

Research Brief

Commonwealth Institute of Kentucky

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A Preliminary Assessment for Solving Street Homelessness: Applying Best Practices to Louisville's Continuum of Care

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BACKGROUND

The U.S. Department of Housing and Urban Development (HUD)ⁱ defines homelessness as “sleeping in a place not meant for human habitation OR living in a homeless emergency shelter.”¹ Homelessness is a complex, multidimensional “social phenomenon,”² often associated with mental illness, poor health, unemployment, and severe poverty.³⁻⁶ Within any city, the impact of homelessness can be harsh on economic development and public safety, while it is devastating to the individuals experiencing it. Yet, homelessness can be a solvable problem when the response is coordinated and comprehensive, and supported by both policies and social services.

Louisville addresses homelessness through its *Continuum of Care* (CoC),ⁱⁱ using data to identify gaps in services and streamlining the use of valuable community resources.⁷ As a distinct entity from any of the housing and homelessness service providers, the Louisville Metro CoC board collectively evaluates local applications to the Department of Housing and Urban Development (HUD) prior to their collective submission for federal funding. In recent years, Louisville's CoC has received approximately \$10 million from HUD annually, with the stipulation of a 25 percent local match. These funds are shared among approximately 30 projects that include a *coordinated entry process*, *rapid re-housing*, *permanent supportive housing*, and *transitional housing*.ⁱⁱⁱ Other homelessness services within Louisville Metro, such as emergency shelters, are funded through the Emergency Solutions Grant (ESG), support from Louisville Metro, and independent agency fundraising.

Within Louisville's CoC, the reported number of individuals and families experiencing homelessness steadily declined from 2012 to 2016.⁸ Recently though, Louisville has experienced a reverse in that trend. Moreover, the distribution between persons who are unsheltered and sheltered has dramatically risen, such that many more people now stay in camps or on the streets. In the past year, new property developments and attempts to enforce community safety have displaced homeless camps. Unsheltered individuals—those who do not stay in emergency shelters—have largely collected on downtown streets under overpasses.

In response, Mayor Fischer created a Homeless Encampment Task Force, led by the Louisville Metro Government Office of Resilience and Community Services, in collaboration with the Coalition for the Homeless, other government agencies, and direct service providers. The Task Force has been charged with reviewing city policies and procedures around homeless encampments, while reflecting the city's resolve to be compassionate. However, the problem of unsheltered homelessness cannot be considered in a vacuum, without an understanding of 1) Louisville's CoC, and 2) the city's supports for low-income individuals to find and maintain housing.

RESEARCH AIMS

This research aims to examine best practices nationally and regionally in resolving street homelessness within the context of all homeless services and in relation to the availability of *affordable housing*. Additionally, this report will offer a brief initial analysis of Louisville's

ⁱ The McKinney-Vento Act defines homeless children and youths as “individuals who lack a fixed, regular, and adequate nighttime residence.” Because this definition is broader and more inclusive, the number of homeless students in Jefferson County Public Schools may not match the numbers provided by Louisville's Continuum of Care.

ⁱⁱ Underlined words throughout report defined in Glossary. See Appendix A.

ⁱⁱⁱ Transitional housing is not recognized as best practice, as it does not follow the sentiments of the Housing First model.

network of social services provided to individuals experiencing homelessness. This report ends with preliminary recommendations on how to move the local system toward embracing and implementing acknowledged best practices.^{iv}

FINDINGS

FINDING #1: Reasons that Individuals Experiencing Homelessness Avoid Emergency Shelters

Shelters have rules and expectations that can be difficult for people experiencing homelessness to follow or that impose the values of the agency on those it serves. These rules may include:

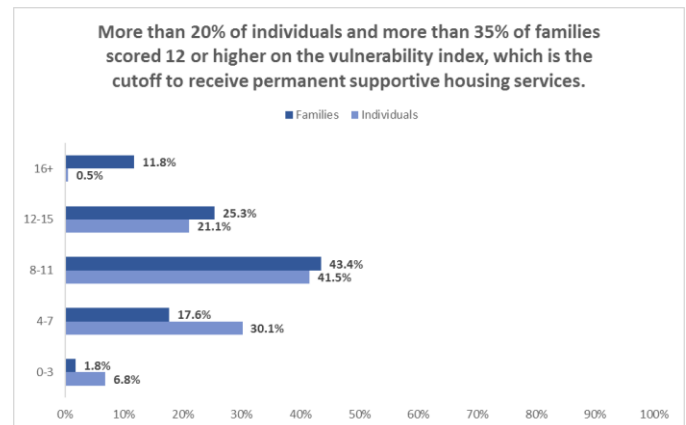
- Prohibition of the ability to stay with a partner, pet, or family group;
- Sobriety;
- Limitations on personal belongings due to space;
- Entry and exit at specific times;
- Dorm assignments limited to birth sex rather than based on gender identity; and
- Service or program participation.

Other reasons for remaining unsheltered include:

- Shelters are crowded, shared spaces exposing guests to the germs, noises, odors, and behaviors of strangers. Because it can be difficult to keep large, shared spaces clean, shelters are sometimes dirty or have bugs.
- Shelters are over-crowded, and there are not enough emergency beds within the CoC to accommodate the need.
- Shelters are not accessibly located. In Louisville, most emergency shelters are located downtown, and the public transportation system is not comprehensive enough to accommodate easy access to other areas of town.
- Language barriers or fears related to immigration status.
- Women and families experiencing homelessness are frequently victims of interpersonal violence. Having experienced trauma, they are more vulnerable to violence in and around shelter spaces.

