





Reducing Homelessness: A Blueprint for the Future






2012-15 Plan Report

As of December 1, 2012

Homelessness in Louisville Metro Today

-  On January 25, 2012, 1,532 persons were counted as being homeless for a given night.
-  8,615 unduplicated homeless persons were documented through the Louisville Homeless Management Information System in 2011.

Resources Dedicated to Homelessness in Louisville Metro Today

-  Since 2008, federal resources dedicated to addressing the issue of homelessness in Louisville Metro have increased.
-  Since 2007, the Louisville Continuum of Care (CoC) annual allocation has increased by over \$1,400,000 although we expect the 2013 allocation to decrease some.
-  Since 2006, the funds received through the HUD Emergency Shelter Grant have remained somewhat flat. Although in 2011 and 2012, we saw a sizable increase. The 2012 allocation is \$817,595.
-  Since 2006, Community Development Block Grant (CDBG) funds have increased by \$1,673,150. During 2007 and 2008 there were no funds allocated to homeless projects. 2009 saw a reinstatement of \$1,500,000 of CDBG funds into the homeless services provider network. CDBG funding to homeless agencies in 2012 decreased again to \$1,023,000 due to cuts in the overall program.
-  The 2012 allocation to homeless services and ministries from city general funds increased to \$1,699,600.



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Plan

Goal: To create a strong CoC planning process and Blueprint to eliminate homelessness.

Short-term Objectives

1. Develop a community plan to be reviewed annually to measure progress, which includes participation from private, public, and non-profit sectors.
2. Engage the commitment of a wide range of participants (business leaders, foundations, educators, etc.) in the process of implementing the community plan.
3. Keep up with and follow “best practices” and proven strategies.

Outcomes

1. The plan “Reducing Homelessness: A Blueprint for the Future” was developed in 2002. It was updated in 2008 and again in 2012 to align with the goals of the Federal Plan to Eliminate Homelessness. Progress on the report is evaluated annually.
2. The 2012 Louisville Metro Continuum of Care (CoC) community is made up of the following:
 - a. Advocacy groups – 6
 - b. Businesses/Business Assoc. – 2
 - c. Education – 5
 - d. Faith based institutions – 7
 - e. Formerly homeless persons - 1
 - f. Foundations/Private funders – 1
 - g. Government – 11
 - h. Non-profit organizations – 46A new CoC board and policies will be created in 2013 in accordance with the CoC regulations.
3. Louisville has led the state in the development of “Housing First” programs and provides training statewide on the strengths of this model. Due to national research on the effectiveness of “Rapid Re-housing,” Louisville has re-aligned ESG funds for use in rapid re-housing.

Louisville’s Healing Place and Family Scholar House programs have been selected as state and national models and were used by KHC to allocate funding for similar programs



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- statewide.
Louisville is presently studying “best practices” around homeless prevention in order to improve our community’s prevention programming.
4. Improve coordination between Continuum of Care, Consolidated Plan and the “Blueprint.”
 4. The Coalition for the Homeless and member agencies were active in commenting on the Consolidated Plan including comments on how to align those goals with the “Blueprint.”

Data

Goal: The Homeless Management Information System data will be complete, accurate, and up-to-date and will include processes to capture other requested data needed to effectively manage the CoC system.

Short-term Objectives

1. Maintain a minimum of 85% of homeless shelter and permanent housing beds in the HMIS system.
2. Insure that at least 95% of HMIS homeless client records meet the minimum data set.
3. Commit to using HMIS as a CoC planning/management tool.

Outcomes

1. As of July 1, 2012, 88% of all emergency, transitional and permanent housing beds in the Louisville CoC are entering data into HMIS.
2. 52% of the programs entering data using the Entry/Exit method have an accuracy number and completeness score of B (acceptable) and 43% of the programs entering data daily have an accuracy number and completeness score of B (acceptable). The new single point of entry is being created to improve HMIS accuracy.
3. Data is reviewed quarterly and score cards are printed by each agency and submitted to document program progress and success. New benchmarks will be created



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in 2013 to address the requirements of the new CoC regulations.

Beginning in June 2011, the CoC agency programs also began gathering client information regarding the following:

- Verification of Homelessness
- Chronic Homelessness
- Veteran Status
- Appropriateness for referral to SOAR
- Age

A uniform definition of veteran and a common screening question for SOAR eligibility is provided to standardize the responses given in HMIS. It is hoped that by standardizing the guidelines for these questions we will have more accurate data and it will encourage intake workers and case managers to make referrals to services, agencies and opportunities that previously have been overlooked.

Capturing data on families and homeless unaccompanied youth has been difficult in the past. We work with JCPS to obtain data that is kept by the school system regarding homeless students. However, these numbers use a different homeless definition.

Emergency Prevention

Goal: improve networking for agencies providing service to at-risk persons and determine funding needs.



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Short-term Objectives

1. Coordinate homeless prevention services citywide and make best use of referrals for prevention versus rapid rehousing.
2. Create homeless children's task force and develop recommendations to lower the number of homeless children in the public school system, family courts and department of community based services.

