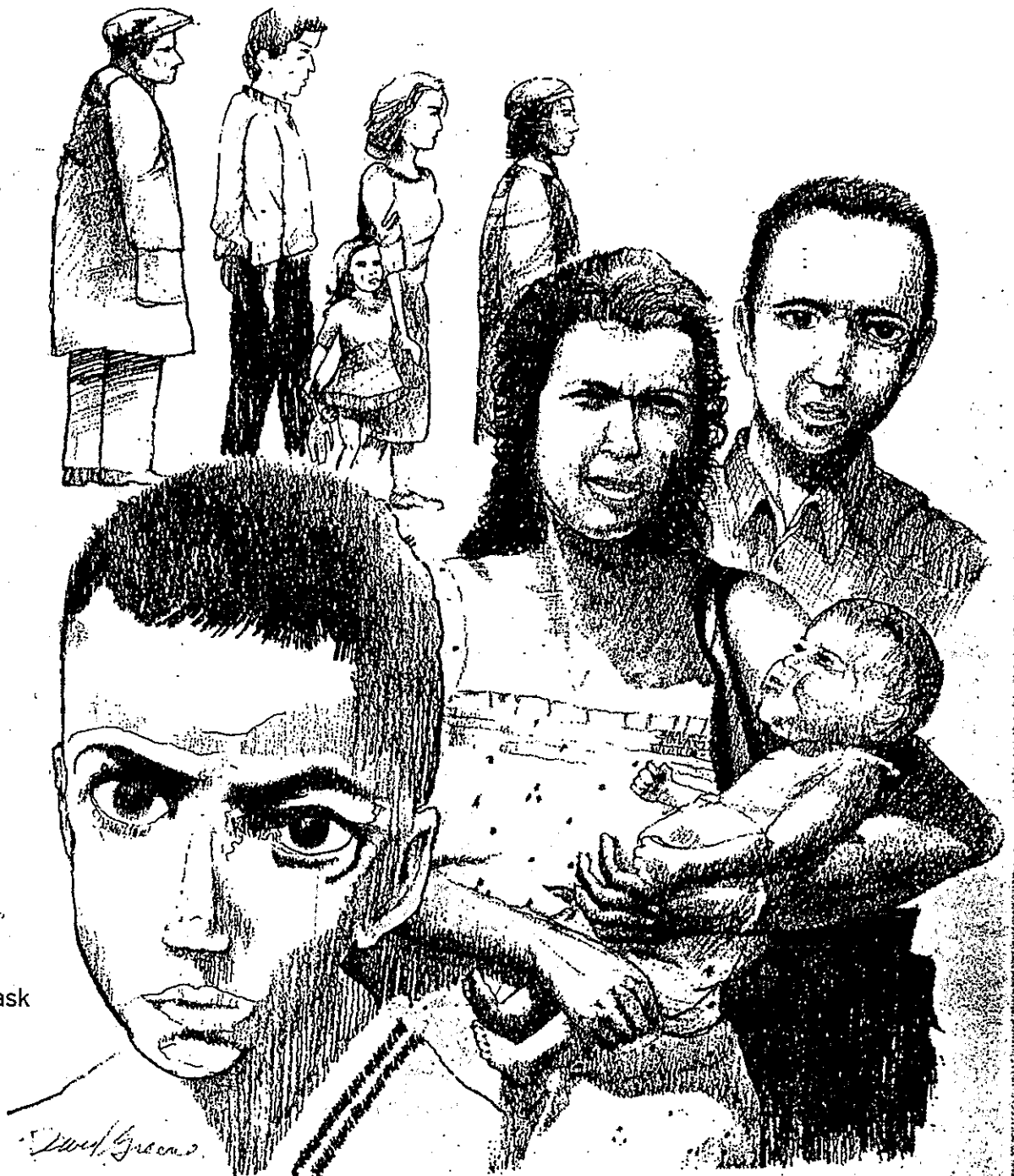


# ***"By and For the Community"***

A Plan Addressing Homelessness  
in Lexington-Fayette, Kentucky



Prepared by:  
The Mayor's Task  
Force on  
Homelessness

October, 1990

*David Greene*

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## PROLOGUE

In recent years, the word 'homeless' has become a "catch-all" term used to describe an arbitrarily clustered group of individuals whose lives possess a presumed homogeneity. The reality is that homelessness represents many different things in the lives of the individuals who experience it. For some, homelessness may be an artifact of individual problems and issues, while for others, homelessness, although being experienced as an individual issue, may, in fact, represent a larger social and economic issue, highlighted by the absence of safe, affordable housing. The majority of problems faced by these individuals are associated with or a result of being homeless. Homelessness brings with it many different kinds of problems that tend to exacerbate one another. However, existing community programs and resources tend to be categorical in nature, each designed to address only one or a few of these problems.

The establishment of the Mayor's Task Force on Homelessness is the first step in a much needed effort to begin a community-wide comprehensive approach to address the complex issues faced by growing numbers of homeless men, women and children living in the Lexington-Fayette County area. The guiding philosophy of this Task Force has been the belief that successful future solutions must be based on the coordinated efforts of all segments of the community -- government, education, social services, businesses, ministerial organizations, private citizens and consumers. Over the last decade, many local organizations have attempted to meet the needs of this expanding segment of our population -- all too often realizing that they were able to treat only a few of the symptoms, rarely providing the resources necessary to make a significant impact on the underlying problems. The majority of community resources are both too limited and lacking in the coordination necessary to alleviate current problems and prevent explosive growth of the number of homeless in the future. Many community strengths exist, but it is clear that a lack of a coordination of services has limited critical prevention services and the ability of service providers to function efficiently. This Task Force believes that establishing a network of coordinated agency services is essential.

