Ten Year Plan to End Homelessness In Lexington - Fayette County, KY

Prepared by:

Central Kentucky Housing & Homeless Initiative
and
Lexington Fayette Urban County Government
Division of Community Development

RESOLUTION NO. 97-2010

A RESOLUTION APPROVING AND ADOPTING THE TEN YEAR PLAN TO END HOMELESSNESS.

WHEREAS, the U.S. Department of Housing and Urban Development (HUD) has, since 2006, strongly recommended that local communities adopt a 10 Year Plan to end chronic homelessness; and

WHEREAS, in 2007 the Kentucky Housing Corporation awarded the Urban County Government $5,000 towards development of such a plan; and

WHEREAS, the Division of Community Development, which will serve as the primary agency for implementation of the Plan, worked collaboratively with the Central Kentucky Housing and Homeless Initiative (CKHHI), a non-profit organization whose members serve the homeless, to collect information and develop the plan; and

WHEREAS, the final draft of the Plan was distributed for public comment on December 3, 2009.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT:

Section 1 - That the Ten Year Plan to End Homelessness, which is attached hereto and incorporated herein by reference, be and hereby is approved and adopted.

Section 2 - That this Resolution shall become effective upon the date of its passage.

PASSED URBAN COUNTY COUNCIL: February 25, 2010

MAYOR

ATTEST:

CLERK OF URBAN COUNTY COUNCIL

PUBLISHED: March 4, 2010-1t

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Executive Summary

It is estimated that between 2.3 million and 3.5 million people in America experience homelessness each year. Approximately thirty-nine percent (39%) of these individuals are children, living primarily in family units.

There is very little argument among those studying homelessness that the root causes of this problem are insufficient affordable housing and stagnating wages unable to keep up with rising housing costs. Long-term solutions to homelessness must therefore be focused on these two primary causative factors. Escalating housing costs, combined with shrinking incomes, are increasingly challenging poor families struggling to make ends meet. It should be noted that this threat of homelessness in America is occurring at a time when income disparities between rich and poor are now rivaling the widest levels in our nation's history.

Every study that has researched solutions to homelessness has found that access to affordable housing is the single most effective means of reducing homelessness. This is true for all groups of poor people, including those with persistent and severe mental illness and/or substance abuse. No matter what is done by our community to address the crisis of homelessness, unless a more comprehensive understanding of the cycle of housing insecurity is incorporated into our planning process, we will never make any significant headway toward truly solving this problem. In focusing only on the "homeless problem" without working to ameliorate the lack of affordable housing (which pushes people into homelessness) we will inevitably become convinced that this problem is unsolvable. We then risk wrongly concluding that homelessness is primarily the fault of the homeless.

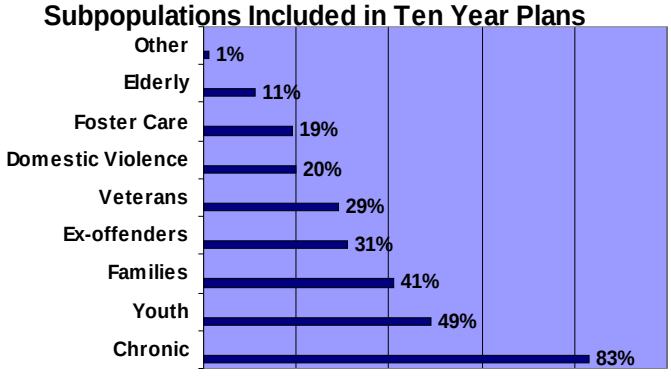
Increasing affordable housing is the primary focus of the recommendations included in this report. In seeking to end homelessness in our community this Plan makes 10 specific recommendations that, if enacted, will provide significant resources for increasing and preserving affordable housing in our community. More importantly these recommendations are predicated on the recognition that increasing the availability of affordable housing in Lexington must become a central focus of local government efforts to make our community a wonderful place to live and work, raise our families and pursue the "American Dream".

Introduction

It is estimated that between 2.3 million and 3.5 million people, or 1% of the population of the United States, experience homelessness each year. Approximately thirty-nine percent (39%) of these individuals are children, living primarily in family units.[i] Other sub-populations include the mentally ill, runaway youth (outside of families), victims of domestic violence, migrants workers, persons unable to overcome their abuse of alcohol or other substances and a category of the homeless sometimes referred to as the chronically homeless. In 2000, it was estimated that there were 150,000 to 250,000 chronically homeless individuals living in the United States.[ii] In Fayette County, it is estimated that approximately 1,250 individuals (at any given time) are living in shelter programs provided by homeless service providers. Another 200 individuals are living on the streets.[iii]

In order to more effectively address the problem of homelessness in our community, a collaborative effort was initiated by the local government, Lexington Fayette Urban County Government, Division of Community Development and the non-profit sector, Central Kentucky Housing and Homeless Initiative (CKHHI) to better understand the scope of the problem and make recommendations targeted to ending homelessness in our community. This effort has been funded substantially by the Kentucky Housing Corporation.

To a significant degree this effort has been guided and inspired by the efforts of the United States Interagency Council on Homelessness and the National Alliance to End Homelessness. These organizations have spearheaded a national effort to increase awareness of homelessness locally and nationally by working throughout the country encouraging local government and homeless coalition groups to create and implement plans to end homelessness in their communities. To date this effort has resulted in more than two hundred communities developing such plans. A recent study completed by the National Alliance to End Homelessness examined ninety plans that were completed at the beginning of their study.



The plans encompassed both urban and rural communities in all regions of the United States. It was found that 66% of the community plans to end homelessness target all homeless people, while only 34% focused on just chronically homeless people. Eighty-three percent (83%) of the plans had specific action steps toward ending chronic homelessness; 49% focus on the needs of youth and 19% included specific recommendations for targeting youth in the foster care system; 41% included strategies for ending family homelessness. Other sub-populations are targeted as well, including ex-offenders, veterans, victims of domestic violence and the elderly.[iv]

Causes of Homelessness

Any discussion of the causes of homelessness is intimately related to how we define homelessness itself, particularly because the way we define any problem very often dictates how we seek to solve that problem. A more expansive discussion of defining homelessness is contained in Appendix A, but for purposes of this discussion on the causes of homelessness it should be noted that two substantially different perspectives generally prevail. One perspective sees homelessness primarily as a problem of individual failure or dysfunction. From this perspective, individuals are substantially responsible for their homelessness, for any number of reasons (lack of skills, substance abuse, mental illness, etc.). The second perspective generally recognizes that individual factors contribute to one's risk of falling into homelessness but tends to place greater emphasis on systemic factors that significantly increase the likelihood that some people will fall into homelessness. From this perspective, homelessness is seen more as a social problem than solely as an individual problem. As one would expect, the former perspective generally offers individual solutions to homelessness and the latter suggests solutions stressing the need for greater social change and community involvement. The following discussion on the causes of homelessness presents explanations from both perspectives that are commonly discussed in the literature on homelessness.

1. Poverty and a lack of adequate, affordable housing: There are two broad trends occurring in the United States that have significantly contributed to the rise in homelessness over the past two or three decades: A growing shortage of affordable rental housing and a simultaneous stagnation of wages and increases in poverty.[v]

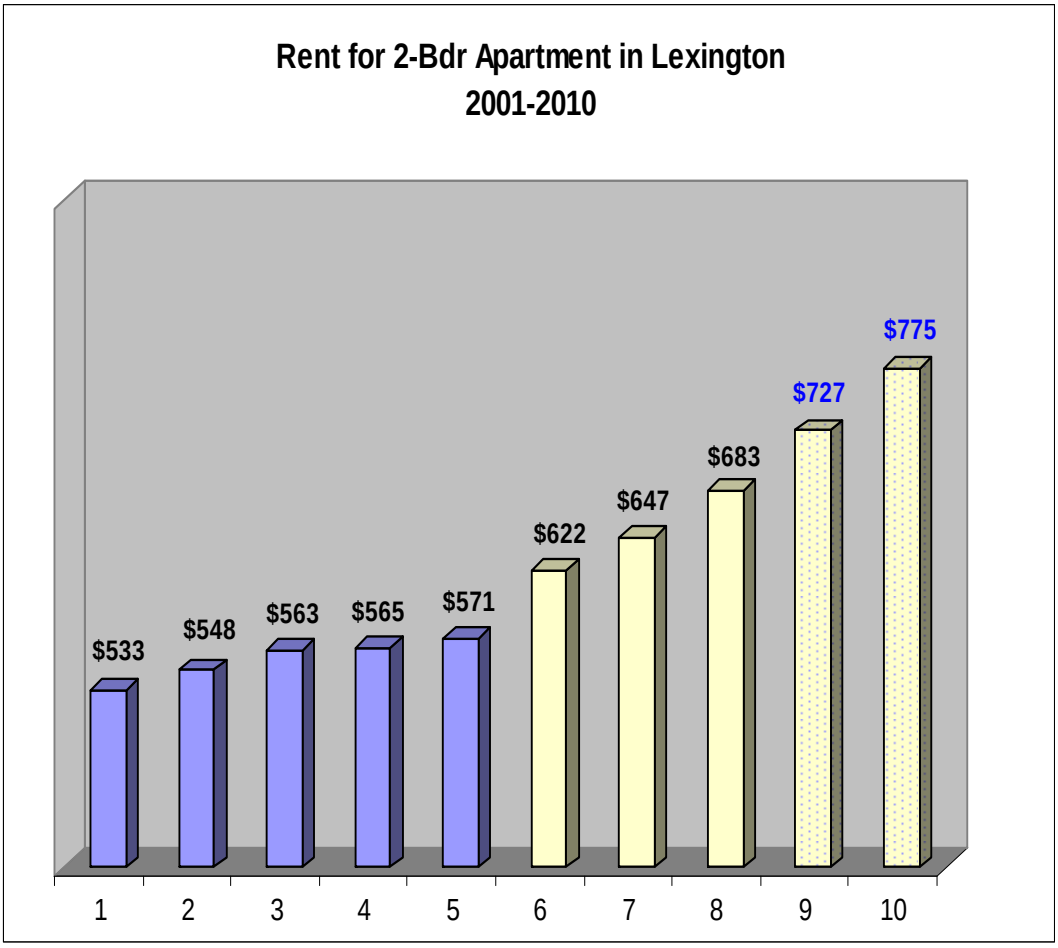
Shortages of Affordable Housing - The U.S. Department of Housing and Urban Development (HUD) defines "worst case needs" households as "unassisted renters with very low

incomes (below 50% of area median income) who pay more than half of their income for housing or live in severely substandard housing." In a 2003 report, HUD found that "a substantial proportion of households with worst case needs experience these problems despite being *fully employed*. Of families with children that have worst case housing needs, 41% have earnings consistent with full-time year-long work at low wages."[vi]

In Fayette County there are approximately 48,357 renter households. Of these, 17,312 households (35.8% of all renters) pay more than 30% of their gross household income for their rent. More alarmingly, 18.1% of all renter households in Lexington (8,753 households) pay more than 50% of their gross income for housing.[vii]

