

TEN-YEAR PLAN TO END HOMELESSNESS: UPDATE 2009



The Kentucky Interagency Council on Homelessness is administered through Kentucky Housing Corporation's Specialized Housing Resources Department with support from the Organizational Planning and Performance and Communications Departments.

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EXECUTIVE SUMMARY

I. Background

Since the creation of the state's *Ten-Year Plan to End Homelessness* in 2005, Kentucky has made great strides toward addressing the multifaceted issues of homelessness in the state. In late 2007, to support efforts initiated by the ten-year plan, the Kentucky Interagency Council on Homelessness working with the Homeless and Housing Coalition of Kentucky began to address issues of homelessness specific to local regions through the creation of regional strategies to end homelessness.

The update of the *Ten-Year Plan to End Homelessness* and the creation of regional strategies to end homelessness were coordinated with the cities of Louisville and Lexington, as well as the six designated Continuum of Care regions within the state of Kentucky. This document summarizes key accomplishments toward addressing issues of Kentucky's homelessness, as well as targeted regional strategies (which are detailed in full at www.kyhomeless.org) to continue the state's work to end homelessness.

Since the origination of this plan, economic challenges have dramatically changed. As reported by the national news, utilization of homeless services is increasing and the economic crisis poses a threat to federal, state and local governments and nonprofits that are attempting to respond to this increase. These challenges and responses are reflected in this update, with consideration to the unknown impact of future economic challenges.

II. Need

According to the Kentucky Homeless Point-In-Time Count conducted in the winter of 2009, nearly 6,000 homeless persons were counted across the state. This figure is larger than the populations of at least four counties in Kentucky. Data from the 2009 count indicated that specialized services were needed to help the homeless deal with their personal challenges. Over 1,500 reported a problem with chronic substance abuse and more than 1,200 self-identified with a severe mental illness. Similarly, domestic violence was reported as a problem for well over 1,100 respondents. A sizeable portion, 613, of the homeless identified themselves as veterans. Based on the results of the Point-In-Time Count, 88 percent of homeless individuals in Kentucky were sheltered with 44 percent staying in emergency shelters and 44 percent in transitional housing. The remaining 12 percent were unsheltered homeless. Of the households interviewed, 21 percent were families with children, representing a total of 2,699 homeless children and adults.

FACT: Those who are precariously housed today could very well be the homeless of tomorrow.

Numbers related to the precariously housed population may foreshadow the incidence of homelessness in the coming months and years. At nearly 6,800, those precariously housed in the Balance of State represent *twice* the number of those who meet the official definition in the Balance of State Continuum of Care region. The fact is that those who are precariously housed today could very well be the homeless of tomorrow.

III. Gaps and Barriers

In Kentucky, there continues to be an insufficient supply of all types of safe, quality, and affordable housing. Adequate funding for support services is critical to help find stable housing. There is a need for improved discharge planning for those aging out of foster care, persons exiting correctional institutions and persons with serious mental illness and/or substance abuse disorders leaving state facilities.

IV. Strategies

To address the gaps and barriers, the state must continue to create more housing for the homeless and locate additional sources of funding. Kentucky must work to provide more supportive services. Prevention

strategies for discharge planning, alternatives to incarceration and emergency assistance, as well as the coordination of these services, must occur to prevent the ongoing issues of homelessness.

Local regions throughout the state have created plans to address these issues that are specific to the needs of their populations and make the best use of their existing resources. There are plans in place for the six Continuum of Care regions as well as Lexington and Louisville. The local regions have also worked together to identify several statewide strategies that will be presented to the Kentucky Interagency Council on Homelessness (KICH) in 2009.

While each region emphasized its own challenges and priorities for action, there were three themes that characterized the strategies generated across all communities. These included the need to:

- Expand access to safe and affordable housing.
- Increase investment in provision of services that support the ability of consumers within homeless programs and supportive housing to maintain stable housing and become self-sustaining members of the community.
- Implement policy change at the state and federal level that broadens the definition of homelessness to include persons who are precariously housed and involuntarily “doubled up” in housing, as well as changing the definition of “chronically homeless” to include families and others who have experienced long-term homelessness.

V. Progress to Date

Recovery Kentucky, an initiative to help Kentuckians recover from substance abuse, has seven existing centers throughout the state. Three more are in development stages and will be open in 2010. The program accomplishes two goals: it reduces the state’s drug problem and resolves some of the state’s homeless issues.

In January 2006, Kentucky Housing Corporation (KHC) began the Safe Havens program, which provides temporary housing vouchers while moving homeless families and individuals toward self-sufficiency through case management services. During the first two years, Safe Havens issued housing vouchers for 2,000 homeless individuals and families.

The Corporation for Supportive Housing (CSH) granted Kentucky \$454,280 to aid in integrating the state systems that finance and create supportive housing, establishing a supportive housing pipeline that surpassed the CSH goal of 532 units and increasing investments directed toward supportive housing by \$3,000,000.

In fiscal years 2008 and 2009, KHC provided \$3,200,000 in matching funds from the Housing Assistance Fund for recipients of the Emergency Shelter Grant (ESG) program to provide essential services to homeless individuals or prevention expenses for individuals facing homelessness.

Administered by Kentucky Housing Corporation, the Kentucky Homeownership Protection Center (Protection Center) was established by the 2008 Kentucky General Assembly and Governor Steve Beshear to address the foreclosure crisis in Kentucky. While the number of foreclosures in Kentucky has not increased as rapidly as it has in other states, the issue is still one that affects many Kentuckians and their communities. The primary goal of the Protection Center is to help households facing personal financial challenges to keep their homes by accessing counseling, education and legal services. The Protection Center is also an important resource for homeowners who may become homeless or precariously housed if they lose their home. From summer 2008 to July 2009, The Protection Center received 4,445 contacts.

KHC HOME Tenant-Based Rental Assistance provides up to two years of rental assistance until a Section 8 voucher is received or some other form of housing can be provided.

An executive order was implemented establishing the KICH as a statewide council and assigning executive staff members to the committee. This will achieve systems integration and change that will better focus resources to prevent and end homelessness.

Kentucky Housing Corporation, under the guidance of the KICH, applied for and received a \$74,000 Healthcare for the Homeless Planning Grant in August 2007 from the Department of Health and Human Services, Health Resources and Services Administration (HRSA). The planning grant was used to study and determine the need for a new access point or expansion grant for the Healthcare for the Homeless Program within 41 counties in two of the Continuum of Care regions in western Kentucky.

SSI/SSDI Outreach Access and Recovery (SOAR) was implemented statewide to train case managers from local agencies to assist their clients with the application process to access disability income and health insurance. To date, over 400 staff have been trained statewide.

For SFY 2010, additional Projects for Assistance in Transitioning from Homelessness (PATH) Grant funds were allocated to Northern KY to expand their SOAR program and assist other regions in initiating hospital collaborations. In collaboration with the Housing and Homeless Coalition of Kentucky, AmeriCorps members will also be trained in the SOAR process.

Pursuant to Kentucky Act 194A.735, the Cabinet for Health and Family Services and the Department for Mental Health and Mental Retardation (MHMR) Services, in collaboration with the Louisville Coalition for the Homeless, Families and Children First, and Lake Cumberland MHMR Board, Inc., developed and implemented a homelessness prevention pilot project. It offers institutional discharge planning on a voluntary basis to persons exiting state-operated or supervised institutions involving mental health and foster care programs, and persons serving out their sentences at the Kentucky State Reformatory, the state-operated prison in Oldham County.

The Kentucky Department of Corrections (KDOC) is in the early stages of establishing a reentry program. A reentry position was created in October of 2008.

The Kentucky Department of Education (KDOE) administers Title X, Part C, of the No Child Left Behind Act that is also known as the McKinney-Vento Homeless Education Assistance Act of 2001. The purpose of these funds is to ensure that homeless children and youth have equal access to the same free, appropriate public education, including a public preschool, as provided to other children and youth.

The Kentucky Domestic Violence Association (KDVA) is in the preliminary stages of developing 48 supportive housing units for survivors of domestic violence. KDVA provides an Individual Development Account (IDA) program matching a participant's savings 2 to 1.

The American Recovery and Reinvestment Act established the Homelessness Prevention and Rapid Re-Housing Program. In Kentucky, this program is called Kentucky's Housing and Emergency Assistance Reaching The Homeless (KY HEARTH) and is part of the effort to stimulate the economy.

Administered by the Homeless and Housing Coalition of Kentucky, the AmeriCorps program, Build Corps (formerly known as *Getting Things Done for Kentucky's Homeless*), will provide 52 AmeriCorps member positions. The Build Corps is a multi-site program and will serve 32–35 local level homeless and housing partners throughout Kentucky.

