

The Coalition For The Homeless, Inc. &  
Louisville Metro Office On Homelessness



# *Reducing Homelessness*

*A Blueprint for the Future:  
The Update*

COALITION  for the HOMELESS  
*Educate Advocate Coordinate*

## *The Update*

In 2000, members of The Coalition for the Homeless began work on a plan entitled "Reducing and Ending Homelessness: A Blueprint for the Future." We followed the national trend started by the National Alliance to End Homelessness. They believe "ending homelessness is well within the nation's grasp." Since the Alliance created that first plan, 57 other communities and 23 states, including Kentucky have produced similar plans.

The Blueprint was released in September 2002 and significant progress has been made in the Louisville community in these areas:

- Increased housing
- Increased participation by community stakeholders
- Increased and improved data gathering
- Increased permanent supportive housing
- Increased outreach; and
- Increased client connection to mainstream services.

## *The Process*

The National Alliance has identified ten elements they believe are crucial to reducing homelessness and ending chronic homelessness. The Coalition for the Homeless and the Louisville Metro Office on Homelessness were charged by Louisville Metro Mayor Jerry Abramson with updating the original Blueprint to incorporate The Ten Essential Elements for ending homelessness. In addition, the two organizations added an eleventh element, which we believe is also crucial to the ten-year plan.

A chart was created to show what progress had been made since 2002, and linked the progress to the National Alliance's Ten Essential Elements. When the Louisville Metro community created the original Blueprint, these elements had not been identified. The Blueprint Update addresses these elements.



Staff members from the Coalition of the Homeless and Louisville Metro Office on Homelessness felt it was important to involve the community in the updating process. A task force convened in February 2008 to examine the progress chart and the ten elements. Members of the task force represented different agencies, all serving our homeless community. They include:

- Laura Albovias—Society of St. Vincent de Paul
- Marlene Gordon—The Coalition for the Homeless, Inc.
- Joe Hamilton—Louisville Metro Office on Homelessness, Inc.
- Beth Hedges—Choices
- Nina Moseley—Wayside Christian Mission
- Mary Frances Schafer—The Coalition for the Homeless, Inc.
- Heidi Solarz Kutz—St. John's Day Shelter
- Donna Trabue—Volunteers of America
- Senlin Ward—The Coalition for the Homeless, Inc.
- Steve Williams—Home of the Innocents

They identified community experts who were familiar with each of the eleven elements. The Update task force added the eleventh element. These experts were then invited to meet in focus groups, discuss each element and help develop a ten-year goal and three-year outcomes.

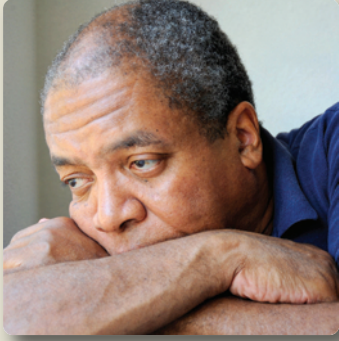
After the focus groups met, the goals and outcomes were to be finalized by the task force. Then the task force brought the Update to the monthly Service Provider Network meeting held by The Coalition for the Homeless. At that meeting, service providers broke into groups to review the update and offer feedback on the planned goals and outcomes. The task force determined clients should also be given an opportunity to provide feedback, as well. The Society of St. Vincent de Paul conducted a series of meetings with a group of clients who reviewed the information and offered feedback specifically on the goals and outcomes.

Once again, the task force met to review and revise the plan, as needed. The Update was then taken to the Coalition's Board for approval. After the board acted, it was sent to Mayor Jerry Abramson. With his approval, the Update was released to the public.

### **The National Alliance's Ten Essential Elements**

The Ten Essential Elements are identified below. The Update task force added an 11th Element believed to be crucial to the community's efforts. This brochure highlights our efforts to eliminate homelessness in Louisville as our progress relates to the Essential Elements.

## 11 Essential Elements



### 1. Plan

The community has a set of strategies focused on ending homelessness. A wide range of players (government programs, elected officials, homeless providers, etc.) has made funding and implementation commitments to these strategies.