Between 2003 and 2005, the median renter household income in Lexington increased 5.5% from $27,298 to $28,811. However, during this same two-year period the fair market rent of a two-bedroom apartment increased 10%, from $565 to $622 per month. Similarly, the "housing wage" (amount needed to afford the average 2-bedroom apartment rent) increased 10% from $10.87 to $11.96 per hour.[viii]

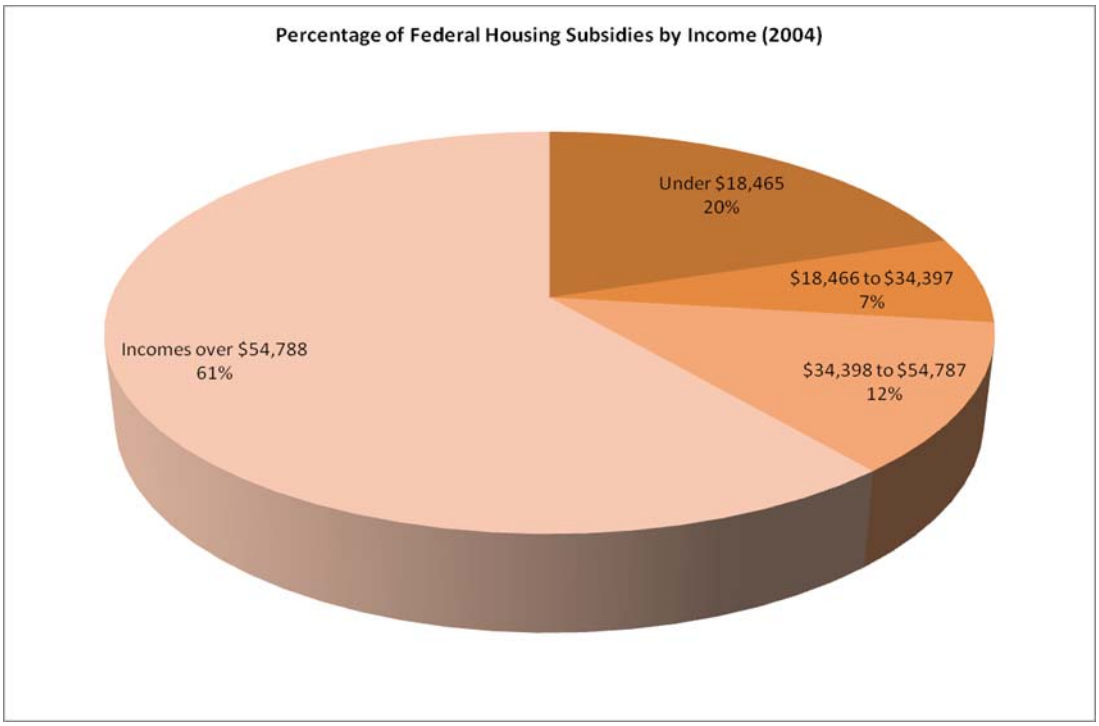
As noted in the following chart, apartment rents in Lexington increased an average of 1.8% per year from 2000 to 2005 but have averaged 6.5% since then. If this trend continues, rents in Lexington will have increased nearly 33% in the last half of this decade compared to just 9% in the first half of the decade.



Surprisingly, the federal government's response to this nearly three decade long decline in affordable housing as been a steady reduction in the national commitment to allocating federal dollars toward affordable housing. Federal investments in affordable housing have been drastically reduced since 1980. The budget of HUD has plummeted from $104.5 billion in 1980 (in 2005 dollars) to only $19.2 billion in 2005. Not surprisingly, these cutbacks in our national commitment to affordable housing have been mirrored by increasing numbers of homeless persons and families in the United States.

However, it should also be noted that total federal outlays for housing have not declined during this same period. In fact, these have actually increased. Primarily because of the homeowner deductions allowed under federal tax law, the emphasis of federal housing policy

over this period has increasingly shifted to benefit middle and upper income property owners, as indicated by the following chart.



Declining or Stagnating Real Incomes - Amidst increasing housing costs that are consistently outstripping the general rate of inflation, most Americans have faced decades of declines or stagnation in their real wages. In 2004, 37 million people, comprising almost 13% of the U.S. population, lived in poverty.[ix] In Fayette County, the percentage is even higher: 14.9% of the population lives under the poverty level. The poverty rate for children in Fayette County is even higher at 17.5%.[x] Rising housing costs, in addition to stagnant incomes and lower safety net benefits, are factors in the rising number of Americans living in poverty. The bottom half of wage earners has seen its income stagnate or decline in the last 20 years, while the top 5 % of households has seen its income double. The minimum wage has steadily lost purchasing power since its inception as legislative increases have substantially lagged inflation. Wage inequality has dramatically grown in the last twenty years as a result of a variety of changes in the economy and in public policies that shape the economy. The disparity between the incomes of those at the top and those at the bottom is at its greatest point since the decade of the "roaring 20's" that preceded the Great Depression. Nearly half of American households are deeper in debt, insecure

about their jobs or downsized into the temporary workforce, and contemplating a future retirement that is significantly diminished with little or no economic security.[xi]

In addition, reductions in public assistance programs, including the 1996 repeal of the Aid to Families with Dependent Children (AFDC) program, have made it more difficult for single mothers to rise out of poverty. Temporary Assistance to Needy Families (TANF), the program designed to replace AFDC, provides families with only a fraction of the income received under the previous program.[xii] In Kentucky, the maximum monthly TANF benefit for a family of three is $262.[xiii] Bad credit, no credit and poor or non-existent landlord references are barriers to housing for families. In Minnesota, a study of over 3,100 homeless individuals and families found that 22% had credit problems and 11% had an eviction or other rental problems on their record. Another 9% had no local rental history.[xiv]

2. Mental illness and/or substance abuse*:* Recent studies estimate that 40 % of chronically homeless individuals have substance abuse disorders, 25% have a physical disability, and 20% have serious mental illness.[xv] While individuals with mental illness or addiction disorders often have the ability to maintain housing, their vulnerability to homelessness is increased. "Individuals whose mental illnesses or co-occurring substance use disorders are untreated may disturb their neighbors, be a threat to themselves or others, miss rent or utility payments, or neglect their housekeeping, and be evicted."[xvi] In addition, hospitalization or incarceration may cause these individuals to lose their housing when they are unable to pay their rent.

Persons with co-occurring disorders have been found to deny their mental illness and their addiction problems and to refuse treatment and medication. Once they become homeless, these individuals "have more problems, need more help or are unable to benefit from services, and are more likely to remain homeless than other groups of people."[xvii] If these individuals do decide to seek treatment, a severe shortage of beds in treatment programs, short lengths of stay in programs, and lack of adequate discharge planning increase the likelihood that they will return to the streets.

3. Individuals "age out" into homelessness*:* It is estimated that between five and eight percent of unattached youth experience homelessness. This represents 1 million to 1.6 million youth each year.[xviii] Unaccompanied minors are at a higher risk for anxiety disorders, depression, post-traumatic stress disorder and suicide, as well as physical and sexual assault or abuse, and physical illness including sexually transmitted disease. Prostitution and drug use and abuse are

also more likely in this population that in permanently housed youth.[xix] Twenty to twenty-five thousand youth ages 16 and older "age out" of the system each year, moving from foster care to legal emancipation. Approximately 25% of former foster youth were homeless at least one night within four years after exiting foster care.[xx]

A survey of almost 400 homeless parents in New York City found that 20% lived in foster care as children; 70% experienced sexual, physical or emotional abuse as children; 20% have one or more children in foster care; and 35% have an open case for child abuse or neglect with New York's child protective service agency. The study also found that, "when compared to the overall homeless population, these parents are 30% more likely to have a history of substance abuse, 50% more likely to have a history of domestic violence, and more than twice as likely to have a history of mental illness."[xxi]

Youth are also vulnerable to homelessness due to insufficient work and rental histories and lack of a support network to help them transition into self-sufficiency. Youth "may lack financial resources due to low-income jobs and insufficient time to amass savings. Moreover, while most young people move out of their home with the full support of their parents – who assist with signing contracts, budgeting, advising, and often financial support – for those who have lost their parents, are estranged from their family, have grown up in foster care, or have been incarcerated, a supportive network and opportunities to access these resources and acquire life skills are not readily available.[xxii]

4. Women and children fleeing domestic violence experience episodic homelessness*:* A 2002 report by the U.S. Conference of Mayors found that 44% of the cities surveyed identified domestic violence as the primary cause of homelessness.[xxiii] Just three years later, in 2005, 50% of the 24 cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness.[xxiv] In fact, it has been found that 92% of homeless women have experienced severe physical and/or sexual assault at some point in their lives.[xxv] Victims of domestic violence often leave their abuser multiple times before leaving permanently. Therefore, they often experience multiple episodes of homelessness before reaching self-sufficiency. An inability to find or maintain permanent housing frequently causes victims to return to their abuser.

5. Individuals are released from incarceration into homelessness*:* Twelve percent (12%) of African-American men, 4% of Hispanic men and 1.6% of white men in their twenties and early

thirties are in prison or jail, according to a study conducted by the Center for Law and Social Policy. [xxvi] More than 650,000 people are released from state prisons in the United States each year, and an additional nine million are released from jails. These individuals are at high risk of becoming homeless due to educational, employment and other barriers. Less than one-third of men and half of women in state prisons have completed high school, and 60% of employers reported they probably would not hire an applicant with a criminal record. [xxvii] Inability to become employed upon release contributes to the likelihood of homelessness. Forty-nine (49%) percent of homeless adults have spent five or more days in jail during their lifetime, and 18% have been incarcerated in state or federal prison systems.[xxviii]

A study of 50,000 individuals released from New York State prisons who returned to New York City in the mid-1990's revealed that the risk of re-incarceration increased 23% among those who had stayed in a homeless shelter before being incarcerated and 17% among those who stayed in a shelter after their release.[xxix] In contrast, studies have shown that those individuals released from incarceration who become engaged in a supportive housing program have drastically reduced involvement with the criminal justice system. Jail incarceration rates among this population were reduced by up to 30% and prison incarceration rates were reduced up to 57%.[xxx]

