



## Addressing Urgent Needs: A 2022 Analysis of Homelessness in Louisville

### **Executive Summary**

One of the most pressing crises facing Louisville today is homelessness. The primary cause of homelessness is poverty, and the solution to homelessness is housing: affordable, safe, permanent housing throughout our city for our poorest neighbors, with personalized services for those who need support. The Coalition for the Homeless will continue to advocate for affordable housing and for policies that eliminate poverty as our top priority. But because there has been such a dramatic increase in people facing homelessness recently—and because COVID significantly changed the landscape—we sought out best practices for more immediate solutions to serve those sleeping outdoors and in shelter.

The Coalition compiles annual numbers to get a more complete understanding of who experiences homelessness in this city each year. Our data shows two significant trends between 2018 and 2021: a 41% increase in the number of people experiencing homelessness (7,572 to 10,640) and a 4,837% increase in the number of people seeking services other than shelter (75 to 3,724).

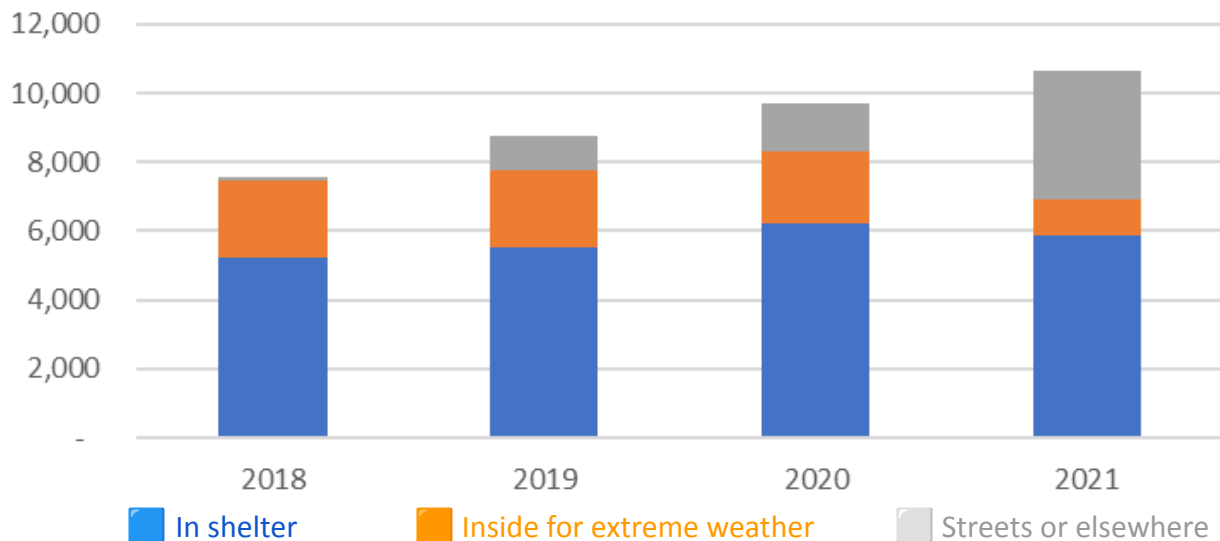
These dramatic increases prompted us to bring together a group of local experts who work directly with Louisvillians experiencing homelessness. Together, we developed evidence-based recommendations to address the needs of these Louisvillians as well as the overall community, particularly in the aftermath of the COVID pandemic and its resulting crises.

1. **HOUSING.** Create more affordable housing, fund housing navigators, and fund case management supports to get people housed and keep them housed.
2. **SHELTER.** Fund more options and improvements for people waiting to access housing, following recommendations of people experiencing homelessness, with a focus on physical structures, program characteristics, staffing, and service gaps.
3. **MEDICAL ASSISTANCE.** Create better medical connections for people experiencing homelessness: develop a Whole Health Collaborative (WHC); fund and support Family Health Center Phoenix’s medical respite bed program at Hotel Louisville; and create a respite bed program for behavioral health substance use disorder.
4. **COORDINATED COMMUNITY RESPONSE.** Coordinate a better community response to homelessness, centering input of people who avoid shelter; keep elected officials and community informed and engaged; coordinate with first responders; and use a housing focused strengths-based model.