### 2. Data

We have an HMIS that can be analyzed to assess how long people are homeless, what their needs are, what causes homelessness, how people interact with mainstream systems of care, the effectiveness of interventions, and the overall number of homeless people.

### 3. Emergency Prevention

Have an emergency homelessness prevention program in place that includes rent/mortgage/utility assistance, case management, landlord/lender intervention, and other strategies to prevent eviction and further homelessness.

## Our Progress

Since 2002, progress has been made on the plans set forth in the original Blueprint. Much of the work has been done through Louisville's Continuum of Care (CoC) process as required by the United States Department of Housing and Urban Development (HUD) to receive funding.

To initiate the process, staff at the Coalition for the Homeless developed a chart to examine and relate Louisville's progress to the ten essential elements. The progress made since 2002 is summarized below.

### 1. Plan

Stakeholders involved in the CoC process have expanded from 61 participants to 87 different agencies, individuals, government departments, businesses, and funding providers.

Committees and task forces that provide information and oversight to the CoC process have expanded from 10 to 18. These expansions show that more community members are involved and interested in working to solve the problems related to homelessness.

The Louisville Metro Government created the Affordable Housing Trust fund, increasing the role of government in reducing homelessness. In addition, Louisville Metro Government created an Office on Homelessness to develop more strategies for reducing the numbers of people experiencing homelessness and to keep city officials apprised of the homeless population and their needs.

### 2. Data

To receive federal funding, homeless service providers must enter data into HMIS. This includes FEMA, Emergency Shelter Grant (ESG), CoC and funds coming from Kentucky Housing Corporation. Eighty percent (80%) of the service providers required to submit data into HUD's HMIS are in compliance.

On January 25, 2007, the Coalition for the Homeless revealed that 2,587 people are homeless in Louisville on any given night, according to the point-in-time count.

Louisville Metro Government agreed to fund a Cost of Homelessness Study. The Coalition for the Homeless contracted with the University of Louisville. Data from 2004 and 2005 was examined, including costs of the following services: Louisville Metro Corrections, Kentucky Corrections, Seven County Services, Central State Hospital, the Healing Place Detoxification Services, Phoenix Health Center, University of Louisville Hospital, and Residential Shelter Services.

### 3. Emergency Prevention

In May 2007, the Legal Aid Society and The Coalition for the Homeless created the new position of Tenant's Counselor. Both agencies fund the counselor who gives advice on evictions and does referrals to other agencies that provide rent assistance. The Counselor also advises people of alternative housing options. Depending upon their financial situation, they are referred to shelters, the housing authority, other subsidized housing, or private landlords.

#### 4. System Prevention

- I. Mainstream programs (mental health, substance abuse, TANF, child welfare, etc.) that provide care and services to low-income people consistently assess and respond to their housing needs.
- II. There is placement in stable housing for all those being released from public institutions.



#### 5. Outreach

The community has an outreach and engagement system designed to reduce barriers and encourage homeless people so that they enter appropriate housing (including safe havens) linked with appropriate services.

#### 6 & 7. Shorten Homelessness & Rapid Re-Housing

The shelter and transitional housing system in the community is organized to reduce or minimize the length of time people remain homeless, and the number of times they become homeless. Outcome measures will be

#### 4. System Prevention

In 2006, the Louisville CoC experienced increased enrollment in every mainstream service (13% average overall) at exit from a local shelter.

Service providers noted a 9% increase in employment at exit with 24% of all clients. People with no financial resources at exit were reduced by 22%.

These results are due in part to systemic changes in the process for a person's release from state institutions. These changes were made when the state of Kentucky examined causes of homelessness as part of its ten-year plan.

The Volunteers of America Eviction Prevention Program prevents eviction and resulting homelessness for Louisville Metro Housing Authority tenants (including families, individuals, and senior citizens). Rental assistance, mediation with property managers, and budgeting education/financial literacy services are offered to empower clients with the skills to maintain housing. Six months after assistance over 90% of those served remain in housing.