Members of the Task Force recognize certain critical factors in this difficult equation. First is the belief that responsibility for assuring the availability of safe, affordable housing for all persons must be shared at the local, state and national levels -- in both the public and private sectors. The 1980s saw the cost of housing move well beyond the means of the majority of low-to-moderate-income persons. Alternatives for those with limited economic resources have all but disappeared. Recent efforts to provide housing for lower income persons have had minimal impact. Resources are scarce and most programs rarely reach those individuals with the fewest options -- persons with little or no income. Few openings occur in public housing units, yet there is



a growing number of eligible applicants, and many privately owned, subsidized housing units may be lost when current contracts expire. Current certificates of eligibility for subsidized housing have an estimated waiting period of six years, and a large number of these certificates are due to expire in the 1990s. Available emergency housing units are insufficient to meet the needs of increasing numbers of homeless families. **THE HOUSING NEEDS OF PERSONS WHO ARE HOMELESS AND marginally housed are both intensified and ignored by the relative lack of subsidized, safe, affordable housing.**

Of additional concern is the realization that failure to address the mental and physical health, education, job training and employment needs of persons who are homeless or at-risk of becoming homeless will make the existence of housing options relatively ineffective. Housing and support services are essential components of the total program. How we, as a community, develop a program for meeting housing and service needs will largely determine the success of our efforts. As a community, we must examine the complete picture, rather than bits and pieces of a mosaic. We must avoid 'quick fix' approaches that simply apply a band-aid to the problem, generally allowing it to erupt in the future. We must recognize the many needs and strengths of persons who are homeless and develop programs and services that convey a clear understanding of this diverse population.

In addition, we must strive to provide the services and resources necessary to prevent homelessness among those who are at-risk. The greatest deterrent of future homelessness is a comprehensive prevention plan. Not only do homeless families and individuals tend to re-experience periodic bouts of homelessness, but the future impact on homeless children is clearly a critical one. Our ability to meet the special needs of these individuals will have an impact on the long-term well-being of this community as a whole.

Finally, we must be willing to recognize and accept the fact that, in spite of all efforts, there will be some individuals who cannot or will not move beyond life on the streets or in a shelter. These individuals are a minority among those who are homeless or at-risk, but we must provide alternatives to meet their needs as well. At the same time, the assumption that they are capable of contributing to meeting their own needs, and the expectation that they will do so, are important components of programs for the homeless that go beyond custodial care. By involving the homeless in their own rehabilitation, it should be possible to address some of their deep-seated dependency problems, enhance their levels of social functioning and improve their mental and physical health, while at the same time reducing the costs of meeting their complex needs. We should encourage all individuals to strive to reach their potential, but we must recognize that there will be individual variability in their levels of achievement.

Clearly, we must begin to think in a new way. We must be willing to acknowledge the shortcomings of the current system and begin to create a new and different way of looking at the task before us. Categorical, disjointed, time-limited services have failed to meet the needs of the many individuals who seek agency services. Programs that determine success on a standardized measure, without consideration for individual abilities, have generally placed additional burdens and 'failures' on both applicants and participants. Solutions to a problem as pervasive as homelessness will not be found by condemning individuals. Much like the experience of the Great Depression, we are beginning to learn that such simplified 'answers' are self-serving and consume valuable energy in endless debate. What we can learn, however, are ways the system is failing. Recognizing consistent trends in human experience can guide us in our efforts to identify gaps in resources and help us to see barriers that need to be removed in order to provide better services for homeless and at-risk persons. It is essential to understand what does not work and why in order to develop effective solutions to these problems. This is a primary goal of this Task Force.

The strength of the Mayor's Task Force on Homelessness lies in the diversity and commitment of its members. The individuals serving on this Task Force represent many segments of Lexington-Fayette County. The goals we have set are anchored in the belief that our response to the unacceptable reality of homelessness among a growing number of our citizens will be a significant measure of the humanity and commitment of the people of Lexington-Fayette County.

**The National and Local Picture**  
**An Overview**

## THE NATIONAL IMPACT

The decade of the 80's forced the nation to reexamine its traditionally held view of those who are homeless. Old stereotypes of the homeless as simply middle-aged male alcoholics or persons who had been deinstitutionalized, were found to be untrue. The situations creating homelessness and the characteristics of the homeless population began to change -- and America proved ill-prepared, and often unwilling, to address the multifaceted needs of this diverse population. For social service providers, the story began to unfold in the mid 70s, as they observed increasing numbers of single women and women with children moving further and further below the poverty line as a result of decreasing welfare payments during increasing inflation. New chapters were added in the 1980s, as increasing numbers of families became homeless. The Federalist movement of the 1980s also helped to expand the numbers of homeless persons by reducing support for many social welfare programs and cutting support for public and subsidized housing. Today, we live with the reality that the number of homeless persons in the United States has reached a level that was once only a memory of the Great Depression. And, as increasing numbers of families with young children are added to the ranks of the homeless, we run the risk of creating second generation homeless families, a high price tag for our ineffectual approach to this issue -- a cost that may take generations to recover.

