

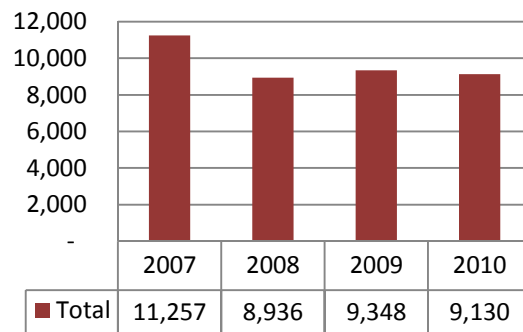


Homelessness in Louisville Metro Today

In 2010, 9,130 unduplicated persons used homeless services in Louisville Metro.

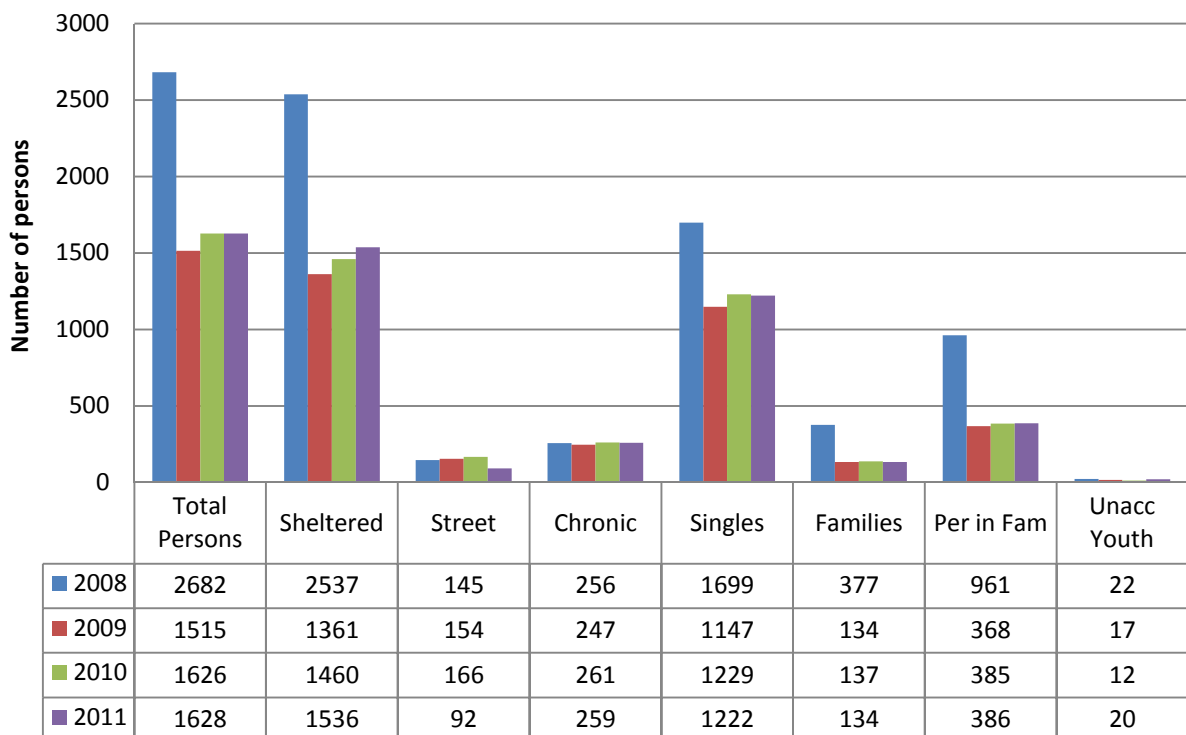
This number is slightly less than the population of Shelbyville, KY.

Homeless Census (12 mo. period)



On January 26, 2011, 1,628 persons were counted as being homeless on that night.

January Point in Time Count

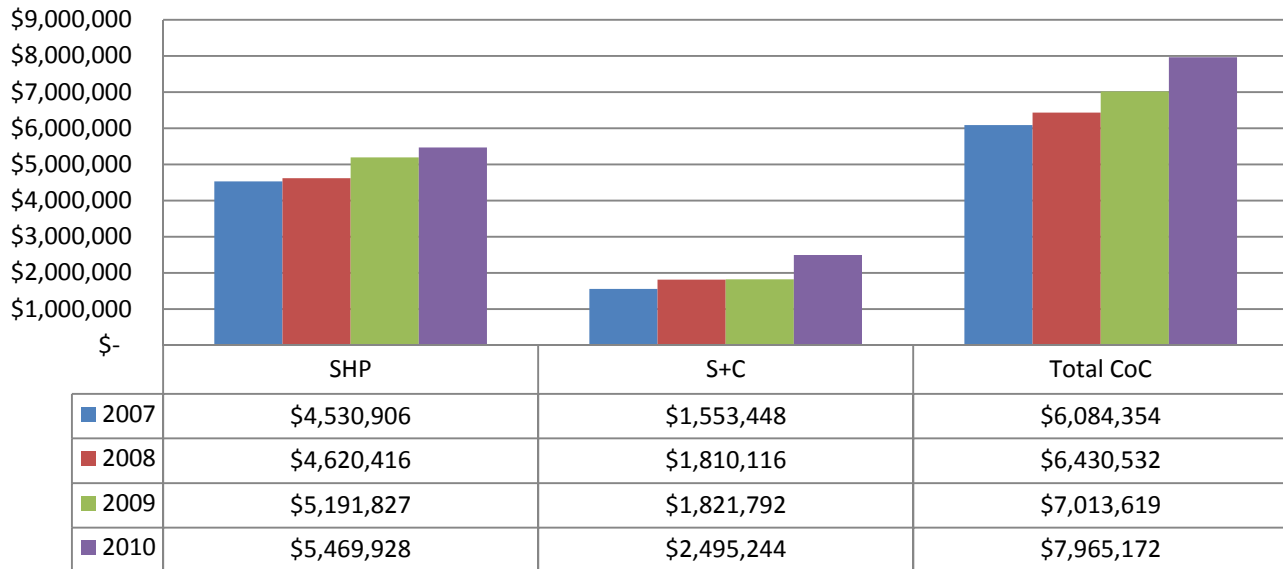




Resources Dedicated to Homelessness in Louisville Metro Today

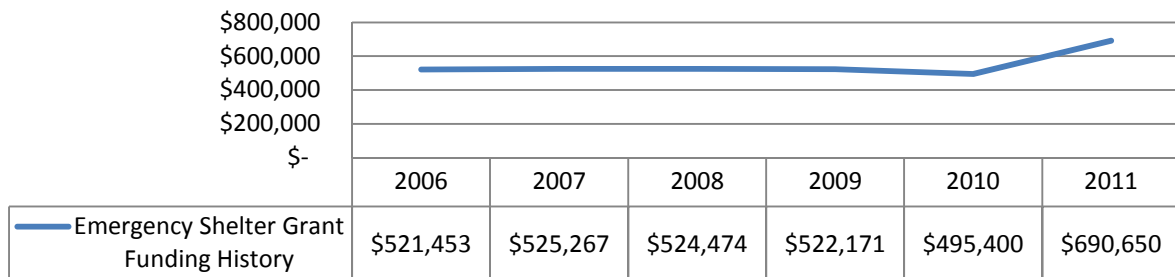
- Since 2008 overall resources dedicated to addressing the issue of homelessness in Louisville Metro has increased.
- Since 2007, (resources actually received in 2008) the Louisville Continuum of Care (CoC) has increased HUD Supported Housing dollars by \$939,022.
- Since 2007, (received in 2008) HUD Shelter + Care dollars have increased by \$941,796.
- Since 2007, (received in 2008) the total amount of HUD funding coming through the Louisville Metro CoC has increased by \$1,880,818.

CoC Funding History



- Since 2006, the funds received through the HUD Emergency Shelter Grant have remained somewhat flat. Although in 2011 we did see a sizable increase of \$195,250.