## Detailed Discussion

Louisville saw an unprecedented increase in homelessness during the housing crisis of 2008, with a peak of 9,348 citizens served throughout 2009. Between 2009 and 2018, we saw a steady decrease in the number of people receiving homeless services, even as the number of services (including outreach to those harder to find and serve) had increased. **But the trend changed for the worse again in 2019 when the number of people receiving homeless services increased for the first time in a decade.** The numbers of people being served continued to steadily increase in both 2020 and 2021. This can be attributed in part to new services due to COVID relief funds, but not entirely—and nearly all of the increase has been in people not willing or able to sleep in congregate shelter.

**Number of People Experiencing Homelessness Annually in Louisville**



- 2018: 7,572 people (69% in shelter, 30% inside for extreme weather, 1% streets or elsewhere)
- 2019: 8,745 people (63% in shelter, 26% inside for extreme weather, 11% streets or elsewhere)
- 2020: 9,693 people (64% in shelter, 22% inside for extreme weather, 14% streets or elsewhere)
- 2021: 10,640 people (55% in shelter, 10% inside for extreme weather, 35% streets or elsewhere)

In 2020, the coronavirus pandemic impacted services available to those without housing, and made many people more reluctant to stay in congregate settings. Simultaneously, Louisville adopted CDC protections to avoid camp clearings during the peak of the pandemic, which led to the build-up of larger camp communities. And many long-term hidden camps were cleared for new development in the downtown area, which meant some camps moved into more visible areas. To understand the pre-COVID recommendations, [click here](#) to read the 2019 UofL report on street homelessness.

**The only way to truly address the needs of people sleeping outdoors is to create greatly needed safe, affordable, permanent housing for those making the lowest incomes.** Presently, only 25% of people who qualify for affordable housing have access to this resource. Unfortunately, due to decades of neglect in the area of housing development, the [Louisville Housing Needs Assessment](#) documents a need for 31,000 additional affordable units in our city for our poorest neighbors. This is our top recommendation and priority, and would require decades of commitment and billions of dollars.



However, due to the dramatic recent increase in people finding no better option than to sleep outdoors (or in other overcrowded or unsafe situations), the Coalition for the Homeless worked with Metro Louisville and dozens of community partners to address the need as outlined in the Louisville Homeless Management Information System database numbers shared above, following the [2019 Solving Street Homeless in Louisville report](#). Much of that work focused on acquiring additional resources and rethinking homeless services following the COVID pandemic and resulting crises. In early 2022, we saw that these efforts alone were not sufficient to address the increased move from sheltered to unsheltered living situations, so we brought together a group of local experts who work directly with those who sleep outdoors and then conducted interviews with those who have recently slept outdoors and/or in local shelters to create recommendations for services and determine which are both evidenced-based and appropriate for our community at this time.

Here is a detailed discussion of those recommendations.

### **Additional support services to increase permanent supportive housing**

The ultimate solution for homelessness is housing, but housing alone is not always enough. In 2021, the number of persons served through homeless service agencies who self-report one or more disability has increased by two-thirds. At the same time, the largest age group of people experiencing homelessness—the latter half of the Baby Boomer generation—has increasing health needs as they reach their 60s.

One silver lining of COVID was the availability of additional housing resources through emergency funding. HUD allocated 127 new vouchers to our community; LMHA prioritized people sleeping outdoors for public housing and Section 8 adding approximately 400 new units in 1.5 years; governmental funds (Emergency Solutions Grant COVID, or ESG-CV) provided dozens of additional short-term Rapid Re-Housing (RRH) vouchers; and American Rescue Funds provided deposits and two months rent to 750 households who lost rental housing in Jefferson County. The difficulty has come in ramping up services to support all of these new tenants so that they can successfully find, enter, and stabilize in housing. Our local experts identified the following needs:

- 1) **Affordable housing.** Many more affordable rental units are needed in this tight rental housing market in order to use all of the newly available vouchers. [This Harvard study](#) shows that far more people are renting in the United States today, and lower income renters are finding it harder to use vouchers due to a lack of units. There is a [desperate need](#) to increase income restricted rental housing (especially for people at 30% AMI and below) in areas with access to employment and support services, which remains our top recommendation. These projects will take years to develop and build. A more immediate solution would be to simultaneously create landlord incentives to make units available to those with lower incomes while still receiving a fair return for the value. While the fair market rent for a one-bedroom unit paid to landlords through available subsidies is \$800 per month (including utilities), the average rent a landlord could get is \$966. This gives most landlords very little incentive to participate in these subsidy programs.
- 2) **Housing navigators.** With such a tight rental housing market, local experts agree that most people need help finding available units—especially people living outdoors without flexible transportation options. Housing navigators are critical in assisting new tenants in their housing search and



application processes. Metro Louisville and the Coalition for the Homeless have tried to sub-contract with local service providers to provide these services with little success, due to staffing shortages and the fact that staff positions are only funded in the short-term. With some longer-term (three-year) funding commitments, more positions could be created and filled, allowing Louisville to utilize existing vouchers and get an additional 30-90 people off the streets per year.