The Coalition for the Homeless took part in an extensive prevention pilot project which illustrates that homeless prevention works. The Cabinet for Health and Family Services/Department for Mental Health and Mental Retardation Services in collaboration with The Coalition for the Homeless of Louisville, Families & Children First, and the Lake Cumberland MHMR Board, Inc. developed and implemented a homelessness prevention pilot program.

The project was designed to offer institutional discharge planning on a voluntary basis to persons exiting state operated prisons, mental health facilities, and the foster care system. The project was conducted from June 2005 through June 2007 as legislated by KY Acts 194A.735. The pilot project demonstrated that the State of Kentucky and the shelter system could save \$1,788,865 per year if a reintegration program was used. Considering this project was only conducted in two communities, the implication of what would happen if the program existed in each ADD district is staggering.

The average daily savings for the State of Kentucky for each day when project clients were housed is \$4,901. This shows it would only take 41 days for the state to recoup the costs of this program.

The case management project kept the clients focused on reintegrating into society and prevented them from cycling in and out of state institutions. The demands for participation exceeded the project capacity during its second year. The project demonstrated that homeless prevention works.

#### 5. Outreach

Louisville Metro government funding reinstated the Healing Place's Community Assistance Program (CAP) van. It picks up people under the influence of drugs or alcohol seven days a week, 24 hours a day and takes them to their detoxification center. This service relieves police time, emergency room beds, and serves as a resource for the business community.

Phoenix Health Center received an ESG grant in July 2008 which funds health outreach on the street. Now a physician and a psychiatric nurse practitioner accompany the existing Seven Counties outreach team for four hours each week.

#### 6 & 7. Shorten Homelessness & Rapid Re-Housing

Louisville's current rate of moving persons from transitional to permanent housing is 72%. HUD's community re-housing goal is 61.5% .

Although rapid re-housing is ideal for some, we realized there was a special need for young people ages 18 to 24 years old. Service providers learned this particular age group needs more transitional time before they move into permanent housing. At present, Louisville has 26 units for this target group. In 2002, there were no

key to this effort. The community has housing search and housing placement services available to rapidly re-house all people losing their housing and who are homeless and who want permanent housing.

#### 8. Services

When households are re-housed, they have rapid access to funded services and mainstream programs provide the bulk of these services.

#### 9. Permanent Housing

- I. The community has a sufficient supply of permanent, supportive housing to meet the needs of all chronically homeless people.
- II. The community is implementing a plan to fully address the permanent housing needs of extremely low-income people.

transitional units specifically for this population.

In 2005, Louisville benefitted from collaboration between the Louisville Housing Authority, the Kentucky Housing Corporation (KHC), and homeless service providers. KHC had permanent housing vouchers available, limited to two years. The housing authority allowed people who received these vouchers to roll them over into the Section 8 program after six months. Louisville used a total of 141 vouchers: 98 additional families and 43 single people were housed that otherwise would have remained homeless.

#### 8. Services

The CoC provides outreach and intake staff, specific, ongoing training on how to identify eligibility and program changes for SSI and SSDI (SOAR Program). The continuum has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons who participate in SSI and SSDI (SOAR Program).

A majority of homeless assistance providers supply transportation for clients to attend mainstream benefit appointments, employment training, or jobs. Staff members systematically follow-up to ensure that mainstream benefits are received.

In the fall of 2007, Phoenix Health Center received an Expanded Medical Capacity grant from the Bureau of Primary Health Care. It added one full-time nurse practitioner and another part-time physician to the clinic's staff. Phoenix Health Center increased its health outreach at shelters, added health rooms at Wayside Christian Mission's Pavilion and The Salvation Army and expanded health outreach at St. Vincent de Paul to include men as well as women. (Previously, women only were seen at St. Jude.)

The clinic also added health sessions so it is now operating at full capacity with two medical practitioners onsite Monday through Friday. Phoenix Health Center increased services to three evenings per week for the first time in order to better serve the working homeless.

The Department of Veterans Affairs and Metro Human Services worked together to combine Project Homeless Connect and Stand Down. The two programs now come together in one location to address the collective needs of the homeless during a single visit. On one day, people experiencing homelessness can receive state IDs, medical exams, eye exams, toiletries and other personal care items, towels, socks, underwear, winter coats, and other items for men, women, and children.