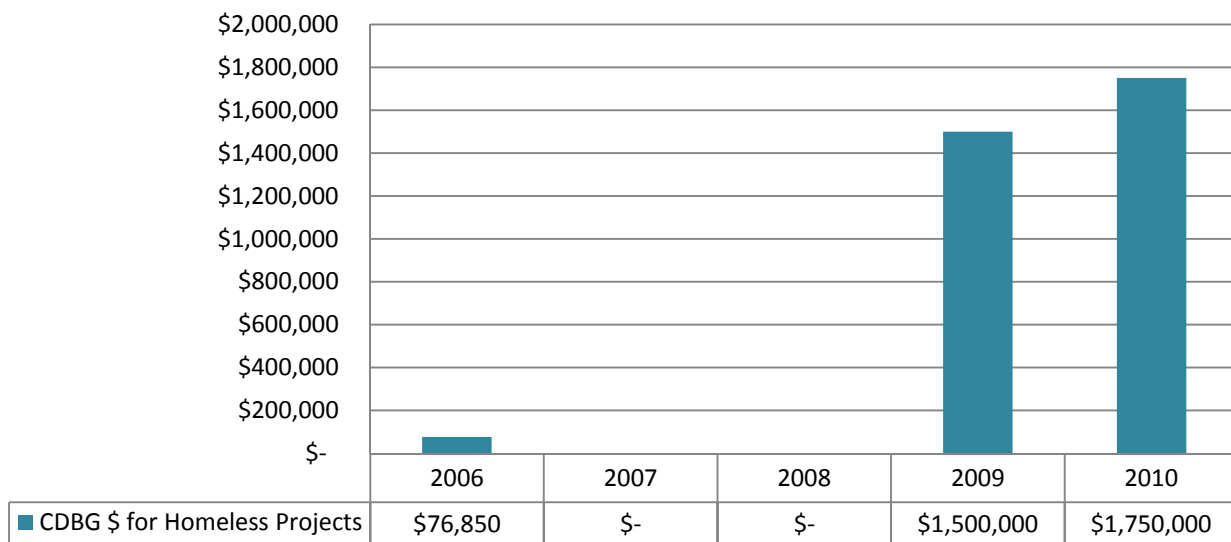
Emergency Shelter Grant Funding History





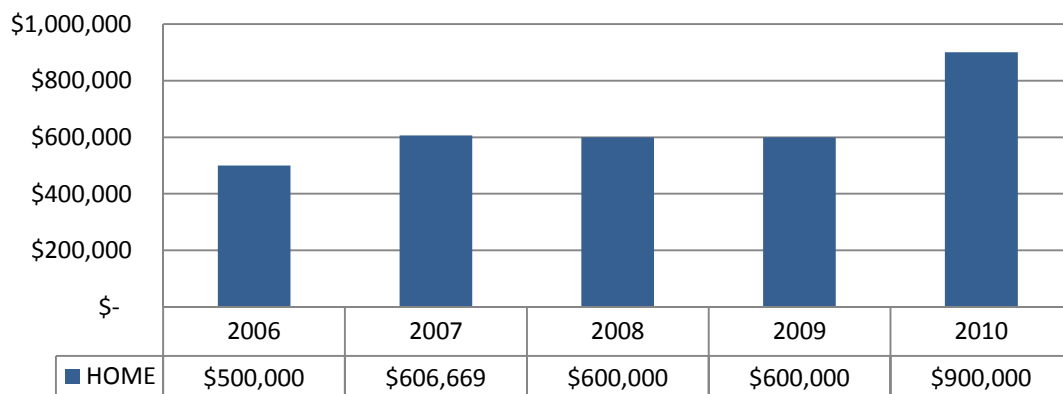
Since 2006, Community Development Block Grant (CDBG) funds have increased by \$1,673,150. During 2007 and 2008 there were no funds allocated to homeless projects. 2009 saw a reinstatement of \$1,500,000 of CDBG funds into the homeless services provider network. Information regarding the 2011 allocation is not available as of May 1, 2011.

CDBG \$\$ for Homeless Projects



The amount of HOME funds used for tenant based rental assistance vouchers has increased since FY 2005-06. In FY 2010-11, \$900,000 of HOME TBRA vouchers were issued.

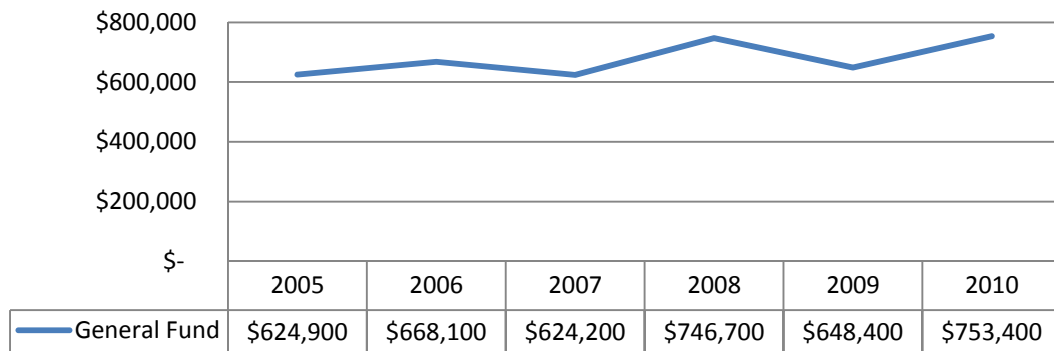
HOME TBRA Vouchers





Since 2005, the amount of Louisville Metro General Fund money dedicated to homeless projects has fluctuated. However, overall, from 2005 through 2010 there was an overall increase by \$128,500. The amount available for 2011 is not available as of May 1, 2011.

General Fund



Plan

Goal: To build a community in Louisville Metro where resources are maximized, prevention is emphasized, homelessness is reduced and chronic homelessness is eliminated.

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. Continue the study of housing and homeless service models in similar communities.





Outcomes

1. The plan “Reducing Homelessness: A Blueprint for the Future” was developed in 2002. It was updated in 2008. This report represents the first public review of the updated plan.
2. The 2010 Louisville Metro Continuum of Care (CoC) community is made up of the following:
 - a. Advocacy groups – 10
 - b. Businesses/Business Assoc. – 4
 - c. Education – 4
 - d. Faith based institutions – 4
 - e. Formerly homeless persons - 3
 - f. Foundations/Private funders – 1
 - g. Government – 18
 - h. Non-profit organizations - 46
3. While we have not done extensive research regarding other homeless service models around the country, we do know that the



“Housing First” model and “Rapid Re-housing” which is similar in nature to the “Housing First” model are proving to be very effective in moving people out of homelessness.

In 2011, Louisville has been chosen by ABT Associates to participate in the “Family Options” study. This is a national study of various service delivery models for homeless families. Martha Burt of the Urban Institute is coordinating the study that targets 200 families, placing them in one of four tracks.

-  Immediately receiving a permanent housing voucher. 50 Sec 8 vouchers have been obtained for the study.
-  Receiving assistance through the HPRP Rapid Re-housing program. 20 HPRP assistance vouchers have been obtained for the study.
-  Immediate placement in transitional housing. 60 transitional housing slots have been identified for use by the study.
-  Allowing the family to go through the normal processes of emergency shelter to permanent housing.

Families will be monitored to determine the track that is most likely to allow families to exit homelessness permanently.

4. Other efforts related to this goal.

4. The Louisville Continuum of Care boasts 12 collaborative grants involving 13 different agencies. Collaborative grants allow for more flexibility in service delivery and more efficient use of funds. They also build relationships across agencies.



Data

Goal: The HMIS data will be complete, accurate, and up-to-date and will include processes to capture other requested data such as causes of homelessness, people outside the shelter system and more.