- 3) **Case management.** Perhaps the most important ongoing need is personalized case management, which helps people move from homelessness to housing and helps them stay housed. Several local studies show that housing a person annually—with case management and rental vouchers—creates a cost savings of approximately \$15,000 per person per year when compared with the high cost of street homelessness (costs borne mostly by our shelters and healthcare systems). Funding for case management would ensure that these new vouchers are fully utilized to house those in greatest need and help them maintain that housing.
- 4) **Permanent supportive housing.** The vast majority of Louisvillians who face homelessness are able to maintain their permanent housing—97% of supportive housing tenants in Louisville stay housed at their scattered-site homes—but some people need housing with on-site support. The city has committed to address this goal in part through \$32 million in funding for permanent supportive housing projects. But these projects will need assistance with site development; operating subsidies to ensure cash flow; and funding for a higher level of services. This can also mean seeking new partners like Managed Care Organizations who can bill Medicaid for services, as well as hiring peer support specialists who know what people need from their lived experience. And finally, the creation of programs to serve those with greatest needs depends on the support of local developers committed to this work, which means ensuring that they can move through the development process with the support of Metro Council (as long as they comply with local codes and zoning regulations).
- 5) **Furniture.** People who move from the streets to housing lack furniture and household items, and many of the housing programs flooding our market do not include funding for deposits or furniture. The Coalition for the Homeless and our partners created Rx: Housing, a program to address this need, but the program is only able to assist approximately 50 households per year. The average household needs a minimum of \$600 for basic furniture, approximately \$200 for basic household items, and \$600 for a housing deposit.
- 6) **Addressing criminal records.** We interviewed people who are living outside, and many of them reported that felonies from decades in the past continued to haunt them. These prior convictions keep Louisvillians from getting licensed for well-paying jobs and accessing housing. We need to expunge felonies from the past as well as expunge prior evictions, both of which make housing access extremely difficult.

Another group that was already difficult to house is having an even harder time accessing housing today: people who have served their time and are on the sex offender registry. Kentucky does not have a weighted system for sex offenders so everyone on the registry follows the same restrictions. Because all local shelters either have daycare on site or nearby, and sex offenders cannot live



within 1,000 feet of one, there is no emergency housing for sex offenders in Louisville. This is complicated even further by COVID: many daycare facilities are being developed in new locations to meet the need for childcare (following the closure of several daycares in the early COVID days)—which also means housing options (including halfway houses) are no longer available options. Louisville needs to identify property with enough distance so that permanent supportive housing could be built for persons on the sex offender registry, as well as to work with the Kentucky Department of Corrections to provide adequate services to help those exiting prison make a transition back in the community.

### **Improving options for people waiting to access housing**

While housing is the solution to homelessness, our country's refusal to address the need for affordable housing for decades means that it will take decades to address the housing crisis—even after we fully commit to work toward the creation of these desperately needed safe, affordable units. Meanwhile, our homeless shelter system has been underfunded and overwhelmed for years. This system was created to address very short-term homeless situations and offers little to no privacy in mostly congregate settings. But the unmet needs of people using this system combined with the lack of housing have led to increased lengths of homelessness.

Therefore, our local experts identified the need to address the conditions and opportunities for those who are waiting to access housing. This not only improves the lives of those who are waiting, but makes it easier to find and assist those who need to navigate housing access.