In 2008, Phoenix Health Center was awarded a \$2 million grant from SAMSHA to improve psychiatric care for people experiencing homelessness in Louisville. The funds will be provided every five years. The grant provides for a full-time psychiatric nurse practitioner, one full-time social worker/case manager who will concentrate on enrolling people into permanent housing, one full-time outreach worker who will concentrate on substance abuse, and a full-time project evaluator who will evaluate clients as well as the overall project's success. The grant also provides funds for clients going into permanent housing to receive furniture and other household goods. Additional funding will provide access to the Jefferson Alcohol and Drug Abuse Center and the Wellspring Crisis Stabilization Unit, if needed.

#### 9. Permanent Housing

In the last two years, we have created 195 new units of permanent, supportive housing, with 63 units set aside for the chronic homeless.

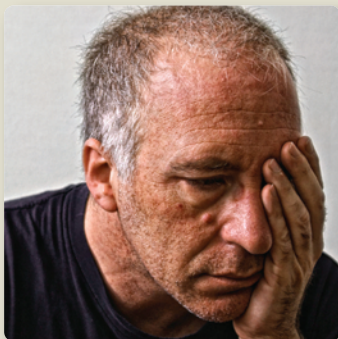
Several of the new units of permanent, supportive housing were made possible due to new community partnerships. At present, there are four collaborative housing initiatives with 11 different partners. Each initiative has a lead agency that regulates funds and compliance. Each partner indicates how many vouchers they can use in a given year. The partners meet on a quarterly basis to monitor program success. Excess vouchers are passed on to an agency in need.

## 10. Income

When it is necessary in order to obtain housing, the community assists homeless people to secure enough income to afford rent, by rapidly linking them with employment and/or benefits. It also connects them to opportunities for increasing their incomes after housing placement. These opportunities are provided primarily by mainstream programs.

## 11. Public Awareness

People experiencing homelessness continue to make their voices heard at all levels of government to make systemic changes, alleviating barriers to self-sufficiency. The public is educated on issues of homelessness and the negative effects on the community as a whole.



HUD prefers that 71% of the people living in permanent supportive housing stay a minimum of six months. In Louisville, it's currently at 80%.

Louisville conducted a successful campaign and an Affordable Housing Trust Fund was established. The Mayor designated \$1 million seed money for this campaign.

## 10. Income

When The Coalition for the Homeless conducted its point-in-time survey in January, 2007, 47% of people in the shelter system were working full time, 32% were working part-time, and 9% were performing day labor.

Currently, 24% of people leaving the shelter system have gained employment, which is higher than HUD's expectation of 18%. Other sources of income include SSI or SSDI and 23% of people leaving the system have been enrolled to receive this subsidy.

## 11. Public Awareness

The Coalition for the Homeless is the leading authority on homelessness as mandated in the original Blueprint. Because agencies are being held more accountable for their outcomes by the CoC, the data is required to be as accurate as possible.

Since 2002, the Louisville Metro CoC has increased community participation with the addition of 16 new community stakeholders helping to make decisions regarding federal funding.

Coalition staff conducted training on homelessness and panhandling for the Downtown Ambassadors, Louisville Metro Police, University of Louisville Hospital, Louisville Metro Visitor's Bureau, and the security guards for Liberty Green housing. Each participant received resource guides for reference.

Coalition staff helped develop the Newburg Justice Reinvestment Project as a member of the Louisville Metro Re-entry Task Force. This pilot project is designed to help inmates reintegrate into society. The Re-Entry Task Force includes local, state, and federal criminal justice agencies, elected officials, faith-based organizations, private employers, and social service providers.

The Coalition represented homeless ex-convicts as part of the Reducing Serious Violence Partnership (RSVP) beginning in 2005. The program is designed to reduce and deter violent crime in Louisville, enhance public safety, and improve an offender's prospects for successful integration into the community upon their release from incarceration.

The Coalition serves as a member of the Mental Health Systems Strategies Committee and the Regional Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis.

In 2006, The Coalition began offering poverty simulation workshops. This experience is designed to help participants understand how a typical low-income family survives from month to month. In 2007, a total of 570 individuals participated in 13 workshops.

