money to distribute and rural areas are competing with more urban areas for funds.

Recommendations for Future Analysis

The review of publicly available data and targeted interviews suggest that West Virginia Veterans are a population that needs (and will continue to require) substantial compensation as well as health and housing-related services. Therefore, the development of an understanding the population of Veterans who are not homeless but are at risk for homelessness can inform stakeholders about potential numbers of Veterans who may require housing and/or other services. Based upon research conducted as part of this report, we recommend:

- As stakeholders identify capacity and transportation related challenges associated with geography, the Department of Veterans Assistance should conduct a full-scale feasibility study related to a Veterans' nursing facility in the southern part of the state.
- Recognizing the importance of local government participation in addressing issues related to Veteran Homelessness, efforts to coordinate local stakeholders with the Governor's Council on Homelessness, the WV Transportation Coordinating Council, state agencies and service providers should be fostered.
- Support training for emergency responders and state/local government service providers to identify and respond to Veterans dealing with Post-Traumatic Stress Disorder and related challenges.
- Work with stakeholders to develop informational packets for families of returning Veterans with pertinent, West Virginia-specific phone numbers, internet links and other resources to help family members identify needs and support Veterans.
- Building upon surveys (like the 2010 National Survey of Veterans), the Department should conduct a canvass of West Virginia Veterans with regards to the stability of income and housing, particularly those who are not viewed as "at-risk" to better inform future policy decisions.
- Routinely comparing data related to Veteran demographics, particularly data related to poverty, disability and drug abuse and its relation to incarceration are vital to better implement assistance programs including housing provision, treatment options and prevent recidivism across correctional and rehabilitative settings.[51]
- Developing the capacity through partnerships to collect and analyze program data such as HMIS and other sources to create data sets specifically related to Veteran homelessness and monitor program activities. This is particularly important in terms of better understanding the make-up and need for services in the female Veteran population.

[51] Data for justice-involved veterans in West Virginia is not released as part of the National Prisoner Statistics (NPS) Program. However, a report produced by the produced by the Bureau of Justice Statistics entitled *Veterans in Prison and Jail, 2011–12*, estimated that 181,500 veterans (8% of all inmates in state and federal prison and local jail excluding military-operated facilities) were serving time in correctional facilities. This represented a decrease from 2004 estimates (9% of the total incarcerated population.

Citations

Byrne, T., Montgomery, A. E., Treglia, D., Roberts, C. B., & Culhane, D. P. (2013). Health Services Use Among Veterans Using U.S. Department of Veterans Affairs and Mainstream Homeless Services. World Medical and Health Policy, 5(4), 347–361.

Cetina, J. G. (1977). A History of Veterans' Homes in the United States, 1811-1930. PhD, Case Western Reserve University.

Culhane, D. P. and Metraux, S. (1999). Assessing relative risk for homeless shelter usage in New York City and Philadelphia. Population Research and Policy Review, 18(3): 219–236.

Cusack, M., & Montgomery, A. E. (2017). Examining the bidirectional association between veteran homelessness and incarceration within the context of permanent supportive housing. Psychological Services, 14(2), 250-256.

Fargo, J., Metraux, S., Byrne, T., Munley, E., Montgomery, A. E., Jones, H., and Culhane, D. (2012). Prevalence and risk of homelessness among US veterans. Preventing chronic disease, 9, E45.

Fetter, Daniel K. (2010). Housing finance and the mid-century transformation in US homeownership: the VA home loan program. Unpublished manuscript, Harvard University.

Gamache, G., Rosenheck, R., and Tessler. R. (2003). Overrepresentation of women veterans among homeless women. American Journal of Public Health; 93(7):1132-6.

Greenberg, G. A., & Rosenheck, R. A. (2008). Jail incarceration, homelessness, and mental health: A national study. Psychiatric Services, 59, 170–177.

Kinosian. B., Stallard, E., and Wieland, D. (2007). Projected use of long-term-care services by enrolled veterans. Gerontologist; 47(3): 356-64.

Kushel, M. B., Hahn, J. A., Evans, J. L., Bangsberg, D. R., & Moss, A. R. (2005). Revolving doors: Imprisonment among the homeless and marginally housed population. American Journal of Public Health, 95, 1747–1752.