## WHO ARE THE HOMELESS?

Not all homeless individuals are visible. Some choose to hide their condition completely. Others choose to access only selected social services. Consequently, an accurate measure of their number and needs does not exist. However, certain data are available which document the existence of consistent trends over the last few years. As Table 1.1 (pg. 6) indicates, single men (once the vast majority of all homeless persons) now represent approximately half of the homeless population. The rest of homeless persons are single women, families and unaccompanied youth -- groups that were once rare factors in the equation. For example, in a 1958 study of skid row homeless, only 3% were women. Today, women are believed to constitute 25% of all homeless persons. Additionally, approximately 25% of all homeless people are children; and each year the number of children living in poverty -- and therefore at-risk of becoming homeless -- increases.

**DEMOGRAPHICS ON THE HOMELESS  
1988**

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POPULATION GROUP	PERCENT*
Single Men	49%
Single Women	13%
Families	34%
Unaccompanied Youth	5%
Mentally Ill	25%
Substance Abusers	34%
Veterans	26%
Employed (Full or Part-Time)	23%

---

TABLE 1.1

\* Percentages total more than 100% because some population groups are not mutually exclusive.

Source: U. S. Conference of Mayors, 1989

Deinstitutionalization of the mentally ill has often been blamed for the rising tide of homeless persons. Although this was clearly a significant factor in the increase in homelessness in the late 1960s and the 1970s, it is no longer a simple cause and effect. While the number of persons in state and county mental hospitals was drastically reduced between 1960 and 1984, more than half of that reduction (53%) took place prior to 1970 and 97% had taken place by 1980. Additionally, the hospitalization pattern in the 1970s and 1980s saw an increase in inpatient psychiatric censuses, much of this being in facilities other than state hospitals, such as local hospitals and Veterans Administration facilities. (Brookes, 1986) Hospitalizations for homeless persons with chronic mental illnesses are becoming a series of episodic events, rather than an institutionalized way of life. The role of mental illness in the lives of some homeless persons is very significant to an analysis of need. For along with changes in hospitalization patterns has come a failure of the system to provide the outside supports and residential facilities necessary to assist an individual in maintaining stability outside the hospital setting.

Accompanying the problem of mental illness is the problem of substance abuse. Many studies have found that mental illness and substance abuse have extremely high rates of coexistence and yet many treatment facilities will not admit a person who is on prescribed psychotropic drugs. For the person with a mental illness who also has a substance abuse problem, adequate treatment

that addresses all of these issues is difficult to find. Equally difficult to access are the necessary follow-up services and supportive housing that could possibly maintain a person's sobriety and stability. Substance abuse treatment programs designed to meet the special needs of persons who are homeless, particularly long-term homeless, are rare. Frequently, services are limited to detoxification or short-term treatment, and are not followed by supportive transitional services.

#### SAFE AND AFFORDABLE HOUSING

In addition to the growing number of persons who are homeless, we have witnessed continued growth in the number of individual men, women, and children who are marginally housed and at-risk of becoming homeless. Often these individuals live in substandard housing or take refuge with friends and family members in highly overcrowded conditions. Although the marginally housed and homeless are a diverse group with many individual needs that must be addressed, one common thread holds them together -- the lack of safe, affordable and/or supportive housing. Much of the steady rise in the number of homeless families can be traced to the impact of drastic reductions in federal housing subsidies over the last eight years.

#### REDUCTIONS IN FEDERAL HOUSING AID 1981-1989 Selected Years

<u>YEAR</u>	<u>BUDGET \$ Billion</u>	<u>% Decrease Since 1981</u>
1981	\$32.2	--
1986	10.3	68%
1987	8.4	74%
1988	8.4	74%
1989	6.9	79%

TABLE 1.2

Source: Beyond Shelter: A Homeless Plan for San Francisco -- Statement of Need. Office of the Mayor. San Francisco, CA. August, 1989.

The Department of Housing and Urban Development's (HUD) budget authority from 1981 to 1989 experienced a drastic reduction. From 1981 with a budget of \$32.2 billion to 1989 when the annual budget

dropped to just \$6.9 billion, allocations were reduced by nearly 80%. (Table 1.2, pg. 7) At the same time, the nation has experienced continued losses in the number of available federally assisted housing units with some 75,000 units being lost annually over the last eight years. Recent congressional decisions designed to reduce the federal deficit make it unlikely that these budget cuts will be restored in the future.

Changes in legislation since 1985 have greatly reduced housing assistance to very low- and low-income families and individuals and construction of new public housing units have been minimal, at best. A recent report from the National Housing Task Force indicated that only 25,000 new federally subsidized housing units have been produced since 1982. Thus, only 25% of those households financially eligible for federally subsidized housing are able to obtain it. This has resulted in those with the least income often having to spend the largest percentage of their resources on housing. Studies have shown that in the absence of government assistance many households are spending in excess of 70% of their income on housing. Lack of funding for the production of low-income housing and nationwide trends toward the gentrification of older neighborhoods have acted to exacerbate the problem. The negative impact of reductions in available subsidized housing has been compounded by the rising number of persons who qualify for such housing and the increasing number of individuals who fall through the safety net, i.e., those who make 'too much' to qualify for many subsidies, yet earn too little to compete for housing at existing market rates.