In 2008, a series of documentaries about people experiencing homelessness called the "Homeless Chronicles" was produced to give a face and voice to those without a home. The first DVD profiles three people from the time they wake up till they lay their heads down to sleep. One man lives in a shelter, another sleeps outside in a tent, and the third is a woman who lives in a half-way house, after having worked her way through a shelter substance abuse recovery program.

The DVD is used for training, education, and advocacy. The Coalition for the Homeless provided duplication funding and training, web, and distribution support. Coalition staff also use the video during training sessions and speaking engagements.

## 11 Essential Elements



### 1. Plan

The community has a set of strategies focused on ending homelessness. A wide range of players (government programs, elected officials, homeless providers, etc.) has made funding and implementation commitments to these strategies.

### 2. Data

The community has a homeless management information system that can be analyzed to assess how long people are homeless, what their needs are, what the causes of homelessness are, how people interact with mainstream systems of care, the effectiveness of interventions, and the number of homeless people.

### 3. Emergency Prevention

The Community has in place an emergency homelessness prevention program that includes rent/mortgage/utility assistance, case management, landlord/lender intervention, and other strategies to prevent eviction and homelessness.

### 4. System Prevention

- I. Mainstream programs for mental health, substance abuse, TANF, child welfare, etc., that provide care and services to low-income people and consistently assess and respond to their housing needs.
- II. Placement in stable housing for all those being released from public institutions.

## The Blueprint Update

The National Alliance developed the Ten Essential Elements after our original Blueprint was written. We have incorporated them into this Update. The Update task force and focus groups used the elements to craft the three-year outcomes and the ten-year goals below. Each of the three-year outcomes has a corresponding set of actions and a designated group leader who will initiate the work on a specific Essential Element. We project the work of the Blueprint Update will begin in January 2009.

### Ten Year Goal

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

### Three Year Outcomes

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.

### Ten Year 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.

### Three Year Outcomes

1. Have 85% of shelter beds participate in HMIS system
2. Have 95% of all HMIS client records meet the HUD minimum data set
3. Develop process to capture data on causes of homelessness

### Ten Year Goal

Improve networking for agencies providing service to at-risk persons and determine funding needs.

### Three Year Outcomes

1. Establish Homeless Prevention Task Force.

### Ten Year Goal

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

### Three Year Outcomes

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

## 5. Outreach

The community has an outreach and engagement system designed to reduce barriers and encourage homeless people to enter appropriate housing, including safe havens, linked with appropriate services.

## 6 & 7. Shorten Homelessness & Rapid Re-Housing

The shelter and transitional housing system in the community is organized to reduce or minimize the length of time people remain homeless, and the number of times they become homeless. Outcome measures will be key to this effort. The community has housing search and housing placement services available to rapidly re-house all people losing their housing and who are homeless and who want permanent housing.

## 8. Services

When households are re-housed, they have rapid access to funded services, and mainstream programs provide the bulk of these services.



## Ten Year Goal

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

## Three Year Outcomes

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.

## Ten Year 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%.

## Three Year Outcomes

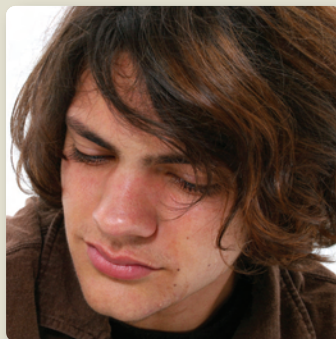
1. Have 90% of emergency shelter clients seen by case workers within one week in order to identify barriers to permanent housing.
2. Increase housing vouchers.
3. Reallocate shelter resources, with housing as a first priority.
4. Increase number of case managers.
5. Increase percentage of homeless persons moving from transitional housing to permanent housing to 73% or higher.
6. Increase the availability of transitional housing for homeless youth ages 18 to 24 to a minimum of 39 units.

## Ten Year Goal

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.

## Three Year Outcomes

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.
2. Develop needs assessment for people experiencing homelessness who need nursing homes and assisted living.