FINDING #2: Demographics of Louisville's Homeless Population in 2018

Louisville's CoC served a total of 6,695 unduplicated individuals experiencing homelessness in 2017.⁹ In order to examine the needs of this population more closely, this sub-section summarizes key data points collected in 2018 by the *Common Assessment* Team for individuals and families through the *Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)* with the Kentucky Homeless Management Information System (KYHMIS). It includes all observations collected in 2018 from Version 1 and Version 2 of the VI-SPDAT. These data were aggregated across versions for individuals and instances where questions were worded differently between the two versions are noted. Family data were only collected with VI-SPDAT Version 2. The data points presented here highlight sub-populations of concern and other key issues highlighted through the review of national best practices and interviews.



Overall Counts and VI-SPDAT Score

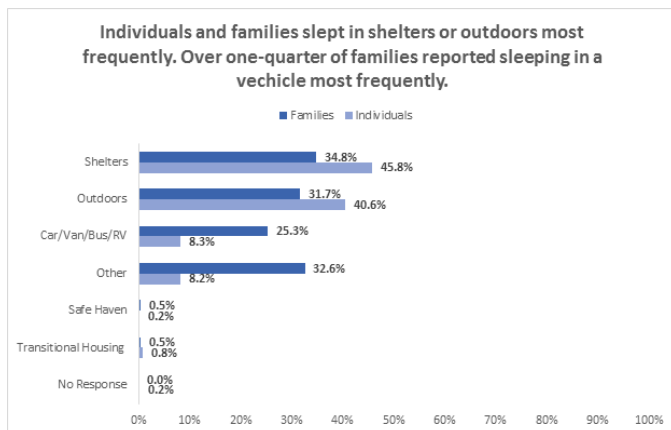
In 2018, the Common Assessment Team identified and interviewed 976 individuals and 221 families with the VI-SPDAT. Through mid-February 2019, 153 individuals and 29 families were counted. The VI-SPDAT asks a series of questions organized into four categories: History of Housing and Homelessness, Risks, Socialization and Daily Functions, and Wellness. The answers to the questions are totaled to create an index score, which is intended to prioritize housing/shelter for the most vulnerable individuals and families, with a maximum score of 16 and 20, respectively. In 2018, 212 individuals (21.6 percent) and 82 families (37.1 percent) scored 12

^{iv} All findings and recommendations in this report are preliminary. Final reporting will be completed by June 1, 2019.

or higher on the VI-SPDAT, which is the cutoff to receive permanent supportive housing services.

Demographic Summary: Gender, Age, Race, and Military Status

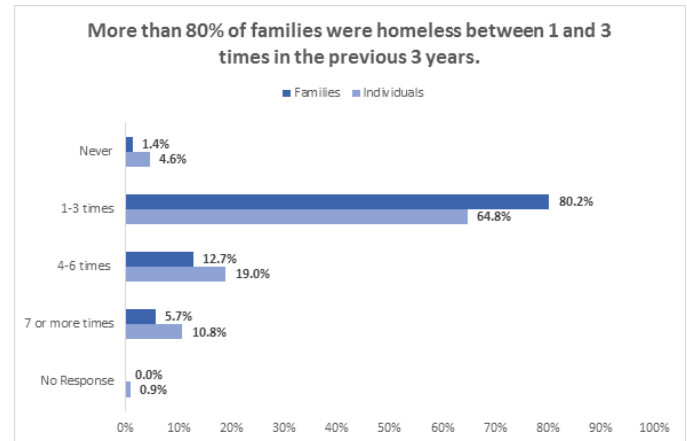
Among individuals, 64.1 percent identify as male, 35.3 percent as female, and 0.5 percent as transgender. Females were far more prevalent among families, accounting for 90.0 percent of respondents. The ages of most individuals (63.1 percent) and families (78.3 percent) were between 25 and 54. Among more vulnerable age cohorts, 7.7 percent of individuals and 18.6 percent of families were between 18 and 24, and 30.0 percent of individuals are 55 or older, while just 0.5 percent of families are in this age group. The racial distribution among individuals is split between Black/African American (48.8 percent) and White (49.4 percent), along with 1.1 percent American Indian or Alaska Native, 0.2 percent Asian, and 0.5 percent Native Hawaiian or Other Pacific Islander. Three-quarters (75.1 percent) of families are Black/African American, followed by White (22.2 percent), American Indian or Alaska Native (1.8 percent), and Asian (0.9 percent). Approximately nine percent of individuals are military veterans, while about two percent of families identified as veterans.



Most Frequent Sleeping Locations

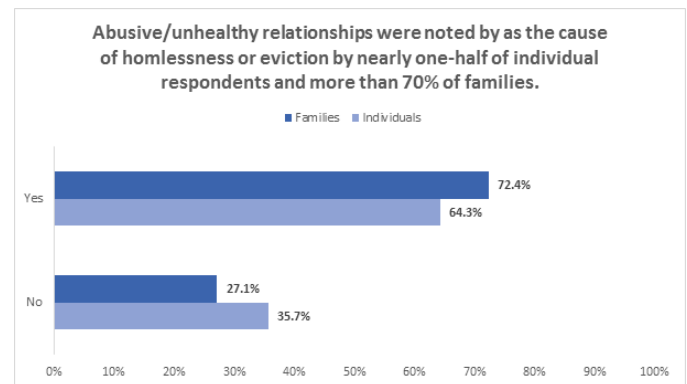
Individual respondents reported they slept most frequently in shelters (45.8 percent) or outdoors (40.6 percent). For families, shelters (34.8 percent) and outdoors (31.7 percent) were also common responses; however, many families also responded “other” (32.6 percent). More than one-quarter (25.3 percent) of all family respondents specified this “other” location was a car/van/bus/RV. In 2018, more than half (52.4 percent) of individual respondents had not lived in stable

housing in over one year, while this number was somewhat smaller for families (28.5 percent).