Short-term Objectives

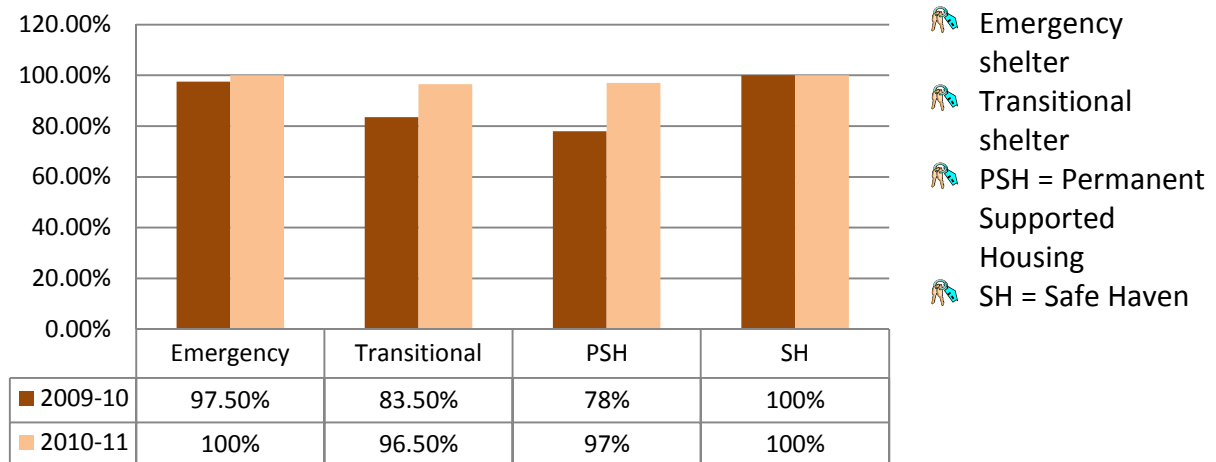
1. Have 85% of shelter beds participate in the HMIS system.

Outcomes

1. As of May 1, 2011, 98% of all emergency, transitional, permanent supported housing and safe haven beds permitted to participate in HMIS. (Those beds designated for domestic violence victims (127) and the HUD VASH PSH beds (204) are not included at this time.)

If DV and HUD VASH beds are included the coverage is 87%.

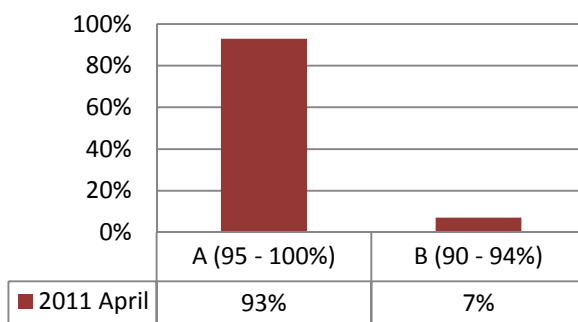
HMIS Bed Coverage



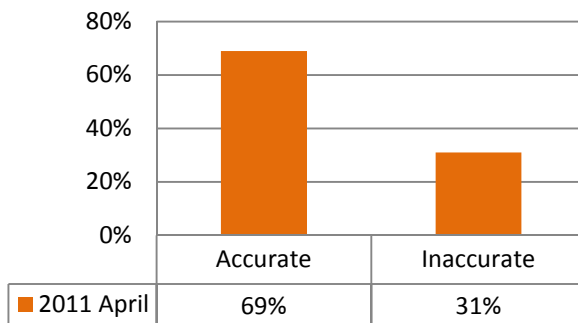


- 2. Have 95% of all HMIS client records meet the HUD minimum data set.

HMIS Data Quality Scores
 (Level of completeness for data entered)



HMIS Data Quantity (HMIS matches PIT count)



- 3. Develop a process to capture data on causes of homelessness.

- 2. 93% of programs entering data using the Entry/Exit method have a completeness score of "A". A score of "A" indicates that of the records entered into HMIS by an agency's program is 95 – 100% complete. Complete = all HUD minimum data set questions have been answered in HMIS.

Programs entering data using the Daily Entry method are unable to be scored at this time due to the report indicating the program's score being unavailable.

69% of the programs entering data using the Entry/Exit method show the same number of clients entered into HMIS as they reported serving on the night of the April 2011 Point in Time count. This indicates that they are 100% accurate in client entry on the night of the April 2011 PIT.

Programs entering data using the Daily Entry method are unable to be scored at this time due to the report indicating the program's score being unavailable.

- 3. Each year the Louisville CoC conducts a Point in Time Count of homeless persons in Louisville Metro on a given night. In the past a survey has been conducted that included the question about why a person or household became homeless. This survey was administered during the 2009 Point in Time with the results provided below. During the 2010 and 2011 Point in Time information gleaned from the survey was obtained



through other means – namely the HMIS system. The question about cause of homelessness is not collected in HMIS. Therefore this information is not available for the 2010 and 2011 Point in Time.

31% of the people taking the 2009 Point in Time Survey indicated they became homeless because of their inability to pay their rent or mortgage.

4. Other efforts related to this goal

4. A major effort has been initiated to ensure and standardize HMIS data entry, monitor data quality, and provide useful reports using HMIS data to agencies, programs and funders. This has been done using several methods including a grading system that tells programs how well they are doing entering information into the system and whether the numbers reported in HMIS match the numbers reported during manual PIT counts.

HUD is requiring that programs funded through the CoC report capacity and utilization numbers four times per year. These times are the last Wednesday of the first month of each quarter. These are the same days that HUD is requiring CoC's to report the same data for the Annual Homeless Assessment Report (AHAR).

With this in mind the CoC decided to conduct the annual homeless count which includes a shelter and a street count on the last Wednesday of January and three additional shelter counts in April, July and October. The information gleaned from these manual counts will be compared to the information contained in HMIS for each program to determine the quantitative accuracy of HMIS



information. In this way we will be able to determine on a quarterly basis the accuracy of the HMIS data. We are hoping that this method will allow us to catch problems early and have complete and accurate data available when it is time to submit the AHAR to HUD.

During the Jan, 2011 PIT count HUD and the Veteran's Administration worked together to gather accurate information regarding the numbers of veterans identified as homeless. The VA issued a clear methodology to identify veterans using two questions. "Have you served in the U.S. Armed Forces?" and "Were you activated into active duty as a member of the National Guard or as a Reservist?" These two questions helped to clarify the definition of veteran and assisted the CoC in identifying appropriate referrals to the VA.

Beginning in June 2011, the CoC agency programs will gather client information regarding the following:

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

Most of this information has been collected in the past but now it will be collected using a common format. 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 are now working with JCPS to obtain data that is kept by the school system regarding homeless students. Since JCPS uses a different definition for a person being homeless, it is not possible to simply use the numbers of students they identify as homeless. We are now in the beginning stages of identifying methods of working with the JCPS data to get a better idea of the number of homeless students in the school system that meet the current HUD definition.

Emergency Prevention

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

Short-term Objectives

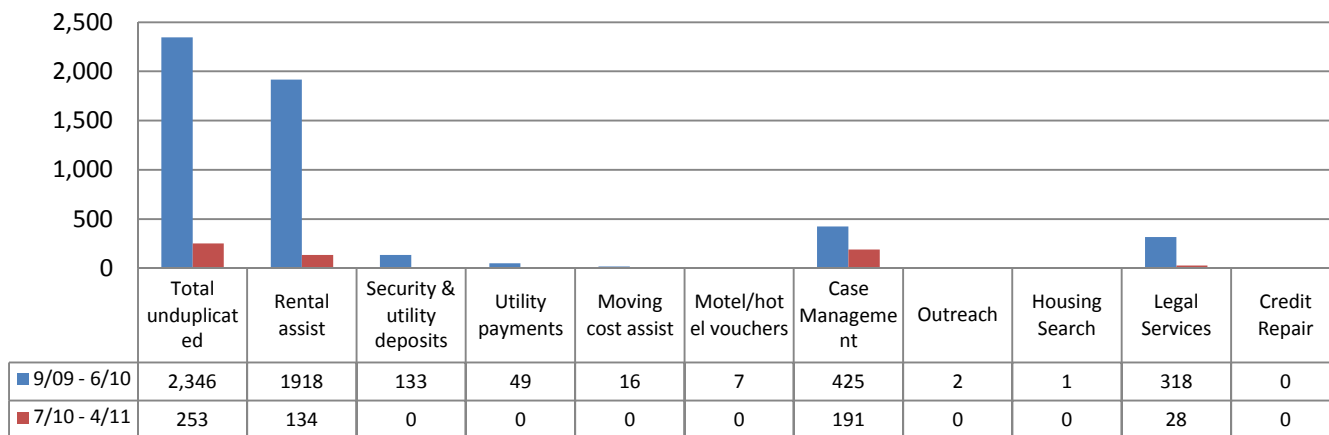
1. Establish a Homeless Prevention Task Force.
2. Other efforts related to this goal

Outcomes

1. Louisville Metro Government coordinates the Homeless Prevention and Rapid Rehousing Program (HPRP) and created a committee in 2009 that meets regularly on this issue.
2. The Homeless Prevention and Rapid Rehousing Program (HPRP) has shown the following activities and outcomes for the prevention portion of the program.