Future predictions indicate that the worst is still on the horizon. Housing studies reveal that decreases in low-rent housing resources will continue as the number of households in need increases. For example, it is estimated that in 1993 there will be approximately 15 million households vying for 10.5 million low-rent units. By 2003, low-rent housing units will decrease to 9.4 million units -- but, the number of eligible households will rise to roughly 17.2 million. (National Journal, No. 10, March 10, 1990)

#### UNEMPLOYMENT/EMPLOYMENT

High rates of unemployment and underemployment have also contributed significantly to the rise in homeless and marginally housed Americans. As has been recognized in the past, the government method of determining the unemployment rate does not result in an accurate measure of the number of unemployed persons. The fact that over 6.5 million people are out of work and those who lose their jobs frequently stay out of the work force long after they are eligible for unemployment compensation, is well documented. Additionally, self-employed persons, farm laborers, and women who have never worked but are now in need of employment, are all excluded from these statistics. The Bureau of Labor

Statistics makes a conservative estimate that there are roughly 1.1 million people who have given up on finding employment and are therefore not reflected in unemployment statistics. Of additional concern is the fact that in 1988, only 32% of those unemployed persons counted by the Bureau of Labor Statistics were drawing unemployment insurance, compared to 81% in 1975. Changes in Unemployment Compensation regulations have resulted in many people being denied unemployment payments in spite of their inability to find a job and their willingness to work. Furthermore, the benefit for a qualifying individual is approximately \$115 per week -- roughly the equivalent of \$2.90 per hour at a regular full-time job and obviously not enough to compensate for weeks of lost wages.

Recent years have given rise to an increasing dilemma for the working poor who, due to changes in job structure from industrial to post-industrial service orientation, find themselves falling well below the poverty line in spite of their employment. Although the government reports a rise in the number of jobs available over recent years, the Congressional Joint Economic Committee has found that some 60% of these new jobs pay less than \$7,000 per year. The Bureau of Labor Statistics estimates that 90% of job market growth from 1984 to 1995 will be in the service sector. The majority of these positions will be filled by women. Data from the U.S. Bureau of Census indicate that 35% of the full-time, year-round working poor are in sales and service -- areas that employ 70% women. (These trends coincided with the steady increase in the number of single women and women with children living in poverty.) Additionally, employers are increasing their use of temporary labor, which results in lower wages and the absence of benefits for laborers. (Over one-third of all new service sector positions are part-time.) As Table 1.3 (pg. 10) indicates, the number of persons working full-time and living below the poverty line has increased significantly over the last decade, while the value of their labor continues to decline.



# NUMBER OF PERSONS WORKING FULL TIME YEAR-ROUND AND LIVING BELOW THE POVERTY LINE

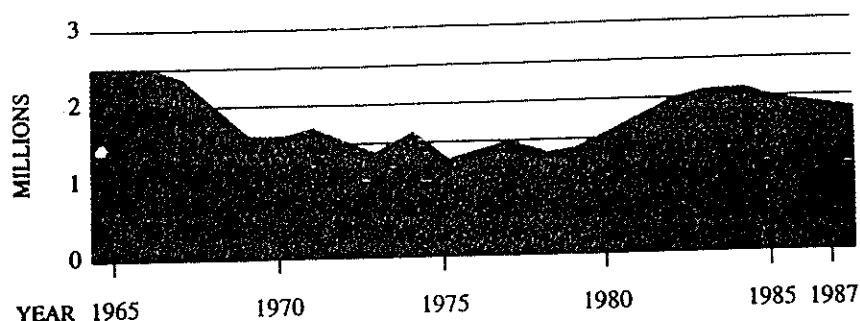


TABLE 1.3

Source: U. S. Bureau of Census. In Working but Poor, Sar Levitan and Isaac Shapiro. Baltimore: Johns Hopkins University Press, 1987.

# VALUE OF FULL-TIME WORK AT THE MINIMUM WAGE IN RELATION TO THE OFFICIAL POVERTY LINE

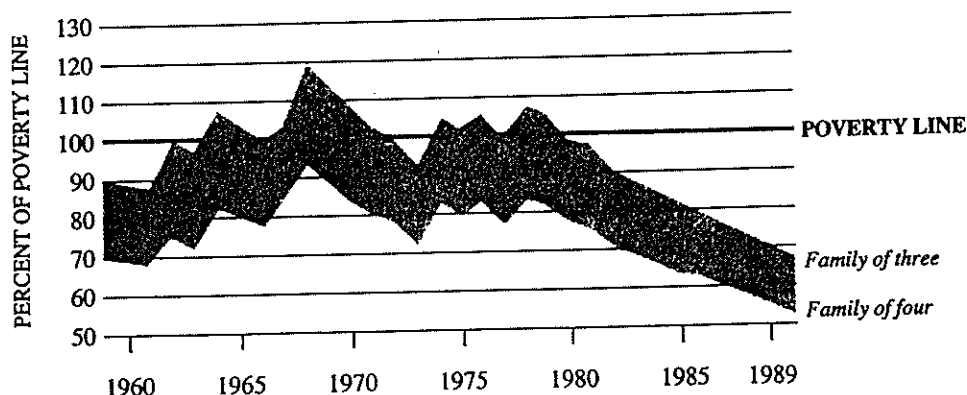


TABLE 1.4

Source: U. S. Department of Labor. In Working but Poor by Sar Levitan and Isaac Shapiro. Baltimore: Johns Hopkins University Press, 1987.