VI. Vision and Goals

The original vision and goals in the 2005 *Ten-Year Plan to End Homelessness* remain in place to guide the work in Kentucky, as outlined further in this document.

VII. Implementation Plan

KICH will continue to take a leadership role in the implementation of Kentucky's *Ten-Year Plan to End Homelessness*.

KICH will work with its Executive, Steering, and Policy Committees to execute the recommendations and coordinate the efforts of all agencies and partners involved. KICH committees will meet monthly to share knowledge and to discuss ideas and strategies to accomplish the goals of their assigned recommendations and to monitor progress.

KICH will continue to support the state's six Continuum of Care regions to execute their plans and to report their progress annually. KICH will offer advice and expertise as needed.

VIII. Finance Plan

Recent circumstances demonstrate that these recommendations and plans to end homelessness are even more critical as homelessness continues to increase around Kentucky due to the current state and national economic crisis.

KICH has determined that it is imperative for local and state agencies to collaborate on ending homelessness in Kentucky and that all available resources must be totally maximized. KICH will continue to educate local, state and federal officials, state government agencies, members of the Kentucky General Assembly, and the public at-large of the rising cost of homelessness.

KICH will request that local and state government agencies act upon the recommendations included in the *Ten-Year Plan to End Homelessness*, as they strategize the use of their available resources and programs.

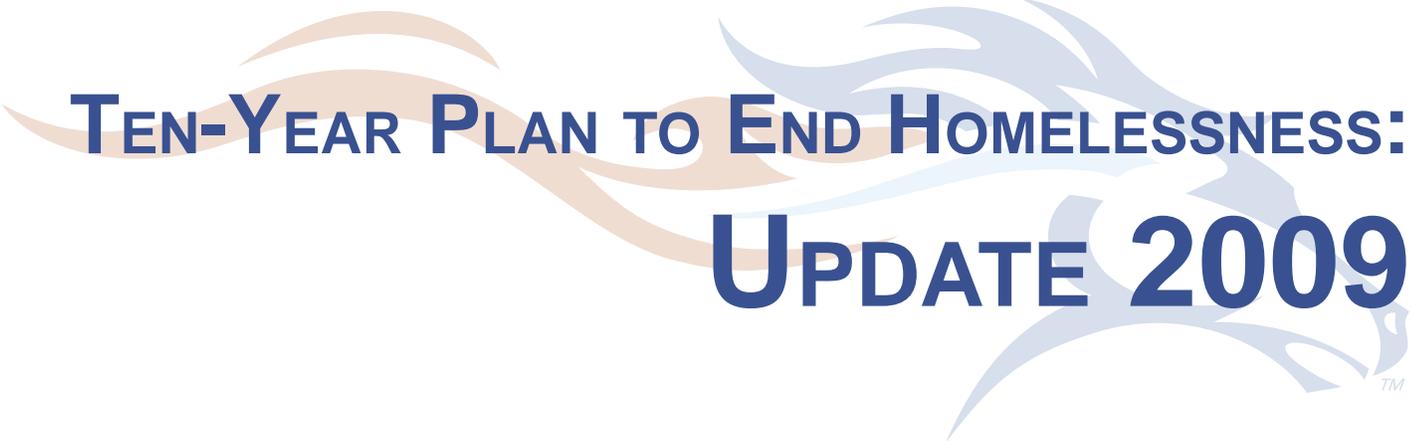
Additional funding to support the recommendations will need to come from local, state, federal and philanthropic sources. KICH and its partners will have to continue to research and apply for funds available through these sources and to establish collaborations as often as possible.

For example, the U.S. Department of Justice grant, in the initial amount of \$350,000, was awarded to provide support services and rental assistance to domestic violence victims in the Safe Havens programs. The 2009 renewal grant provides for up to \$250,000 to continue these support activities.

Under the guidance of KICH, KHC applied for and received a \$74,000 Healthcare for the Homeless Planning Grant in August 2007 from the U.S. Department of Health and Human Services, Health Resources and Services Administration. KHC is working to identify potential applicants for a new access point or expansion grant as a result of the information gathered from the planning grant.

As evidenced in the funding of Recovery Kentucky, a blending of sources is needed to provide housing for special needs populations. The Recovery Kentucky Task Force, created by Governor Steve Beshear, has offered recommendations to the Governor and the Kentucky General Assembly. These recommendations include the continuation of allocating adequate Community Development Block Grant funding; the creation of the Recovery Kentucky Foundation, Inc., a 501c3 corporation to educate and raise donations for the Recovery Kentucky initiative; and the support of state legislation to develop an intensive, secured substance abuse recovery program by utilizing existing resources or by contracting to help persons recover from substance abuse who have been charged with a felony.

These partnerships bring much needed resources to the table to support initiatives already in place and to increase the numbers of services and programs in Kentucky.



**TEN-YEAR PLAN TO END HOMELESSNESS:
UPDATE 2009**

I. BACKGROUND

In 2002, representatives from Kentucky were invited to participate in two national “policy academies” sponsored by the U.S. Departments of Health and Human Services and Housing and Urban Development (HUD) that brought together state agencies and nonprofits to better coordinate policy decisions. The Kentucky Interagency Council on Homelessness, which receives staff support from Kentucky Housing Corporation, was formed as a result of these academies and, in 2005, Kentucky’s Ten-Year Plan to End Chronic Homelessness was created. The ten-year plan, developed in coordination with the cities of Louisville, Lexington and Bowling Green, as well as the Northern Kentucky Area Development District, was the result of planning through local community forums, as well as specialized work committees (discharge planning, substance abuse treatment, accessing mainstream services and mental health treatment).

The state’s plan – while originally focused on a more specific target population (i.e., the “chronically homeless”) -- identified five broadly applicable areas for action to end homelessness, including: (1) housing, (2) services, (3) prevention, (4) data development and (5) building public support and political will. This plan established a comprehensive array of strategic objectives from a state level perspective; however, it was determined that local regions had access to different resources and partners and demonstrated some different needs when compared to the state as a whole. Therefore, in 2007, KICH began work with local partners to expand the existing ten-year plan by identifying strategies for building on the initiative and energies of regional partners and providers in a commitment to statewide action for change.

In September 2007, homeless and housing service leaders throughout Kentucky came together to kick off a year-long planning process intended to develop local priorities, recommendations and action strategies for implementing Kentucky’s Ten-Year Plan to End Homelessness. Led by KICH, the Homeless and Housing Coalition of Kentucky and Kentucky Housing Corporation, regional leaders and community-based homeless assistance providers met to articulate a preferred way toward achieving the objectives established by Kentucky’s ten-year plan.

This process was designed to build on the planning framework established by the statewide plan to end homelessness. As such, each region focused its energies on the five central issues noted above that had been defined as core concerns in Kentucky’s ten-year plan. This document compiles and summarizes the key recommendations in each of these issue areas as they have emerged from Kentucky’s Balance of State Continuum of Care planning regions. Commitments expressed in the ten-year plans that had already been developed in both Lexington and Louisville also are reflected in this overview.

To create local regional plans, regions held intensive planning meetings and retreats, as well as encouraged participation from a broad base of stakeholders from their communities to become involved in the process. These meetings included discussions of the common problems and solutions, networking and consensus forming on overall issues and collaboration building.

There were also statewide forums, produced by HHCK, during the year as part of the process. The first forum was held in February 2008 and merged with a planned KICH meeting which provided an opportunity for the regional issue leadership to meet in person with KICH leaders. At this forum, there was a special program agenda that focused on developing public support/will. A second forum held in June 2008 showcased the specific strategic plans and recommendations of the six regions and updates on Louisville and Lexington planning, as well as highlighted the work within the five issue groups. A final forum was held in September 2008 to approve the draft plans.

The plans were presented at the 2008 Kentucky Affordable Housing Conference in October and were posted at www.kyhomeless.org. The following month, the working committees of the KICH reviewed the plans and they were presented to the full KICH in January 2009, along with the update to the Ten-Year Plan to End Homelessness.

While the regional plans created during 2008 identify dozens of specific strategic recommendations relevant as local priorities, several key themes and objectives are apparent across regional boundaries, including the need to:

- Increase access to safe and affordable housing units – for homeless families, individuals and youth.
- Increase funding for and access to comprehensive supportive services that help assure housing stability and increase self-sufficiency.
- Increase funding for prevention services to reduce the numbers of persons falling into homelessness.
- Increase scope and quality of data collection through the statewide Homeless Management Information System to document both evolving progress and continuing need.
- Develop and carry out a coordinated statewide public education and outreach campaign that establishes the foundation for building public support.