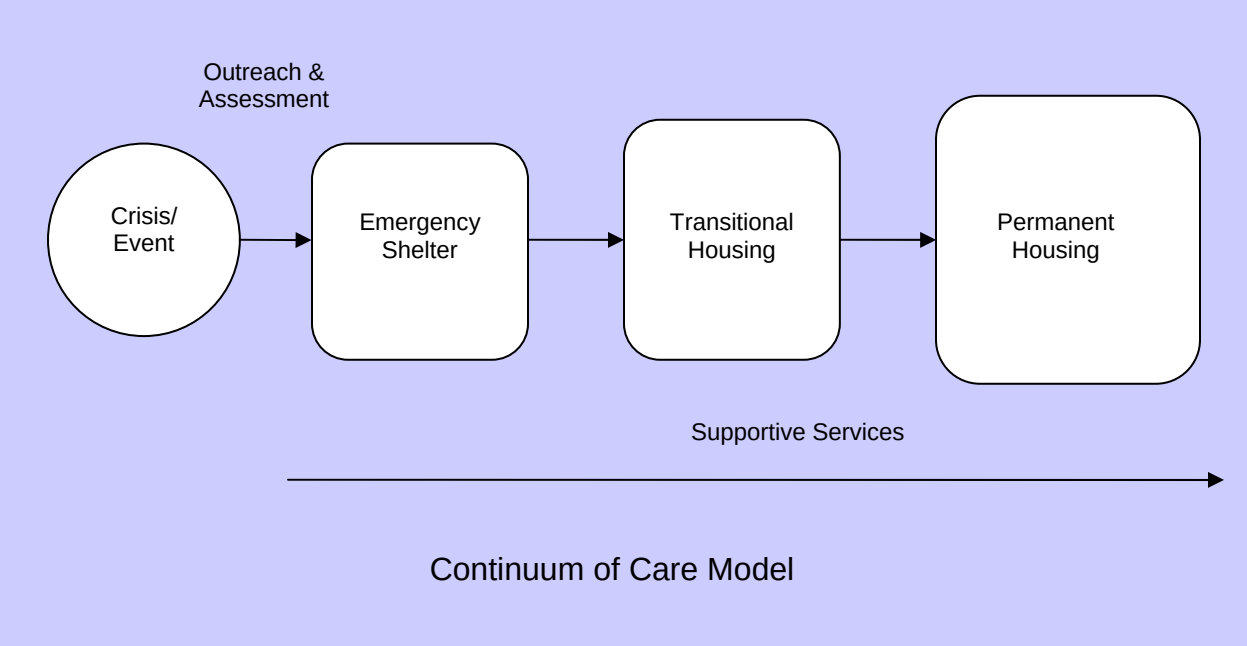
6. A significant number of veterans are homeless: The U.S. Department of Veterans Affairs (VA) estimates that 200,000 veterans are homeless on any given night and 400,000 experience homelessness over the course of a year. Ninety-six percent (96%)of homeless veterans are male and the majority are single. Forty-five percent (45%) suffer from mental illness and more than 70% suffer from addiction disorders.[xxxi] The National Coalition for Homeless Veterans notes that "in addition to the complex set of factors affecting all homelessness…a large number of displaced and at-risk veterans live with lingering effects of Post Traumatic Stress Disorder and substance abuse, compounded by a lack of family and social support networks."[xxxii]

Service Delivery Models for Homelessness

Two distinct models are utilized by communities to reduce homelessness and help individuals and families obtain and retain housing. The *Continuum of Care* model developed by HUD works under the premise that not all homeless persons have the same needs, nor are they at the same level of stability. The *Housing First* model utilizes crisis intervention, rapid re-housing, case management and housing support services to immediately move families into housing and assist them in sustaining it.

Continuum of Care Model

Components of the Continuum of Care model include prevention, outreach & assessment, emergency shelter, transitional housing, permanent housing & permanent supportive housing, and support services.[xxxiii]



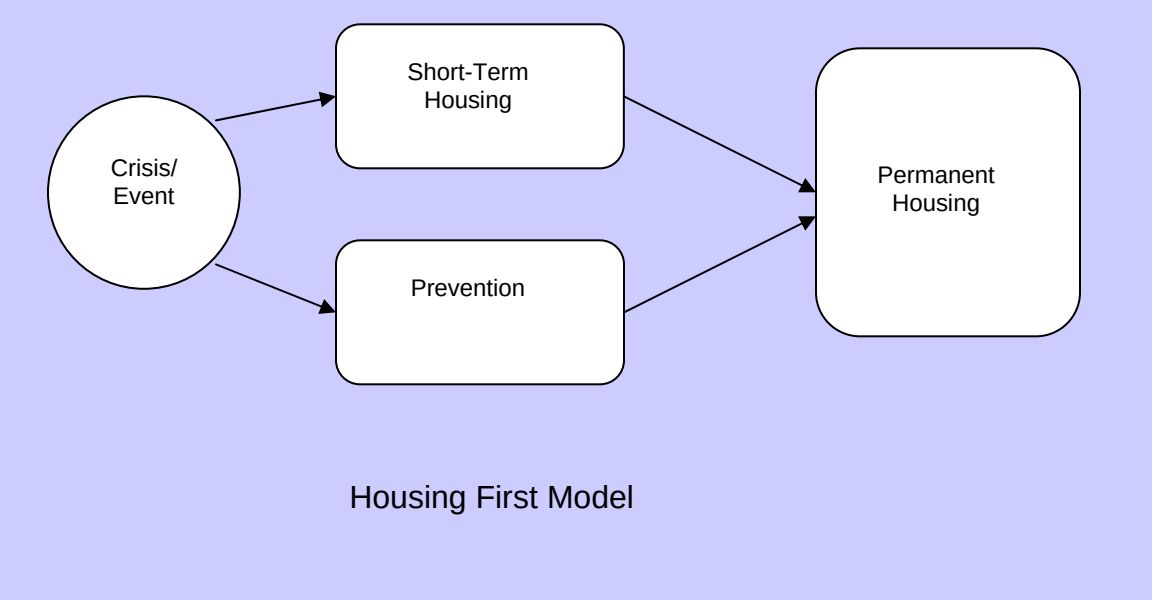
Almost all of the supportive housing in Fayette County is based on the Continuum of Care model. Emergency shelters exist for single men, women and families, victims of domestic violence, persons suffering from addiction disorders and youth. Transitional and permanent housing programs also exist for many of these populations.

Housing First Model

Housing First is based on two principles: 1) the best way to end homelessness is to help people move into permanent housing as quickly as possible; and 2) once in housing, formerly homeless people may require some level of services to help them stabilize, link them to long-term supports, and prevent a recurrence.[xxxiv] Service providers focus on stable housing and connecting individuals and families to mainstream resources, either preventing homelessness or helping them exit the homeless service system rapidly. In addition to providing traditional case management, common elements of existing Housing First programs include support in the following:

- Clarifying housing needs;
- Assisting individuals in developing rental resumes;
- Helping obtain housing subsidies;
- Providing individual and group tenant education workshops;
- Helping to locate appropriate housing;
- Negotiating lease terms;
- Assisting with move-in costs including security deposits.[xxxv]

In addition, housing first programs typically work to recruit landlords, even offering incentives such as paying filing fees if a Housing First participant breaks a lease.



Housing First Model

In Lexington the Housing First model has been utilized only sparingly with limited programs operated by Bluegrass Regional Mental Health and Mental Retardation Board, the

Community Action Council for Lexington-Fayette, Bourbon, Harrison and Nicholas Counties, Inc., and Aids Volunteers of Lexington (AVOL).

Methodology: Community Input

In order to develop a more qualitative assessment of the scope of homelessness in our community the Central Kentucky Housing and Homeless Initiative, in cooperation with the Lexington Fayette Urban County Government's Division of Community Development, initiated a series of information gathering methodologies that included conducting local focus groups and distributing individual and organizational surveys. The purpose of this information gathering was to:

1) Identify perceptions regarding the characteristics of the homeless population in Fayette County, causes of homelessness and strategies available to reduce or eliminate homelessness; and
2) Identify if these perceptions accurately reflect the characteristics of local homeless populations and proven strategies to reduce or eliminate homelessness nationally. In other words, are the perceptions of community stakeholders accurate in light of documented evidence regarding the incidence of homelessness and best practices being used on other communities?

Citizen Surveys

Surveys were uploaded onto the Division of Community Development's Website and community members were encouraged to download the survey and return it by mail. There was little response to this initiative.

Organizational Surveys

A number of surveys were distributed to city departments requesting information on how they are impacted by homeless persons in their departments. Four departments completed the survey. Responses were brief and generally perfunctory. In general, departments tended to view homelessness from the perspective of the homeless persons they encountered, essentially defining the scope of the problem by this direct interaction with homeless people.

Adult Services, which provides services to homeless or near homeless persons and families, highlighted problems such as "lack of affordable housing, lack of employment skills, lack of education, and undiagnosed/non-compliant mental health issues". Solutions offered were

the need for “a clear definition of homelessness, a better understanding of mental health services and more availability of affordable housing”.

The Police Department and Detention Center exposure to homeless persons generally resulted from arrests or complaints. Problems highlighted included “substance abuse and lack of education”. Solutions offered included “education, drug/alcohol treatment, job opportunities, support programs, language barrier assistance and counseling”.

The Family Care Center had very limited exposure to homeless persons (only teen mothers who occasionally were homeless as a result of eviction). Solutions offered were “access to education, job training and life skills programs”.

Focus Groups

The most significant undertaking in soliciting community input was through a series of focus groups. Focus group participants were initially selected based on a stakeholder analysis. The groups identified as stakeholders were impacted populations including victims of domestic violence, persons suffering from mental illness and substance abuse, the Hispanic community, persons identified as chronically homeless and elderly individuals; the provider community including representatives of over forty nonprofits providing housing services; faith communities; the public sector including representatives from the police department, health department, local schools, city council, employment centers, housing authority, fair housing and the human rights commission; and private sector stakeholders including landlords and the business community.

Prospective participants were initially contacted via email. Phone calls were made to those individuals unable to be reached via email. Potential participants were informed about the purpose of the study and the dates, times and locations of the focus groups. Participants were not meant to be statistically representative of the population, but rather selected based on their knowledge of issues pertaining to homelessness. Because several email distribution lists were utilized to advertise the study, and recipients were asked to forward the email to other interested parties, it is unknown how many potential participants were contacted. No inclusion or exclusion criteria were identified.

Forty-nine participants attended the focus groups. Twenty-five participants were homeless at the time of the focus group. Six participants were employed in the public sector. The remaining eighteen participants were employed as service providers in nonprofit housing

agencies. No participants identified themselves as representatives of a faith community or the for profit private sector.

Seven focus groups were held, with the number of participants at each session ranging from two to twenty-five. Each session lasted between seventy and ninety minutes. Because it was important to solicit input from the homeless population, two of the sessions were held at local homeless shelters and one session was held at a Hispanic outreach center. A Spanish interpreter was present for the Hispanic-focus session. The fourth session was conducted at a local employment center accessible to the homeless population. Two sessions were conducted during daytime hours and two were conducted in the evening to allow for employed individuals to attend.

Three questions were formulated to facilitate the sessions:

1. In your opinion, who are the homeless in our community?
2. In your opinion, why are these people homeless? In other words, what do you think are the primary factors causing homelessness?
3. Do you think that it is possible for our community to eliminate (or, at least, reduce) homelessness? If you do think this is possible, what do you think is the best way to reduce or eliminate homelessness in our community?

Though these questions were standardized for all focus groups, participants who attended the session held at the Hispanic outreach session were asked for responses specifically addressing the Hispanic population.

There was no compensation offered to the participants of this process. The cost of conducting the sessions was limited to the time of both the data gatherers and participants.

Focus Group Data Summary

Question 1: In your opinion, who are the homeless in our community?