Frequency of Past Homelessness

Nearly all individual and family respondents had previously experienced homelessness. Among families, 80.2 percent were homeless between one and three times in the previous three years, 12.7 percent between four and six times, and 5.7 percent seven or more times. For individuals, 64.8 percent experienced homelessness between one and three times in the previous three years, 19.0 percent between four and six times, and 1.8 percent more than seven times.



Crisis, Abuse, and Trauma

Over one-quarter of individuals used crisis services between one and three times in the past six months, while 36.3 percent of families reported the same level of usage. Almost 10 percent of families reported using crisis services more than four times in the last six months. Nearly 70 percent of both families (68.8 percent) and individuals (68.5 percent) related their current homelessness to trauma or abuse. When asked specifically about abusive or unhealthy relationships,

64.3 percent of individuals and 72.4 percent of families reported this as a cause of homelessness or eviction.

Drug and Alcohol Addiction

Questions regarding drug and alcohol addiction changed between VI-SPDAT Versions 1 and 2. Among Version 1 individual respondents in 2018, 68.2 percent reported abusing drugs or alcohol. About one-quarter of individual respondents (26.1 percent, Versions 1 and 2) reported addiction led to loss of housing or shelter, and 11.2 percent (Version 1 and 2) of individuals and 15.8 percent of families said drug/alcohol addiction would make staying/affording housing difficult.

FINDING #3: Homelessness and Housing

Homelessness and housing are intrinsically linked. People most commonly become homeless because they are too poor to pay the costs of housing that is available to them. About 50 percent of Louisville Metro's homeless population comes from the 10 zip codes in west, central, and south Louisville, which are also the places with the highest poverty rates.¹⁰

Providing shelter to the homeless is costly to municipalities, but the only permanent solution to homelessness is permanent housing. Housing affordability is therefore a critical dimension of the broader conversation focused on homelessness and unsheltered populations. Following national trends, wages in Louisville have stagnated while housing costs continue to rise. Median household income declined steadily in Louisville from 2008-2014, and despite recent increases, median income remains 3.1 percent below 2008 levels, adjusting for inflation.¹⁰ These trends affect both renters and homeowners, particularly those with lower incomes. For instance, from 2008-2018, *Fair Market Rent* for a two-bedroom unit increased by 5.4 percent from \$663 to \$821, adjusting for inflation.¹⁰ To afford a two-bedroom unit without being *housing cost burdened* a worker would need to earn an hourly wage of \$15.79, yet nearly 40 percent of jobs in the Louisville region pay median wages below this hourly rate.¹⁰ According to recent Census data, over 97 percent of homeowners earning less than \$20,000 are cost burdened, as are 83 percent of owners earning \$20-\$35,000, and 46 percent of owners earning \$35-\$50,000.¹⁰

Stagnating wages and rising housing costs can easily lead to loss of shelter, particularly for low- and moderate-income households or those with limited savings. Specifically, eviction and foreclosure processes can potentially result in homelessness and/or unstable housing situations. Over 5,000 eviction judgments occurred in Louisville in 2016, resulting in an eviction rate of 4.82 percent, which is more than double the national rate. One in 10 renter households faced an eviction filing, which initiates the formal process of eviction.¹⁰ After declining in the years immediately following the Great Recession (2013-2015), *foreclosure starts* have again begun to increase in Jefferson County, rising by 5.7 percent from 2016-2017.¹⁰

Many of Louisville's poorest households maintain housing with the support of different subsidized housing programs, including *public housing* and *Section 8* (housing choice vouchers and project-based). Collectively, these two programs account for over 19,000 housing units in Jefferson County.¹⁰ However, there is substantial additional demand for both public housing and Section 8 units. As of October 2018, there were over 13,000 applicants on the Section 8 waiting lists and over 4,400 on the site-based list for public housing.^v

Understanding the state of housing affordability in Louisville is imperative for developing policy solutions that will address overall homelessness and unsheltered populations. The recently released Housing Needs Assessment¹¹ highlights the need for a substantial number of additional units that are affordable to households with the most limited means. Specifically, the report cites an unmet need of over 30,000 units for households earning less than 30 percent of *area median income* (AMI) and over 20,000 units for household earning between 30 percent and 50 percent AMI.^{vi} Notably, the unmet need for moderate-income groups is far smaller and there is a surplus of housing for upper income households.

Existing mechanisms to support the production of affordable housing include the federal Low-Income Housing Tax Credit, which developed over 1,900 units in Jefferson County since 2008.¹⁰ Louisville Metro Government has also recently created two additional local tools to support increased production of affordable housing: the Louisville Affordable Housing

^v Individuals may appear on more than one list.

^{vi} Louisville's area median income in 2018 was \$71,500.

Trust Fund (LAHTF) and Louisville CARES: Creating Affordable Residences for Economic Success. The LAHTF provides grants, loans, and technical assistance to housing developers. The CARES program, which is a component of the LAHTF, is intended to target affordable workforce housing for households earning 80 percent AMI. In fiscal year 2018, the trust fund allocated \$8.76 million for 22 projects that created or preserved over 1,300 units of affordable single family and multifamily housing.^{10,11} A focused effort to expand available and affordable housing opportunities to Louisville's poorest households is a necessary component for achieving a model in which community members are moved quickly from homelessness to housing, and this effort will require substantial work and coordination with entities internal and external to the CoC.