Paralleling the described economic and housing changes has been a movement by the federal government to reduce assistance programs for the poor. The official poverty rate as reported by the government rose from 11.7% in 1979 to 14% in 1985. The Center on Budget and Priorities conducted a study which found that 30% of the rise in the poverty level of families with children came as a

result of federal regulation changes to programs such as Aid to Families with Dependent Children (AFDC). A 1981 regulation change concerning allowed earned income for AFDC recipients, resulted in the removal of 400,000 working families from the program. Additionally, those persons who have continued to receive assistance have done so at a level which has failed to keep up with the steady rise in inflation. The impact of these reductions has been compounded by the fact that assistance programs only bring a person up to a certain level which is generally well below the poverty line -- a reflection of both economics and the value base from which our social welfare system has risen. Distinctions between "worthy" and "unworthy" recipients of social welfare benefits and a philosophical base rooted in the belief that no one should get "something for nothing", have done a great deal to shape our social welfare policies.

In 1983 the official poverty rate reached a post-Depression high of over 15%. With the official 1988 figure being 10.8%, questions are raised about the reality experienced by growing numbers of homeless and marginally housed individuals. Heated disputes over the standards prescribed by the federal government have indicated a need for a totally revamped approach to the computation of those income levels which are seen as the threshold for poverty. Many social welfare researchers and economists believe that the current poverty level standards fail to accurately reflect compounding changes in the job market, availability of housing, and general cost of living increases. Thus, a reliance on official government poverty rates in determining the extent of local problems could in fact result in underestimating the needs of our community.

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#### 1990 POVERTY GUIDELINES

<u>HOUSEHOLD SIZE</u>	<u>POVERTY LINE</u>
1	\$ 6,280
2	8,420
3	10,560
4	12,700
5	14,840
6	16,980
7	19,120
8	21,260

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TABLE 1.5

Source: Department of Social Services

## THE LOCAL PICTURE

### LEXINGTON-FAYETTE COUNTY

If we examine all of the previously identified factors (i.e. housing, employment, low wages, inadequate benefits, inadequate treatment facilities and outdated service delivery systems) in terms of the Lexington-Fayette County area, we can begin to put together a picture of how national trends are reflected in the problems and needs of our own community. In many ways the picture painted will be both better and worse than that of many other cities, due to the nature of the Lexington area specifically and the Kentucky economic situation more generally.

### A GROWING LOCAL PROBLEM

Acquiring precise information about persons who are homeless or marginally housed in the Lexington-Fayette County area is very difficult for a variety of reasons. Two major factors are the nature of the population and the method by which local social service agencies compile statistics. Persons who are homeless or at-risk of becoming homeless tend to avoid being identified as such for a variety of reasons. Negative societal attitudes and fear of reprisal, particularly for persons with minor children and runaway or 'throwaway' youth, encourage many persons who are homeless to attempt invisibility. Many families and individuals live in overcrowded housing with friends and relatives, while others seek shelter in abandoned cars, boarded-up buildings or embankment-dugouts. Young children learn quickly to avoid discussing their housing situation, making it doubly difficult for school outreach workers to offer services. This seeming invisibility of hundreds of homeless and marginally-housed persons in our community is aided by a lack of coordinated efforts among social service agencies. Inconsistent data-gathering procedures make it difficult to identify duplications and determine population composition and future trends and needs.

In an effort to establish some concept of the nature of the problem, authors of the Comprehensive Homeless Assistance Plan estimated that there were at least 500 homeless persons in the Lexington-Fayette County area in 1987. At least half of these persons were identified as children. Nationwide, numerous researchers have attempted to determine an accurate method for estimating the number of persons who are homeless. If we refer to a Portland, Oregon study, which estimates that in any given city 1 out of every 300 to 500 persons is homeless, we arrive at a range of 450 to 750 homeless persons in our local area. Another study claims that two homeless people exist for every one who can be identified. This would lead us to estimate that there are from 675 to 825 homeless persons in Lexington. Statistics supplied by the Horizon Day Shelter, Salvation Army, and Community Kitchen during

November, 1988, indicate that these agencies served between 225 and 275 persons during that month.

Additional statistical information provides other pieces to the puzzle. For instance, Volunteers of America reported receiving 392 applications for emergency housing in 1988. These applications represent 454 adults and 649 children. During that year VOA was able to provide housing for only 64 families -- roughly 16% of their applicants.

The Salvation Army reports housing and feeding 2,215 homeless individuals from January to December of 1988. This number does not include an additional 200 persons a month who receive meals from Salvation Army but do not stay in the shelter. These additional 200 people are, for the most part, marginally housed individuals who are at-risk of becoming homeless.

During the months of January and February of 1988, the Horizon Center, Salvation Army and Community Kitchen were able to compile the following statistics about individuals for whom they collectively provided services. These statistics were only kept on those persons who were willing to identify themselves and therefore represent only a portion of those who would otherwise be identified as homeless or at-risk.

Their data show that a total of 580 different persons sought assistance. Additionally, these agencies identified that 61 of these persons were shelter dependent and 267 were marginally housed. The housing status of the additional 252 was unknown. Special needs existed among the majority of these individuals. Forty-five had physical problems, 82 had mental health problems and 209 were substance abusers.