Participants at each of the focus groups expressed difficulty in answering this question. The participants of one focus group listed subpopulations such as youth, the elderly, veterans, and migrant workers. All groups listed victims of domestic violence, persons with addiction disorders, and persons suffering from mental illness among the homeless. Much of the discussion about "who are the homeless" actually identified the causes of homelessness.

Question 2: In your opinion, why are these people homeless? In other words, what do you think are the primary factors causing homelessness?

Participants at each of the focus groups identified similar causes of homelessness. While specific examples and language used differed, the following categories were identified as causes of homelessness: lack of affordable housing options, substance abuse, domestic violence, immigration status, former incarceration, veteran dislocation, lack of support services, lack of income, poor credit and rental histories, lack of education or life skills, mental illness, lack of health care, inability to access or navigate the existing supportive service system, lack of public awareness about homelessness, and choice.

Focus groups identified the following as the primary causes or contributing factors of homelessness in Lexington:

- Substance abuse
- Domestic violence
- Immigration status
- Former incarceration
- Veteran dislocation
- Lack of support services
- Lack of adequate income
- Lack of affordable housing
- Poor credit and rental histories
- Lack of education and life skills
- Mental illness
- Lack of affordable health care
- Inability to navigate the existing system of supportive services
- Lack of public awareness about the causes of homelessness
- Choice

The primary reason for homelessness according to a majority of the focus groups is economic hardship, especially due to the loss of a job or the occurrence of another event that causes an individual or family to become unable to pay rent for only a short period. Examples used by participants included a sudden illness, car accident, or other life event that would not be devastating alone but, when combined with "living paycheck to paycheck," can cause a family to become homeless. The only focus group that did not point to economic hardship as the primary cause of homelessness was the Hispanic-emphasis focus group. In contrast to the general focus group participants, the participants of this focus group felt that homelessness among the Hispanic population is a choice. The consensus of the group was that migrant workers account for nearly all Hispanic homeless individuals, and that this group prefers to utilize homeless shelters for their own needs and send all money earned to their families living outside the United States.

Substance abuse and mental illness were also discussed by each of the focus groups. In describing these causes, participants identified the affected individuals as chronically homeless. Both homeless individuals and service providers stated that this was the most problematic cause of homelessness since the individuals "have to want to be helped" or "have to be ready to be helped."

The Hispanic focus group identified many of the same causes of homelessness as the other groups, but voiced significant differences between the Hispanic population accessing homeless services and the traditional homeless population. First, participants noted that very few members of the Hispanic community are homeless by federal definitions. Rather, this community experiences overcrowding, housing discrimination and inadequate housing, all of which put individuals and families at greater risk of homelessness. The majority of Hispanic individuals who are actually homeless are undocumented migrant workers who choose to stay at homeless shelters and send money to their families in other countries rather than pay hundreds of dollars every month to maintain an apartment. A further difference noted by participants was the existence of an extensive, tight-knit community that Hispanic families enjoy but that is rare among other homeless and marginally housed families. Often, families that would otherwise become homeless choose to live in overcrowded apartments with one or more other families rather than risk deportation by accessing available resources.

Language was not seen by the Hispanic focus group participants as a cause or contributing factor of homelessness. Participants stated that many apartment complexes and nonprofit agencies employ Spanish speaking individuals. In addition, resources exist that offer translation services for Spanish speakers that need documents such as leases, health care forms, and employment applications translated.

Question 3: Do you think that it is possible for our community to eliminate (or, at least, reduce) homelessness? If you do think this is possible, what do you think is the best way to reduce or eliminate homelessness in our community?

Participants in each of the focus groups indicated that it is not possible to completely eliminate homelessness. However, participants did state that homelessness can be reduced. In discussing strategies to reduce the incidence of homelessness, the following major themes were identified in a majority of the focus groups:

- Increase wages;
- Increase the stock of affordable housing;
- Connect those in crisis to resources by utilizing United Way's 2-1-1 program;
- Provide ancillary services including transportation and child care;
- Increase public awareness of homelessness;
- Provide supportive employment;
- Expand transitional housing options;
- Expand the Section 8 housing program;

- Use a “one stop” model to ensure easy access into the supportive service system before homelessness begins;
- Provide more services, including financial assistance, to marginally housed individuals and families; and
- Increase collaboration and resource sharing between service providers.

The themes that emerged from discussions about reducing homelessness included increasing resources and services, but also increasing communication and collaboration between service providers. Both homeless individuals and service providers expressed frustration regarding the differing eligibility requirements and availability of existing services. Specifically, there were indications that homeless individuals and families often had to obtain multiple referrals, sometimes spending many hours on buses, just to find they were not eligible or they would be put on a waiting list rather than being given immediate help.

A “one stop” model was suggested during one focus group. This model would provide a “central intake” process for individuals experiencing crisis. An advocate or caseworker would be assigned to the case to provide referrals and assist the family in identifying and accessing appropriate services. United Way’s 2-1-1 program was discussed as a central referral source, though follow-up and case management with clients regarding successful referrals would not be possible.

Limited or non-existent resources were discussed at length in each of the focus groups. Increasing affordable housing stock, increasing wages, expanding the Section 8 program, and providing emergency financial assistance for rent and utilities were recurring themes during the discussions. However, it was acknowledged by many participants that these options were, for the most part, very long-term projects that would depend on real estate developers, policy makers, business leaders, federal employees and other that are often not accessible or unsympathetic to housing advocates. The creation of an Affordable Housing Trust Fund was identified as an appropriate and attainable goal to work toward in an effort to increase community resources.

The Hispanic focus group participants discussed two dynamics that were not brought up in the other groups. First, needs of the elderly population were discussed. There is an aging Hispanic population that has resided in the United States for fifteen or more years and has lost contact with family in their native country. Many of these individuals have been employed illegally and have no retirement benefits or savings. In addition, they have worked in physically

demanding jobs that have left them injured or in poor health. These individuals are at risk of becoming homeless as they continue to age and are no longer valued in the work force. Some are migrant workers who are already living in homeless shelters but are able to work to purchase necessities. They will become even more dependent on the shelter system once they are unable to work.

A second dynamic discussed by participants of the Hispanic focus group was the need for mental health services in Spanish. Only two therapists in Lexington speak Spanish. Therefore, even the small number of individuals who are chronically homeless due to severe mental illness cannot access needed services on a regular basis.

Conclusions from Stakeholder Input Research

While the majority of the information shared by participants during the focus groups was reflective of the actual homeless problem in our community, as evidenced by demographic information, there are several notable differences between the perceived dynamics of homelessness in Lexington and the dynamics of homelessness in other communities.

First, the Hispanic population was not included as a subpopulation experiencing homelessness in the ten-year plans of any communities researched for this study. However, this population does access homeless services in Lexington. Additionally, overcrowding and an inability or unwillingness to access many mainstream resources puts this population at increased risk for homelessness. The 2005 American Community Survey estimates that there are 12,254 Hispanic or Latino individuals living in Lexington, representing 4.8% of the population.[xxxvi] Focus group participants stated that service providers estimate the population to be no less than 25,000 to 30,000. The experience of being homeless or marginally housed is very different for this population than for white and other minority populations. Identifying the specific needs of and effective ways of working with Hispanic families requires further research.

Second, the elderly, youth and veteran populations were mentioned in only two of the focus groups, and only the Hispanic focus group suggested any prevention activities to address the elderly population. No prevention activities were suggested to address the youth or veteran populations. Eleven percent (11%) of ten-year plans in other communities addressed the needs of the elderly population, 29% addressed the needs of the veteran population, and 49% addressed the needs of the youth population. It is unclear whether these subpopulations were left out of the

discussions because of a lack of knowledge among participants about their needs or because perceptions of homelessness in this community do not include these subpopulations.

Further Research Suggested from Stakeholder Input

The following are recommended areas for further research: identifying the specific needs of and effective ways of working with Hispanic families; the level of knowledge of and perceptions held by community stakeholders about the needs of the elderly, veteran and youth subpopulations; and whether service providers and other stakeholders are aware of the Housing First model and whether it can or should be included among strategies to reduce or end homelessness. In addition, further quantification of the migrant community and other homeless subpopulations is needed to adequately include the specific needs of each group. A community-wide study of the success of individuals and families in moving through the shelter system into permanent housing is also needed to identify specific gaps in services and further resources necessary to reduce or end homelessness.

Housing Market Analysis

Households

As of 2000, there are 108,254 households in Lexington-Fayette County. Of this number 66,819 (61.7%) are small related households (families of two to four members), and 6,208 (5.7%) are large related households of five or more persons. Elderly one- and two-member households (62 years of age and older) number 18,555 (17% of all households), and 35,227 (32.5%) households are identified as "all other households." The average household size is 2.3 persons, a figure that has steadily declined since 1970, when the average household size was 3.0 persons.

Housing Market Characteristics

Based upon the 2000 Census, there are 116,167 housing units in Lexington-Fayette County, representing a growth of 18,425 units since 1990. Some 100,450 (86.5%) of these units were constructed between 1950 and 2000. The median construction year for all housing units is 1974. It is estimated that an additional 20,000 units will be added by 2010. For fiscal year 2009, the number of residential dwelling units permitted was 694. The 2000 Census indicates an overall 6.8% vacancy rate. In 2000, there were 108,288 occupied units.

Housing Conditions

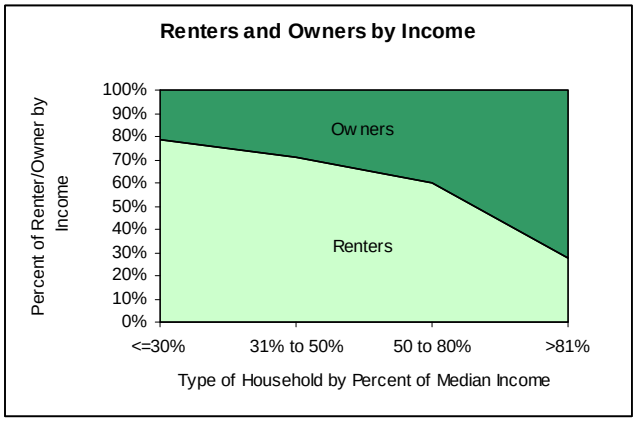
Lexington-Fayette Urban County Government has an active Division of Code Enforcement that responds to complaints and also conducts concentrated code enforcement in areas that are identified as having generally poor housing conditions. During FY2009, the Division issued 3,005 notices of violations to the housing code; as of June 30, 2009, 1,169 properties were under notice. Two hundred (200) units were condemned, meaning that these units had code violations serious enough to make them unfit for habitation.

Land Available for New Construction

Within the downtown development area, there are 405 individual parcels of vacant land eligible for residential development, with a total acreage of 45.70. Very few of these individual parcels are of a sufficient size to support a housing unit. Other than this database on vacant lots in the downtown development area, there is no data available on vacant residential land inside of New Circle Road. Outside New Circle Road, the Lexington Fayette Urban County Government's Division of Planning has provided an estimate of possible dwelling units in vacant land. Using 4 to 8 units gross density, there is vacant residential land for an average of 24,364 units. Using a value of 1 to 8 units gross density, there is sufficient vacant land for an average of 21,698 units.