- 1) **Right to shelter.** One national model to help get people off the streets and into indoor settings is the creation of a citywide right to shelter. This would mean the increase of shelter and/or overflow opportunities (like hotels) to be able to provide a place for everyone willing to come in. This need is most desperate for families and couples. The approximately 750 shelter units available in Louisville have been mostly full, except during the COVID crisis. The city has allocated funding to two shelters in order to increase shelter options for more families, but construction on these projects has just begun. In order to address the true need, more units need to be added and funding needs to be provided to hire contractors for repairs to maintain adequate space, which would quicken availability and turnover of these units.
- 2) **Shelter renovations and updates.** The Louisville Forward department of Metro Louisville has been working to create a list of recommendations to improve the accessibility, safety, overcrowding, energy efficiency, and welcoming nature of the four major overnight shelters. We strongly recommend that appropriate funding be made available to complete these renovations that could encourage more people to feel comfortable in a shelter setting and decrease some operating costs for the shelters.
- 3) **Shelter staffing.** Simply put, Louisville's shelters are understaffed, especially in the evenings. Due to lack of funding, most shelters are operated by clients who have graduated from programs or by hired security staff, not licensed professionals. All city shelters need ongoing funding to increase staff salaries and the number of staff available on site. Due to the larger numbers of persons with disabilities experiencing homelessness, we would also recommend that behavioral health staff be hired and available at all facilities during the times that clients are present and awake.

- 4) **Staff support and training.** Newly hired shelter staff also need support. Anyone working in a shelter in any position should be provided training that covers trauma informed care; de-escalation; community resources; and domestic violence prevention. We recommend that these trainings be recorded and made available to all shelter and housing staff city-wide, and that funding continue in order to update these trainings regularly (every three years). Finally, incentives should be provided to increase use of the Homeless Management Information System (HMIS) database in order to share case management notes about clients and share the information and service load when a client is working with multiple agencies.
- 5) **Storage for personal items.** A key concern for many people who have experienced homelessness is that their personal items are stolen on the streets and in shelter. The city-funded storage facility at Salvation Army has improved this some, but there is a waiting list for the larger storage space, limited time to access items, and a need to create similar storage facilities at the other shelters.
- 6) **Shelter security and lack of privacy.** Many households (especially families) tell us that they leave shelter quickly after entry due to a lack of security. If it is not already included in the renovation proposals to be funded by the city plans (as noted above), an assessment and plan must be made to increase the feeling of security and welcoming at all shelters.
- 7) **24 hour service provision.** Volunteers of America and some parts of Wayside and Salvation Army are open to shelter residents throughout the day, giving residents a place to leave their items and to stabilize their lives so they can move forward. St. Vincent de Paul is working to change their shelter program to 24 hours, too. We recommend that all four major shelters be asked to present proposals to open their facilities for 24 hours each day. This would require more staffing and housing-focused case management during the day, as this has proven throughout the country to be the biggest factor in people moving more quickly from homelessness to housing. It also provides some stability for other service partners to bring services to clients on site.
- 8) **Non-congregate shelter.** COVID quickly showed the vulnerability of life in congregate settings. But even without COVID, most people are uncomfortable in open settings with strangers. However possible, funding must be provided to incentivize shelters to create more non-congregate facilities through renovation or the purchase of additional single-room units that can serve as transitional options for singles and families waiting for housing. A recent St. Vincent de Paul review shows that clients in private units (even when small) have a higher rate of successful exits to housing.
- 9) **Low-barrier shelter.** Low-barrier shelter (that is, shelter that works to decrease as many barriers as possible for access to an indoor space) is a national model for moving people from the streets to shelter. For that reason, we recommend increasing low-barrier options beyond the single low-barrier shelter at Wayside. But we also recognize that these shelter options need higher staffing levels in order to be successful. National models recommend no less than one staff member per 10 clients, due to the need for additional services, security, and coverage 24 hours per day. Those using the shelter system have listed these as key barriers: strict entry deadlines, inability to stay with partners, and inability to keep pets.



- 10) **Pest control.** Due to the large amount of food service and transient stays in shelter settings, funding is needed to ensure ongoing pest control requirements at shelters. The funding and oversight of this effort could be coordinated through staff responsible for city shelter licensing.
- 11) **Text alerts.** Metro Louisville has just funded expansion of the RAVE alert system to allow better communication with people who are experiencing homelessness and those who serve them. This system is being set up to provide information about shelter availability and access, program closings and openings, weather alerts, and much more. There is a lot of promise in this opportunity and we hope the community will continue to support and utilize this system.
- 12) **Sense of community.** While our team and other housing experts are not supportive of tiny homes (especially those that do not provide minimum plumbing and electrical services) when compared with regular housing, research shows that when these programs are successful, it is due to the creation of a sense of community. Therefore, we encourage shelter, transitional housing, and other housing options that include group counseling, councils, volunteerism, job training, and other designs. The goal is to inspire commitment, a sense of community and belonging, and personal growth. Also, because HUD is the primary funder of homeless services and has a strong housing focus, funding for employment and volunteerism is very limited. To begin addressing this, Goodwill is opening two drop-in centers to meet immediate needs and move to supported employment opportunities. This effort should be evaluated and expanded as possible.