II. NEED

According to the Kentucky Homeless Point-In-Time Count conducted in the winter of 2009, nearly 6,000 homeless persons were counted across the state. This figure is larger than the populations of at least four counties in Kentucky. Based on the results of the Point-In-Time Count, 88 percent of homeless individuals in Kentucky were sheltered with 44 percent staying in emergency shelters and 44 percent in transitional housing. The remaining 15 percent were unsheltered homeless. Of the households interviewed, 21 percent were families with children, representing a total of 2,699 homeless children and adults.

About 13.9 percent of homeless persons were chronically homeless, having a disabling condition and having been continuously homeless for a year or more or having at least four episodes of homelessness in the past three years. Housing alone will not solve the problems of this group; they require supportive services to obtain and remain in stable housing (Kentucky Council on Homeless Policy, 2005).

Data from the 2009 count indicate that specialized services are needed to help the homeless deal with their personal challenges and to maintain independent living. Over 1,500 reported a problem with chronic substance abuse and more than 1,200 self-identified with a severe mental illness. While 43 percent of count respondents were female, 57 percent of those reporting mental illness were female. The role of mental health providers is obviously crucial in the fight to end homelessness. Similarly, domestic violence was reported as a problem for well over 1,200 respondents. Adequate funding for the network of domestic violence programs is essential to ensure that services and support are available when needed. A sizeable portion, 613, of the homeless identified themselves as veterans. Mental health services and other support services are important to enable former military personnel to reintegrate and adjust to civilian life. All of these subpopulations need extensive services for at least a period of time in order to remain housed.

Precariously housed individuals are a key component of homelessness in Kentucky. Precariously housed includes doubled-up (sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason), living in substandard housing or at risk of imminent eviction. Numbers related to the precariously housed population may foreshadow the incidence of homelessness in the coming months and years. At nearly 6,800, those precariously housed in the Balance of State represent twice the number of those who meet the official definition in this Balance of State Continuum of Care region. Of the 6,800, 88.5 percent were living doubled-up; 6.6 percent were living in substandard housing; and 4.9 percent were going to be evicted within seven days of the count. Numbers related to the precariously housed today could very well be the homeless of tomorrow.

III. GAPS AND BARRIERS

While each of the six regional planning processes conducted their own review and description of the core issues underlying homelessness in their local areas, there was a striking convergence in the system gaps and service needs identified across the state. Through the planning process, each region identified gaps or places where tools and resources do not exist, as well as barriers, which are identified as issues that prevent solving problems of homelessness.

The following sections outline the gaps and barriers to ending homelessness that were commonly identified by all the regions. For a listing of specific gaps and barriers by region, please see the regional plans on the Web site at www.kyhomeless.org.

A. Affordable Housing

It is clear that there continues to be an insufficient supply of all types of affordable housing – from that targeted to working families to service-enriched housing for special needs populations likely to experience chronic homelessness. For the purposes of this plan, affordable is defined as housing that costs no more than 30 percent of adjusted gross income. In most of the state, there exists a shortage of all housing stock, but in the larger metropolitan areas, the shortage is very specific to affordable housing. The demand for subsidized housing far outweighs the funds available. As a result, some Section 8 waiting lists closed because of the length of time before assistance could be offered.

Additionally, these gaps and barriers were identified related to affordable housing:

- Lack of fair housing policies.
- Limited or lack of affordable housing policies in local governments.
- Need for additional access to transitional housing options.

B. Services

Housing alone will not solve the problem of homelessness. Without adequate support services to prevent and end homelessness, many of those who have experienced homelessness find themselves unable to remain in stable housing. The number one gap identified is the lack of funding for these supportive services. HUD and other government agencies stress that mainstream resources should be prioritized to meet the need for these supportive services. However, the inability to access mainstream services is cited by many as a clear barrier by those seeking to serve homeless populations. Consequently, inadequate funding has led to providers having limited staffs with a lack of cross training on the types of support services offered by other service providers. For certain special needs populations, the lack of funding for 24-hour per day support services is a critical gap.

Additionally, these gaps and barriers were identified related to services:

- Current definition of “homelessness” is too restrictive to address reality of need for Kentucky families to achieve.
- Lack of transportation – both within counties and especially cross-county.
- Lack of employment options.
- Difficulty in supporting access to mainstream services benefits.
- Access to helping resources overly restricted.
- Conflict in rules and regulations for different programs that serve the same purpose.
- Limited access to supportive housing services – especially on-site services.
- Lack of access to medical assistance for single individuals.
- Difficulty integrating programs for homeless children and/or youth.

- Limited knowledge of all available services and resources.
- Lack of knowledge of state and federal homeless rights legislation.
- Lack of substance abuse treatment – particularly treatment that is affordable and available in a timely fashion.
- Lack of mental health services that are available in a timely fashion, easily accessible, and well-funded.

C. Prevention

A lack of coordination among programs that provide services to the homeless and those at-risk of becoming homeless hinders the ability to use resources in the most effective, efficient way possible. One of the most commonly cited gaps was inadequate discharge planning. This contributes to homelessness among persons aging out of foster care, persons exiting correctional institutions and persons with serious mental illnesses and/or substance abuse disorders leaving state facilities.

However, while adequate discharge planning is a critical component of homeless prevention, there are a number of other issues that, when properly addressed, can prevent those who are at-risk from becoming homeless. These include:

Prevention Funds. In many cases, individuals and families who are at-risk become homeless because they cannot pay rent or utilities. For example, they lose their job because they cannot get the car repaired to get to work, then they cannot pay the rent and it spirals from there. Unfortunately, there are limited emergency funds to pay those bills and prevent homelessness. There are also insufficient funds available to pay for preventive care to avoid hospitalization or institutional care. The funds that exist for payment of rent and utility deposits are very limited.

Coordination. Blending varied funding streams for programs to serve the homeless presents many challenges, particularly with the inflexibility of many of these funding sources. The limited coordination of existing resources provides further challenges for providers.

Rules. From application requirements that are perceived as too stringent to processing delays, many current administrative procedures and rules are often viewed as barriers.

Financial Literacy. Without “blaming the victim,” many who are at-risk become homeless in part because of limited financial management skills. A lack of understanding of credit, which can lead to overspending, combined with predatory lending practices that target those with low income, can create a situation that can lead to homelessness. Financial literacy is an integral part of support services for families who are homeless or at imminent risk of homelessness. For individuals who are required by the Social Security Administration to have a payee, there are limited resources for this service when there is no available/appropriate family or friend to fulfill this responsibility. On a more temporary basis, there is a need for direct management of finances for individuals or families while they learn the skills to do so for themselves.

Additionally, these gaps and barriers were identified related to prevention:

- Lack of funds focused on homeless prevention.
- Need for additional utilities assistance.
- Limited knowledge of all available services and resources.

D. Data Development

Increasingly, programs are being challenged to report data along with anecdotal evidence of the problems associated with or caused by homelessness. Stories of individuals or families in crisis, while they paint a picture for stakeholders, cannot provide the empirical evidence required to make tough budget and financial planning decisions. Each region indicated a need for more fully developed documentation of needs data at their local level, as well as increased access to the data collected on a state level.

E. Political Will

Due to the general acceptance of poverty and the ability of many homeless Kentuckians to remain hidden, there is a lack of public awareness as to the depth of the problem. Specifically, the local regions indicated that there is a general lack of knowledge regarding homeless problems among policy makers/ public officials. Policy changes can have unintended consequences. Therefore, there is a great need to garner political will through the use of evidence that demonstrates the costs of homelessness. Likewise, the regions indicated that with few dollars to expend on education and outreach they cannot provide materials and resources that will help conduct effective public campaigns to raise awareness, garner support and achieve or expand financial resources.

IV. STRATEGIES

A primary component of providing housing and services to meet the needs of the homeless is to ensure that programs and services have the flexibility to respond to a variety of individual needs. For each individual and family to obtain and keep a stable housing environment, their individual housing situation must be one that best meets their needs. As needs change, housing and service providers and programs must be flexible enough to adapt to continue meeting the needs of this population. Below is an overview of common strategies identified by the local regions to address the gaps and barriers previously listed.

While each region emphasized its own challenges and priorities for action, there were three themes that characterized the strategies generated across all communities. These included the need to:

- Expand **access to safe and affordable housing**.
- Increase **investment in provision of services** that support the ability of consumers within homeless programs and supportive housing to maintain stable housing and become self-sustaining members of the community.
- Implement policy change at the state and federal level that **broadens the definition of homelessness** to include persons who are precariously housed and involuntarily doubled up in housing, as well as changing the definition of chronically homeless to include families and others who have experienced long-term homelessness.