Affordability Issues for Low-Income Rental Households.

In 2000 (U.S. Census) 48,373 households in Fayette County (45% of all households) lived in rental housing. That ratio is almost twice as high as the ratio for the State of Kentucky. The profile of the renter market can be illustrated by the following chart, showing that renter-occupied households prevail among low-income households.



HUD's CHAS data can be used to illustrate the numbers of low-income renters' households in the County:

Household income as a % of AMI	Number
0 - 30% MFI	10,775
31 – 50 % MFI	8,719
51 – 80 % MFI	11,229
Total low-income renter households:	**30,723**

The National Low Income Housing Coalition (NLICH) 2008 Out of Reach study examined affordability nationwide and provided data indicating the income needed to pay the market rent of a household unit in the community. It is assumed that the household should spend no more than 30% of its income on rent (the generally accepted standard of affordability). For renters, these housing costs include the contract rent plus the costs of utilities not included in the rent.

FAIR MARKET RENTS (FMR) including utilities:

Unit size (# of bdrs)	2008 FMR	Income needed to afford FMR
0 bedroom	$ 461	$ 18.440
1 bedroom	$ 554	$ 22,160
2 bedroom	$ 683	$ 27,320
3 bedroom	$ 918	$ 36,720
4 bedroom	$ 947	$ 37,880

Income levels and housing problems are strongly correlated. The poorer a household is, the more likely it is to confront housing problems. According to CHAS 2005 data, over 55% of poor households (<80% Median Family Income (MFI)) live in problem housing. There also exists a correlation between renting and deficient housing. Renters are much more likely than owners to experience housing problems. Sixteen point five percent (16.5 %) of all owner households and 39.2% of renters confront housing problems. Poor renters are facing the strongest challenge – almost 57.9% of the renters under 80% of MFI and 76.7% of the households under 30% of MFI experience housing problems of some kind.

The Out of Reach study indicates that Lexington-Fayette's housing market is unaffordable for many low-income families. As seen in the table, a family would have to earn 60% of MFI in order to afford to rent a 4-bedroom unit in Lexington-Fayette County. Forty-six

percent (46%) of renter households earn less than 50% of median income for a family (less than $31,750). For this group there is an obvious lack of affordable units.

The housing problems that the low- and moderate- income households face can be illustrated also by the maximum affordable monthly housing cost for a household of a particular size, taking into consideration the annual income of those households for the year of 2004:

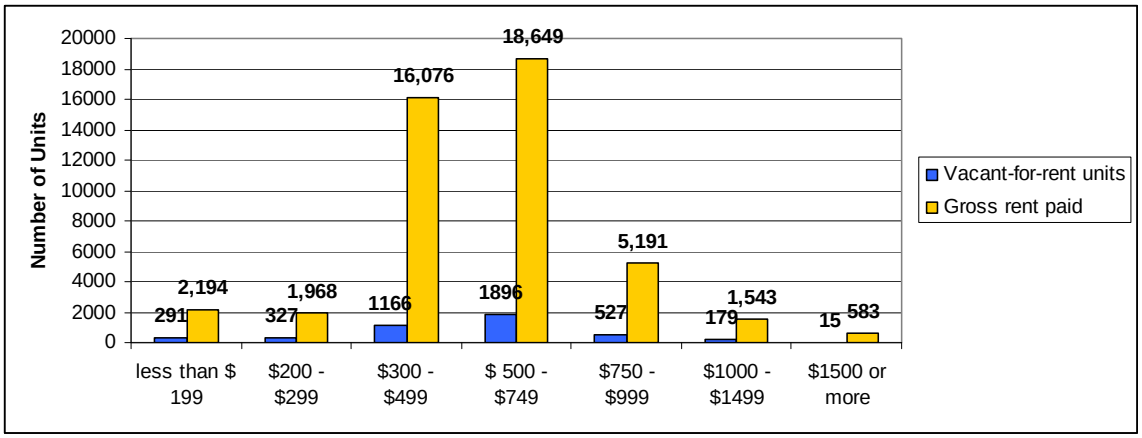
MONTHLY AFFORDABLE RENTS (By Income and Size of Household)

Household Size	Rents Affordable to Households with Incomes of		
	0 - 30 % AMI	31 - 50 % AMI	51 - 80 % AMI
1	0 - 306	307 - 510	511 – 816
2	0 - 350	351 - 583	584 – 933
3	0 - 394	395 - 656	657 – 1050
4	0 - 438	439 - 729	730 – 1166
% of Total Rental Households	22%	18%	23%

The median rent for all multi-family units is $714, requiring an income of at least $28,586 [1]. The table above represents that the median is affordable to a family of 4 at 50% of median income. If we use data from CHAS 2005, we could see that 8,719 households earning from 31 to 50% of AMI and 10,775 families earning less than 30 % of AMI are unable to afford that level of market rent without significant cost burdening. Those below 30% of MFI are severely cost burdened, paying more than 50 % of their income for rent and utilities.

Renter-occupied Units by Monthly Cost

[1] National Low Income Housing Coalition, <http://www.nlihc.org>



Data source: Census 2000, SF3.

The graph above represents the demand and supply of renter housing units in 2000. The largest number of renter occupied units were in the category from $300 to $749. The supply of vacant, less expensive units (under $ 300) is insignificant. This market situation contributes to cost burdening of low- and moderate- income families. Most of these families have been forced to pay prices for units higher than the generally accepted standard of affordability.

Assisted Housing

In addition to public housing units (1,365) and the Housing Choice Voucher Program (2,046), operated by the Lexington Housing Authority, there are also several housing projects in Lexington-Fayette County that are privately owned and operated, but publicly subsidized through HUD's project based Section 8 program, Section 811, Section 202, Section 221 (D) (4), Section 236, and Section 221 (D)(3) BMIR. Also included in "other assisted housing," are units developed through the use of equity from the Low-Income Housing Tax Credit Program and gap financing from the HOME Investment Partnerships Program. Of the 2,694 units making up these privately-owned and publicly subsidized projects, 57%, (1,537) are efficiencies or one-bedroom units, 34% (919) are two-bedroom units, and 9% (236) are three-bedroom units. There are only two units with four bedrooms. 175 units are reported as handicap-accessible. A telephone survey in the fall of 2004 revealed a vacancy rate of 2.5% (67 units) with waiting lists totaling 279 households. 543 units are exclusively for the elderly and are not available to non-elderly disabled persons.

Of these privately owned assisted units, 37 of them are exclusively for persons with mental retardation/developmental disabilities, and 17 of them are exclusively for persons with severe mental illnesses. Of "other assisted units," 533 are available to serve persons with

disabilities. Assisted units of all kinds number 6,105 in the community. It is not anticipated that any of these units will be lost from the assisted housing inventory during the next five years.

Local Barriers to Affordable Housing

Barriers to the development of affordable housing include the high cost of land and the high cost of construction in the community; however there are other challenges to the provision of affordable housing for low-income households. Because Lexington is home to a large state university that provides on-campus housing for only a fraction of its students, low-income families are forced to compete for modest housing, both as renters and owners, with a student population pursuing private housing. The high land cost in new subdivisions in the community has historically precluded the development of housing for low-income households without the use of subsidies. Other than federally subsidized rental units, there is little affordable housing for renter families with incomes under 30% of median income.

Lexington-Fayette County has long been aware of the problems associated with uncontrolled sprawl development particularly the negative aspects of urban growth on the rural area. Since 1958, this problem has been addressed by the Urban Service Area concept. This land use policy, which divides the county into an Urban Service Area and a Rural Service Area, has effectively prevented urban-oriented activities from spreading into the rural areas. The need to provide urban services in an efficient and economical manner was the most important factor in its adoption. Within the Urban Service Area, police and fire protection is maintained at a level that is both adequate and economically efficient. Sewers can be extended in an orderly manner in the new growth areas of the community because the boundary is in close proximity to already sewered property. In 1999, the Urban County Council amended the Zoning Ordinance to permit new lots outside the Urban Service Area, only on sites of 40 or more acres. This action serves to preserve rural land and further ensure compact development inside the Urban Service Area. This pattern of development also allows efficient construction of new streets and ensures that inadequate rural roads are not used for high traffic volumes found in urban areas. By limiting development to only a portion of Lexington-Fayette County, land that may be developed tends to be costly; however, the Urban Service Area policy does not alone account for the high cost of land in Lexington-Fayette County. In 1996, in response to the pressure for expansion and for readily available land for development, an additional 5,400 acres was added to the original Urban

Service Area. This was the first expansion since the Urban Service Area boundary was established in 1958. The Expansion Area Master Plan (EAMP) was adopted by the Lexington-Fayette Urban County Planning Commission in July 1996, as part of the 1996 Comprehensive Plan, for the purpose of guiding the development of approximately 5,400 acres in the expanded Urban Service Area.

Homeless Count – January 29, 2009

Field Survey Count - Using HUD standards for defining homelessness as well as counting homeless persons, the Central Kentucky Housing and Homeless Initiative organized a "point-in-time" homeless count on January 29 2009. In the street count, volunteers were used in teams to survey people gathered at feeding programs, service centers and the central bus depot. A standard survey form was used by all volunteers, who collected 232 "field" surveys. Of this number, 65 persons surveyed indicated that they were currently homeless. Within this survey group, there were an additional 9 children and 15 adults indicated as "living with" the person surveyed, indicating a total count of 89 individuals homeless on the day of the survey.

Data From Field Surveys of Homeless Persons - 1/29/09

Part 1: Homeless Population	**Unsheltered**
Number of Families with Children (Family Households):	5
1. Number of Persons in Families with Children:	17
2. Number of Single Individuals and Persons in Households without Children:	72
(Add Lines Numbered 1 & 2) Total Persons:	89

Sheltered Count - Shelter, Transitional Housing &
***Supportive Services* Permanent Housing**
1/29/09

Note: *"A or M" is "Adults not gender specified or males"*

The "sheltered" count was conducted on the same evening as the street count to reduce the likelihood of double counting. Staff volunteers from CKHHI called all providers in Lexington to obtain the point-in-time count numbers listed below. Again, HUD sheltered homeless counting procedures and HUD homeless definitions were utilized.