### **Creating better medical connections**

Local hospitals pay extremely high costs for high utilizers of their systems whose care and cost alike would be much better in other settings. And as the largest segment of the population (the latter half of Baby Boomers) continue to age, greater healthcare will be desperately needed.

Thanks to funding made available through COVID resources, medical respite has been improved with a partnership led by Family Health Centers (FHC) at Wayside Hotel, but this resource should be improved with better support and connection to the hospital systems referring to these beds. And other medical services should be provided and connected to respite. Our local experts recommend:

- 1) **Medical respite.** Louisville needs to fully assess and provide an adequate number of short-term (30-90 day) respite care units, which allow those without housing to recover after (or instead of) hospitalization in a low-cost overnight setting with nursing care on-site. This care should include [Integrated Dual-Diagnosis Treatment](#) and should be integrated with local crisis mental health stabilization and detox options. Respite care should be available for at least 30 days, with referral services to appropriate rehabilitation or nursing home care when needed. And preferences for housing should be given to those with severe health issues. Presently, the FHC respite program cannot take those who are unable to address their own daily living skills activities. Therefore, we also recommend meeting with the respite care staff to create a budget to move toward this higher level of care and to continue respite services beyond the existing funding term from American Rescue Fund dollars.
- 2) **Dual-diagnosis assessment and response.** As outlined in [this New York Times piece](#) about a mentally ill man who cycled between the New York City health system and the streets for decades,



Louisville must begin conducting assessments for dually-diagnosed people who have medical or mental inquest warrants but are not admitted, or who are released prior to stabilization. We must evaluate why this is happening so we can identify how many people in need of in-patient care are being denied, and how to design services to fit the true needs of these patients, versus just following Medicaid requirements. Most services would need to be voluntary, provide at least 30 day stays, and include integrated dual-diagnosis treatment.

- 3) **Drop-in resilience health facility.** Respite and crisis care should also be provided at a drop-in resilience health facility for people without housing. Local health data shows that the top care needs for this facility are wound care, medication assistance, and behavioral health therapy. Providing these services at a specialized facility is more cost-effective than at a hospital because these are services that hospitals often do not have time to address, resulting in clients leaving and returning over and over for unmet needs. This facility would require 24-hour nursing care with additional staffing and cannot be supported with only Medicaid funding, which is limited in what it covers. This new facility could allow for people to sleep during the day or overnight as needed, and the FHC Common Assessment team could work to connect those in this setting to housing opportunities and other services, including those providing medically assisted treatment; shelter could also provide services on-site as needed.
- 4) **Coordination between medical and homeless service provision.** In addition to these medical options for people without housing, Louisville needs a greater commitment from local hospitals to prevent the release of persons who are unable to care for themselves on the streets. Shelters and respite care facilities are not equipped to house persons who cannot conduct their own daily activities. Therefore, people in these critical medical situations need more time in hospital settings, rehabilitation centers, or some other step-down options that can provide appropriate care to avoid release to the streets—which often results in new hospitalizations and worse health outcomes. This is a community need that should be studied and addressed by local medical professionals in order to create system-wide standards of care.
- 5) **Medical services provided on the streets.** Medically assisted treatment (MAT) options, such as NuLease, are greatly needed in the community and funding for those should be increased. MAT should be expanded to start working with people in hospitals and jails. NuLease’s new street outreach program should be studied in order to target increased funding to the most successful approaches and to add additional medical services as needed. Louisville has two agencies (Seven Counties Services and Wellspring) leading Assertive Treatment Teams; Assertive Community Treatment (ACT) is another integrated team working with people directly on the streets and targeting persons with severe mental illness. These services should not be limited to serving clients who are eligible for Medicaid, which means additional funding is needed to serve those who do not qualify, and medical staff need to be part of those teams. Syringe exchange opportunities must continue and be available to all in these street outreach settings.
- 6) **Drug recovery and stabilization.** More long-term recovery and stabilization options are needed for persons with severe disabilities. This includes services at Our Lady of Peace, Wellspring, and Seven County Services. Length of stay at most of these models needs to increase as needed for successful outcomes at exit.