Without a safe, decent, affordable place to live, it is nearly impossible for individuals to achieve good health, positive educational outcomes, or reach one's economic potential.

FINDING #4: National Best Practices: Housing First Model and the Continuum of Care

Housing First is a community-level system orientation to ending homelessness, working to remove housing entry barriers and to prioritize housing assistance for the most vulnerable and those with the highest need.^{12,13} Metropolitan areas are increasingly embracing Housing First, which is a key component of best practices. Housing First is not simply a policy but an overall orientation, centered on the belief that without a safe, decent, affordable place to live, it is nearly impossible for individuals to achieve good health, positive educational outcomes, or reach one's economic potential.¹⁶ Creating and sustaining Housing First at the local level requires strong, continued commitment from local government, community stakeholders, nonprofits, and academic institutions working in partnership to meet the goals of preventing and ending homelessness in the community.

Application of this community-wide approach has been demonstrated to:

1. Make occurrences of homelessness rare and brief;

2. Help those individuals and families experiencing homelessness obtain permanent housing in a quick, cost-effective manner; and
3. Assist those most vulnerable in a community with accessing multiple forms of care and support needed to maintain housing and achieve a better quality of life.^{12,14-16}

Housing First employs strong inter-agency collaboration in providing housing, health, education, and human services, in a comprehensive system of care and prevention for the homeless and unstably housed populations. Within this framework, the community's CoC acts as the planning body to coordinate all efforts around housing and homelessness. Together with community partners, the CoC works to ensure that all programs and services are cost efficient, effective, and offered immediately if space is available, to individuals and families in the community needing and wanting access.

Performance goals of the CoC include:

- Decreasing length of shelter stays;
- Increasing number of individuals exiting to permanent housing;
- Decreasing returns to shelter; and
- Increasing number of chronic unsheltered persons utilizing housing and related services.

When operated in isolation, these emergency services cannot provide a long-term comprehensive response for addressing and eliminating homelessness in a community.

Elements of an effective Continuum of Care^{12,15,17,18}

- An oversight organization to manage and direct resources to the most appropriate CoC partner for that specific service or program.
- Effective coordinated entry process (CEP) for overall management of response system resources, providing users with tools and processes needed to make consistent decisions from available information.
- Outreach, intake, and assessment services that identify service and housing needs of individuals and families experiencing homelessness.
- Quick and efficient connection of individuals and families to the most appropriate service

and/or housing resources needed end homelessness rapidly.

- Emergency shelter when appropriate as a safe alternative to living in a place unfit for human habitation.
- Availability of permanent housing/permanent supportive housing, paired with case management as appropriate, ensuring an individual can maintain housing and service needs over time.
- Effective homeless prevention services throughout the community.

Coordinated Entry Process (CEP)

All people in the CoC's geographic region must have fair and equal access to the CEP and to all services offered; individuals and families should easily be able to access the CEP in person, by phone, or by other methods, with the process for accessing help well known by all sub-populations. Regardless of operating hours for the CEP and assessment, a protocol is in place and followed which provides individuals and families access to needed emergency services if space is available, at any hour of the day, seven days a week.¹⁸⁻²⁰ Additionally, as a first step in this process, staff connects people to community resources needed to avoid shelter stays, and consistently applies shelter *diversion* techniques in this triage to help households in self-resolving their housing crisis.^{14,18,20}

The CoC utilizes the CEP to ensure that individuals and families that are most vulnerable and with the greatest needs receive priority for any housing and homeless assistance available. All service providers within the CoC must be equipped to address effectively these needs if offering services utilized by the most vulnerable individuals. Complex needs often include cognitive difficulties, HIV status, co-occurring disorders, multiple chronic conditions, substance use disorders, and PTSD.^{18,20}

Standardized assessment and referral system

The CEP must use a consistent assessment process to gather only information required to determine severity of need and eligibility for services. People must be given the choice to refuse to answer questions during the assessment without fear of losing access to services.^{16,18,21}

Emergency low-barrier services

Within the CoC, *low-barrier* refers to the accessibility of services. Low-barrier services do not turn people away or make access contingent upon meeting certain criteria or expectations. Emergency *low-barrier shelters* are appropriate as short-term intervention, but are ineffective in reducing long-term, chronic homelessness.¹⁶ When operated in isolation, these emergency services cannot provide a long-term comprehensive response for addressing and eliminating homelessness in a community. Utilizing the principles of Housing First, emergency services provide immediate, easy access to housing, and then combine housing with supportive services, working to ensure those served rapidly exit emergency services/shelter into permanent housing.^{22,23}

The CoC works through its CEP to prioritize limited emergency services, including shelter beds, by assessing an individual or family's level of vulnerability through a vulnerability assessment tool.¹⁴ After an assessment, the CoC prioritizes services for those most at risk from extended exposure to life on street due to:

- Physical and behavioral health conditions,
- Victimization,
- Self-harm, or
- Risks related to inability to take care of own basic needs.