The regional plans located on the Web site at www.kyhomeless.org provide a list of key strategies by each region.

A. Affordable Housing

- Partner with agencies that are nontraditional providers of housing in order to obtain new housing funding sources.
- Assure opportunities for phased programming that moves consumers (when appropriate) into permanent supportive housing.
- Target housing first models to consumers who can best benefit from this approach.
- Develop a statewide fair rental housing association to promote fair housing laws and education, advocate for affordable and decent units and encourage streamlining of credit and background checks.
- Create set-aside units within public housing targeted to homeless households.
- Expedite processes to access subsidized units (i.e., briefings, Housing Quality Standards inspections, etc.).
- Increase access to emergency and transitional housing.
- Develop and expand permanent housing opportunities.
- Create a continuum of care of housing and service options within each community.

- Seek and apply for more housing assistance funds.
- Expand access to financial management, budget counseling and credit counseling services that will help consumers obtain and maintain housing.
- Develop Oxford House group home loan program as permanent housing, as well as other options for persons in recovery.
- Alter regulations currently restricting access to Section 8 rental vouchers and public housing due to prior criminal arrests and convictions

B. Services

- Develop a comprehensive and user-friendly manual of homeless services to support service providers, schools, churches, etc., in their work with homeless populations.
 - Include every type of service that could benefit homeless families and individuals.
 - Include hours of operation and criteria for eligibility for receiving support.
 - Include cross-referencing based on various types of support.
 - Include information with focus on homeless rights (e.g., fair housing, education, voting rights, etc.).
- Develop local SSI/SSDI Outreach, Access and Recovery (SOAR) initiatives around the state and increase the number of service providers trained through SOAR.
- Expand access to mental health and substance abuse treatment.
- Increase access to services in rural counties to minimize need for cross-county migration.
- Increase access to public transportation between counties to facilitate access to services.
- Support intensive case management services to ensure successful transition to permanent housing and maintenance of stable housing.
- Creation of one-stop centers for social and human service agencies.
- Expand access to budget and credit counseling.
- Increase access to supplemental food and clothing programs.
- Expand Project Homeless Connect in rural communities.
- Expand or establish asset building coalitions in every region.
- Identify and reduce regulatory barriers to services.
- Develop and utilize a homeless rights manual.
- Advocate for increased services funding.
- Advocate for flexibility in interactions between service agencies.

C. Prevention

- Increase investment in and availability of existing prevention services.
- Increase availability of emergency services funding.
- Create funds for emergency rental assistance to assist with individuals facing eviction, in need of security deposit assistance or utility assistance.
- Establish centralized agencies for access to emergency assistance funds.
- Support federal legislation that increases prevention funding.
- Develop and implement financial literacy programs along with intervention programs to prevent evictions.
- Develop revolving loan funds to expand assistance with emergency rent and utilities.
- Promote education and training for discharge planning in corrections, mental health and medical

facilities.

- Provide identification cards for persons released from the prison system.
- Increase piloting of prevention programs and expansion into permanent programs (e.g., reintegration centers in every Area Development District/region).
- Promote access to long-term wrap-around case management services.
- Identify cost-burdened households through utility-assistance programs and help them find more affordable housing when appropriate.
- Create cross-system partnerships that promote homeless prevention (e.g., Veterans Homeless Trust Fund, housing providers and weatherization).
- Provide direct assistance to make energy-efficiency enhancement to residential housing.
- Establish single point of entry systems to coordinate services.

D. Data Development

- Expand utilization of Homeless Management Information System (HMIS) by agencies serving homeless populations and provide information technology hardware needed for implementation. Better utilize the homeless data available through HMIS and other existing systems to help educate the public and elected officials on the state and cost of homelessness, as well as needs for additional investment.
- Use HMIS to track clients on waiting lists.
- Create a centralized statewide data system that is affordable and user-friendly.
- Create a centralized location for data on state of homelessness in Kentucky to be available for grant writing, education and advocacy with the public and elected officials.
- Improve Point-In-Time Counts across all regions and share those results with local and state government officials.
- Develop summer alternative to HUD's winter Point-In-Time Count that also uses agency waiting list and intake data.
- Institute means for collecting data that documents unmet need and supports increasing investment in funding for homeless programs, including:
 - Ineligible clients that are turned away and why they are not eligible (i.e., definition of homelessness, definition of chronically homeless, etc.).
 - Eligible clients that are turned away and why they are turned away (i.e., shelter is full, lack of funding for programs, etc.).
 - Track services that are requested but not provided and why (i.e., lack of funds, not a service agency offers, etc.).

E. Public Will

- Develop a state-level public awareness campaign that can be used on a regional and local level. Educate public that there are homeless in every county and region.
- Piggyback homeless awareness issues on other statewide campaigns (e.g., economic development and ending poverty).
- Utilize HMIS as well as other data resources to help educate the public and elected officials on the state and costs of homelessness.
- Develop local cost of homelessness studies and share data.
- Disseminate ten-year plan to all stakeholders and elected officials in city, county and state governments.
- Communicate homelessness in a more positive light so that people do not deny its existence or tune

it out, including highlight examples of individuals and families who have successfully transitioned from homelessness to permanent housing.

- Use both traditional media (television, radio, newspaper and Internet) and more grassroots efforts to educate communities on the reality and impact of homelessness.
- Network with non-traditional service providers and other community partners (see note on development of local interagency councils).
- Support efforts to increase statewide voter registration among homeless populations.
- Identify and cultivate civic leaders and public officials as public supporters.
- Schedule time on KHC Board of Directors and Housing Policy Advisory Committee agendas to address homeless issues.
- Schedule meetings with state legislators to address homeless concerns.
- Develop strategies for outreach to county judge/executives.
- Identify spokespersons to serve as a voice and a face of homelessness.

The next steps include using the regional strategies to develop a statewide plan of action, to include items such as:

- Creating a media campaign to bring awareness about homelessness.
- Strengthening the relationship between partners and agencies at all levels on issues surrounding homelessness.
- Developing a consolidated resource guide for agencies working on homelessness.
- Advocating at the federal level for broader definitions of homelessness.
- Reviewing policies that hinder people from getting the assistance they need.

V. PROGRESS TO DATE

Recovery Kentucky

Drug addiction is one of the leading causes of homelessness in this state. Recovery Kentucky is an initiative to help Kentuckians recover from substance abuse that often leads to chronic homelessness. The program accomplishes two goals simultaneously: it reduces the state's drug problem and resolves some of the state's homeless issues. Once an individual has completed the program, he or she will be given help to find permanent housing.

Implementing this program is the first step to ending chronic homelessness in the state. When all of the recovery centers are complete, they will have the capacity to simultaneously serve 1,000 chronically homeless individuals and those on the verge of chronic homelessness. This accomplishes the goal of serving the current population and working to prevent more people from becoming chronically homeless. With an average length of stay from 12-18 months and a maximum stay of 24 months it could potentially take six years to get the current chronic homeless population off the streets through the program and into permanent supportive housing.

Seven Recovery Kentucky sites are open and accepting clients including the Women's Addiction Recovery Manor (W.A.R.M.) (Henderson), Morehead Inspiration Center for Men (Morehead), Cumberland Hope Community Center for Women (Evarts), Brighton Recovery Center for Women (Florence), Liberty Place Recovery Center for Women, LLC (Richmond), Trilogy (Hopkinsville) and Grateful Life Center (Erlanger). Three additional centers are in the development phase in Paducah, Owensboro and Campbellsville.

The Recovery Kentucky Task Force was created in May 2008 by Kentucky Governor Steve Beshear. With 21 members, it was created to ensure the continued effectiveness and financial success of the Recovery Kentucky initiative. It reinforces the Governor's commitment to fighting substance abuse and addressing

chronic homelessness in Kentucky, which comprises a quarter of the state's homeless population. First Lady Jane Beshear and former KHC Board of Directors member Don Ball, co-chair the Recovery Kentucky Task Force.

After analyzing cost projections, the task force offered the following recommendations to the Governor and Kentucky General Assembly.

- *Continue allocating adequate Community Development Block Grant funding to Recovery Kentucky.*
- *Create Recovery Kentucky Foundation, Inc., a 501c3 corporation to educate the public and raise donations for the Recovery Kentucky initiative.*
- *Support and encourage the passage of the Diversion Bill (This legislation was passed as Senate Bill 4 during the 2009 Kentucky General Assembly).*
- *Encourage community commitment to Recovery Kentucky.*
- *Increase referrals from the Department of Corrections from 33 to 50 per center for the projects that request the increase.*
- *Encourage each Recovery Kentucky center to develop a permanent housing component.*
- *Continue the Recovery Kentucky Task Force with quarterly meetings.*

Community awareness is also being addressed. A Recovery Kentucky video was released in early August 2009. Filming will focus on the open centers and include interviews of staff, participants in the program and Governor Steve Beshear and First Lady Jane Beshear. By sharing this video throughout the state, Kentuckians will be able to share in the successes and purpose of the centers, visualizing them as they actually are. It will be available for posting to Web sites and will further enhance the awareness of the program both inside and outside Kentucky.