Malphurs, Frederick L. , and Striano, Joseph A. (2001). Gaze Into the Long-term Care Crystal Ball: The Veterans Health Administration and Aging, The Journals of Gerontology: Series A, Volume 56, Issue 11, Pages M666–M673.

Metraux, S., Byrne, T., & Culhane, D. P. (2010). Institutional discharges and subsequent shelter use among unaccompanied adults in New York City. Journal of Community Psychology, 38, 28–38.

Metraux, S., Roman, C. G., & Cho, R. S. (2007). Incarceration and Homelessness. In D. Dennis, G. Locke, & J. Khadduri (Eds.), Toward understanding homelessness: The 2007 national symposium on homelessness research. Washington, DC: U.S. Department of Health and Human Services.

Perl, L. (2015). Veterans and homelessness (CRS Report RL34024). Washington, DC: Congressional Research Service.

Robertson M. (1987). Homeless veterans: an emerging problem? In Bingham RD, Green RE, White SB, editors. The Homeless in Contemporary Society. Beverly Hills (CA): Sage.

Roman, C. G., & Travis, J. (2004). Taking stock: Housing, homelessness, and prisoner reentry. Washington, DC: Urban Institute, Justice Policy Center.

Skocpol, T. (1992). Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States. Cambridge, MA: Belknap Press of Harvard.

Treglia, D. (2016). Identifying and Serving Veterans Accessing Community-based Homeless Services: A Study of Three U.S. Cities. VA National Center on Homelessness Among Veterans – Research Brief.

Tsai, J., Link, B., Rosenheck, R.A. et al. (2016). Social Psychiatry and Psychiatric Epidemiology; 51: 907.

Tsai, Jack and Rosenheck, Robert A. (2015). Risk Factors for Homelessness Among US Veterans, Epidemiologic Reviews, Volume 37, Issue 1, 2015, Pages 177–195.

Washington, D. L. & Yano, E. M. & McGuire, J. & Hines, V. & Lee, M. & Gelberg, L. (2010). Risk Factors for Homelessness among Women Veterans. Journal of Health Care for the Poor and Underserved 21(1), 82-91. Johns Hopkins University Press.

Wenzel, S.L., Gelberg, L., Bakhtiar, L., Caskey, N., Hardie, E., Redford, C. and Sadler, N. (1993). Indicators of Chronic Homelessness Among Veterans. Psychiatric Services; 44:12, p1172-1176.

Wolitski, R.J., Kidder, D.P., Fenton, F.A. (2007). HIV, homelessness, and public health: critical issues and a call for increased action. AIDS Behavior; 11 (6 Supp1):167-71.

Supplemental Appendices

Appendix A – West Virginia Veteran Service-Connected Disability Ratings by County

Geography	Percent Veterans: Service-Connected Disability	Geography	Percent Veterans: Service-Connected Disability
Barbour County	20.90%	Mineral County	22.70%
Berkeley County	27.90%	Mingo County	25.70%
Boone County	24.10%	Monongalia County	18.30%
Braxton County	26.30%	Monroe County	27.30%
Brooke County	19.10%	Morgan County	28.50%
Cabell County	22.20%	Nicholas County	26.50%
Calhoun County	14.10%	Ohio County	16.80%
Clay County	26.10%	Pendleton County	20.20%
Doddridge County	24.80%	Pleasants County	12.50%
Fayette County	25.00%	Pocahontas County	27.60%
Gilmer County	33.50%	Preston County	19.30%
Grant County	14.80%	Putnam County	16.70%
Greenbrier County	32.00%	Raleigh County	32.90%
Hampshire County	17.30%	Randolph County	23.70%
Hancock County	13.50%	Ritchie County	16.90%
Hardy County	16.40%	Roane County	28.80%
Harrison County	22.60%	Summers County	28.40%
Jackson County	10.00%	Taylor County	22.50%
Jefferson County	22.50%	Tucker County	16.20%
Kanawha County	18.40%	Tyler County	17.60%
Lewis County	25.40%	Upshur County	19.30%
Lincoln County	18.90%	Wayne County	34.60%
Logan County	27.00%	Webster County	16.20%
Marion County	22.30%	Wetzel County	14.60%
Marshall County	15.60%	Wirt County	17.20%
Mason County	25.40%	Wood County	20.40%
McDowell County	24.00%	Wyoming County	31.20%
Mercer County	32.90%		

Source: American Community Survey 2017, 5 Year Estimates, Table B21100.