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Minimum rules and restrictions

Emergency services, including shelter, must be low-barrier because many individuals experiencing chronic homelessness also experience mental health issues and substance use disorders, or have co-occurring disorders.²⁴ This requires training all staff in working with people experiencing trauma, mental health disorders, and/or substance use disorders, among other conditions. Additionally, all staff are trained in supporting individuals and families fleeing domestic violence.²⁵ Initial and continued access to emergency services, including shelter, cannot be contingent on housing and/or service readiness, familial status, sobriety, willingness to engage in the practice of a certain religion or belief system, lack of mental health

conditions, lack of identification, being unable to meet a minimum income requirement, lack of criminal record, and/or other unnecessary conditions.²³ People with disabilities are offered clear opportunities to request reasonable accommodations during the assessment process and shelter stay, and all buildings are designed to accommodate individuals with disabilities.

Any rules in place around emergency services are minimal, so the rules themselves do not become barriers to a person's ability to receive and/or maintain services, including shelter. Rules are only in place around safety, health, and/or service consistency.¹⁴ The only restrictions to services, including shelter, are related to recent violence done to others (including sexual violence), recent excessive damage to property including arson, and recent theft of property.²¹ Utilizing a minimum rules response requires a shift in messaging from "rules" to "expectations."

Emergency service components^{23,26}

- Shelters are open 24/7, every day of the week, with no requirement for people to leave during the daytime hours.
- All emergency services are closely linked to outreach efforts. Through the CEP, the CoC accepts referrals directly from shelters, street outreach team members, drop-in centers, and other parts of the crisis response system frequented by vulnerable people experiencing homelessness.
- People must be allowed to keep pets and possessions with them at all times, with exceptions made for weapons and illegal substances. Organizations can provide secure storage of these barred items, returning all to clients upon leaving shelter services. If an individual will not relinquish one of these items, they can be asked to leave for that day/night only, invited to return the next day to continue receiving services.
- Access points and shelter offered should be tailored and appropriate for the population served. Specific populations who require separate facilities include:
 - Adults without children,
 - Adults accompanied by children,
 - Unaccompanied youth, and
 - Individuals and households fleeing domestic violence.

- All staff work with the CoC and CEP to ensure individuals and families who arrive at a location can quickly access necessary services, including housing elsewhere.

Ongoing support and housing

Once the immediate housing needs of an individual or family are met, a multidisciplinary support team works to address the more complex needs of a client through case management and linkage to community services. During this period, the individual or family continues to receive assistance in sustaining housing, with clients working at their own pace towards community integration. However, service engagement is not required to maintain housing.

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Access to emergency services... cannot be contingent on ... service readiness, familial status, sobriety, willingness to engage in the practice of a certain religion or belief system, lack of mental health conditions, lack of identification..., lack of criminal record...

FINDING #5: Public Awareness about Homelessness in the Louisville Community

The research team identified knowledge gaps at each of these three levels of the public: 1) individuals experiencing homelessness and in particular unsheltered local residents; 2) advocates and service providers for homeless and housing-distressed local residents; and 3) the general public. Preliminary interviews with local advocates and service providers have revealed a great deal of commitment and hard work. Nonetheless, information made available to unsheltered persons and those staying in shelters is in many cases spotty and/or not easily accessed, especially by comparison with best practices found in other cities. Some homeless service providers are not fully informed about the many facets of, and barriers to, obtaining and sustaining permanent housing. This may impact what referrals to additional community services are made, as well as how services are operationalized (i.e., not all permanent supportive housing programs have similar standards of care to meet the goals of the CoC). Likewise, interviews suggest that not all are sufficiently aware of or sensitive to the many forms of discrimination that some groups of homeless face. These groups correspond to membership in protected classes under federal and local fair housing

laws. The disadvantages members of these protected classes face mirror systematic inequalities evident in the larger society (e.g., racism, homophobia, transphobia, gendered violence, linguistic barriers, immigration status, and the challenges of disabled persons, to name a few).

Additionally, the lived experiences of homeless and unsheltered residents are too often not made clear to the larger public even in news coverage of homelessness. Much of the local news reporting assessed over the past six months tends to respond to crises and does not fully reflect the complex dynamics that sustain homelessness or even the particular ways other residents can be most helpful (information as basic as providing food or water bottles to homeless people, for example, but not other items they cannot consume or carry). To enact better community-wide solutions, larger-scale and more coordinated efforts to educate and involve more segments of the public in the issue of homelessness are needed.

UPDATES AND LESSONS LEARNED FROM THE IMPLEMENTATION OF EMERGENCY STRATEGIES

In late 2018, Louisville Metro Council allocated \$564,971 in surplus funds to expand homeless services and meet immediate needs of more unsheltered individuals and families, primarily through the provision of more low-barrier shelter services. These funds are non-renewable, will be spent between January and June of 2019, and were awarded in mid-January as follows:

1. St. John Center for Homeless Men - Storage (\$45,791)
2. Family Life Center, Inc. at St. Stephen Baptist Church – Low-barrier shelter for families (\$97,500)
3. Wayside Christian Mission (\$100,000) – Low-barrier shelter
4. The Healing Place – Low-barrier shelter for men (\$90,000)
5. Volunteers of America - Rapid re-housing for families (\$73,000)
6. UP Louisville in partnership with St. John Center for Homeless Men - Homeless encampment management and outreach (\$95,000)
7. Other - Miscellaneous and unexpected expenses (\$45,500)

Within the first few months, these newly implemented emergency services have been successful in meeting some of the identified needs of the CoC. The outreach team has hired five staff members, who within three weeks of operation provided 713 services to 219 individuals staying on the streets and in encampments. Services have included referrals to substance abuse recovery programs, medical care, and shelters. The CoC has also invited other outreach teams to a monthly care coordination meeting, at which a number of agencies communicate about vulnerable individuals who remain unsheltered, and problem-solve ways the team might address barriers they face to receiving services. Additional low-barrier shelter beds have been well-utilized, and both individuals and families have been served with referrals to other community resources.