A Recovery Kentucky database that will contain information from each of the centers was made available in December 2008. This database will enable agencies to give accurate information on the number of participants served in this program and the success rate of each center. The database is currently in the process of being moved to the Kentucky Homeless Management Information System (HMIS) database to achieve better consolidation of homeless data and better reporting capabilities.

Safe Havens

In January 2006, Kentucky Housing Corporation began the Safe Havens program, which helps move homeless families and individuals toward self-sufficiency through case management services. Kentucky Housing provides temporary housing vouchers throughout Kentucky to domestic violence victims and homeless families with Safe Start and homeless individuals with severe and persistent mental illness through Safe Place, which fulfills one area of self-sufficiency. The temporary housing vouchers are available for one year and may be renewed after the first year if no other housing options have been identified. In some cases, the assistance may be extended past two years if participants are involved in case management and have been unsuccessful in securing permanent housing. Case management partners provide the other aspects of economic self-sufficiency, with Kentucky Housing building collaborations to support their efforts.

Safe Havens began with funding from KHC's Housing Assistance Funds. During the first two years, Safe Havens issued vouchers to 2,000 homeless individuals and families. To continue supporting homeless individuals and families through Safe Havens, Kentucky Housing secured permanent funding for the program through HOME Tenant-Based Rental Assistance (TBRA) funds, which also funded another emergency program at Kentucky Housing. HOME TBRA funds were combined to fund both emergency housing assistance programs. Seven percent of HOME TBRA funds target homeless individuals (usually elderly or disaster victims) who fall out of the target population for Safe Havens. Funding for this 7 percent works the same as it does with Safe Havens. Both Safe Havens participants and emergency housing assistance tenants are placed on KHC's Housing Choice Voucher waiting list with a preference.

Safe Havens participants who qualify for the program under the auspices of domestic violence are eligible for other support services as well. In October 2006, the U.S. Department of Justice awarded KHC with a

grant in the amount of \$350,000 to provide support services to domestic violence victims in the Safe Havens program. Each domestic violence-qualified participant may access up to \$1,000 to help them with services to reach self-sufficiency. These services include the payment of utility bills, utility deposits, security deposits, one month's rent portion, furniture, overdue medical bills, car repairs, exams/certifications, dental work, text books, work clothing, contacts/glasses, bus passes, child care for interviewing purposes and equipment/tools for a small business. The grant is eligible for renewal in 2009 for an amount up to \$250,000. The current grant also provides funds for rental assistance, as does the proposal for a renewal grant.

As with the Recovery Kentucky database, data collection activities for Safe Havens will be transferred to the Kentucky HMIS database in the coming months.

Corporation for Supportive Housing

In August 2003, the Corporation for Supportive Housing (CSH) granted Kentucky on behalf of KICH \$454,280 to aid in integrating the state systems that finance and create supportive housing, establishing a supportive housing pipeline of 532 units and increasing investments directed toward supportive housing by \$3,000,000. The unit production commitment under the CSH grant was exceeded and KHC received a renewal grant from the CSH. However, after issuing two separate Requests for Proposals (RFPs) to create new units, no responses to the RFPs were received. As a result, KHC opted to return the unused funds at the end of the grant period and refocus efforts on other housing initiatives.

Emergency Shelter Grant (ESG) Matching Services Funds

In fiscal years 2008 and 2009, KHC provided \$3,200,000 in matching funds from the Housing Assistance Fund for recipients of the ESG program. These funds are designated specifically for essential services to homeless individuals or prevention expenses for individuals about to become homeless.

Kentucky Homeownership Protection Center

In April 2008, the National Coalition for the Homeless released the report *Foreclosure to Homelessness: the Forgotten Victims of the Subprime Crisis*. The report discusses the findings of a national survey of state and local homeless coalitions to determine if there was an increase in homelessness due to foreclosure. Nearly 61 percent of the survey respondents had seen an increase in homelessness since the foreclosure crisis began in 2007.

Administered by Kentucky Housing Corporation, the Kentucky Homeownership Protection Center (Protection Center) was established by the 2008 Kentucky General Assembly to address the foreclosure crisis in Kentucky. While the number of foreclosures in Kentucky has not increased as rapidly as in other states, the issue is still one that affects many Kentuckians and their communities.

The Protection Center is a joint effort of the Department of Financial Institutions, Kentucky Housing Corporation, and many other agencies and groups across the state. The Protection Center provides counseling at no cost to a homeowner and is a centralized location for information on public services to assist Kentuckians in keeping their homes. Homeowners can find information on the foreclosure process, utility assistance, and home repair assistance. The Protection Center has also formed a partnership with Legal Aid to help those who qualify and cannot recover from their circumstances through counseling. The Protection Center is a resource for homeowners who may become homeless or precariously housed if they lose their home. From summer 2008 to July 2009, The Protection Center received 4,445 contacts. Of those contacts, 1,387 were referred for counseling and 307 were referred to Legal Aid. The Protection Center stresses that the sooner the homeowner calls when problems are detected the better the chances of avoiding foreclosure. Of the homeowners who called the Protection Center for assistance, 533 contacts were closed, resulting in 67 mortgage modifications and 26 foreclosures.

KHC HOME Tenant-Based Rental Assistance (TBRA)

The objective of the HOME TBRA Program is to provide temporary (two years) rental assistance to eligible families.

Direct Assistance TBRA

The program will also be used as an emergency program to meet individual and family emergencies, such as:

- Natural disasters
- Major layoff of workers
- Other events that impact the ability of low-income Kentuckians to maintain affordable rental housing.
- Fire
- Flood
- Emergency protective order
- Domestic violence order
- Shelters at capacity
- Families in danger of losing their children through court action solely due to lack of suitable housing.
- Terminally-ill persons without housing.
- Eviction from military quarters due to divorce.
- Other—to be determined on a case-by-case basis.

Families receiving this temporary assistance are placed on the Section 8 waiting list and are issued a regular housing choice voucher once their name reaches the top.

Nonprofit TBRA Funding

HOME TBRA funds are awarded annually to service and housing agencies to operate two-year transitional housing programs. Participating households must be at or below 60 percent of area median income at time of entry and the head or co-head of household must have one of the following conditions:

- Homelessness
- Mental or physical disability
- Victim of domestic violence
- Substance addiction
- HIV/AIDS

Supportive services must be provided to individuals with a disability.

Over the last three years, \$2,225,000 has been awarded to nonprofit housing providers across the state by the HOME TBRA competitive program. These funds have created 384 HOME TBRA vouchers, as well as hundreds of utility and security deposits. Approximately 90 percent of vouchers assist homeless households.

Healthcare for the Homeless Planning Grant

Kentucky Housing Corporation, under the guidance of KICH, applied for and received a \$74,000 Healthcare for the Homeless Planning Grant in August 2007 from the Department of Health and Human Services, Health Resources and Services Administration (HRSA). The planning grant was used to study and determine the need for a new access point for the Healthcare for the Homeless Program within 41 counties in two of the Continuum of Care regions in western Kentucky. Kentucky Housing Corporation worked collaboratively with Western Kentucky University to compile the data and submitted a report back to HRSA in November 2008. Kentucky Housing Corporation is working to identify potential applicants for a new access point or expansion grant as a result of the information gathered from the planning grant.

SSI/SSDI Outreach Access and Recovery

SSI/SSDI Outreach Access and Recovery (SOAR) is a national initiative in cooperation with Policy Research Associates and the Social Security Administration which trains case managers from local agencies to assist their clients with the application process to access disability income. History has shown that a low percentage of people who qualify for such income are approved due to the complicated and time-consuming process of application. SOAR has goals to increase the percentage of successful applications, to reduce the number of appeals of negative decisions and to decrease the time between application and decision. The SOAR training program typically is a two-day event providing case managers with a hands-on experience working with certified SOAR trainers and representatives from Social Security and Disability Determination Services. More information about SOAR is available at www.prainc.com/SOAR.

To date, 400 case managers and other staff around the state have been trained since March of 2006. The success of the SOAR initiative can be seen in this case example regarding the partnership between Welcome House and St. Elizabeth Hospital in northern Kentucky.