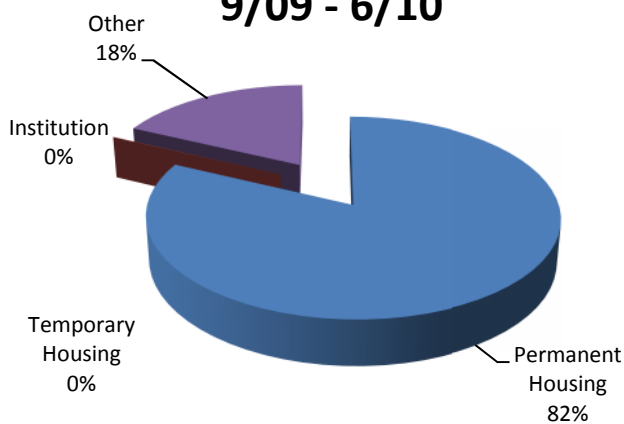


HPRP Prevention

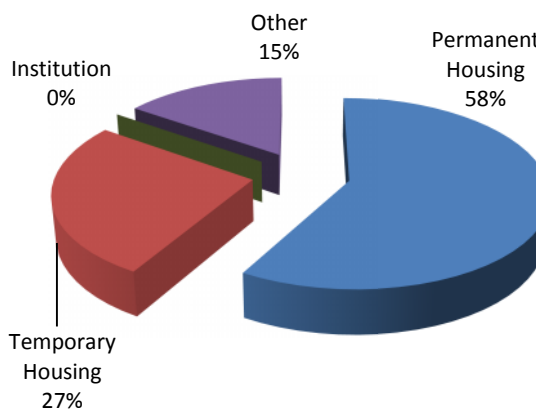


From September 1, 2009 – June 30, 2010 and from July 1, 2010 – April 30, 2011 the HPRP Prevention Program outcomes are as follows.

HPRP Prevention Outcomes 9/09 - 6/10



HPRP Prevention Outcomes 7/10 - 4/11





System Prevention

Goal: There is community consensus for the “housing first” model and the community works together to reduce the time a client spends in the shelter system.

Short-term Objectives

1. Develop 70 units of supported scattered site housing.
2. Develop a homeless hotline connected to people who screen for HUD homeless criteria.
3. Develop a legislative strategy to revise Medicaid.
4. Expand re-entry programs.



Outcomes

1. 54 units of permanent supported housing were applied for and granted in the 2009 CoC HUD application. These units are currently in the process of construction. In the 2010 CoC application, the Louisville CoC applied for and was granted funding for new Shelter + Care vouchers. While the application states this is for 16 1, 2, and 3 bedroom units, it will actually result in approximately 24 new Shelter + Care vouchers for the community.
2. Outcomes unavailable
3. The Coalition for the Homeless is working with the Kentucky Interagency Council on Homelessness (KICH) to develop a legislative strategy to increase Medicaid access through legislative changes and the new national healthcare law. Requested changes would allow Medicaid to provide services for persons in permanent supportive housing.
4. In January 2011 a report was compiled to show the impact of the Homeless Prevention Pilot Project (HPPP) and advocate for an expansion of the HPPP program statewide. The primary goal of the pilot project is to prepare a limited number of persons leaving state institutions (prisons, mental health facilities and foster care) for reentry into the community and prevent at least 88% of those clients from being discharged into homelessness. The pilot project began in June 2005 and is currently conducted in one rural










area (southeastern KY) and one urban area (Louisville/Jefferson Co.).


Since 2006:

-  232 referrals have been received from the two areas (84 have been received from Louisville/Jefferson Co.)
-  The average length of service provided in Louisville/Jefferson Co. is 12.6 months days. (The goal is to keep clients engaged for at least a 6 month period.)








Between 2006 and 2009:

-  65.5% of those referred were successfully reintegrated into their communities without returning to the institution or entering a homeless shelter.
-  54 came from the prison system
 - 3 returned to prison (without HPPP this number would have been 16)
 - One year savings to the prison system = \$322,660
-  22 came from the mental health system
 - 4 were readmitted to the MH system (without HPPP this number would have been 8)
 - One year savings to the MH system = \$730,000
-  11 came from the foster care system
 - One year savings to the foster care system = \$381,425
-  A total of 57 people were kept out of the shelter system
 - 12 entered the shelter system
 - One year savings to the shelter system = \$274,418
-  Total one year savings to the state = \$1,708,503
-  Total two year investment by the state = \$200,000



 The state legislature DID NOT vote to expand the program but rather reauthorized year to year funding in the two pilot areas.

In 2010:

-  18 clients were served in Louisville/Jefferson Co., 4 new clients entered the program and 8 clients exited during 2010.
-  The average length of service was 23.5 months
-  Of those who entered during 2010, 0 came from the prison system, 1 came from the mental health system, 3 came from foster care
-  Of those who exited the project in 2010, 4 went to rental housing with no subsidy, 1 moved in with family and friends, 3 disappeared.
-  7 increased their income (includes employment and public assistance)
-  1 found employment
-  It is estimated that this project saved the participating institutional systems \$370,800 in 2010.

The Coalition for the Homeless has worked to better coordinate referrals from the state CHAFEE per diem program for kids exiting foster care with the HPPP case managers in 2010 – 2011.

The Coalition for the Homeless and the HPPP Committee held meetings with Central State Hospital and the Kentucky State Prison Reentry staff to decrease exits to homeless shelters and to improve coordination between the parties.

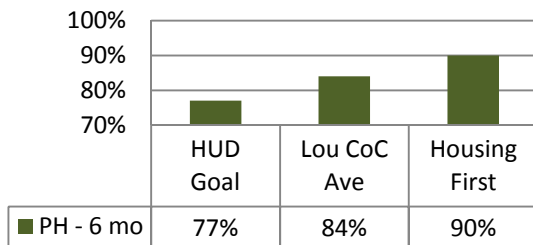


KY state prison recidivism rate = 40%, daily cost for 1 person = \$52 (Report of Task Force on Penal Reform, Feb 2011) HPPP kept 5 clients from returning to prison, creating \$46,800 in savings for the KY Dept. of Corrections.

KY mental hospital 90 day readmission rate = 20.6%, daily cost per bed = \$600 (Cabinet for Health & Family Services, data for Eastern State Hospital 2010) HPPP kept 3 clients from returning to the hospital, saving the Cabinet \$324,000 annually.