Sheltered Count 2009

A = adults, C = children

Persons in Emergency Shelter

Resource	Individuals		Families		
	M	F	*Family*	A	C
Hope Center	220				
Catholic Action Center	57	24			
Room In The Inn	27				
MASH Services	4	3			
Salvation Army		44	***15***	20	32
Bluegrass Domestic Violence		10	***12***	12	23
Bluegrass MH-MR Safe Haven		1			
Detention Center					
H C Recovery Prog for Women		8			
Persons in ES….. Total = 485	**308**	**90**	***27***	**32**	**55**

Persons in Transitional Housing

Resource	Individuals		Families		
	M	F	Family	A	C
Lexington Rescue Mission	12				
Hope Center – Privett Center	94				
Hope Center	19				
Catholic Action Center	6	14	3	4	7
Mash		2	1	1	2
Lighthouse Ministries	9				
H C Recovery Program for Women		61			
Methodist Home Transitional	1	7			
Rainbow House	4				
Volunteers of America			15	15	34
VOA – Vets Treatment	39				
Florence Crittenton		1	6	6	3
Community Action			10	10	23
Chrysalis House		46	7	7	7
Bluegrass MH-MR TBRA		1			
Bluegrass MH-MR ESH	2	1			
Virginia Place			77	77	88
VOA – St. James II	31	5			
Shepherds House	23				
Salvation Army		18	1	1	3
Bluegrass Domestic Violence		5	11	11	40
Bellwood Independent Living	9	12			
AVOL-TBRA	3	1			
Totals	**252**	**174**	**131**	**132**	**207**
2009 Persons in Transitional Housing Total = 765					

Sub categories (if identified)

Agency	Chronic Homeless	SMI	Chronic-SA	Vet	HIV AIDS	DV	<18
Hope Center – Privett Center	37		94	9	1		
Hope Center	35	20	78	41	5		
Hope Center for Women	22	7	69			51	
Catholic Action Center		14					
Bluegrass Safe Haven		1					
MASH	1					3	7
Salvation Army	66	31	35	1		26	
Lighthouse Ministries			9	1			
Florence Crittenton	9					2	3
Methodist Home		1				2	
Rainbow House					4	1	
Volunteers of America – TH				1		1	
Shepherds House			23	1	1		
Bluegrass ESH		3					
Bluegrass TBRA		1					
Chrysalis House			53		2	42	2
VOA – Treatment			39	39		4	
St. James II	16	3	22	36	5	3	
Lexington Rescue Mission	2	2	12	1			
Bluegrass Domestic Violence						61	
AVOL – TBRA		1	2				
Totals	**188**	**84**	**447**	**130**	**18**	**196**	**12**

Persons in *Supportive Services* Permanent Housing (2009 Count)

Facility	Individuals		Families			
	A or M	F	Families	A or M	F	C
Keeneland Backstretch	30	25				
Volunteers of America		10	8		8	16
New Beginnings	10	18				
Housing Authoity Bluegrass MH/MR SPS	51		3	5		2
Hope Center – Hill Rise	38					
St. James I	88	16				
Bluegrass MH-MR – SHP	4	6				
Chrysalis House	7		17		17	18
Solomon House	5	1				
VA HUD Vouchers	4	2	1	1	1	
Canaan House	15	1				
Catholic Action Center	19	8				
Housing Authority BDV		1	14		14	30
Totals	**271**	**88**	**43**	**6**	**40**	**66**
Total Persons in Supportive Services Permanent Housing = 471						

It should be noted that a local needs assessment is required annually in the Continuum of Care submission to HUD. Since 2004, emergency shelter has been designated a “low” priority need in Lexington. This does not mean that there are currently enough shelter beds in Fayette County to meet the needs of all who are homeless. This ranking is a relative assessment when comparing emergency shelter, transitional housing and permanent housing (with supportive services). Since 2004, transitional housing and permanent housing with supportive services have been ranked as “medium” and “high" priorities, respectively. These rankings essentially mean that the greatest unmet local need in Fayette County is permanent housing with supportive services, followed by the unmet need for transitional housing (set at medium). These rankings are based on known or estimated numbers of homeless persons in Lexington in need of emergency shelter, transitional housing and permanent housing with supportive services when compared to the beds currently provided. In short, the current listings of available sheltering capacity are best met at the emergency shelter level and least met at the permanent housing with supportive services level.

Recommendations for Ending Homelessness in Lexington

There is very little argument among those knowledgeable about the root causes of homelessness that long term solutions to this problem must be focused on the two primary factors that cause homelessness, namely insufficient affordable housing options and stagnating wages unable to keep up with rising housing costs. The combination of higher and higher housing costs while incomes for low-income families continue to shrink presents an increasingly more difficult challenge for those struggling to keep a roof over their heads. Not surprisingly, the vast majority of studies that have researched solutions to homelessness have found that affordable housing (often subsidized), prevents homelessness more effectively than anything else. This is true for all groups of poor people, including those with persistent and severe mental illness and/or substance abuse.

In preparing this report, it was determined that the creation of more affordable housing in Lexington should be the major focus of any recommendations to end homelessness. This decision was made in part because the comprehensive network of services now provided to assist homeless persons in Fayette County is increasingly burdened by the lack of affordable housing for persons seeking to exit emergency and transitional programs. In addition, increased affordable housing options in the community will reduce the number of people who are at-risk of homelessness and therefore reduce the demand on the existing network of homeless services. Finally, more affordable housing options locally will actually increase capacity in the local homeless service network, particularly in the availability of transitional housing. Local transitional housing providers are experiencing increasing delays with individuals and families successfully exiting their programs to permanent housing because residents simply cannot find affordable housing. Programs that once saw families successfully transitioning to permanent housing in as little as three months are now experiencing stays averaging 18 months. If these programs were able to reduce the delays now needed to successfully transition families into permanent housing (say to an average of 9 months) it could double the number of families who will benefit from the existing network of transitional programs. In short, more affordable housing options in the community not only increases the supply of decent housing that people can afford

but it also increases the capacity of existing transitional housing without the expense of expanding the current inventory and it reduces demand on the current network of homeless services by reducing the number of people who fall into homelessness.

1) **Recommendation** – Authorize a Lexington Fayette Urban County Government Affordable Housing Trust Fund: The Center for Community Change indicates that nearly 600 housing trust funds in cities, counties, and states generate more than $1.6 billion a year in support for affordable housing. Both the City of Louisville and the Commonwealth of Kentucky recently passed legislation authorizing affordable housing trust funds. A 2008 report from the Mayor's AHTF Commission recommended the creation of an 11-member Board to oversee annual allocations of Trust Funds dollars to build more affordable housing in the county. An annual funding level of $4 million dollars was recommended. This fund should be designated for developing and preserving rental housing for individuals and families in Fayette County with incomes not to exceed 30% of area median income (AMI). Also, recommend a requirement be added that property title for housing purchased with these funds be held in a community land trust so that its status as property for extremely low-income affordable housing can be maintained perpetually.
2) **Recommendation** – Modeled after the federal Housing Choice Voucher Program, recommend the local government provide funding for targeted subsidies to make existing housing rental units more affordable. Recommend this be allocated to very affordable housing (30% AMI or less). This rental assistance program would increase affordable housing choices for low-income households by allowing families to choose privately-owned rental housing. Such vouchers have been a critical form of rental assistance for low-income families with children, the elderly, and people with disabilities. A family with a voucher is generally required to contribute 30% of its income for rent and utilities. The voucher then pays the remaining rental costs, up to a limit set by the housing administrator (usually based on local market housing costs).
3) **Recommendation** - Target 10% of all affordable housing funding to providing permanent housing with wrap-around supportive services for special needs populations that will require these services to maintain themselves in permanent housing. Permanent

supportive housing is defined as housing that is linked with a broad range of support services, including information and referral, health care, drug and alcohol treatment, mental health services, self-help groups, life skills and case management. This type of housing makes it possible for people with ongoing special needs to maintain housing stability and maximize their self-sufficiency.

4) **Recommendation –** Recommend that a Land Bank be established in Lexington to facilitate the assignment of properties dedicated to affordable housing development. Land banks are governmental or quasi-governmental entities dedicated to assembling properties – particularly vacant, abandoned, and tax-delinquent properties – and putting them to productive use. Land bank authorities acquire or facilitate the acquisition of properties, hold and manage properties as needed, and dispose of properties in coordination with city planners and in accordance with local priorities for land use.
5) **Recommendation** – Recommend the local government enact surplus property laws to allow public surplus property to be used for very affordable housing purposes. This property would also include federal surplus property when made available. Where appropriate, exercise the right of eminent domain to acquire abandoned private property that could be developed for very affordable housing.
6) **Recommendation** – Recommend the local government initiate preferential review procedures that expedite applications for construction of low-income housing projects. Delays during any stage in the development process add to the final costs of new housing. Reducing the costs incurred by developers during the development review process makes affordable housing projects more attractive. Expedited permitting is a cost-efficient and very effective way of reducing developer costs. Fast-tracking review and permitting of affordable housing projects would reduce developer costs at no cost to the city.
7) **Recommendation** – Develop a targeted multi-family structure assistance program. Older, multi-family structures are a good source of affordable rental housing. However, these buildings are also at greater risk of being lost due to aging structural problems and property neglect. Offer financial and technical assistance to property owners who cannot afford to upgrade their rental properties when owners agree to preserve some or all of the rental units for lower-income families. In addition, the local government should investigate creative ways of preserving multi-unit affordable housing that is expiring

from federal obligations. Under contract with HUD, property owners provide reduced-rent units to very low-income households for a number of years. At the end of the contract period, owners of the rental properties have the option of converting the once subsidized units to market-rate rental housing. Preserving this housing as affordable must be a priority for the local government.

8) **Recommendation** – Develop innovative local options for adaptive reuse projects that create new housing in existing buildings once used for commercial, public or industrial purposes. Housing created through adaptive reuse projects can often be made more affordable than new, market-rate developments since infrastructure is generally already present at the site.

9) **Recommendation** – Recommend the local government pass inclusionary zoning laws requiring developers of rental housing to include a minimum of 10% affordable housing units in each new residential development of 10 or more rental units. Added costs of providing the affordable units should be offset with a density bonus for each project. The affordability level of the designated units should be targeted to 30% of AMI or less.

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Appendix A
Defining Homelessness

Considerable controversy exists on how homelessness should be defined. While this may appear to be a simple task it becomes increasingly complex as we look more closely. In the first place, the task of defining homelessness is particularly important because the way we define a social problem very often dictates how we seek to solve that problem. For example, in the past, “Skid Row” homelessness was perceived primarily as a problem of substance abuse of middle-aged alcoholic men. Solutions primarily focused on substance abuse treatment programs followed by broader assistance to rebuild what in some cases were successful productive lives before being destroyed by alcoholism. In this paradigm, the real problem was not homelessness per se but alcoholism. As populations of homeless persons have become more varied and complex, defining homelessness (and proposing solutions to homelessness) has become far more complex. As noted above, large numbers of children now experience homeless, in most cases because they are members of families who have become homeless. In some instances, the parents in these families have some form of substance abuse disorder but in many cases these parents are simply poor and increases in housing costs over time have outpaced increases in their wages. In these cases, traditional solutions (like substance abuse treatment) are simply not appropriate.

To further compound this definitional situation, various governmental and non-governmental entities utilize different definitions for the word “homeless” itself. For example, Housing and Urban Development (HUD) uses a definition of “homeless” that is slightly different than that used by the Department of Education, which is, in turn, different from the definition used by Health and Human Services (HHS). However, non-governmental organizations (NGOs) tend to use more inclusive definitions than those of government agencies, which typically use their definitions to perform a “gate keeping” function (one must meet specific definitions to obtain benefits or services).