In a second study conducted at the Community Kitchen Health Care Clinic by the University of Kentucky College of Nursing in 1988, 109 survey participants agreed to provide information on their current housing status and related factors. The survey participants consisted of 79 (72.5%) men and 30 (27.5%) women. Sixty-four (59%) of these individuals were homeless at the time of the study. The other 45 (41%) were identified as at-risk of becoming homeless or marginally housed.

Additionally, this study identified a variety of concomitants of or precursors to homelessness, as reported by the population surveyed. The two major factors cited were lack of job (75%) and lack of money (71%). (Table 2.0) Many participants identified more than one factor as significant in their current situation -- highlighting the fact that categorical approaches make a poor fit with the identified needs of the vast majority of homeless and marginally housed individuals.

UNIVERSITY OF KENTUCKY COLLEGE OF NURSING SURVEY  
Concomitants of or Precursors to Homelessness

PERCENT	REASON CITED
75%	No job
71%	No money
55%	Found housing to be too expensive
22%	Precipitated by divorce
19%	Caused by substance abuse problems
16%	Problems with welfare
11%	Mental health problems
11%	Precipitated by death in family, fire or robbery

Table 2.0

What all of these numbers tell us is that the problems of the homeless are many and that solutions are going to be far from easy. They also remind us that a continually dwindling supply of low-income and supportive housing is at the heart of the problem.

AFFORDABLE HOUSING AND INCOME REALITIES

Current trends and planning speculations indicate Lexington-Fayette County's 1990 population of 221,000 will continue to grow at an average annual rate of 1.67%. (Housing Supply and Needs, Office of the Mayor, June, 1989) The fact that our community continues to experience such growth does little to help homeless and at-risk persons, because the homes and apartments currently being built are financially inaccessible to very-low- and low-income persons.

Additional problems come as a result of falling government support for subsidized housing. Over the next ten years, over 1700 currently subsidized units could become unavailable as owners of private properties committed to low income families by contractual agreement with the federal government, reach the end of their obligation. (Table 2.1)

**PRIVATELY OWNED FEDERALLY SUBSIDIZED UNITS  
(NUMBER OF UNITS THAT COULD BE LOST, 1990-2000)**

<u>YEAR</u>	<u># OF UNITS</u>
1990	104
1992	432
1993	345
1995	180
1996	45
1997	539
1998	94
<u>TOTAL</u>	<u>1739</u>

TABLE 2.1

The largest group of subsidized housing units in Lexington-Fayette County is located in the Bluegrass-Aspendale complex. The 1000 unit project has been plagued by high rates of violence and drug activity. Recently the Public Housing Authority received a \$4.4 million dollar award from the Department of Housing and Urban Development (HUD), earmarked to 'improve the quality of life' at Bluegrass-Aspendale. This award carried with it permission to destroy 295 existing units in the complex. While a federal government requirement stipulating construction of replacement units prior to demolition has been waived, ninety-six of these units have already been demolished. A great deal of local debate has centered on the prudence of reducing an already ailing public housing stock. Regardless of debate, the reality is that units are being destroyed without being replaced. At the same time, there exists a great demand for subsidized housing units, and persons currently applying for Section 8 housing can anticipate a waiting period in excess of six years.

# ASSISTED HOUSING IN LEXINGTON-FAYETTE COUNTY

Program Type	Total Units	Number of Bedrooms						
		0	1	2	3	4	5	6
Public Housing	2084*	135	231E 8H 399	5H 733	497	73	3	-
Privately Owned Units Under Government Contracts	2490	30E 4H	783E 57H	7E 9H	221	2	-	-
Sections 8, 202 & 236		125	471	781	-	-	-	-
Section 8 Vouchers	688	20E	81E 42	379	154	12	-	-
Section 8 Certificates	221			221				
SUBTOTALS	5483*	50E 4H 260	1095E 65H 912	7E 14H 2114	872	14	3	-
TOTAL UNITS	5483*	314	2072	2135	872	14	3	-

TABLE 2.2

\* 96 Public Housing units have already been demolished. This reduction is not reflected in Table 2.2

E= Elderly      H=Handicapped

Source: Assisted Rental Housing in Kentucky. Kentucky Housing Corporation, June, 1989.

Concrete information on the status of low-income persons in our community is limited at this time, but information from various social service agencies can be combined to highlight significant issues. In 1988 the Community Action Council conducted a study that established a level of self-sufficiency for Lexington-Fayette County residents. According to the study, a three-person family would need an income of \$18,000 per year to be self-sufficient. If we look at this information against the backdrop of a recent Urban County Department of Housing study, we begin to get a clearer

picture of the local situation. Information provided by the 1986 Lexington Major Market Study demonstrates that 13% of Lexington-Fayette County households have incomes below \$10,000. An additional 18% have incomes between \$10,000-\$19,000 which, adjusting for family size, puts a large part of the community in a range that falls below the guidelines for self-sufficiency as identified by the 1988 Community Action Study.

In Housing Supply and Needs, Tenant Services and Housing Counseling, Inc. reported service requests from a total of 805 homeless persons, of whom 83% were families with children. Only a portion of these requests could be met, and in spite of assistance granted, Tenant Services & Housing Counseling, Inc. reported being unable to respond to approximately 1500 additional requests in 1987.