5. Other efforts related to this goal

**Housing First vs
 Maintaining Permanent
 Housing 6 mo or longer**



**Housing First:
 Placed from:**



5. The SAMSHA “Treatment for Homeless Grant” funds the only true “Housing First” project currently operated in the Louisville CoC. Since its beginning in October 2009 it has had the following outcomes:

- 👤 112 people have been served since October 2008
- 👤 111 people have signed leases
- 👤 The average length of time in housing for all participants is 483 days or approx. 16 months.
- 👤 Excluding 25 current participants who have not yet been housed for 6 months, 80 of 87 (90.2%) either maintained their housing for more than 6 months prior to exit or have continued to retain their housing through 6 months.
- 👤 46 people (41%) have been placed in permanent housing directly from the street.
- 👤 66 people (59%) have been placed in permanent housing from emergency shelters.
- 👤 105 (95%) meet the definition of chronically homeless.
 (Grant partners: Phoenix Health Center, St. Vincent de Paul, Wellspring, St. John Center, 7 Cos. (JADAC))



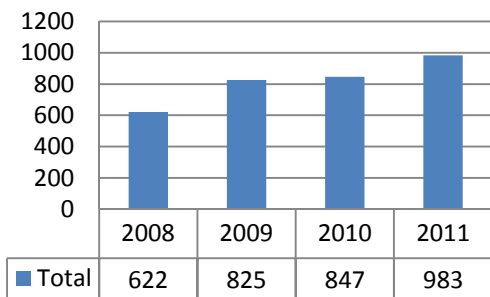
Housing First: Percent Chronic Homeless



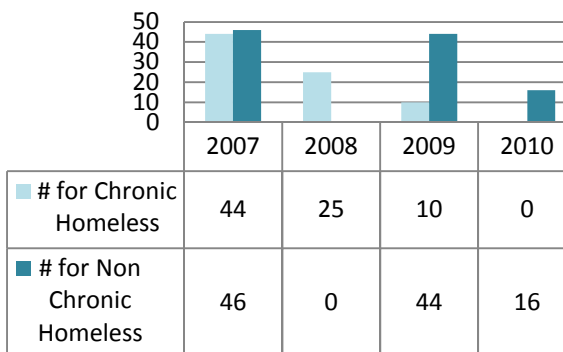
The commonwealth of Kentucky is now studying the idea of a state program to fund additional housing first programs.

A website (www.housingoptionslouisville.org) has been created to assist outreach workers and case managers in referring homeless person to the most appropriate and viable type of shelter/housing in the community.

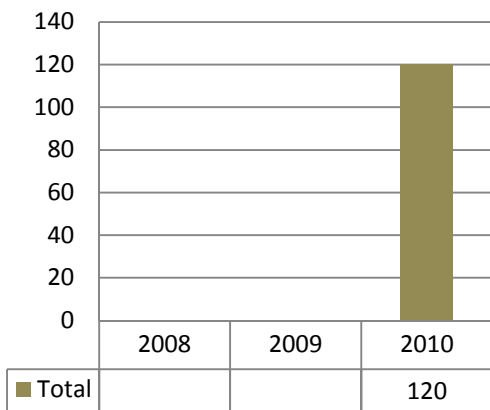
Total Number of PSH Units Designated for Homeless



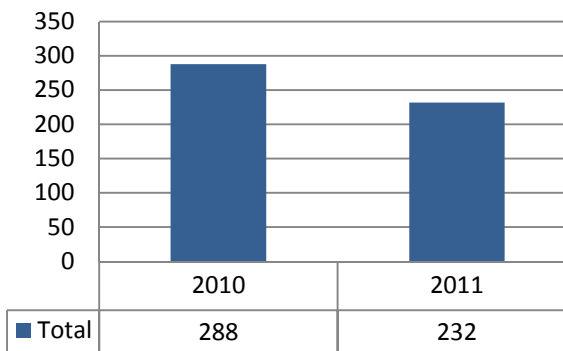
Permanent Supported Housing Created



of PSH Units for Chronic Homeless



Total number of PSH Units for Homeless Families





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 comprised of all outreach teams with monthly meetings to distribute/share information, educate, collaborate, plan, and then target services where needed.
2. Implement “case review” or “facilitated staffing” of high/chronic users. Review and develop a coordinated plan for individuals.

Outcomes

1. The outreach teams are currently meeting regularly to coordinate their outreach and maintain a list of outreach sites.
2. The Coalition for the Homeless has created a 100,000 Homes committee that is working to identify Kentuckians most likely to die on the streets and access resources to help them obtain housing and services.

Four people from Louisville will attend training in the Fall of 2011 and it is anticipated that the three day registry effort (identification of homeless persons for the program) will begin in September 2011. Once these persons are identified, they will be given a Sec 8 voucher and linked to case management.

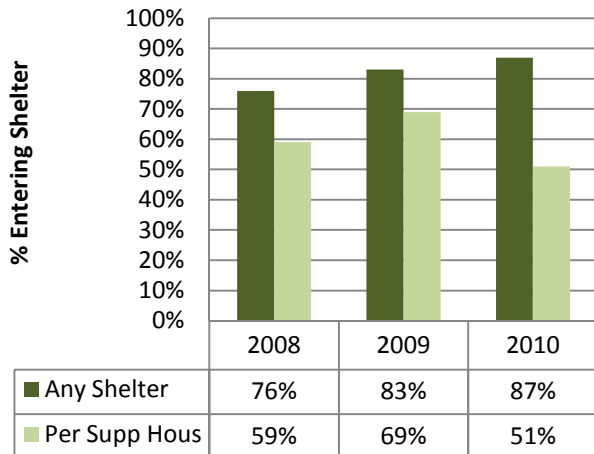
The Louisville Metro Housing Authority has set aside 70 vouchers for those identified during registry week and Phoenix Health Center is applying for a SAMHSA grant to provide extensive services for these clients.

3. Other efforts related to this goal

3. The purpose of the street outreach teams is to engage those living on the street, link them to needed services in the community and provide assistance in moving persons off the street and into any kind of appropriate shelter



Street Outreach Success



(Emergency, transitional, safe haven or permanent). The graph shows that the Louisville CoC outreach teams are very successful in moving people off the streets and into shelters. It is also significant that 51% of those exiting the outreach teams' programs in FY 2009-10 moved directly into permanent housing.

Shorten Homelessness and Rapid Re-Housing

Goal: raise the percentage of homeless persons moving from transitional to permanent housing to 80% or higher, and raise the percentage of homeless persons moving from the street and emergency shelters to permanent housing to 15%.

Short-term Objectives

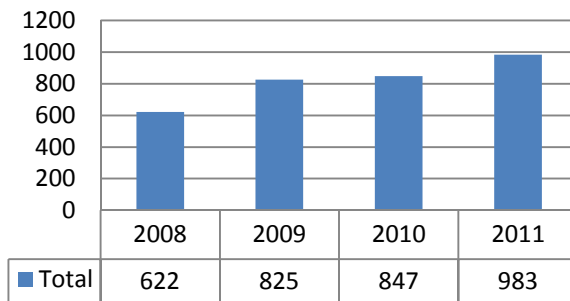
1. Have 90% of emergency shelter clients seen by case workers within one week in order to identify barriers to permanent housing.
2. Increase housing vouchers.

Outcomes

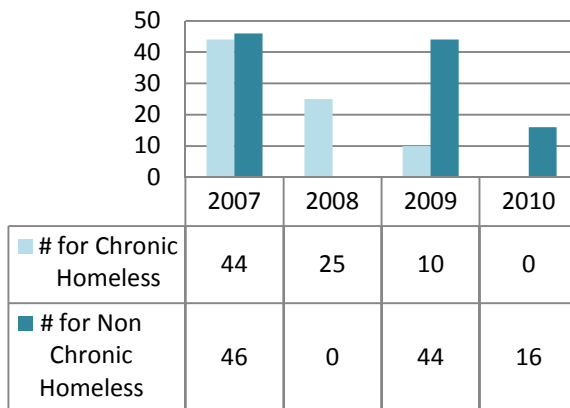
1. At this time we are working on methods to measure the time it takes for clients to be seen and given an initial assessment. We believe that timely engagement and focused assessment of each person coming into our programs can lead to better and more efficient service along with shorter lengths of stay in the shelter system. The areas we have chosen to focus on initially are: VA benefits, SOAR assessments, and targeted housing opportunities such as chronic homelessness and housing targeted for senior citizens.
2. 254 units of permanent supported housing were applied for and granted in the 2009 CoC HUD application. These units are currently in the process of construction. In



Total Number of PSH Units Designated for Homeless



Permanent Supported Housing Created



the 2010 CoC application, the Louisville CoC applied for and was granted funding for new Shelter + Care vouchers. While the application states this is for 16 1, 2, and 3 bedroom units, it will actually result in approximately 24 new Shelter + Care vouchers for the community.