For instance, some argue that to be homeless means that you do not have a “home”, and associate "home" with some very basic characteristics, such as:

⇒ A space that is considered your own.

⇒ It is secure: we know where we are going to sleep tonight; we know that "home" is going to be there when we get there.

⇒ It is safe. Although no safety is perfect, we have a way to lock our place, to control who comes in when we are there and when we aren't. We can leave our belongings at home and have a reasonable expectation of finding these safe when we get back.

⇒ We are sheltered from the weather and we can safely warm ourselves.

⇒ We have a way to store and prepare food.

⇒ We have hot and cold running water, a toilet, and a shower/bathtub to wash ourselves.

⇒ We can come and go at our own choice.

This more inclusive point of view was endorsed by the international community when the United Nations declared the International Year of Shelter for the Homeless. A "homeless" person was defined not only as someone without a residence who lives on the street or in a shelter, but was also someone without access to shelter meeting the basic criteria considered essential for health and human and social development. Criteria included were secure occupancy, protection against bad weather, and personal security, as well as access to sanitary facilities and safe water, education, work, and health services. They indicated that the right to a home must be seen as a basic humanitarian principle, recognized in the UN Universal Declaration of Human Rights. The United Nations definition acknowledges that the absence of, or extreme precariousness of housing, gives rise to a number of problems that are major factors in the deterioration of one's quality of life, such as difficulty in maintaining emotional ties, obtaining services, protecting personal property, and securing physical safety. The lack of access to a decent private space that would allow the homeless to prepare for work or school and to provide and receive care and attention continually relegates them to extreme poverty.

If one adopts a wider understanding of homelessness, a number of persons would likely be counted as homeless who are not so classified by narrower definitions. This could include persons living in "converted" garages, or those doubling up with others in an emergency, or those couch-hopping among friends, and any number of other circumstances that are so tenuous that it is clear that there is no control of their housing and the prospect of ending up literally on the pavement is an eventual probability rather than a distance possibility. Some argue that these folks are not yet actually homeless but they are certainly at risk of becoming homeless. Others, even though still living in their own apartment, but months behind in paying the rent, could also be defined as at-risk of homelessness. As noted below, HUD's ESG definition includes as homeless a person who "is being evicted within a week from a private dwelling unit and no

subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing or their housing has been condemned by housing officials and is no longer considered meant for human habitation". So if a person loses her own place but has a friend who will temporarily put her up, she is NOT homeless but when she has exhausted such friendships, she becomes literally homeless (according to HUD).

A number of issues emerge from this discussion. First, working to end homelessness and ameliorate housing insecurity is best understood as a continuum. Along this continuum there are various persons and families with varying degrees of risk factors for homelessness as well as some who have already fallen into homelessness. Second, definitions used to specify exactly who is homeless have very targeted usefulness (i.e., determining who will receive services under a particular funding source). Third, such delimiting definitions of homelessness should not be used to define the full scope of the problem of homelessness because these definitions are NOT fundamentally designed to understand the full scope of the problem and can actually function to reduce our understanding of homelessness. Ultimately, these institutional definitions tend to dictate how we conceptualize homelessness when such definitions are primarily designed to determine who will receive specifically limited homeless services. Unfortunately, once the counting begins, these delimiting definitions very often become standardized as the way we think about who is homeless and, more importantly, how we seek to address this social problem.

It is obvious from this discussion that defining homelessness is not a clear-cut matter nor is it trivial matter. In the end, without clear lines of distinction as to who is considered homeless and who is not it becomes very difficult to even count the homeless, much less provide appropriate solutions to homelessness. Institutional definitions inherently deceive us in our attempts to obtain a full measure of the scope of the problem of homelessness and the continuum of causative factors that increase risks for homelessness. A narrow understanding of homelessness could well give us numbers that seem doable in terms of outlining solutions but without a broader measure of those persons who are on the verge of homelessness any efforts to ameliorate this problem could quite easily be overwhelmed with only a slight change in circumstances in the community (such as a recession, or other economic shock to the community).

Government Definitions

In the end, however, we are all constrained by government definitions of homelessness. Since the most prominent governmental entity in addressing homelessness in the United States is the Department of Housing and Urban Development, we shall highlight their definitions. In addressing this issue, HUD states that:

"Defining the scope of homelessness has proven controversial since the issue first gained broad public attention during the 1980s. Public debate has revolved around how widely to view the scope of "residential instability" and how to target scarce resources to address it. In general, residential stability can be divided into two broad categories of people: those who are "literally homeless" and those who are "precariously housed."

⇒ ***Literally Homeless***. These include people who for various reasons have found it necessary to live in emergency shelters or transitional housing for some period of time. This category also includes unsheltered homeless people who sleep in places not meant for human habitation (for example, streets, parks, abandoned buildings, and subway tunnels) and who may also use shelters on an intermittent basis.

⇒ ***Precariously Housed***. These are people on the edge of becoming literally homeless who may be doubled up with friends and relatives or paying extremely high proportions of their resources for rent. The group is often characterized as being at imminent risk of becoming homeless".

The McKinney-Vento Act's homeless definition governs HUD's assistance programs. It specifically targets persons living in shelters or in places not meant for human habitation, but NOT people in precarious housing situations"[a].

McKinney-Vento Act Homeless Definition

Sec. 11302. General Definition of Homeless Individual [Section 103] of the *McKinney-Vento Act* defines a homeless person as "an individual who lacks a fixed, regular, and adequate nighttime residence, and an individual who has a primary nighttime residence that is either (i) a supervised temporary living shelter (including transitional housing for the mentally ill), (ii) an institution that provides temporary residence for individuals intended to be institutionalized, or (iii) a place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

[a] ***A Guide to Counting Unsheltered Homeless People***
Revised September 29, 2006
U.S. Department of Housing and Urban Development (p. 4)

However, even though the McKinney-Vento Act's homeless definition governs HUD, various other definitions are used for different HUD programs. For purposes of HUD's Emergency Shelter Grant program, a homeless person is "someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without HUD's homelessness assistance. A person is considered homeless only when he/she resides in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, on the street;
- In an emergency shelter;
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing or their housing has been condemned by housing officials and is no longer considered meant for human habitation;
- Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.' (HUD Website)

In another program, HUD's instructions for counting homeless persons for the Continuum of Care application and for subsequent Supportive Housing Program funding, HUD defines homelessness as follows:

> A person is considered homeless **only** when he/she resides in one of the places described below at the time of the count.
>
> ⇒ An unsheltered homeless person resides in:

- A place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or on the street.

⇒ A sheltered homeless person resides in:

- An emergency shelter.
- Transitional housing for homeless persons who originally came from the streets or emergency shelters. [b]

While all of these HUD program definitions of homelessness are similar, they are clearly not identical. And while it is evident from this discussion that there is some confusion about defining homelessness (even within one agency) there is often very little reference to this confusion when authorities discuss the results of homeless counts or services rendered. Further compounding this confusion is the fact that other government agencies (DOE and HHS) that also provide services to homeless populations have authorized definitions that are different from HUD's definitions. Adding even more potential for confusion, HUD and other agencies (HHS) initiate even more specific definitions for sub-populations of homeless persons who might be eligible for targeted programs. For example, HUD defines a chronically homeless person as "an *unaccompanied* individual who is homeless; *and*, a) has been homeless continuously for at least one year or has had at least four episodes of homelessness in the last three years; and b) has a disabling condition (defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions); and, sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter". While this definition is useful for determining who is eligible for services that HUD has *targeted* to some chronically homeless persons, it is misleading when one is attempting to understand the scope of chronic homelessness in general because HUD's definition excludes families (or single persons without a disabling condition, or homeless youths) from being counted as chronically homeless not matter how long they have been homeless.

Ultimately, the discussion about how to define homelessness is directly linked to how we understand the problem and how we seek to find solutions. Narrow definitions tend to dictate

[b] ***A Guide to Counting Unsheltered Homeless People***
Revised September 29, 2006
U.S. Department of Housing and Urban Development (p. 5)

narrow solutions. Broader definitions tend to demand broader solutions. Perhaps more importantly, each perspective inevitably impacts how we understand the causes of homelessness.

Appendix B

Re-Conceptualize the Problem of Homelessness

No matter what is done by our community to address the crisis of homelessness, unless a more comprehensive understanding of the cycle of housing insecurity is incorporated into our planning process for developing solutions, we will struggle to make significant headway toward truly solving this problem. Addressing only the primary symptom of housing insecurity ("literal homelessness") without working to ameliorate the "feeder system" which pushes people into homelessness, we will inevitably become discouraged that this problem can ever be solved and ultimately decide that it must be "their" fault for being homeless. After all, we will say, we have done so much and "they" are still homeless, so it must be their fault. "They" are just not trying hard enough. The fact is that we (locally and nationally) are not doing the right things to prevent homelessness.