However, these new services have not been without challenges and lessons learned. The following section will present some of the challenges faced in attempting to transition various spaces to accommodate these emergency strategies, and will highlight the one low-barrier shelter that is in operation to date.

Challenges to Implementation

Although each of the organizations and/or partnerships that were awarded funding have begun implementation efforts in good faith, over three months remain in the grant period, not all efforts have advanced without serious challenges. One example is the work aimed at providing storage for individuals experiencing homelessness to secure their belongings on the former First Link property on East Liberty Street. In addition to city funding, the Downtown Louisville Partnership donated shipping containers and TARC donated lockers, additional resources that could assist in transitioning an abandoned grocery store into secure storage. However, the initial idea to place the storage containers in the parking lot was met with a variety of significant challenges, including property ownership and insurance, the need to provide electricity to the shipping containers, and the question of whether bathroom facilities and connections to the sewers would need to be established. As sights turned instead to moving the storage facility inside, additional issues arose. While boilers had been removed from the building, water had not been removed from the pipes. During the extreme cold weather in late January, those pipes burst, resulting in water damage and leading to concerns over mold in the building. A final barrier to arranging the storage space inside the building was learning that the

sprinkler system was not functioning. Plans have now come full circle, as efforts refocused on placing storage containers on the First Link parking lot.

Additional work to transform areas inside current shelters and/or churches into low-barrier shelter space has faced challenges as well. Specifically, The Family Life Center, Inc., at St. Stephen Baptist Church sought to provide such a space. St. Stephen's Youth Performing Arts Center (the former Young Chapel at 1039 S. 16th Street) was renovated in early January of this year as the intended site for a low-barrier shelter for families experiencing homelessness. The space was configured for up to six families, would be open 24/7 and, in partnership with the Salvation Army, would serve three meals a day. Within hours of opening its doors on January 15, 2019, the low-barrier shelter was closed due to unforeseen violations in codes and regulations. The fire marshal and inspector ruled the space unfit for residential use, citing issues surrounding sprinklers, and more importantly, egress and accessibility (viz., there is no elevator), as the proposed space is below ground grade. Following further discussions, the shelter was finally able to open its doors on February 4, and began operations as a day shelter (i.e., participants cannot sleep there at night). Eight families and four individuals have since been served.

Implementation of a low-barrier shelter: Wayside Rescue Station

On December 24, 2018, Wayside Christian Mission opened the Wayside Rescue Station, Louisville's first low-barrier shelter in decades. Like low-barrier shelters (LBS) in other cities, Wayside Rescue Station allows couples to come in and stay together and allows people to bring pets inside with them. It offers shelter to individuals who may be high on drugs or alcohol, and/or those who may have been previously barred from shelters. This LBS has operated with three basic rules: no fighting, weapons, or drugs or alcohol inside.

The Rescue Station is located in the Gus Goldsmith Gymnasium inside Wayside's Emergency Shelter at 432 East Jefferson Street (on the corner of Jackson and Jefferson streets). The gymnasium is a large, brightly lit space divided in half by a sturdy floor-to-ceiling curtain, and offers off-the-floor sleeping space for 124 individuals. Families have access to pack and play-style sleepers for babies and toddlers, which sit at the foot of a family's makeshift double bed. Crates for dogs and cats are arranged around the perimeter of the

gymnasium, usually in close proximity to their owner's bed. The remaining space offers additional amenities for use other than sleeping. Rescues station guests have access to Wayside's bathroom facilities and meals. Entry to the LBS requires check-in at the main entrance of Wayside's emergency shelter building or at the entrance to the gymnasium, with subsequent passage through a metal detector. Wayside staff keeps a list of clients and their assigned bed number.

Since opening its doors, the Rescue Station has been near, at, or above capacity. On its busiest nights in January and February of 2019, the Rescue Station housed as many as 161 individuals who might have otherwise been unsheltered. The majority of clients have been single men, and approximately 22 percent were women. About a fourth of the clients came in as couples. On any given day, there are one to four families staying in the Rescue Station, the majority of which include children under 6-years-of-age. There have been approximately five to seven pets in the Wayside's LBS each day, and by far the majority is dogs.

Wayside has experienced a variety of challenges in its two months of operation, many of which are similar in nature and frequency to those reported in other cities that have implemented LBS practices. The sheer number of guests at the Rescue Station – a single, large, open space – means there is a steady amount of noise, disruption, and unpredictability for clients and staff alike. Safety is the biggest concern, in addition to the following:

- There is no separate space for families (including small children) in the Rescue Station. Wayside staff make efforts to move LBS families to the Family Shelter floor whenever possible.
- Individuals are not screened for criminal and/violent histories, including sexual offenses.
- Guests routinely bring in and use drugs in the Rescue Station space. At least one participant was found trafficking drugs inside the Rescue Station.
- Altercations have occurred between guests, including between couples, and between guests and staff. Staff and others in the LBS have been threatened and attacked.
- Sexual activity in the LBS is not uncommon.

- Although there are check-in stations and metal detectors inside the entrances to the building, individuals have entered the facility without stopping or heeding staff instructions.
- There is no police presence inside or outside Wayside’s property, and security staff inside the Rescue Station space itself is limited. A walk-through by Louisville Metro Police Department was conducted only one time since the December opening.
- Health emergencies are common, especially surrounding drug or alcohol use and/or chronic health or mental health issues.
- Additional wrap-around and parallel services for guests continue to be needed inside the Rescue Station.
- The homeless encampment on Jefferson and Jackson streets – immediately outside Wayside’s Emergency Shelter – remains, causing buildup of discarded donations and garbage.
- While there were concerns about allowing pets in the shelter space, dogs have posed few if any problems for the Rescue Station guests or staff.