## 9. Permanent Housing

- I. The community has a sufficient supply of permanent supportive housing to meet the needs of all chronically homeless people.
- II. The community is implementing a plan to fully address the permanent housing needs of extremely low-income people.

## 10. Income

In order to obtain housing, the community assists homeless people to secure enough income to afford rent, by rapidly linking them with employment and/or benefits, as needed. It also connects them to opportunities for increasing their incomes after housing placement, with emphasis on utilizing opportunities provided primarily by mainstream programs.

## 11. Public Awareness

People experiencing homelessness continue to make their voices heard at all levels of government in order to make systematic changes, alleviating barriers to self-sufficiency. The public is educated on issues of homelessness and the negative effects it has on our society as a whole, and our community, in particular.



## Ten Year Goal

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

## Three Year Outcomes

1. Create PSH task force to assess current resources, preserve current units, identify agencies interested in creating new 811, 202, etc., projects, and address housing barriers.
2. Increase percentage of homeless persons staying in permanent housing over six months to 81% or higher.
3. Increase percentage of homeless persons moving from transitional housing to permanent housing to 73% or higher.

## Ten Year Goal

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

## Three Year Outcomes

1. Increase percentage of homeless persons employed at exit to 25% or higher.
2. Increase income through use of mainstream resources.
3. Improve communication between homeless service agencies and the employment/income/housing services community to avoid duplication of services.

## Ten Year Goal

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

## Three Year Outcomes

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 sponsors a citywide educational forum, discussing issues of homelessness. Business and community leaders and the public would be invited to participate.
3. A public relations firm develops a strategy for highlighting the issues of homelessness.



## *Blueprint Update Feedback*

The services provider community and clients from the Society of St. Vincent de Paul offered feedback on the proposed ten year goals and three year outcomes. The Blueprint task force adjusted the plan to accommodate their input. Listed below are some of the comments from their feedback:

### **Service Provider Feedback:**

- "I like the fact the plan element involves a more inclusive group of community representatives—more than just homeless service providers."
- "The data element helps program planning and pursuing funding sources."
- "We really like the idea of an emergency prevention task force."
- "The system prevention element is very important because it has broad implications for the entire community."
- "We like that we have outreach to the streets."
- "Shorten homelessness and rapid-re-housing is a great concept, but stabilization processes are key."
- "You have to address issues that lead to homelessness. Case management is critical."
- "We like the expansion of health care service to three, new places."
- "We like the initiative to increase permanent supportive housing which will provide necessary support."
- "We like the outcomes of the income element."

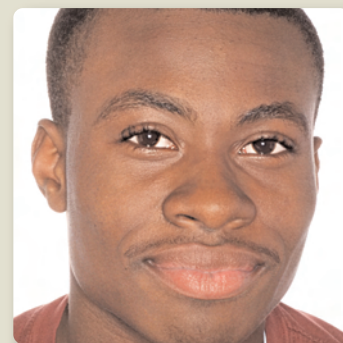
### **Client Feedback:**

- Plan—"shows the community cares."
- Data—"helps to know where to get proper funding"
- Emergency Prevention—"Can see who is using system and where money needs to go!"
- Systems Prevention—"Good for foster care kids."
- Outreach—"like the idea of meeting on a regular basis"
- Shorten Homelessness and Rapid Re-housing—"good idea, but needs more transitional time if less case management"
- Services—"Likes the idea of a "safety net" with additional case management"
- Permanent Housing—"It's all good."

## *The Future*

Louisville is committed to reducing and ending homelessness. By updating the Blueprint, Louisville is taking the next step, following the lead of the National Alliance. It is important all aspects of the community recognize the impact of homelessness and take action. With everyone's help and input, significant change will happen to benefit all of us.

The Updated Blueprint is a guide for the work that must be done in order to effect change. The Coalition for the Homeless and the Louisville Metro Office on Homelessness welcome your assistance. We invite you to be a part of this project by calling The Coalition for the Homeless at 502.589.0190 or the Louisville Metro Office on Homelessness at 502.574.3325. We need every member of this community to step up and be a part of this local and national movement to end homelessness. 🏠





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