Welcome House received an initial \$18,000 grant from the hospital to begin the SOAR program. In year two, that grant was increased to \$45,000 due to its success. For this total investment by the hospital of \$63,000 over two years, Welcome House worked with 42 participants who had bills pending at St. Elizabeth Hospital. Through the efforts of the SOAR program, these individuals were approved for their SSI/SSDI disability.

From the beginning of their periods of eligibility to the time they were approved, there were bills pending at St. Elizabeth in a total amount of \$1,293,670.89, which is about \$30,801.69 per participant. Because they had coverage from either Medicaid (for SSI) or Medicare (for SSDI), the hospital was able to receive payment of \$156,219.53 from Medicaid and \$48,707.40 from Medicare. In addition, \$595,322.32 was written off by Medicaid (\$453,401.20) and Medicare (\$141,912.12) as part of their negotiated payments to medical providers. Another \$208,709.08 in billings are pending. This leaves \$284,721.56 in unpaid bills. The hospital was able to bill the Kentucky Hospital Care Program \$185,587.36 of this amount. This leaves a grand total of \$99,134.20 left to be paid by the participants, other entities or the amount the hospital will need to leave uncollectable. This is only 7.66 percent of the original bills pending when the participants were approved for disability.

For their initial two-year investment of \$63,000 in the SOAR program, to date, the hospital has recouped a 325 percent return on the amount they committed to the SOAR initiative. For SFY 2010, additional PATH Grant funds have been allocated to the Welcome House to expand their SOAR Program and to assist in developing hospital collaborations in other regions.

Homeless Prevention Pilot Project

Pursuant to Kentucky Act 194A.735, the Cabinet for Health and Family Services and the Department for Mental Health and Mental Retardation (MHMR) Services, in collaboration with the Louisville Coalition for the Homeless, Families and Children First, and Lake Cumberland MHMR Board, Inc., developed and implemented a homelessness prevention pilot project. It offers institutional discharge planning on a voluntary basis to persons exiting state-operated or supervised institutions involving mental health and foster care programs, and persons serving out their sentences at the Kentucky State Reformatory, the state-operated prison in Oldham County.

The primary goal of the project is to prepare a limited number of persons for return or reentry into the community and to offer information about any necessary linkage of the person to needed community services and supports. These include employment, medical and mental health services, housing, education, social supports and other community-based services, and thereby decreasing the number of persons discharged from state-operated institutions into homelessness.

Data from June 2005 through June 2007 show that in the prison system, with a total of 54 referrals, the recidivism rate was reduced from 27.5 percent to 5.3 percent with only three of the expected 15 persons returning to prison. In mental health facilities, with a total of 22 referrals, the hospital readmission rate was

reduced from 37.7 percent to 18 percent, with only 4 of the expected 8 persons readmitted to a psychiatric hospital. In the foster care system, 11 children aging out of the system were assisted into housing and services and kept from homelessness.

Subtracting the number of referrals that reentered the system, a total of 80 people were kept from homelessness.

Department of Corrections

The Kentucky Department of Corrections (KDOC) is in the early stages of establishing a reentry program. A reentry position was created in October of 2008. KDOC currently utilizes the contracted beds listed below for parolees without home placements or those at-risk of returning to the institution for violations. The beds are not utilized for those serving out or those released on conditional discharge/sex offenders with no family members or homes placements. These individuals contribute to the homeless population. KDOC also provides offenders with resources in their area of release which includes information on local shelters.

KDOC currently utilizes the 7 operating Recovery Kentucky Centers and 15 contracted Community Service Centers (CSC)/halfway houses throughout the Commonwealth. KDOC also contracts with 6 additional Substance Abuse Recovery Centers for a total of 28 centers.

The Justice Re-Investment Project of Newburg, Kentucky is not funded KDOC nor is it contracted with KDOC. However the project is a relatively new resource for reentry. The Re-Investment Neighborhood Group (RING) is only one piece of the project that began January 4, 2008. Members must be from the Newburg community and must be returning to Newburg. These individuals may be ex-offenders, probationers, parolees, or individuals who have had involvement with the criminal justice system and they must attend meetings twice a month. The exceptions are individuals who have offended crimes against children and/or sexual offenders; these offenders are restricted from participating in the program. Participants are required to volunteer on community projects as well. The project provides case management services, faith-based involvement, financial support, etc. The financial assistance may be used for rent, furniture, daycare, and treatment costs. These efforts if duplicated in additional areas may be of benefit to the community and may impact current homeless problems.

Kentucky Department of Education

The Kentucky Department of Education (KDOE) administers Title X, Part C, of the No Child Left Behind Act that is also known as the McKinney-Vento Homeless Education Assistance Act of 2001. The purpose of these funds is to ensure that homeless children and youth have equal access to the same free, appropriate public education, including a public preschool, as provided to other children and youth. Educational programs and services may be provided on school grounds or at other facilities. If services are provided on school grounds, the district must give priority to homeless children and youth, but may include children who are at-risk of failing or dropping out of school. Districts are encouraged to develop their programs in collaboration with local homeless service providers.

Based on the U.S. Department of Education's definition of homelessness there are approximately 22,626 homeless school-aged children in Kentucky. Homeless children or youth are defined as individuals ages three (3) to twenty-one (21) that lack a fixed, regular, and adequate night-time residence. The term includes children who are:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up);
- Living in motels, hotels, (camping) trailer parks, or camping grounds due to lack of alternative adequate accommodations;
- Living in emergency or transitional shelters;
- Abandoned in hospitals;

- Awaiting foster care placement;
- Have primary night-time residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children or youth who qualify as homeless because they are living in circumstances described above.

For the 2009-2012 funding cycle, 16 school districts have been awarded funds from the McKinney-Vento Homeless Education Assistance grant: Bell County, Bullitt County, Covington Independent Schools, Eminence Independent, Fayette County, Fulton County, Greenup County, Harlan County, Henderson County, Hopkins County, Jessamine County, Jefferson County, Kenton County, Letcher County, Rowan County, and Whitley County. Kentucky's total award amount is \$1,219,646.

Kentucky Domestic Violence Association

The Kentucky Domestic Violence Association (KDVA) is in the preliminary stages of developing 48 supportive housing units for survivors of domestic violence with tax credits from Kentucky Housing Corporation (KHC). The units will be built in Louisville, Paducah, and Murray.

KDVA, in partnership with KHC, provides an opportunity for survivors to participate in an Individual Development Account (IDA) program matching a participant's savings (up to \$2,000) 2 to 1. Most participants complete the program with an average of \$6,000. During the program, participants receive one-on-one credit coaching and financial education. While the IDA program is only five years old, substantial results are already apparent in the lives of the survivors. To date, 102 IDA participants have completed the program. Of those who have completed, 52 participants are now homeowners, 45 participants pursued post-secondary education, and 5 participants are small business owners. The program has expanded to include additional services including free "no hit" credit reports, bankruptcy counseling, and free tax preparation.

To assist participants with further economic empowerment, KDVA started a micro loan program to provide an alternative to payday loans. Twenty-five participants have taken out a no interest loan ranging from \$250 to \$500. The micro loan is secured by the IDA account and provides an opportunity for participants to establish credit as KDVA reports the loan payments to the credit bureaus.

KDVA has received federal grants from the U.S. Assets for Independence Program totaling \$713,000. KDVA receives matching funds from KHC, Fifth Third Bank, and other public and private resources.

American Recovery and Reinvestment Act

The American Recovery and Reinvestment Act established the Homelessness Prevention and Rapid Re-Housing Program. In Kentucky, this program is called Kentucky's Housing and Emergency Assistance Reaching The Homeless (KY HEARTH), as part of the effort to stimulate the economy. This program will assist the homeless in acquiring housing and will provide assistance to prevent those on the brink (the precariously housed) from falling into homelessness. KY HEARTH represents a significant influx of federal dollars into Kentucky to bolster the effort. The funds will be used for services, case management, and rental assistance and is geared toward helping families get back on their feet.

AmeriCorps National Service Program - Build Corps

Administered by the Homeless and Housing Coalition of Kentucky, the AmeriCorps program, Build Corps (formerly known as Getting Things Done for Kentucky's Homeless), will provide 52 AmeriCorps member positions. There are three service compositions of the Build Corps: homeless prevention specialists, housing service coordinators, and construction coordinators. The homeless prevention specialist will provide services that remove the obstacles and barriers for those threatened with homelessness. They will help with foreclosure prevention. The housing services coordinators assist people who are homeless or

inadequately housed in securing emergency, transitional, or permanent housing, including homeownership. The construction coordinators will support the development of construction sites and infrastructure and will assist in the construction of affordable housing. Approximately six members will receive specialized training in the Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access and Recovery (SOAR).