Outcomes

1. A homeless prevention planning meeting is being held before the end of the year in order to coordinate a community wide prevention coordination effort to begin in early 2013.
2. The Coalition for the Homeless began staffing the Interagency Council on Youth Homelessness in 2012. They worked with Network Center for Community Change to acquire a grant from the Casey Foundation to study and make recommendations for the systems' serving homeless kids. The report will be issued by the end of 2012.

The Coalition for the Homeless also coordinated a task force on homeless young adults. This group received a grant from WellCare to hire a consultant to conduct surveys with young adults and those who serve them about their needs. This information will also be out by the end of 2012.

Outreach

Goal: to create an outreach system that is coordinated, integrated, targeted, and knowledgeable of available resources, with open communication between teams.

Short-term Objectives

1. Establish an outreach network of all street outreach teams and others who work with the street homeless.

Outcomes

1. Seven Counties, the Louisville VA and Rx: Housing outreach staff meet regularly to coordinate outreach and services. Seven Counties' outreach team is also coordinating with the CoC on assessments conducted on the street.



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2. Interview, rank and serve the most vulnerable homeless on the streets of Louisville.

Our youth homeless outreach program was lost due to federal funding cuts, but the community is working to replace through ESG or other funding.

2. The Coalition for the Homeless and many community partners conducted surveys on the streets of Louisville with 250 street homeless persons. 50 more surveys were conducted in October of 2012. These have been ranked to determine those most likely to die on the streets.

The Louisville Metro Housing Authority has set aside 70 vouchers for those prioritized on this list along with 5 vouchers from St. Johns. Phoenix Health Center received a SAMHSA grant to provide extensive services for these same clients and 56 have moved to housing to date.

Shorten Homelessness through Services

Goal: Raise the percentage of homeless persons moving from transitional to permanent housing, and shorten the average length of homelessness through service prevention.

Short-term Objectives

1. Increase percentage of emergency shelter clients assessed by a case manager within a week to 90%.

Outcomes

1. A common assessment has been created through the direction of the city and many service agencies. This assessment was tested in 2012 and a proposal is being created to staff and implement this through the 2013 CoC.



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2. Create centralized in-take and tie to rapid re-housing.
2. The Coalition for the Homeless worked with the city and received ESG funding to create a single point of entry. An office with staffing will open in January.
3. Increase case management resources from new resources.
3. The Dona O'Sullivan fund was created in September 2010 at the Community Foundation of Louisville for the sole purpose of funding case management for homeless persons. They created a case management institute in 2011 and have completed one set of classes for the first group selected.

A new collaborative SHP project was funded in 2012 which will add 3 new case managers (and one housing manager) and Rx: Housing funded through SAHMSA added 5 case managers and three peer support specialists.
4. Increase referrals to mainstream services including Medicaid and community health centers.
4. The Coalition for the Homeless is advocating for expansion of Medicaid in Kentucky to 128% of the poverty level. This would increase the number of insured Kentuckians by over 417,000 and provide insurance to 95% of homeless Kentuckians.

Providers continue to be trained on SOAR and the new common assessment includes asking clients about each of the mainstream programs.
5. Increase the percentage of homeless persons moving from transitional housing to
5. The percentage of people in transitional housing in the 2011-12 Louisville CoC that



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permanent housing to 65% or higher in one year and 70% or higher within 5 years.

moved to permanent housing during the year was 68%.

Permanent Housing

Create permanent housing to eliminate the need for long-term shelter stays.

Short-term Objectives

1. Develop 300 units of permanent supportive housing for the chronically homeless by 2015 focusing on the “housing first” model.
2. Develop 150 units of permanent housing for homeless veterans by 2015 focusing on best practices for veteran housing and coordinate services with the VA medical center.
3. Develop 600 units of permanent housing for homeless families by 2020 focusing on best practices for families and coordinating with the Louisville Metropolitan Housing Authority.
4. Maintain the percentage of homeless persons staying in permanent housing over six months to 81% or higher in one year and 90% or higher every year afterwards.

Outcomes

1. In 2012, the Louisville CoC added 75 new permanent housing units through a set aside in Section 8 and SHP for Rx: Housing. Forty-one additional units were also added through a new CoC grant.
2. Louisville acquired 75 new VASH vouchers for veterans and filled all those previously awarded. The VA also coordinates housing placement reports with Rx: Housing.
3. The Louisville Metro Housing Authority set aside 20 vouchers to serve families exiting shelter that are already on their waiting list. St. Vincent de Paul also opened and filled their SHP permanent housing for families.

50 families will also be served through rapid re-housing provided by the city through ESG funding.
4. The Louisville CoC had a rate of housing stability in permanent supportive housing during 2011-12 of 90%.



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Income

Of the people leaving the shelter system, 90% will have some kind of sustainable income.

Short-term Objectives

1. Maintain homeless employment system wide at 20% or higher for one year and at 25% or higher within 5 years.
2. Increase income among the homeless through benefits at 65% or higher.

Outcomes

1. The Louisville CoC had an employment rate among the homeless in service programs during 2011-12 of 25%.
2. The Louisville CoC had a rate of 75% income among the homeless who entered homeless programs in 2011-12.



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