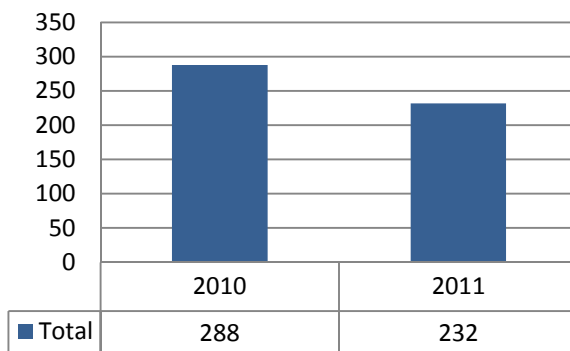
Louisville Metro Housing Authority has awarded 120 vouchers to the two homeless initiatives currently being pursued. 70 vouchers to the 100K Homes initiative and 50 vouchers to the Family Options study.

Louisville Metro Housing and Family Services worked with HUD and the Louisville Metro Continuum of Care (CoC) to combine 4 separate shelter + care grants for the 2009 CoC grant application. Two of these grants were sponsor based and thus unavailable to agencies in the community not associated with the sponsor. These two grants were converted into tenant based rental assistance giving broader access to the assistance. Combining these 4 grants essentially increased the number of vouchers available to the community by approximately 10 and eliminated barriers inherent in having 4 separate grants.

In 2011 Louisville Metro Housing and Family Services obtained approval to combine two more shelter + care tenant based rental assistance grants with the main Louisville Metro TBRA grant. The Seven Counties sponsor based S+C grant and the former Glade House S+C grant will be part of the larger Louisville Metro TBRA grant as of June 28, 2011.



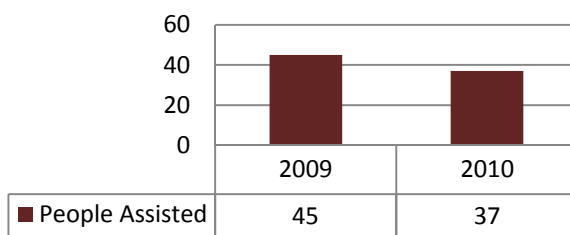
**Total number of PSH
 Units for Homeless
 Families**



Louisville Metro Housing and Family Services also added HOME funds to supplement the shelter + care projects. This was done because the shelter + care projects were “over leased” and instead of stopping payment on vouchers that were committed through the shelter + care projects, Louisville Metro chose to honor these commitments with HOME dollars.

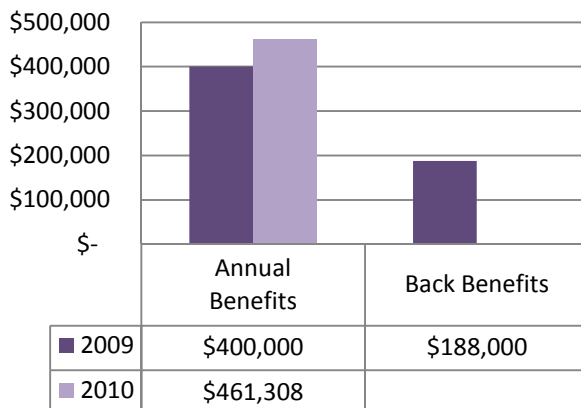
We have implemented an expectation that all persons entering the homeless service system be screened for veteran status and appropriateness for SOAR. All veterans are to be referred to the VA outreach team and it is hoped that all persons screened appropriate for a SOAR referral will to be given the opportunity to apply for SSI/SSDI through the SOAR process.

**People Assisted through
 SOAR**



We know that if we increase a person’s income we will decrease a person’s permanent housing subsidy. In this way we can stretch our current permanent housing dollars to serve more people without jeopardizing subsidies going to existing clients.

SOAR Benefits





3. Reallocate shelter resources, with housing as a first priority.
3. In 2008, The Healing Place applied for and was approved for a \$305,421 two year grant through the Louisville Metro CoC HUD process for transitional housing for homeless women. When the grant was approved, The Healing Place realized that the constraints of this grant were not a good fit for The Healing Place program. The Louisville CoC decided to reassign the grant to House of Ruth's Glade House. Previously Glade House had received Shelter + Care (S+C) funding for 7 units making it a permanent housing project when in reality the type of facility and program were more appropriately classified as transitional housing. By reassigning the \$305,421 in transitional housing dollars, the CoC saw the following benefits:
 - a. The Healing Place committed to finding other funding for their women's transitional housing project.
 - b. Glade House was more appropriately funded as a transitional facility, making it more accessible and appealing to homeless persons with HIV/AIDS needing transitional housing but not wishing to remain in a congregate-like style setting permanently.
 - c. The community as a whole gained 7 shelter + care units that were previously only available to those with HIV/AIDS willing to live in a congregate-like setting.
4. Increase the number of case managers.
4. Seven additional case managers were funded with Emergency Shelter Grant (ESG) funds in 2009. Six of these case managers were funded through Family and



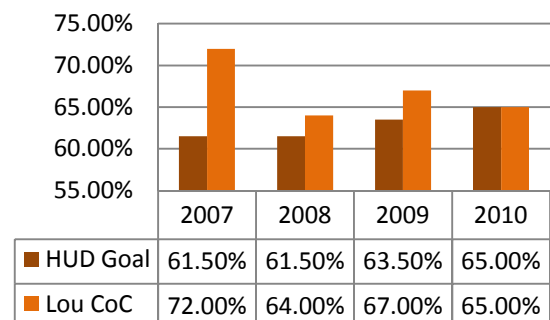
Children’s Place with the intention that this be a “community” case management project to increase access to available Shelter + Care vouchers. With this project all homeless providers now have the opportunity to access Shelter + Care vouchers for eligible clients without having to provide the case management requirement through their agency. The seventh case manager was funded through the Seven Counties Outreach Team for the purpose of providing persons living on the street access to shelter + care vouchers without having to be connected to an individual shelter first.

The Dona O’Sullivan fund was created in September 2010 at the Community Fund of Louisville for the sole purpose of funding case management for homeless persons.

- 5. Increase the percentage of homeless persons moving from transitional housing to permanent housing to 73% or higher. (The HUD goal for 2009 (2008 NOFA) was 63.5% moving from transitional to permanent housing. The Louisville CoC goal is 69% by 2014.)

- 5. The Louisville CoC has achieved a percentage of 72%, 64%, 67% and 65% of persons in transitional housing moving to permanent housing for 2007, 2008, 2009 and 2010 respectively.

**% Moving from
 Transitional to Permanent
 Housing**





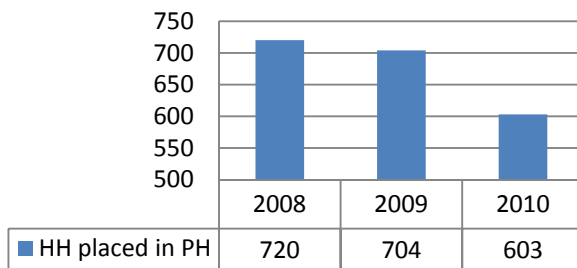
6. Increase the availability of transitional housing for homeless youth ages 18 – 24 to a minimum of 39 units.

6. As of July 2010, the Louisville Metro CoC lists 52 transitional housing units targeted to homeless youth ages 18 – 24. Bellewood, Home of the Innocents and Father Maloney’s Boy’s and Girl’s Haven are listed as the providers.

7. Other efforts related to this goal

7. It can be documented through program Annual Progress Reports (APRs) that from July 2008 through December 2010 the shelter/service providers of Louisville Metro have placed 2,027 households (singles and families) in permanent housing.