Lessons Learned

- Transitioning vacant properties to spaces that are safe for human habitation can be both expensive and time-consuming. When implementing this approach in the future, stakeholders should be aware of potential barriers, including property ownership, utility (e.g. electrical, water, sewer, and sprinkler) capacity of the site, length of vacancy, and weather effects on building infrastructure.
- Transitioning vacant properties requires early coordination with Metro Codes and Regulations, Fire Marshall, and Building Inspectors to ensure the space is ready for human habitation.
- Per best practices, emergency shelters should be small and specialized, meaning that various populations should have access to different shelter spaces. Specifically, individuals and families should have distinct spaces, and childcare should be part of the CoC plan. Additionally, pets should be kept in such a way as to not impose on individuals who are allergic or fearful.
- Low-barrier does not mean NO barrier. Safety rules and expectations of respect for others should apply throughout CoC services, as agencies are liable for the safety of those

employed and served. Law enforcement should be a partner in the CoC as community safety is considered.

- Emergency shelters must be consistent with best practices in providing case management and wrap-around supports for guests. The goal of the CoC is to limit nights in the shelter and move both individuals and families into permanent housing as quickly as possible.
- Despite these additional services, there remains a significant need for outreach, emergency shelter, and affordable housing in the Louisville community.

PRELIMINARY RECOMMENDATIONS

1. **Ongoing homeless outreach.** The newest addition of a full-time homeless outreach team has proven vital in connecting unsheltered individuals to needed services, including emergency shelter. Additionally, the monthly care coordination meeting among outreach providers and volunteers has added organization around community-wide efforts. Ultimately, these improvements have resulted in increasing number of chronic unsheltered persons utilizing housing and related services, one of the four primary goals of the CoC. The current funding allocation for outreach ends with this fiscal year, but identifying an ongoing funding stream should be a priority.
2. **Multiple low-barrier shelters.** As noted in national best practices, low-barrier shelters are most successful when they are small and designated for subpopulations, and accessible throughout the geographic region. Rather than providing one large low-barrier shelter and multiple additional emergency shelters, Louisville’s CoC should transition to only low-barrier shelters. Smaller shelters—ones that reach capacity at less than 50 beds—can offer increased safety and dignity while ensuring a staff to guest ratio that supports trauma-informed care. Shelters should be specific to subpopulations of individuals experiencing homelessness, including single and coupled adults, families with children, unaccompanied youth, and individuals and households fleeing domestic violence. Additionally, it is recommended that emergency shelter sites across Louisville Metro be assessed, including outside of downtown.
3. **Centralized and continuous care coordination.** One missing factor in Louisville’s CoC is facilitated care coordination among providers—as it stands, an

individual or family experiencing homelessness may receive formal supports *if* they are connected with a shelter program. If they leave that program, however, they also lose the associated case management. A revision of this system entails the CoC facilitation of one care coordination team, with case management to aid individuals and families to identify permanent housing options and resolve existing barriers to housing, allowing them to move out of homelessness as quickly as possible. Because the goals of the CoC include decreasing length of shelter stays and increasing number of individuals exiting to permanent housing, a centralized case management team would follow the person or family from the CEP to permanent housing. Case managers would be associated with individual cases, and not specific locations or agencies.

- 4. Centralized, trauma-informed training for support staff.** The purpose of such a training is to reinforce for all relevant service providers within the CoC the inherent connection between reducing homelessness and providing permanent housing solutions for the lowest-income poor. To do so, this training would ensure familiarity with both the range of services needed and available and to increase consistency among providers in their application of the Housing First approach. This training may include the production of a webinar or presentation that is required of all service providers who deal with any aspect of homeless support, street outreach, emergency shelter, or low-income housing assistance applicable to those at 30 percent or less of AMI.
- 5. Prioritize funding through the LAHTF and CARES for projects creating affordable housing options for households below 30 percent AMI.** This may require revising how funds are allocated, including to individuals who await public housing and Section 8 options.
- 6. Inventory vacant and abandoned properties, with specific notes on property conditions.** A common recommendation in public commentary has been to utilize the available vacant and abandoned properties as shelters. However, this is oversimplified without understanding the amount of work required to transition a vacant property into one that is inhabitable. This inventory would require coordination with Metro's Office of

Redevelopment and Vacant and Public Property and Codes and Regulations to understand which vacant properties are the best candidates for safe human habitation.

- 7. Public Awareness/Community Education Campaign.** A key recommendation based on all of our findings is to develop a comprehensive public awareness campaign that is aimed at multiple audiences (individuals experiencing or at risk of homelessness, advocates and service providers, and the general public). Since Thanksgiving and winter holidays and the Street Count in January represent "flashpoints," as one homeless advocate reported, of greatest public awareness of the plight of homelessness, the more broad-based elements of a community awareness campaign should be timed to correlate with those occasions.
 - Comprehensive supplemental information for persons experiencing homelessness and their advocates should be available in printed form to all street outreach workers and onsite at all local shelters, treatment centers, social welfare organizations, sites of homeless concentration, places of worship, and informal encampments. Street Tips, a booklet currently produced by the Coalition for the Homeless, should be redesigned for greater visual appeal and accessibility, and the redesign should include an easily accessible web-based version. It should be more widely reproduced and circulated, updated regularly, and made readily available online through various agencies' links, as well as translated into Spanish and other languages as needed.
 - Development and distribution to all such parties of training materials (in PowerPoint presentation form as well as in annual training session) relevant to preventing discrimination for protected classes under both federal and local fair housing laws.
 - Development of basic informational materials and workshops or webinars open to the public and held in neighborhood locations for learning about low-barrier shelters and the Housing First approach, with some particularly aimed at faith communities since they tend to provide homelessness and resettlement assistance.