#### LEXINGTON MAJOR MARKET STUDY

<u>HOUSEHOLD INCOME</u>	<u># OF HOUSEHOLDS</u>	<u>%</u>
\$ 50,000 AND OVER	25,600	16
35,000 TO 49,999	37,200	23
20,000 TO 34,999	47,500	29
10,000 TO 19,999	29,400	18
UNDER \$10,000	21,400	13

TABLE 2.3

Source: Housing Supply and Needs, Office of the Mayor, 1989.

Results of the 1990 National Census should help to provide more information on the plight of the homeless and at-risk in the Lexington-Fayette County area. What we can surmise from available data is the likelihood that there are 15,000 to 20,000 households in our community with incomes at or below the poverty line. These households are vying for less than 5400 subsidized housing units and vouchers. Simple arithmetic convinces us that this is not a winning equation.

#### JOB TRAINING AND EMPLOYMENT

Kentucky has a recorded unemployment rate in excess of 6%, and only 25% of the unemployed receive unemployment benefits. In addition, due to the high cost of living in the Lexington-Fayette County area, a person could work at two minimum-wage jobs and still not obtain a level of self-sufficiency. The majority of jobs available to unskilled laborers are in areas such as "fast food" and retail sales, where wages are minimal and jobs are primarily part-time



without benefits. Many persons criticize the concept of job training programs for low skill positions for the very real reason that there are few jobs available for program graduates. The Subcommittee Report on Housing and Employment (pg. 92) highlights the need for greater coordination of effort between job training programs and the business community. The report also identifies a serious void in job training and employment opportunities for those individuals with the fewest basic skills and the greatest need for assistance.

#### SOCIAL WELFARE BENEFITS

Although federal regulations provide a framework for the creation and operation of social welfare programs (i.e., Aid to Families with Dependent Children (AFDC), Aid to Families with Dependent Children-Unemployed Parent (AFDC-UP), Medicaid, Supplemental Security Income (SSI), Food Stamps) the guidelines allow states a great deal of discretion over payment levels and applicant eligibility. This results in great disparity among programs across the nation. For example, in 1988 the Aid to Families with Dependent Children (AFDC) program had benefit levels for a three-person family which ranged from a high of \$779 in Alaska to a low of \$118 in Alabama. The average monthly payment was \$368. Kentucky, with a three-person family benefit of \$207, ranked 43rd in the nation. (House Ways and Means Committee)

Furthermore, poor, non-elderly Kentucky residents without minor children and two-parent families with children are without social welfare benefit options. General assistance benefits, based solely on need, are not part of the social welfare framework in this state. In addition it must be recognized that those benefits which are available do nothing to move the recipient out of poverty. In Kentucky, for example, the combination of AFDC and Food Stamps brings a family of three to only 53% of the national poverty line. And, as has already been addressed, the gap between available housing resources and eligible individuals and families continues to widen.

Analysis of poverty line data (Table 1.4, pg. 10) and Kentucky benefit data (Table 2.4, pg. 19) indicates that full-time employment at minimum wage raises a household's purchasing power by only a few percentage points and, in the case of larger families, may actually result in a net loss of available resources. This is particularly true when you consider the likelihood of loss of Medicaid coverage and the reality that the working poor are also the most likely to be without health care coverage.

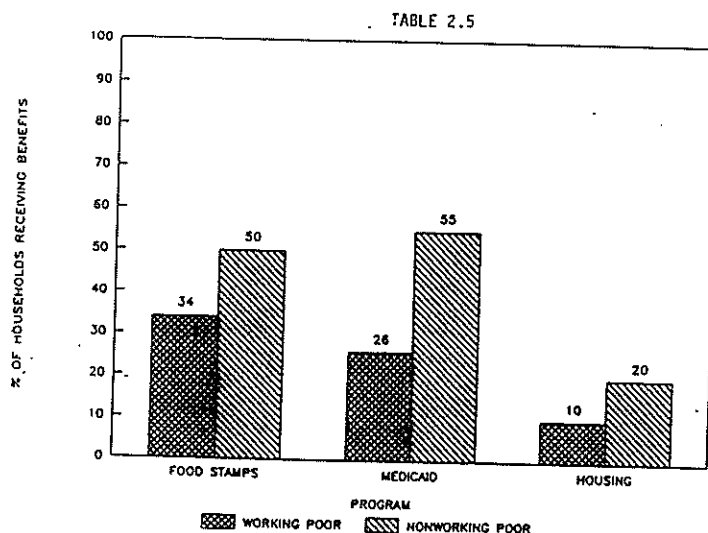
# KENTUCKY BENEFIT LEVELS

(# of persons)	1	2	3	4	5	6	7	8
AFDC (\$)	162	196	228	285	333	376	419	419
FOOD STAMPS (\$)	91	168	240	306	363	435	481	551
Annual Benefit (\$)	4368	5616	7092	8352	9732	10800	11640	
% of Poverty Line	52%	53%	56%	56%	57%	56%	55%	

TABLE 2.4

Source: Department of Social Services

It is important to recognize that the majority of working and nonworking poor do not receive benefits. Information from the U. S. Bureau of Census indicates that only 10% of the working poor and 20% of the nonworking poor receive subsidized housing assistance. This leaves the vast majority, 90% of the working poor and 80% of the nonworking poor, struggling to access housing on the open market. (Table 2.5) And, due to a variety of regulatory issues, wide discrepancies exist between the two groups. Many programs have guidelines which limit an eligible participants maximum earned income to a few dollars a month --quickly eliminating most individuals with any type of employment, regardless of their ability to survive on their available income.