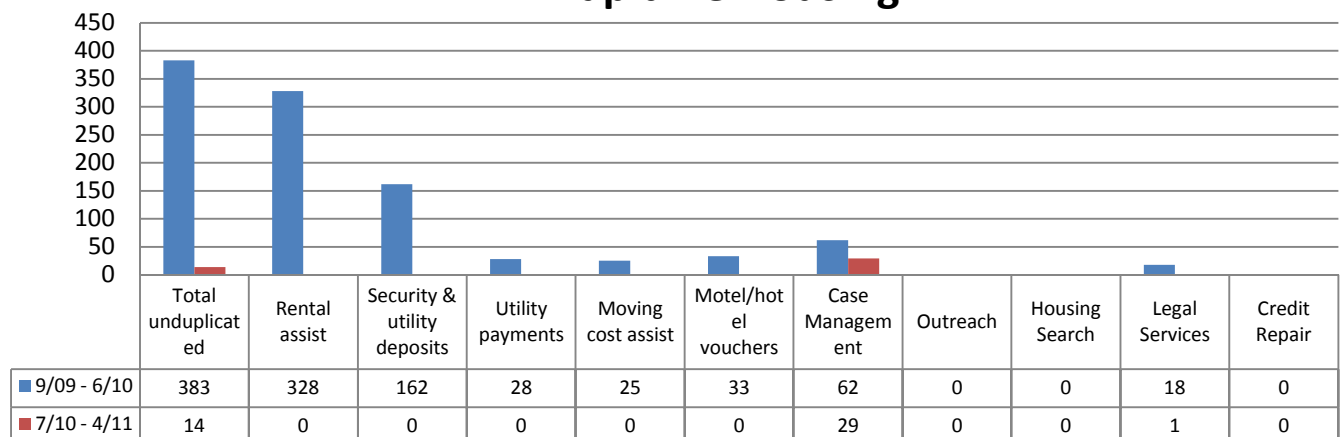
Households Placed in Permanent Housing



A website (www.housingoptionslouisville.org) has been created to assist outreach workers and case managers in referring homeless person to the most appropriate and viable type of shelter/housing in the community.

The Homeless Prevention and Rapid Rehousing Program (HPRP) has shown the following activities and outcomes for the rapid rehousing portion of the program.

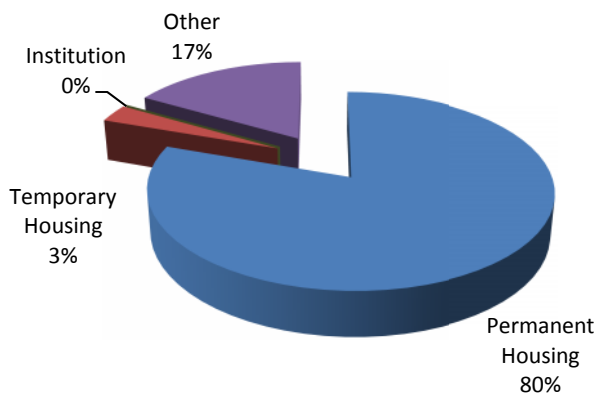
HPRP Rapid Re-housing



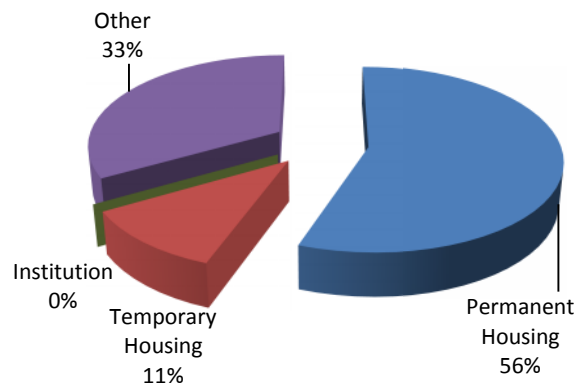


From September 1, 2009 – June 30, 2010 and from July 1, 2010 – April 30, 2011 the HPRP Rapid Rehousing Program outcomes are as follows.

**HPRP Rapid Rehousing
 Outcomes 9/09 - 6/10**



**HPRP Rapid Rehousing
 Outcomes 7/10 - 4/11**



Services

Organize a community-wide coordinated case management system that follows person/family from outreach through first six months in permanent housing. In addition, increase resources for hiring more case managers and offer qualified staff ongoing professional development and training. Secure a plan for placing those experiencing homelessness to move into nursing homes and assisted living facilities. Expand health care services to 5,600 persons living in emergency and transitional housing.

Short-term Objectives

1. Have a plan and structure for community coordinated case management that follows people experiencing homelessness from outreach through their first six months of permanent housing.

Outcomes

1. For the first time, Louisville has a system-wide case management project that provides clients of all shelters access to permanent housing through Shelter + Care. Family and Children’s Place provided case management to over 100 households in 2009. This project also helped the city avoid returning Shelter + Care funds to HUD and eased the emergency shelter backlog.

Seven Counties Mental Health Outreach Team added a case manager to work with those on the street and provide long term case management after placement in



- 2. Develop a needs assessment for people experiencing homelessness that need nursing homes and assisted living.
- 3. Other efforts related to this goal
- 2. While we have not focused on the need for nursing homes or assisted living we have added a specific question to a common intake form that asks the person’s age and if that person would be appropriate for housing opportunities targeted to senior citizens.
- 3. We are making a focused effort to identify several populations that may be eligible for services meant specifically for that population. These populations are: Veterans, those eligible for SSI/SSDI, senior citizens and the chronically homeless. This is being done through the implementation of common questions to determine if a person fits into a particular population(s) and requiring case managers and intake workers to document when a referral/information was given if the person meets certain criteria.

Permanent Housing

Increase Permanent Supportive Housing (PSH) beds/units by 50% and have current units occupied at 90%.

Short-term Objectives

- 1. Create a PSH task force to assess current resources, preserve current units, identify agencies interested in creating new 811, 202, etc., projects, and address housing barriers.

Outcomes

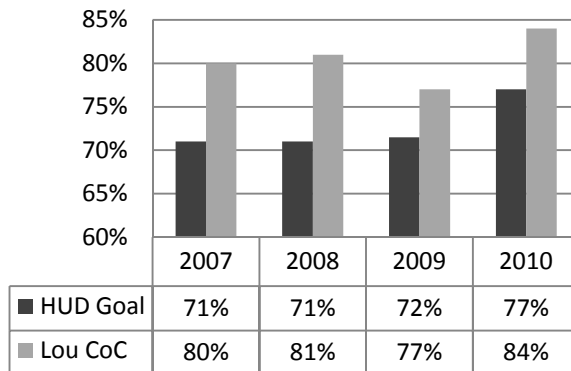
- 1. A group has been meeting through 2011 to create a collaborative supportive housing project of approximately 40 – 60 units. The city has held \$500,000 in permanent supportive housing development funding for this project.
 Additionally, the 100K Homes committee is working to access SAMHSA mostly to match with 70 Section 8 vouchers to provide permanent supportive housing to persons coming from the streets.



2. Increase the percentage of homeless persons staying in permanent housing over six months to 81% or higher. (The HUD goal for 2009 (2008 NOFA) was 77% remaining in permanent housing over 6 months. The Louisville CoC goal is 81% by 2014.)

2. The Louisville CoC has achieved a percentage of 80%, 81%, 77% and 84% of persons in permanent supported housing maintaining that housing for 6 months or more for 2007, 2008, 2009 and 2010 respectively.

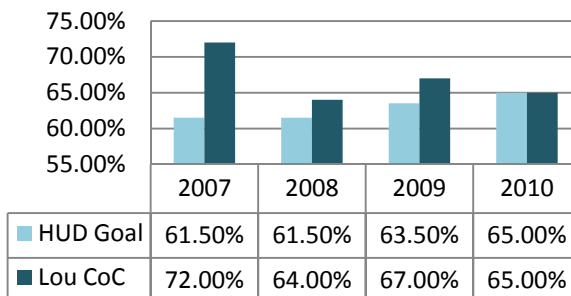
**% Maintaining
 Permanent Housing
 6 mos. or longer**



3. Increase the percentage of homeless persons moving from transitional housing to permanent housing to 73% or higher. (The HUD goal for 2009 (2008 NOFA) was 63.5% moving from transitional to permanent housing. The Louisville CoC goal is 69% by 2014.)

3. The Louisville CoC has achieved a percentage of 72%, 64%, 67% and 65% of persons in transitional housing moving to permanent housing for 2007, 2008, 2009 and 2010 respectively.