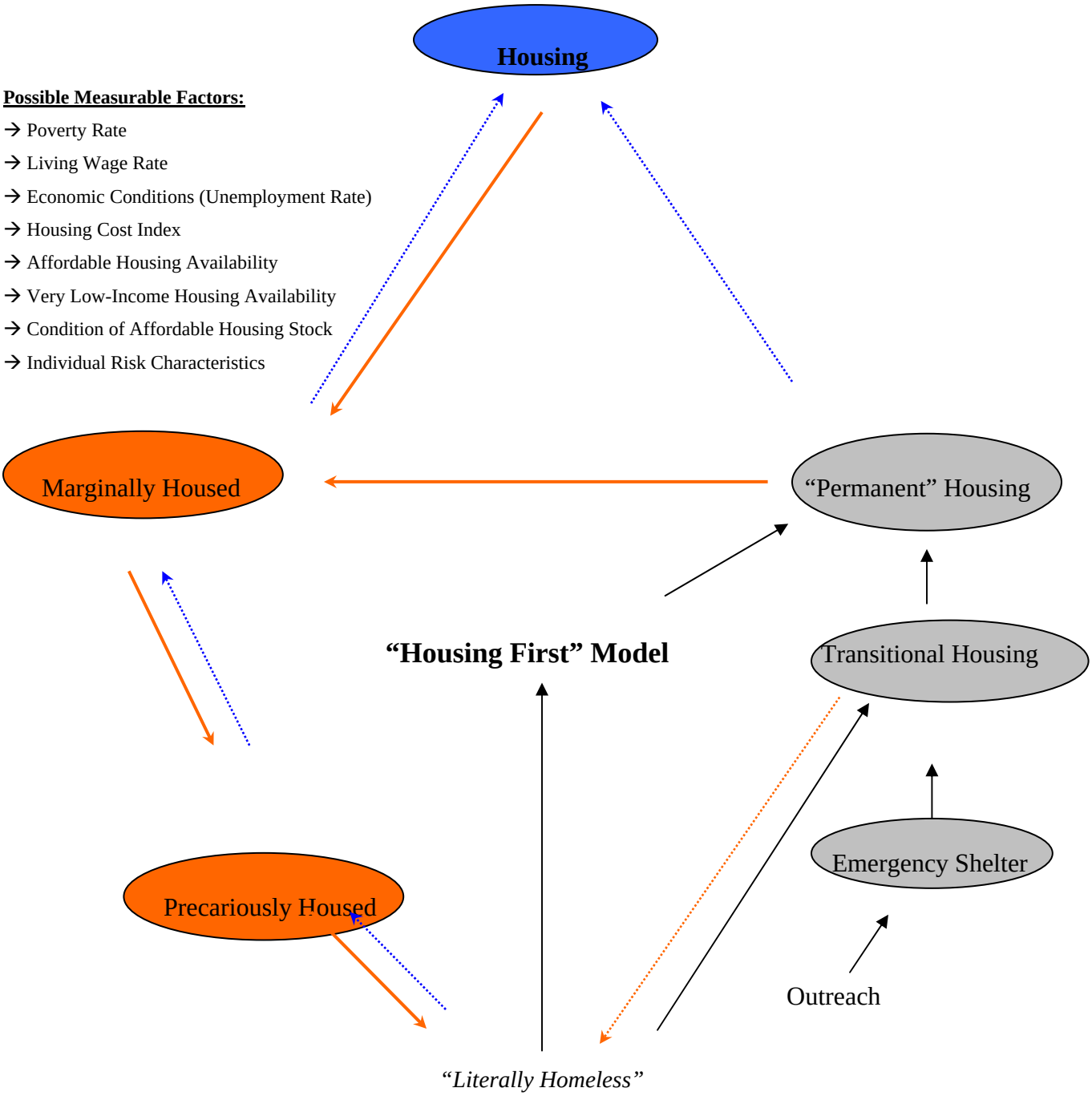
To a significant degree this derives from the temptation to individualize the problem and thereby ignore the systemic causes that so profoundly affect low-income people living on the margins of the "American Dream". In seeking to re-conceptualize our understanding of homelessness we would first suggest that there exists a cycle of housing insecurity that nearly always pre-dates homelessness. The pathway to homelessness is rarely a straight line from being comfortably and safely housed to actually living on the street. We would further suggest that the task of defining homelessness itself be re-conceptualized by recognizing it as a part of this larger cycle of housing insecurity. For example, whether or not we include the *precariously housed* (those who are "couch hunting") as homeless (as we would suggest) or exclude them (as HUD dictates in its homeless counts) there is still a very clear connection between these two conditions. Almost all people who become literally homeless (those in cars, on the street or in abandoned buildings) will have passed through the stage of being precariously housed first. Many (if not most) homeless people circulate fluidly between these two housing conditions, going back and forth as their limited resources dictate. While we recognize that defining homelessness only as those who are literally homeless provides institutional entities with necessary mechanisms to target money and other resources, these definitions also creep into our thinking patterns and diminish the likelihood that we will look deep enough to discover more fundamental reasons why people become homeless. The very nature of narrowly defining

homelessness reduces the scope of the problem and also tends to individualize the problem as we increasingly overlook more systemic causes. This narrowing of definitions ultimately leads to narrowly defining solutions and tempts us to address only the crisis symptoms (hunger and homelessness) rather that the underlying causal conditions (poverty and lack of affordable housing).

If we acknowledge the need to re-conceptualize our understanding of homelessness, we might then suggest that our community could benefit from developing some concrete measures for assessing the *housing health* of our community, perhaps by developing a "*Housing and Homeless Well-Being Index*" (as suggested in the graphic on the last page of this Appendix). The index could be reported annually as a measure of the affordability of the local housing market. Benchmarks could be established for housing diversity, highlighting the need for specifically targeted quantities of housing in varying housing cost ranges to balance with community needs.

In addition, an oversight body could be responsible for assessing the impact on community housing/homeless well-being regarding specific planning decisions. This body could provide an assessment (similar to an environmental impact report) on each project submitted to the Division of Planning based on its impact on affordable housing and potential for increasing the risk of homelessness in our community. For example, if deteriorated housing is planned for demolition or significant rehabilitation (likely reducing the stock of very affordable housing) this body could make recommendations for how this very affordable housing would be replaced in-kind so that the overall availability of affordable housing options in our community would not be reduced.

Housing and Homeless Well-Being Index



Appendix C

Inventory of Resources Available to Homeless Persons

	Prevention					Outreach			Supportive Services									
Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Black Church Coalition		x	x	x					x	x						x		x
LFUCG Health Department	x	x	x	x		x			x	x	x	x	x	x	x			x
LFUCG – Adult & Tenant Services		x	x	x	x				x									
Catholic Social Services		x	x	x					x									
Community Action Council		x	x	x		x			x	x					x	x	x	x
God's Pantry			x	x					x									
Christians in Community Services		x	x															
Comprehensive Care Centers									x	x	x	x	x					
Cross Ministries		x	x															
Bluegrass Domestic Violence Program	x	x	x	x	x				x	x		x	x				x	x
Bluegrass Community Action Partnership			x	x														
Family Resource & Youth Service Centers		x	x															
Work Incentive WIN		x	x	x					x							x		x
Chrysallis House		x	x	x	x				x	x	x	x	x	x	x	x	x	x
Black and Williams Community Center		x	x	x					x	x			x		x			x
Goodwill Industries of KY				x					x							x		x
Hope Center		x	x	x		x	x		x	x	x	x	x	x	x	x		x
Kentucky Refugee Ministries		x	x	x					x	x	x	x	x	x	x	x	x	x
Lexington Fair Housing				x	x				x									
Lexington Rescue Mission									x	x	x	x	x	x	x	x	x	x

	Prevention					Outreach			Supportive Services									
Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
MASH Services of the Bluegrass		x	x			x			x	x	x	x	x	x	x	x	x	x
New Beginnings		x	x						x	x	x	x	x	x	x	x		x
DESI /Job Corps									x							x		x
Salvation Army		x	x						x	x	x	x	x	x	x	x	x	x
St. James Place		x	x						x	x	x	x	x	x	x	x	x	x
Pyramid Professional Resources				x					x			x	x			x		
AVOL		x	x	x					x					x		x		x
Volunteers of America		x	x	x		x			x	x	x	x	x	x	x	x	x	x
LexCare			x						x									x
YWCA Spouse Abuse Center		x	x	x	x				x	x	x	x	x	x	x	x	x	x
Bluegrass MH-MR		x		x					x	x	x	x				x		
Mayor's Training Center		x		x					x							x		x
Bethel Family Development Center									x	x						x		
Church Under the Bridge		x	x	x					x	x					x	x		x
Faith Community Housing		x	x						x									
Presbyterian Child Welfare Agency		x	x	x					x	x	x	x	x	x	x	x	x	x

Appendix D
IMPROVING INCOMES AND ENSURING EQUAL ACCESS

As noted throughout this report, the second of the primary drivers of homelessness in this country is stagnating incomes and increasing poverty as the costs of housing are increasing considerably faster than wages. While this report has detailed a specific list of recommendations regarding measures to address the lack of affordable housing in our community, we are reluctant to tackle the goal of improving local incomes in the same manner. There are a number of fundamental reasons for this decision. Foremost among these is the premise that efforts to increase incomes without a companion effort to increase the stock of affordable housing will inevitably drive costs higher on already scarce affordable housing. Another basic factor is that effective measures targeted to expanding affordable housing will have the same effect as increasing incomes (particularly when rent is calculated as a percentage of income). If the standard that HUD uses (30% of income) is applied to all affordable housing projects initiated by the city, this will have the effect of providing an income supplement to those in this housing as it reapportions dollars for other basic necessities. This has the effect of functioning as a pay raise as many poor families are now paying well over 50% of their limited incomes to sustain themselves in housing. Consequently, while focusing solely on efforts to improve incomes without also increasing affordable housing options might well inflate housing costs more than increases in incomes, targeted efforts to increase the supply of affordable housing in our community will have the dual impact of lowering housing costs AND providing a boost to each family's disposable income.

However, having noted these concerns, we do recommend that the city always remain open to supporting efforts that improve the incomes and employment options of our residents. As this relates to housing, the National Low Income Housing Coalition has reported that there is no jurisdiction in the country in which a full-time minimum wage worker can afford fair market rent. On average, families across the country must earn $15.21 an hour -- almost three times the current federal minimum wage – to afford a two-bedroom apartment at fair market rent. As noted above, in Lexington this housing wage figure is $11.96 per hour. We therefore recommend the city participate wherever possible in efforts to ensure adequate incomes for our residents,

incomes that are able to provide housing in our community. This includes efforts to ensure that those able to work have access to jobs and job training as well as assisting those not able to work with access to assistance adequate to meet basic needs, including housing.

For those who cannot work, assistance can be provided through a safety net that holds them above the poverty line and guarantees them food, shelter and health care. People who confront personal problems and crises should readily be able to access help, with a supportive community environment, and should always be treated with respect and dignity. For many of these people, Supplemental Security Income (SSI) benefits are a critical part of the social safety net. SSI can allow persons to obtain housing and Medicaid health care coverage. Allowing "presumptive disability" during the application process allows such persons to begin receiving SSI and Medicaid immediately upon application avoiding the long waiting periods that so often extend (or initiate) homelessness. We recommend the city pursue all efforts to streamline SSI access and eligibility for those who initially appear eligible. We also recommend that these SSI targeted efforts include advocacy at the federal level to increase benefit levels as SSI has not kept pace with the cost of living or the cost of housing.

EQUAL ACCESS

Finally, throughout all the efforts suggested in this report to expand the availability of affordable housing in our community, we must continue to ensure that all eligible members of our community have the opportunity to access this housing. No person who benefits under this plan would be subjected to discrimination because of their race, color, religion, sex, national origin, familial status, age or disability. We recommend that all opportunities developed under this plan be structured in recognition of the following laws that protect the rights of persons in our community:

- ✓ **Title VI of the Civil Rights Act of 1964.** Prohibits discrimination on the basis of race, color, and national origin in all Federal assisted programs.
- ✓ **Title VIII of the Civil Rights Act of 1968 as amended (**Federal Fair Housing Act). Prohibits discrimination on the basis of race, color, religion, sex, national origin, familial status, and disability in covered housing transactions.

- ✓ **Section 504 of the Rehabilitation Act of 1973.** Prohibits discrimination upon disability in all programs or activities operated by recipients of Federal financial assistance.
- ✓ **Americans with Disabilities Act (ADA). Title II** prohibits discrimination against persons with disabilities in all programs, activities and services of a public entity including state or local governments, or any instrumentality of the state or local government. **Title III** of the ADA prohibits discrimination on the basis of disability in public accommodations and commercial facilities.
- ✓ **Age Discrimination Act of 1975.** Prohibits discrimination based on age in federal assisted and funded programs in limited circumstances.
- ✓ **KRS Chapter 344.** State fair housing law that prohibits discrimination on the basis of race, color, religion, sex, national origin, familial status, and disability in covered housing transactions.
- ✓ **Local Ordinance 199-93 and 201-99.** This local fair housing law prohibits discrimination on the basis of race, color, religion, sex, national origin, familial status, disability and sexual orientation/gender identity in covered housing transactions.