- A recognizable Louisville CoC logo that is required for use by all agencies and groups that work to provide homeless support and advocacy. Such a logo should be eye-catching and convey a message about reducing homelessness. Use of a common logo would signify a level of unity and coordination that would benefit the local community.
- Develop and distribute an “identification of good story” handout to homeless assistance providers that is incorporated into part of the material collected on the cases each works on, expanding on the video produced during the Rx:Housing 100k Homes/Louisville initiative. This content could be housed either at the Coalition for the Homeless or Metro Community Services, but it should also be shared. In this way, eloquent and willing voices of people experiencing homelessness can be identified for possible media features, ranging from those who successfully found permanent housing to others who have made a rational choice to remain unsheltered given their alternatives.
- The Coalition for the Homeless and Metro Community Services should collaborate through the auspices of the CoC to generate and distribute news releases more regularly and systematically that are then made readily apparent on their respective websites. News releases should emphasize transparency, and feature positive steps as well as new challenges. In this manner, local residents can easily follow the progress of homelessness policies and solutions.
- Working with, and extending, materials such as Aaron Hutchings’s documentary interviews with homeless Louisvillians, pursue a partnership with local media to develop a radio or podcast series featuring experiences and voices of homeless Louisvillians. If possible, involve individuals who are homeless or formerly homeless in such a production. An excellent media partnership opportunity lies in Louisville Public Media’s “Next Louisville” series. This production could then be archived and made widely available on an ongoing basis.
- Louisville possesses a vibrant and diverse arts, culture, and media community that could contribute significantly to a public awareness effort. For example, in partnership with Actors’ Theatre of Louisville or another local theatre company, develop a play on homelessness that includes the participation of homeless and formerly homeless people and is promoted broadly through all homelessness and housing-related service providers. A similar successful project was implemented in Billings, Montana, in 2013.^{vii}

The above measures are not dependent on one another: implementing one or some of them would move the metro area in the direction of best practices even if implementing all is beyond the community’s means at this time. Costs of each of measure vary depending on the partnerships involved in enacting each of them, and are therefore not attached to this list of recommendations.

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^{vii} See [https://billingsgazette.com/entertainment/arts-and-theatre/theatre/telling-their-story-and-i-know-tackles-](https://billingsgazette.com/entertainment/arts-and-theatre/theatre/telling-their-story-and-i-know-tackles-homelessness/article_602d6016-1538-5083-88e3-6ff9d3fcb0d8.html)

[homelessness/article_602d6016-1538-5083-88e3-6ff9d3fcb0d8.html](https://billingsgazette.com/entertainment/arts-and-theatre/theatre/telling-their-story-and-i-know-tackles-homelessness/article_602d6016-1538-5083-88e3-6ff9d3fcb0d8.html).

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APPENDIX: GLOSSARY OF TERMS

Affordable Housing - Housing for which the occupant(s) is/are paying no more than 30 percent of his or her income for gross housing costs, including utilities

Area Median Income (AMI)– The household income for the median, or middle, household in a region

Common Assessment – The coordinated system for homeless client referrals in Louisville. The Common Assessment Team uses the VI-SPIDAT as their assessment tool

Continuum of Care - A community's plan to organize and deliver shelter and services that meet the specific needs of homeless individuals and families as they move toward stable housing and maximum self-sufficiency. This plan should include:

- Outreach, intake, and assessment to identify an individuals' and families' service and housing needs, and link them to appropriate housing or service resources
- Emergency shelter and safe, decent alternatives to the streets
- Longer term shelter with supportive services to allow people the time and support to eliminate barriers to permanent housing, such as utility debt
- Permanent housing and permanent supportive housing

Coordinated Entry Process (CEP) - The first point of contact to individuals and families experiencing homelessness in the community, in which staff triage individual and family housing and service requests, including requests for emergency shelter

Diversion - A strategy that prevents homelessness by helping people experiencing a housing crisis to preserve their current housing situation or make immediate alternative arrangements without having to enter an emergency shelter

Fair Market Rent - is the 40th percentile of gross rents for typical, non-substandard rental units occupied by recent movers in a local housing market

Foreclosure Starts – Legal actions filed in circuit courts

Housing Cost Burden – When a household is paying more than 30 percent of their income for housing costs

Housing First - An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry

Low Barrier Shelter - A 24-hour facility that does not turn people away or make access contingent on sobriety, minimum income requirements, or lack of a criminal history; does not require family members, partners, and pets to separate from one another in order to access shelter; and ensures that policies and procedures promote dignity and respect for every person seeking or needing shelter

Permanent Supportive Housing - An intervention that combines affordable housing assistance with voluntary support services, which are designed to build independent living and tenancy skills and connect people with community-based health care, treatment, and employment services

Public housing – Provides decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities

Rapid Re-housing - An intervention, informed by a Housing First approach that connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services

Section 8 – Includes the housing choice voucher program, which is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market, and project-based rent subsidies, which are tied to specific units

Transitional Housing – Short-term housing and appropriate supportive services to homeless persons to facilitate movement to independent living

VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool) - A survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons