



**THE
DEPARTMENT
OF HUMAN
SERVICES**

**KIMBERLEY CAUSEY-GOMEZ, MSW
COMMISSIONER**

**COMMITTEE ON
HOUSING,
TRANSPORTATION AND
TELECOMMUNICATIONS
BLOCK I
9:35 AM – 11:00 AM**

Monday, 27 February 2023

**SENATOR MARVIN A. BLYDEN
CHAIRMAN**



1 Good day Honorable Senator Marvin A. Blyden, Chairman of the Committee on Housing,
2 Transportation and Telecommunications, Committee members, other Senators present,
3 colleagues, fellow testifiers, the listening and viewing audience. I am Kimberley Causey-Gomez,
4 Commissioner of the Virgin Islands Department of Human Services (DHS). Joining me virtually
5 today is Ms. Kendall Tutein, Director of Non-Profit and Support Services. It is our pleasure to
6 accept your invitation to provide this committee with an update on homelessness from our
7 perspective.

8

9 This past week, we received a call from a thirty-five-year-old gentleman looking for a shelter as
10 he just arrived in the Virgin Islands to work. He had a backpack, limited funds, no family or local
11 contact, and a cell phone not working. We also receive calls and emails weekly from concerned
12 citizens and business owners regarding individuals who may be perceived homeless, as they are
13 usually walking or sleeping on the streets, with chronic behavioral health challenges and/or an
14 active or history of substance abuse. In addition, a family living in their car, people experiencing
15 chronic illness and unable to address rental arrearages, elderly person who has no family to care
16 for them and needs 24-hour care, a mother and grown daughter living in a one room, or people
17 living on the beach in a tent are all faces of what homelessness looks like. Unfortunately, the
18 Department of Human Services does not actually provide housing for individuals in these types
19 of situations. DHS does work in partnership with other GVI and non-profit agencies to provide
20 information and referral to the homeless for services in the territory, as well as provide resources
21 through our federal eligibility programs.

22

23 In working with the homeless service providers, the dominant challenge expressed in assisting
24 persons is the limited affordable housing resources available for placement in the Territory. Non-



25 profit agencies, who have funding to support placement, have reported that the housing
26 resources previously available to support placement have diminished as the AIR BNB market has
27 grown, and limited hotel room space due to the increase in our tourism market. Other challenges
28 expressed by non-profits include fiscal delays due to bureaucratic processes. Landlords are
29 reluctant to participate in housing programs to assist homeless because it takes so long for a
30 potential tenant to be placed delaying receipt of rental revenue streams.

31

32 I will defer to my esteemed colleagues with the VI Housing Authority and VI Housing Finance
33 Authority with their housing updates and services testimony to be received later today in Block
34 III.

35

36 We all know, being homeless is not always a choice but a set of circumstances that led to no
37 place to live. This is a community issue, not one individual agency can address it due to the
38 complexities. DHS stands ready to assist in providing services as required under our legal purview
39 and mission to help individuals attain self-sufficiency. Noting, that not all individuals want help
40 or services and have the right to refuse them.

41

42 **GVI Crisis Intervention and Miscellaneous Funds**

43 Currently, DHS provides oversight and monitoring of thirty-eight (38) GVI funded programs
44 through the FY2023 Crisis Intervention funds and GVI Miscellaneous ACT 8617 BILL #34-0302
45 totaling \$3,129,000. 21% or \$649,000 fund nine (9) homeless programs territorially. Homeless
46 services funded under the GVI include:

47

- One (1) soup kitchen, My Brothers Table on St. Croix.

48

- One (1) shelter-based program, Bethlehem House Shelter on St. Thomas.



- 49 • Two (2) transitional housing programs, Project Hope Outreach Ministries and Catholic
50 Charities of the VI - House of Hope on St. Croix, both agencies are represented here
51 today to provide further information;
- 52 • Four (4) street outreach and feeding programs which include;
- 53 ○ Ten Thousand Helpers and Collective Collaborations on St. Croix, and Catholic
54 Charities territorial programs which include Mobile Outreach and Family
55 Education; and
- 56 • One (1) homeless prevention program- St. Croix Mission Outreach.

57

58 There are other homeless service programs in the Virgin Islands community that are not
59 monitored by the Department of Humans Services. However, DHS collaborates with them to
60 ensure that persons experiencing homelessness or at risk for homelessness are referred for the
61 appropriate services.

62

63 **DHS Eligibility Services**

64 Many people who experience homelessness or who are at risk of homelessness can and do
65 qualify for Medicaid under various eligibility pathways. This is important because access to health
66 care is important for avoiding homelessness or assisting people who are homeless to secure
67 health care.

68

69 Through the Medicaid program, states may offer a wide-range of services and supports that can
70 assist individuals who experience or are at risk of chronic homelessness to function successfully
71 in the community and become more self-sufficient. The provision of effective behavioral health
72 services can address the root causes of chronic homelessness for individuals who have serious



73 mental illness and/or addictive disorders. Services such as personal assistance and home and
74 community-based services can also assist individuals to obtain the assistance that they require
75 to lead more stable lives in the community.

76

77 The DHS Division of Family Assistance (DFA) is required to abide by Federal Food and Nutrition
78 Services (FNS) Mandates. As permanent housing status is not a requirement for SNAP eligibility,
79 DFA strives to ensure that any person who identifies as homeless, transitional homeless,
80 temporary homeless, living in a halfway house, living in a shelter, or living on the street is eligible
81 to apply for Supplemental Nutrition Assistance Program (SNAP) benefits. Regardless of housing
82 status, program eligibility requirements are determined based on the household size and
83 monthly gross income. The VI uses the 175 % maximum poverty income limit household to
84 determine benefit eligibility. However, for households that include an elderly or disabled
85 member, 200% federal poverty level is used. Homeless households may qualify for expedited
86 services if their gross monthly income is less than \$150, liquid resources are less than \$100 or if
87 monthly income and liquid resources are less than their shelter and utilities expenses. Once the
88 case is designated as expedited, benefits must be issued within seven calendar days from the
89 date the application was filed.

90

91 Homeless households may also qualify for cash assistance including Temporary Assistance for
92 Needy Families (TANF) if a minor is part of the household. If the client is 65 and older, they can
93 apply for the Old Age Assistance Program. If the client is 18 or older and disabled, they can apply
94 for Temporary Disability Assistance or Aid to the Permanent and Totally Disabled. The Division
95 of Family Assistance refers households needing additional assistance immediately to the DHS
96 Office of Intake & Emergency Services for additional non-DFA services. The mission of the



97 Department of Human Services is to provide wrap-around services for any client identified as
98 "homeless" and recognizes that this group represents one of the most vulnerable populations in
99 the US Virgin Islands. Kindly refer to the attached Certification Unit- USVI SNAP Poverty
100 Guideline.

101

102 In addition, our Office of Intake and Emergency Services provides transient travel, Emergency
103 Welfare support, and Family Preservation services to prevent homelessness and to also preserve
104 the family unit.

105

106 **USVI Point-In Time (PIT) Count**

107 The preliminary FY2023 Point-In-Time (PIT) homeless (sheltered and unsheltered) count is
108 approximately 318. This information is based on a HUD mandated USVI Point In Time Count
109 data, organized by the USVI Continuum of Care Council on Homelessness. Of the total of 318,
110 207 reside on St. Thomas; 90 on St. Croix and 90 on St. John. Methodist Training and Outreach
111 Center Inc. is the Continuum of Care lead on the Homeless Management Information System
112 (HMIS).

113

114 In 2019, there were 314 reported homeless persons, of which 234 were unsheltered and 107 were
115 identified as chronic homeless. "Chronic" is defined as a long term unsheltered homeless
116 experience and may suffer from a mental/behavioral health disorder and/or substance abuse
117 disorder. In 2021, 174 homeless persons were counted, of which 111 were unsheltered, Does
118 that mean that the unsheltered homeless has decreased? No, it possibly means that the Point-
119 In-Time Count was not staffed sufficiently to count the unsheltered homeless during the January
120 event due to the Pandemic.



121 Anecdotal observation supports that the unsheltered homeless is higher than 400 in the territory.
122 Non-profit homeless service providers that work closely with the DHS continue to report 5 to 6
123 calls per week, requesting assistance for sheltering/housing. There are increasing numbers of
124 homeless persons accessing monthly clinics hosted by non-profit agencies, churches and non-
125 profits providing meals to homeless in the community monthly. The demand for overnight
126 shelter, transitional housing, permanent supportive housing, and affordable housing far exceeds
127 the available resources locally. This is our reality.

128

129 **Continuum of Care Emergency Housing**

130 The Department of Human Services participates in Continuum of Care (CoC) Emergency Housing
131 voucher case conferencing referral process to determine eligibility and referral to the
132 Department of Housing and Urban Development (HUD) funded VI Housing Authority,
133 Emergency Housing Voucher program (EHV). The EHV program mandates that all referrals must
134 come from the Continuum of Care Council on Homelessness. The case conferencing review team
135 is composed of private and public service providers. Catholic Charities of the VI serves as the
136 Continuum of Care Council Lead agency for the HUD sponsored Emergency Housing Voucher
137 program responsible for submitting the client referrals list to VI Housing Authority for issuance
138 of EHV vouchers.

139

140 HUD awarded the VI Housing Authority twenty (20) tenant based permanent housing vouchers
141 for use in the territory. The VI Housing Authority has issued fifteen (15) EHV vouchers to CoC
142 referred clients. Six (6) people have been housed since the inception of the program in 2021.
143 Again, the continuing issue when prioritizing and reviewing homeless referral needs is limited



144 housing inventory, lengthy wait lists for public housing programs, delays in tenant placement
145 causing backlog at the shelter level.

146

147 **VI Interagency Council on Homelessness (VIICH)**

148 The VI Interagency Council on Homelessness consists of top leadership of government
149 departments across sectors to develop policy and resources to support ending homelessness in
150 the US Virgin Islands. The Council met in November 2021 and March 2022.

151

152 The Access to Services subcommittee has been very active, meeting monthly during FY2022, to
153 develop a protocol to assist unsheltered homeless during a tropical storm. The subcommittee
154 members have identified the following service areas:

155

- 156 • Day Shelter.
- 157 • Overnight shelter.
- 158 • Transportation; and
- 159 • Supply Distribution for those who want to shelter in place.

160

161 The subcommittee will need to secure funding to purchase the supplies which include those
162 identified by the unsheltered who prefer to shelter in place. The Access to Services subcommittee
163 will continue planning in preparation for FY2023 Hurricane Season. The plan will be presented
164 to the ESF#6 Mass Care Planning Committee when fully developed. The Department of Human
165 Services truly appreciates the participation of Catholic Charities, Methodist Training Outreach
166 Center, Community First, St. Croix Mission Outreach, VI Housing and Finance Authority,



167 Department of Health - Behavioral Health Division, Frederiksted Healthcare, Inc. The Village, and
168 Women's Coalition in serving on the Access to Services subcommittee.

169

170 The VI Interagency Council on Homelessness focus for FY2023 will be determining the way
171 forward. The current voluntary process in place is challenging and does not provide the
172 opportunity for focused effort. There are a few initiatives and plans that have been developed
173 through different other agencies to address housing needs. The initiatives and plans need to be
174 reviewed and consolidated to eliminate duplication of effort. Consideration needs to be given to
175 the many different subpopulations of persons who are homeless or at risk for homelessness:
176 unsheltered, elderly, youth aging out of foster care, physically disabled, behavioral disorders
177 which include substance abuse and mental health and victims/ survivors of domestic violence /
178 sexual assault. Critical VIICH members are at the table, however the roles and responsibilities
179 need to be clearly defined. The membership includes Department of Health, VI Housing
180 Authority, VI Housing Finance Authority, Nonprofit Service Providers, VI Police Department,
181 Bureau of Corrections, Department of Human Services, JF Luis Hospital, Roy Lester Schneider
182 Medical Center, USVI Legislature, VI Fire Department, Office of Veterans Affairs, District
183 Administrators, Attorney General's office, Superior Court, Persons with lived homeless-type
184 experiences, University of the Virgin Islands, and others.

185

186 **Recommendations**

187 It is recommended that the Government, with reflection from direct service/non-profit agencies,
188 establish a territorial policy that set the framework to establish a system to identify and prioritize
189 need, identify, and fund services and establish service standards to ensure the high-quality
190 services are provided to our community.



191

192 The development of a structured, funded, focused initiative is essential to address the issues of
193 homelessness in the territory. The current homeless coordination system is functioning through
194 a conglomerate of service providers from the private and public sectors who are dedicated to
195 meet the needs of this vulnerable population. The need for services is growing and the capacity
196 to meet the needs must increase as well or the gap of unmet need will continue to increase.