The Build Corps is a multi-site program and will serve 32-35 local level homeless and housing partners throughout Kentucky.

Twelve members will be available for a one-year program funded under the American Recovery and Reinvestment Act of 2009. Forty members will be available for a three-year program funded by the Corporation for National and Community Service. The AmeriCorps Build Corps program will begin September 1, 2009.

KICH Executive Order

In January of 2009, an executive order was implemented raising KICH to the level of a statewide council. Agencies named to the Executive Committee of KICH include:

- Chief Executive Officer of Kentucky Housing Corporation
- Secretary of Health and Family Services Cabinet
- Secretary of Justice and Public Safety Cabinet
- Secretary of Transportation Cabinet
- Executive Director of Administrative Office of the Courts
- State Budget Director
- Commissioner of Kentucky Department of Veterans Affairs
- One member from each house of the Kentucky General Assembly appointed by the Governor
- Executive Director of the Homeless and Housing Coalition of Kentucky

The implementation of the executive order is a major step in ensuring the success of Kentucky's *Ten-Year Plan to End Homelessness*. Without the cooperation of the agencies involved, there would not be a substantial change in the goals and approaches of the homeless assistance network.

VI. VISION AND GOALS

The vision and goals outlined in the 2005 *Ten-Year Plan to End Homelessness* are still guiding the work in Kentucky. In order to sustain the vision and goals, Kentucky must:

- Gain significant involvement of the private sector.
- Obtain commitment and support from mayors, city and county councils and other local elected officials.
- Have a mechanism to track progress, provide feedback and support improvements.
- Be willing to try new approaches to services.
- Have a strategy to handle and minimize negative reactions to locating projects in neighborhoods.

VII. IMPLEMENTATION PLAN

KICH will continue to take a leadership role in the implementation of Kentucky's *Ten-Year Plan to End Homelessness*.

KICH will work with its Executive, Steering, and Policy Committees to execute the recommendations and coordinate the efforts of all agencies and partners involved. KICH committees will meet monthly to share knowledge and to discuss ideas and strategies to accomplish the goals of their assigned recommendations.

KICH will continue to challenge all agencies and partners to review their policy and programs.

Community Mental Health Centers

The Kentucky Department for Mental Health and Mental Retardation (MHMR) recognizes the importance of system coordination among the numerous agencies and programs involved with services to this population. The Kentucky MHMR contracts with 14 regional MHMR boards to offer individualized services designed to alleviate homelessness, as well as to provide "mainstream" mental health treatment to persons who are homeless and mentally ill. A breakout of services provided show that:

- All regions give a service priority to homeless individuals.
- 13 regions participate in regional Continuum of Care meetings.
- 12 regions provide consultation with local shelters.
- 6 regions have staff dedicated to working with homeless individuals.
- 3 regions do street outreach.
- 8 regions do regular visits to local homeless shelters.
- 11 regions have walk-in clinics.

In addition, several regions receive referrals from the community and other agencies and provide case management and/or assertive community treatment services for homeless persons.

The KY MHMR also provides state funds to the St. Johns' Day Center in Louisville to hire an outreach worker to provide on-site assessment and link individuals with services at Seven Counties Services. Community Mental Health Services (CMHS) Block Grant funds also support a Rural Homeless Outreach program in the Mountain Regional MH/MR board area. This program identifies and links individuals with serious mental illness who are homeless with mainstream mental health services and provides consultation and training to homeless service providers.

PATH

The Projects for Assistance in Transitioning from Homelessness (PATH) Program provides federal funds in the form of block grants to serve individuals who are suffering from a serious mental illness who may have a co-occurring substance abuse disorder and are homeless or at imminent risk of becoming homeless. The goal of the PATH Program is to provide services that will enable eligible persons to acquire appropriate housing and to engage them in mental health treatment. One of the most important services is outreach, to identify and engage individuals reluctant to accept treatment and services.

Five regions have current PATH Programs: Adanta, Bluegrass, Kentucky River, NorthKey, and Seven Counties Services. In 2008, 778 persons total were served, with 422 enrolling in PATH provided services. Services offered include outreach, case management, rehabilitation, housing support, and payee services.

Department of Juvenile Justice

The Kentucky Department of Juvenile Justice (DJJ) has recognized the need to develop and implement a policy for youth who do not have a permanent placement identified as they age out of the system. DJJ believes it is crucial to the success of the youth that adequate discharge planning is in-place, implemented, and eligible services are identified for the youth. This issue will be addressed in the next revision to DJJ policy series 300 and 600.

KICH will continue to support the state's six Continuum of Care regions to execute their plans and to report their progress annually. KICH will offer advice and expertise as needed.

Regional leaders are committed to putting into place the local and community-based strategies (which are available at www.kyhomeless.org) that will be necessary for advancing this shared commitment to ending homelessness. They also are advocating that Kentucky's state-level leaders invest the system resources, staff time and effort necessary to address an array of policy, program and legislative concerns that can only be resolved with and through state-level commitment and action

The following recommendations will be acted upon by KICH in 2009:

- Uniformly implement the broadest possible definition of homelessness to address homelessness as it is experienced in all areas of the state (i.e., urban versus rural areas).
- Increase funding for public transportation and access to cross-county public transportation.
- Increase funding for provision of ongoing case management and supportive services to move individuals and families away from homelessness into permanent housing and allow those individuals and families to maintain permanent housing.
- Increase Low Income Home Energy Assistance Program funding for emergency utilities assistance.
- Secure support from the current administration for the implementation of the regional strategies and statewide *Ten-Year Plan to End Homelessness*.
- Develop a homeless issues position paper for officials running for election to public office.
- Create and support a major statewide public awareness campaign regarding homelessness at the state level.

Supporting legislative initiatives that include:

- Establishing a living wage.
- Changing legislation that will enable temporary suspension (rather than termination) of mainstream benefits for persons who are incarcerated.
- Changing legislation to allow a transition time to gradually reduce benefits when an individual's income increases.
- Changing legislation so that medical bills will not adversely affect an individual's credit report.
- Revising KRS 186.531 to provide free state identification cards for homeless individuals.
- Developing and implementing education and training to address issues in discharge planning for Kentuckians coming out of corrections, psychiatric institutions and medical facilities and youth aging out of foster care, which are targeted settings that are not currently practicing discharge planning.
- Training all school personnel on the legal requirements for enrollment of homeless children.
- Promoting full implementation and sending out annual reminders of provisions of Stewart McKinney Homeless Act to all school districts.

- Developing an immunization database for state school systems to alleviate difficulties in enrolling homeless children who do not have copies of immunization records.
- Working with Kentucky Domestic Violence Association in publishing briefs on housing rights for victims of domestic violence, HMIS exclusion and other housing-related issues associated with the Violence Against Women Act of 2005.

VIII. FINANCE PLAN

At the beginning of calendar year 2009, these recommendations and plans to end homelessness are even more critical as homelessness continues to increase around Kentucky due to the current state and national economic crisis.

KICH has determined that it is imperative for local and state agencies to collaborate on ending homelessness in Kentucky and that all available resources must be totally maximized. KICH will continue to educate local, state and federal officials, state government agencies, members of the Kentucky General Assembly and the public at-large of the rising cost of homelessness.

KICH will request that local and state government agencies act upon the recommendations included in the *Ten-Year Plan to End Homelessness*, as they strategize the use of their available resources and programs.

Additional funding to support the recommendations will need to come from local, state, federal and philanthropic sources. KICH and its partners will have to continue to research and apply for funds available from these sources and to establish collaborations as often as possible.

For example, the U.S. Department of Justice grant, in the initial amount of \$350,000, was awarded to provide support services and rental assistance to domestic violence victims in the Safe Havens program. The 2009 renewal grant provides for up to \$250,000 to continue these activities.

Under the guidance of KICH, KHC applied for and received a \$74,000 Healthcare for the Homeless Planning Grant in August 2007 from the U.S. Department of Health and Human Services, Health Resources and Services Administration. KHC is working to identify potential applicants for a new access point or expansion grant as a result of the information gathered from the planning grant.

As evidenced in the funding of Recovery Kentucky, a blending of sources is needed to provide housing for special needs populations. The Recovery Kentucky Task Force, created by Governor Steve Beshear, has offered the following recommendations to the Governor and the Kentucky General Assembly.

Continue allocating adequate Community Development Block Grant funding to Recovery Kentucky. The Community Development Block Grant from the Department for Local Government is essential to the sustainability and success of Recovery Kentucky. It is imperative that Kentucky's governors continue allocating these funds to the Recovery Kentucky program to ensure its stability and longevity.