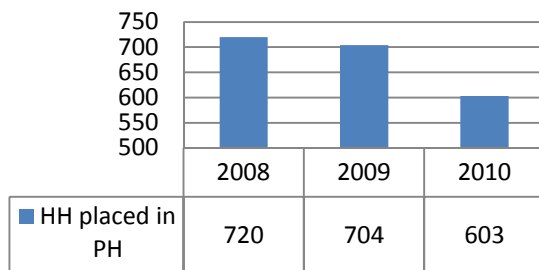
**% Moving from
 Transitional to
 Permanent Housing**





4. Other efforts related to this goal

Households Placed in Permanent Housing



4. It can be documented through program Annual Progress Reports (APRs) that from July 2008 through December 2010 the shelter/service providers of Louisville Metro have placed 2,027 households (singles and families) in permanent housing.

A website (www.housingoptionslouisville.org) has been created to assist case managers in linking clients to appropriate and viable permanent housing options within the community.

We know that if we can increase the income of those receiving subsidies for permanent housing we can increase the number of persons served through those subsidies. With this in mind we are focusing on identifying persons who may be eligible for income that they are not currently receiving. Two specific types of income are targeted, veteran's benefits and SSI/SSDI. Each person entering the homeless service system is to be screened for being a veteran and for appropriate referral to SOAR.

Income

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

Short-term Objectives

1. Increase percentage of homeless persons employed at exit to 25% or higher.

Outcomes

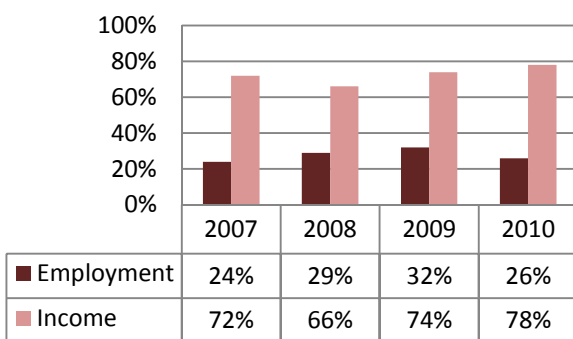
1. The Louisville CoC has achieved a percentage of 24%, 29%, 32% and 26% of persons leaving our programs with employment for 2007, 2008, 2009 and 2010 respectively.

26% of people experiencing homelessness in Louisville Metro are working. 10% work full time.



2. Increase income through use of mainstream resources.

% of People Leaving Our Programs with Employment/Income



2. The Louisville CoC has achieved a percentage of 72%, 66%, 74% and 78% of persons leaving our programs with income for 2007, 2008, 2009 and 2010 respectively.

In 2009, Phoenix Health Center successfully assisted 45 people in obtaining cash benefits with an annual dollar value of over \$400,000 – not including the added value of Medicare/Medicaid. An additional \$188,000 was obtained in back benefits.

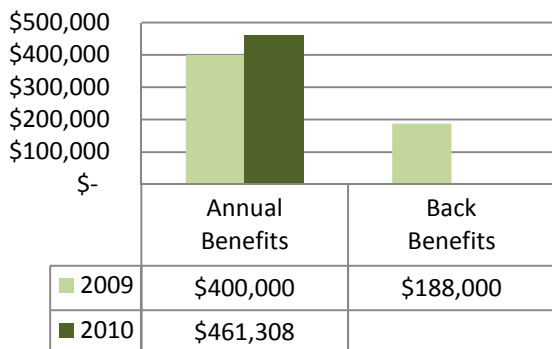
In 2010, Phoenix Health Center successfully assisted 37 people in obtaining cash benefits with an annual dollar value of \$461,380 – not including the added value of Medicare/Medicaid. Information on the additional monies obtained in back benefits is not available at this time.

We have implemented an expectation that all persons entering the homeless service system be screened for veteran status and appropriateness for SOAR. All veterans are to be referred to the VA outreach team and it is hoped that all persons screened appropriate for a SOAR referral will to be given the opportunity to apply for SSI/SSDI through the SOAR process.

People Assisted through SOAR



SOAR Benefits





- | | |
|---|---|
| <p>3. Improve communication between homeless service agencies and the employment/income/housing services community to avoid duplication of services.</p> <p>4. Other efforts related to this goal</p> | <p>3. Outcomes unavailable</p> <p>4. Outcomes unavailable</p> |
|---|---|

Public Awareness

Business leaders, public officials, and the general public are educated and engaged in reducing and ending homelessness.

Short-term Objectives

1. The issue of homelessness is featured in our local media at least once a month in order to remain a priority within the community at large.

2. The Louisville Metro Office on Homelessness with The Coalition for the Homeless will sponsor a citywide educational forum, discussing issues of homelessness.

Outcomes

1. The Coalition for the Homeless has issued monthly press releases on homeless issues to keep the topic in the news. These include articles on:
 - a. The Homeless Task Force recommendations
 - b. Homeless families
 - c. White Flag
 - d. The Coalition for the Homeless' annual meeting and the mayoral candidates forum
 - e. The homeless census and point in time homeless count
 - f. Standdown/Project Homeless Connect
 - g. The Homeless, Not Helpless event
 - h. Housing First
 - i. Homeless employment programs
 - j. Homeless Summit

2. The Coalition for the Homeless and the local HUD office sponsored a Homeless Summit to bring together community leaders to work together on the issue of homelessness. Following this meeting training was given on what the Obama Administration and HUD's new goals mean regarding homeless service provision.



The Office on Homelessness partnered with The Coalition for the Homeless to conduct presentations on the “Cost of Homelessness.” These presentations were given to:

- a. The Cathedral of the Assumption
- b. St. Gabriel’s Catholic Church
- c. Coalition for the Homeless’ Annual Meeting
- d. Coalition for the Homeless’ Board
- e. Jefferson County Delegation to the Kentucky Legislature
- f. Jefferson County Family Court Judges
- g. Kick Off event for the Blueprint revision
- h. The Coalition for the Homeless continues to have a speaker’s bureau to speak about homelessness and has spoken to groups including:
 - i. The Dept. for Local Government Conference,
 - ii. Local churches,
 - iii. Schools, and
 - iv. The Downtown Partnership

The Coalition for the Homeless, The Office on Homelessness and Jefferson County Public Schools sponsored the “Homeless not Hopeless” event September 17, 2010. The event focused on improving services to homeless children attending Jefferson County Public Schools.

The event has resulted in a formal report and plan to continue this educational effort annually.

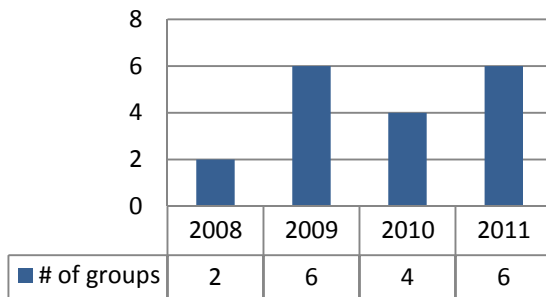
3. A public relations firm will develop a strategy for highlighting the issues of homelessness.

3. The Coalition for the Homeless is issuing the update to the “Blueprint” in 2011 and continuing to monitor our progress in serving the homeless.

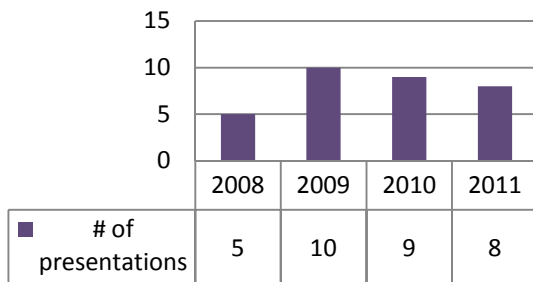


4. Other efforts related to this goal

Number of Groups



Number of Presentations



4. **Poverty Simulation** (2011 represents Jan – April)

The poverty simulation experience is designed to help participants begin to understand what it might be like to live in a typical low-income family trying to survive from month to month. The object is to sensitize participants to the realities faced by low-income people.

The simulation is conducted for various types of groups within the community. Examples of such groups include: church affiliations, high school students, college students and affiliated groups, advocacy organizations, government and civic organizations and those working in service oriented occupations.

Number of Participants