197

198 The success of a well-designed and managed system will not be accomplished through
199 volunteers serving on councils and committees in addition to their primary job responsibilities.
200 Personnel needs to be hired to focus on the design and management of a territorial Homeless
201 Management System that will include the design and implementation of a Coordinated Entry
202 System, manage the Continuum of Care Council on Homelessness and VI Interagency Council
203 on Homelessness, establish and implement monitoring processes for the homeless data
204 collection system, engage in recruitment of public and private agencies to participate in the data
205 collection processes, securing funding and technical assistance to support homeless service
206 providers build capacity, ensuring that meaningful data is available to support program
207 development and secure sustainability funding, etc.

208

209 Recommended services needed to build a Continuum of Care to address homelessness would
210 include intensive and accessible Behavioral Health Services; target outreach programs; drop-in
211 centers; daily outreach; overnight sheltering; permanent supportive housing; affordable and
212 accessible housing. Details for each are included in Addendum I.

213



214 As we continue to do our part to assist our most vulnerable, including those who are homeless.
215 We know to be successful we need to work in partnership with the Legislature, all the agencies
216 of the central government, the Judiciary as we work to protect individuals, private businesses,
217 non-profit agencies to include churches, and critically important, the family members. This is the
218 coordinated community response that requires all of us to come together to identify the gaps
219 and challenges and to bravely embrace the opportunities to care for our seniors.

220

221 We are truly thankful to our partner agencies, federal partners, and community agencies who
222 continue to make the Virgin Islands a wonderful place to live. I would like to extend gratitude to
223 our dedicated Department of Human Services team of professionals, the continued support of
224 Governor Albert Bryan, Jr. and Lieutenant Governor Tregenza Roach as DHS continues to be
225 committed to *“Working Together to Make A Difference”*. This concludes my presentation,
226 Chairman Blyden. We are available to answer any questions you may have specifically regarding
227 our testimony today.

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ADDENDUM I

238

239

240 *Behavioral Health Services* – BHS includes effective mental/behavioral health and substance
241 abuse services, residential inpatient treatment, outpatient treatment, peer support programs.

242

243 *Target Outreach Programs* - The chronically homeless benefit from Targeted Outreach Programs
244 that require trained staff to provide continuous contact and check ins daily or weekly to build
245 rapport for possible transition to shelter. A successful targeted outreach program has trained
246 staff who are trained in the following areas: Motivational Interviewing, Stages of Change, Cultural
247 Competency, De-escalation techniques, Confidentiality, Assessment, Appropriate
248 Documentation.

249

250 Use of a *DOH Mobile Unit* to offer healthcare screenings, mental health and or substance abuse
251 assessments, COVID testing, and vaccinations could be part of a coordinated outreach program
252 with private service providers. Offering services where people live prevent more acute illness
253 and thus supports reduced costs to the community health care system.

254

255 *Drop-in Center* - A designated space where the unsheltered could come in for the day to be
256 removed from business areas for the day and provided a meal, shower, medical checkup, mental
257 health services, assessment, and referral for services, etc.

258

259 *Outreach workers*, police and/or a multidisciplinary team can bring persons from the street to
260 the locations when needed. Sheltered homeless persons can come for assistance with access to
261 housing, employment search, etc.



262

263 *Overnight Shelter* - Overnight shelter would provide safe place for sleeping only. Clients are
264 admitted from 7pm – 6am nightly. Overnight drop off for police. Offers opportunity for bed,
265 shower, meal, access to services through assessment and referral, and safe place from street
266 during night hours. Should consider gender specific sheltering sites.

267

268 *Permanent Supportive Housing* - This level of housing will end homelessness in the US Virgin
269 Islands. Persons who have housing and the appropriate support systems will have successful
270 home management experiences. The support system can include behavioral health services
271 including mental health treatment and substance abuse treatment, assistance with a disability,
272 in home eldercare, etc.

273

274 This *Housing First* model utilizes this type of housing strategy to ensure that persons
275 transitioning from unsheltered homeless status and have special needs can have successful
276 housing experiences.

277

278 *Affordable housing* - Adequate inventory of affordable housing will assist those at risk for
279 homelessness allowing persons to be move to appropriate to the economic ability of the
280 household without fear of ending up in a shelter, couch surfing with friends and relatives or living
281 on the street.