Create Recovery Kentucky Foundation, Inc., a 501c3 corporation to educate the public and raise donations for the Recovery Kentucky initiative. The corporation shall have a governing body composed of representatives from each of the communities served by a Recovery Kentucky facility. It will be responsible for supporting recovery programs in Kentucky, establishing and maintaining a rainy day fund for the program, providing education for the public regarding alcohol and substance abuse and addiction and encouraging and facilitating community involvement in the recovery programs. (Note: 501c3 documents filed in August 2009)

Support and encourage the passage of the Diversion Bill. In the 2008 Regular Session, Senator Dan Kelly sponsored Senate Bill 72, also known as the Diversion Bill, aimed at developing an "intensive secured substance abuse recovery program utilizing existing resources or by contract to house and care for persons suffering from substance abuse who have been charged with a felony offense." The Senate Bill was endorsed by the Department of Justice, yet narrowly missed passage during the

2008 Legislative Session. It is in the best interest of the Recovery Kentucky program to encourage this legislation to be reintroduced during the 2009 Legislative Session and to endorse this legislation to aid in the recovery of Kentuckians suffering from substance abuse and addiction. (*Note: This legislation was passed as Senate Bill 4 during the 2009 Kentucky General Assembly.*)

Encourage community commitment to Recovery Kentucky. Communities benefit both directly and indirectly from successful recovery programs. That being the case, it is to the community's advantage to support these recovery programs. Each community that is served by a Recovery Kentucky facility shall be held accountable for raising a certain percentage of funds for the facility. This formula for community participation will be determined by the Recovery Kentucky Foundation.

Increase referrals from the Department of Corrections from 33 to 50 per center for the projects that request the increase. In addition to enhancing revenues for the Recovery centers, sending more parolees to them will deliver vitally needed services to the individuals, will help reduce prison populations and will contribute to decreased recidivism.

Encourage each Recovery Kentucky center to develop a permanent housing component. Experience at the model centers indicates that individuals meet with greater success in maintaining their sobriety if they can transition into permanent housing that forbids all drugs and alcohol and that provides an atmosphere that is supportive of recovery.

Continue the Recovery Kentucky Task Force with quarterly meetings. The Recovery Kentucky Task Force should continue to meet on a quarterly basis to discuss additional opportunities for raising revenue for the Recovery Kentucky program. The Task Force will issue quarterly reports to the Governor on the status of Recovery Kentucky and additional recommendations to help ensure the program's sustainability.

These partnerships bring much needed resources to the table to support initiatives already in place and to increase the numbers of services and programs in Kentucky.

IX. MEASURING PROGRESS

Each region should measure progress using certain performance indicators. The following are standard indicators:

- Number of chronically homeless
- Number of homeless
- Number of first-time homeless
- Number provided case management services
- Number of individuals (households) served
- Number of family households served
- Number of housing units created for chronically homeless
- Number of permanent supportive housing units created for homeless

Regions may track additional performance indicators; however, KICH will commit to working with the six regions to obtain an annual report on these common performance indicators that are the state's priority performance indicators.

Each region will prepare an annual progress report to present to the Governor and KICH. The report will document the region's success in implementing this plan and will include:

- Data (as described above)
- Implementation efforts to date
- Goals for coming year
- Additional actions planned in upcoming year

Additionally, each region will make recommendations in the following four areas when they submit their annual progress report:

- Proposed legislation
- Resources
- Recommended system changes
- Proposed amendments to the Ten-Year Plan

Meetings with representatives from each region, KICH and HUD officials will occur annually to discuss progress to date, recommended actions for the next year, recommended system changes and any proposed legislation and resource requests.

KICH will measure the progress of each region to determine their success by reviewing:

- Changes in the number of unsheltered homeless from year to year.
- Changes in the number of sheltered homeless from year to year.
- Changes in homeless subpopulation numbers from year to year.
- Changes in the number and percentage of chronically homeless people who have accessed Samaritan permanent housing.

KICH will devise an incentive program that rewards those who have fulfilled the goals as outlined in the strategy section using the given performance indicators.

Each region will report progress and any recommendations annually by the end of April 2010 to be included in the KICH annual progress report due the end of each fiscal year beginning June 2010.

APPENDIX

TEN-YEAR PLAN TO END HOMELESSNESS 2009 UPDATE

Kentucky Interagency Council on Homelessness Member Agencies

EXECUTIVE COMMITTEE

Administrative Office of the Courts
100 Millcreek Park
Frankfort, KY 40601
(502) 573-2350

Justice and Public Safety Cabinet
125 Holmes St.
Frankfort, KY 40601
(502) 564-7554

Cabinet for Health and Family Services
275 E. Main St., 5W-A
Frankfort, KY 40621
(502) 564-7042

Kentucky General Assembly
700 Capitol Avenue
Frankfort, KY 40601
(502) 564-8100

Department of Veterans Affairs
1111-B Louisville Rd.
Frankfort, KY 40601
(502) 564-9203
(800) 572-6245

Kentucky Housing Corporation
1231 Louisville Rd.
Frankfort, KY 40601
(502) 564-7630

Education Cabinet
500 Mero St., 3rd Fl.
Frankfort, KY 40601
(502) 564-0372

State Budget Director
702 Capitol Avenue
Capitol Annex, Rm. 284
Frankfort, KY 40601
(502) 564-7300

Homeless & Housing Coalition of Kentucky
101 Burch Ct.
Frankfort, KY 40601
(502) 223-1834

Transportation Cabinet
200 Mero St.
Frankfort, KY 40622
(502) 564-4890

STEERING COMMITTEE

Administrative Office of the Courts
100 Millcreek Park
Frankfort, KY 40601
(502) 573-2350

Cabinet for Health and Family Services
275 E. Main St., 5W-A
Frankfort, KY 40621
(502) 564-7042 – main

- Community-Based Services – (502) 564-3703
- Department for Medicaid Services – (502) 564-4321
- Division of Behavioral Health – (502) 564-4456
- Division of Family Resources and Youth Services Center – (502) 564-4986

Central Kentucky Housing and Homeless Initiative
130 W. New Circle Rd., Suite 110
Lexington, KY 40505
859-281-9402

The Coalition for the Homeless
1115 S. Fourth St., 3rd Fl.
Louisville, KY 40203
502- 589-0190

Community Action Kentucky
101 Burch Ct.
Frankfort, KY 40601
(502) 875-5863
(800) 456-3452

Department for Local Government
1024 Capital Ctr. Dr, Ste. 340
Frankfort, KY 40601
(502) 573-2382
(800) 346-5606

Department of Veterans Affairs
1111-B Louisville Road
Frankfort, KY 40601
(502) 564-9203
(800) 572-6245

Education and Workforce Development Cabinet

500 Mero St., 3rd Floor

Frankfort, KY 40601

(502) 564-0372 – main

- Office of Employment and Training – (502) 564-7456
- Federal Programs and Instructional Equity – (502) 564-3791

Hazard-Perry County Community Foundation

P.O. Box 310

Chavies, KY 41772

606-439-1357

Hazard-Perry County Community Ministries

151 Miss Edna Ln.

Hazard, KY 41701

606-439-1122

606-487-1891

Justice and Public Safety Cabinet

125 Holmes Street

Frankfort, KY 40601

502-564-4001 – main

- Department of Corrections – (502) 564-2220
- Department of Juvenile Justice – (502) 573-2738
- Kentucky Parole Board – (502) 564-8995

Kentucky Domestic Violence Association

P.O. Box 356

Frankfort, KY 40602

502-209-5382

Kentucky Housing Corporation

1231 Louisville Rd.

Frankfort, KY 40601

502-564-7630

Kentucky River Foothills Community Action Partnership

309 Spangler Dr.

Richmond, KY 40475

859-624-2046

KY Disability Determination Services
P.O. Box 1000
Frankfort, KY 40602
502-564-8050

Lexington-Fayette Urban County Government
200 E. Main St.
Lexington, KY 40507
859-258-3131

Louisville Metro Government
Office on Homelessness
810 Barrett Ave., 3rd Fl., Office 318
Louisville, KY 40204
502-574-3325

Northern Kentucky Housing & Homeless Coalition, Inc.
c/o NKADD
22 Spiral Drive
Florence, KY 41042
859-283-1885

Phoenix Health Center
712 E. Muhammad Ali Blvd.
Louisville, KY 40202
502-569-1670

Transportation Cabinet
200 Mero St.
Frankfort, KY 40601
502-564-7433 x3832

U.S. HUD Louisville Field Office
601 W. Broadway
Louisville, KY 40202
502-618-8128

Volunteers of America, Inc.
933 Goss Avenue
Louisville, KY 40204
502-452-1829