- 7) **Serious Mental Illness (SMI) Medicaid Waiver.** A state SMI waiver was approved by the state legislature in 2022 and can be used to increase permanent supportive housing. Louisville leaders and service providers should work to create mechanisms to use this waiver to increase housing options with services in Metro Louisville.
- 8) **Senior housing options.** As the U.S. population ages, almost half of all persons experiencing homelessness nationwide are at or above 50 years of age. And even those in their 50s have geriatric healthcare needs, as their life expectancy is 67. Therefore, large increases in residential care facilities, assisted living, and nursing home options for those with only Medicaid or Medicare payment are needed, with partners such as Wellspring who have experience serving this population.

### **Coordinated community response**

In 2018, Metro Louisville created the Mayor’s Task Force on Homelessness. This group created several coordinated efforts to address homelessness, including integrated street outreach and an improved camp identification and response system. Unfortunately, the progress and coordination was weakened by many COVID-related fears and policies, including a normalization of camps during a long period without clearings; city staffing issues; and hostility between police and protesters in our community.

And most importantly, while people without housing may not have the right to camp on private property, they do have the right to be treated as fellow citizens with dignity and respect. This means that even if care is available, it is voluntary, and many may choose not to accept it at first. Change requires several attempts by trusted outreach teams, who build relationships with those they serve. When we are working together and stay client-focused, these efforts are more successful.

- 1) **Community education.** More information should be shared with Metro Council, city staff, and community members about the procedures to address camps and the service needs of persons sleeping outdoors. Community education about 3-1-1 and the process that follows would increase consistency and avoid less helpful responses including efforts to harm those sleeping outdoors.
- 2) **Shelter and outreach coordination.** The biweekly street outreach meetings led by the Mayor’s Task Force, St. John’s Center, and Family Health Centers have improved the community’s ability to identify and focus on those most likely to die on the streets here. This group could help with changes to the shelters to increase the number of people entering these settings. Meanwhile, shelters and other service providers could create more training on what they offer and how to help people come inside. Due to large turnover in this group, regular training is needed on housing focused care, personal safety practices, confidentiality, community referral opportunities, trauma informed care, and more. The city has begun funding this training through Hope Buss and it—like the case management training above—could be recorded and maintained to access as needed.
- 3) **Trauma-informed training and coordination with Louisville first responders.** The Louisville Police Department provides some training on helping people without housing and those with disabilities, but limited staffing and changing priorities have complicated the understanding of the police’s role here and how to meet the need of increasing trauma-informed interactions between the police



and persons experiencing homelessness. Communication and coordination is needed between the police department and other city departments who manage the process for camp clearings, both to ensure that camps are not cleared outside of the established process and that cleared sites with appropriate signage remain cleared as needed to avoid more disruptions.

- 4) **Housing-focused, strengths-based services.** The most successful outreach programs to serve people experiencing homelessness across the country include two key elements: first, they are housing-focused with everyone working toward the goal of helping people access permanent housing, and second, they are strengths-based—meaning they always center the following questions in their work:
  - What individual and community strengths have helped people who live on the streets survive during either a temporary or long-term period?
  - How can those strengths be supported to help each individual person achieve a more stable housing situation?
  
- 5) **Listen to the experts.** Finally, we need additional input from true local experts: people who sleep outdoors. A survey of 110 conducted in 2021 by UofL found the following:
  - a) 25% of people sleeping outdoors had pets that need to be housed
  - b) 50% of people sleeping outdoors wanted to stay with a partner
  - c) Top reasons people slept outdoors were: to avoid congregate settings; too many rules; inability to stay with their partner; personal safety fears; protection of personal property; and lack of knowledge about shelter processes
  - d) Half of people felt safer sleeping outdoors versus a shelter

Their top needs were simple: housing, transportation, and food. The Coalition for the Homeless is holding more interviews with those sleeping in shelters and outdoors in 2022 to inform these recommendations, and similar surveys should be conducted as efforts are funded in order to create shelter and housing options that will be desirable to those in need.

*The Coalition for the Homeless is a nonprofit organization with a mission to prevent and end homelessness in Louisville, Kentucky. The Coalition completed this report in April 2022. We are grateful to the clients who responded to surveys and interviews, as well as our many partners who contributed over several months of research and dialogue. It is only through collaboration, the centering of people directly impacted, and high levels of funding for housing and homelessness services that we can end homelessness and the causes of homelessness both for individual people and in our community as a whole. Finally, the Coalition is prepared to assist with a deeper understanding of the above recommendations as well as detailed budgeting for these items on an as-needed basis. Please reach out to Natalie for more info at [nharris@louhomeless.org](mailto:nharris@louhomeless.org).*