



## Reducing Homelessness: A Blueprint for the Future

2012-15 Plan Report

As of December 1, 2013

### Homelessness in Louisville Metro Today

- ☞ On January 30, 2012, 1,016 persons were counted as being homeless for a given night.
- ☞ 8,434 unduplicated homeless persons were documented through the Louisville Homeless Management Information System in 2012.

### Resources Dedicated to Homelessness in Louisville Metro Today

- ☞ The Louisville Continuum of Care (CoC) allocation has increased annually to over \$9 million in 2013, but it is expected to decrease by at least 5% in 2014.
- ☞ Since 2006, the funds received through the HUD Emergency Shelter Grant have remained somewhat flat. In 2011 and 2012, we saw a sizable increase, but this decreased again in 2013 to \$527,000.
- ☞ Funding for homeless services through the Community Development Block Grant (CDBG) began almost ten years ago. During 2007 and 2008 there were no funds allocated to homeless projects. However, 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 to \$1,023,000 and in 2013 to \$843,000 due to cuts in the overall program.
- ☞ The 2013 allocation to homeless services and ministries from city general funds increased from \$1,699,600 in 2012 to \$2,921,100 in 2013.



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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 2013 Louisville Metro Continuum of Care (CoC) community is made up of the following:
  - a. Advocacy groups – 1
  - b. Businesses/Business Assoc. – 1
  - c. Education – 1
  - d. Faith based institutions – 6
  - e. Formerly homeless persons - 1
  - f. Foundations/Private funders – 1
  - g. Government – 5
  - h. Non-profit organizations – 28A new CoC board and charter were 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 Family Scholar House program have been recognized as state and national model for transitional housing with a description included on the HUD website for



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“best practices.” Louisville is presently studying “best practices” around vulnerability indexes, common assessments and serving homeless young adults.

- 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.”

The Coalition and Metro Louisville are also working to coordinate QAS with monitoring and licensing to save staff time and resources.

## 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, 2013, 99% of all emergency, transitional and permanent housing beds in the Louisville CoC are entering data into HMIS.
- 2. All agencies are now using the Entry/Exit method to enter clients. 95% of these programs have an accuracy number and completeness score of B (acceptable). The single point of entry (SPE) began in 2012 was 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



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success. New benchmarks will be created in 2014 to address the requirements of the new CoC regulations and emergency shelters.

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.

Beginning in July 2013, we have also begun collecting numbers of those the system is unable to serve through the SPE.



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### Emergency Prevention

Goal: Provide prevention services, including emergency assistance with rent, mortgage and utilities, landlord intervention and assistance obtaining necessary documents.

#### 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. Two community-wide homeless prevention planning summits were held in 2013 to improve coordination. This group is continuing to coordinate through 2-1-1 and the SPE.

The Coalition for the Homeless coordinates a the Coalition Supporting 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 was released in two reports and at a public event in 2013. They have also created a website and Facebook page and are working on the creation of a one-stop shop for this population.

The Coalition also reports monthly to Jefferson County Public Schools (JCPS) on issues raised by the CoC. A new JCPS homeless coordinator is being hired and will be asked to join the CoC.

### 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



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coordinating with the CoC on assessments conducted on the street.

The YMCA also received funding in 2013 for a homeless outreach program and the staffing of a newly built drop in center.

2. Interview, rank and serve the most vulnerable homeless on the streets of Louisville.
2. The Coalition for the Homeless and many community partners conducted surveys on the streets of Louisville with 250 street homeless persons. 250 more surveys have been conducted since then. These have been ranked to determine those most likely to die on the streets.

The Louisville Metro Housing Authority has set aside vouchers for those prioritized on this list along with vouchers from St. Johns and VASH. Phoenix Health Center received a SAMHSA grant to provide extensive services for these same clients and 120 have moved to housing to date. We are now working to access Medicaid funding to provide supportive housing services for similar programs in the future.

## Shorten Homelessness through Services

Goal: Raise the percentage of homeless persons moving from transitional to permanent housing by increasing supportive services for persons who are homeless.

### 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 team has worked throughout the year with the leadership of Metro Louisville to design a common assessment and vulnerability index that will be based on “best practices and work



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for Louisville. The city acquired a \$188,000 CoC grant to create an assessment team and is working to select the best administrator now.

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 in 2012. An office with staffing opened in January of 2013 and was making reservations system-wide by July 2013. Continued funding for this project was also acquired from the CoC.
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 two sets of classes. In 2014, they plan instead to create a series of case management trainings to serve a larger pool of community case managers.  
A new Metro Louisville permanent housing project was funded in 2013 which will add 3 new case managers (and one housing manager), Phoenix added a new S+C case manager and the common assessment will add 2.5 new case managers. This is a two year increase of 8+ new case managers.
4. Increase referrals to mainstream services including Medicaid and community health centers.  
4. The governor made the decision to expand Medicaid to 128% of the poverty level. This will increase the number of insured



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Kentuckians by over 417,000 and provide insurance to almost all homeless Kentuckians. Family Health Centers acquired funding for staff to help people sign up for assistance including two staff at Phoenix Health Center to help the homeless.

Providers continue to be trained on SOAR and the new common assessment includes asking clients about each of the mainstream programs.

5. Increase housing stability of homeless persons moving from transitional housing to permanent housing and maintain permanent housing to 80% or higher in one year.
5. The percentage of people in transitional or permanent housing in the 2012-13 Louisville CoC that maintained permanent housing during the year was 87%.

## Permanent Housing

Deliver permanent housing services 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.

### Outcomes

1. In 2013, the Louisville CoC added 25 new permanent housing units through a set aside in Section 8 for Rx: Housing. Forty-one additional units were also added through a new CoC grant. This is a two year total of 116+. Additionally, up to 145 non-chronic units could be dedicated to "housing first" in the future. The new common assessment will also rank all future referrals prioritizing the most chronic.



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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.
2. Louisville acquired 50 new VASH vouchers for veterans and filled all those previously awarded. This is a two year total of 125 new units. The VA also coordinates housing placement reports with Rx: Housing. Past VASH vouchers were not dedicated to the chronic and did not follow "housing first," however all are now.
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.  
  
17 families will also be served through rapid re-housing provided by the city through ESG funding. This is a two year total of 37 new vouchers. Families and Children's Place also applied for 7 new vouchers in the last CoC application.
3. The Louisville Metro Housing Authority set aside 20 vouchers to serve families exiting shelter that are already on their waiting list.
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.
4. The Louisville CoC had a rate of housing stability in permanent supportive housing during 2012-13 of 90%.

## Income

Increase self-sufficiency services for persons who are homeless.

### Short-term Objectives

1. Maintain homeless employment system wide at 20% or higher for one year and at 25% or higher within 5 years.

### Outcomes

1. The Louisville CoC had an employment rate among the homeless in service programs during 2012-13 of 32%.



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2. Increase income among the homeless through benefits at 65% or higher.
2. The Louisville CoC had a rate of 75% income among the homeless who entered homeless programs in 2012-13.