Source: U.S. Bureau of the Census

## TREATMENT OPTIONS

A thorough examination of existing service options available to homeless and at-risk persons will identify many gaps between need and availability. This is particularly so in terms of treatment and housing options for persons with mental illness and/or mental retardation and persons with substance abuse problems -- groups that frequently overlap. Much of the problem can be seen in two particular phenomena. First is the problem of drug treatment programs which are unwilling to take individuals who are also on prescribed psychotropic drugs. This issue eliminates the possibility of adequate treatment for people with mental illness who have substance abuse problems because most often they are on prescribed medication. If the individual discontinues her/his medication, she/he is subject to psychotic episodes that frequently result in hospitalization. Further, if individuals fail to receive treatment for their substance abuse problem they will more than likely also fail to maintain a treatment regimen. Additionally, the dismantling of many Lexington halfway houses that served this population in the past has left few alternatives once a person leaves a hospital or treatment facility -- another factor that helps perpetuate the cycle.

## INDIVIDUAL ISSUES

The data that have been previously presented, although far from comprehensive, aids in the understanding of several issues faced by individuals who are homeless or marginally housed.

The Lexington-Fayette County homeless population is comprised of men, women and children who have a variety of needs. For many single adults who are homeless, inadequate community support exists for rehabilitation. For homeless individuals with problems of mental illness, alcoholism or substance abuse, the community is not equipped to provide the necessary treatment services and support that would allow them to maintain stability. In spite of the high coexistence rate of substance abuse and mental illness, there are no local treatment programs accessible to homeless and low-income persons that offer services to persons with dual diagnoses. Furthermore, halfway houses and a variety of other transitional services which have existed in the past have been dismantled over the last couple of decades -- leaving many individuals with little support and resulting in a home on the streets.

Additionally, the prohibitive costs of local health care force no- and low-income individuals to seek medical care only in an emergency. This lack of opportunity for preventive care results ultimately in a higher number of health problems faced by this population. These health issues frequently contribute to the individual's inability to maintain employment and, subsequently, housing.

Currently, health care for persons who are homeless is provided in the Community Kitchen Clinic. This clinic has operated on McKinney Act funds through a joint effort between the Fayette County Health Department, Community Kitchen and the University of Kentucky College of Nursing. The program did not receive adequate funding for 1990 and has been forced to cut operating hours by 50%. The clinic performs a crucial service for the homeless and at-risk in our community. During 1989, the clinic staff provided 4,698 services for 932 unduplicated clients. The future of this health care clinic is contingent upon a continued commitment from the University of Kentucky College of Nursing and the Fayette County Health Department.

Also of great significance is the fact that current assistance programs terminate services once a person achieves a certain income level, regardless of whether or not this level is sufficient to meet their needs. For many people this means they are never able to reach a level of self-sufficiency because they are quickly thrust into a situation where all of their resources are aimed at survival. One family crisis is all that is necessary to move them back to an emergency situation. More important, as we have previously noted, program income limitations ignore the reality that safe, affordable housing is unavailable for the vast majority of Lexington's very-low- and low-income persons.

For women who are victims of domestic violence, the current picture frequently plays a pivotal role in their decision to leave a dangerous situation and, once out of the home, whether or not they will be able to stay away. The lack of safe, affordable housing and support services frequently causes women to return to the abusive situation, once again endangering themselves and their children. The YWCA Spouse Abuse Shelter, which provided emergency shelter to 808 women and children in 1989, has found that the average client stay has increased from 30 days to between 60 and 90 days. This increase is primarily the result of a lack of supportive, affordable housing to which individuals can move. For families with children, homelessness may mean extreme disruptions in schooling and frequent movement around the city. Children are deprived of many of the educational and socialization opportunities that are critical to their future ability to move beyond the poverty in which they currently live. Additionally, children are exposed to a wide variety of potentially dangerous situations while on the streets. Lack of preventative health care contributes to their problems as illness results in school absences and inability to concentrate on their studies. Runaway and 'throwaway' children are living on the streets, in abandoned cars and from friend to friend. These children are extremely hard for the system to identify and access. They, too, are not able to fully benefit from the educational system.

Employment training and availability also are significant factors for many homeless persons. Low skill job availability continues

to decrease and those jobs which are available will do little to assist the person toward a state of self-sufficiency. Many persons, for a variety of mental and physical health reasons, may need employment opportunities that will require some creativity on the part of the community. And still others will never be able to become productive citizens and will require other types of programming.

#### AGENCY ISSUES

Because our social welfare system has made only incremental adjustments over the last few years, it remains a system designed to meet the needs of a population characteristic of the 1960s rather than the one it currently serves. In addition many of the adjustments have resulted in the elimination of support services. Rising demand for services has also pushed the system beyond its capacity. Although a variety of services exist in the Lexington-Fayette County community, their scattered and disjointed nature leaves many service providers confused about available resources. Certainly this increases the confusion that is often experienced by the potential consumers of these services. At the recommendation of a community Task Force established in 1984, a day shelter was established. This shelter, the Horizon Center, was erected approximately one mile from an existing night shelter, the Salvation Army. The end result has been a daily pilgrimage across the city, as individuals are forced to move from one facility to the other and back again. For a variety of obvious reasons, this is far from the optimal approach to the problem.

Additionally, as has been previously recognized, the Salvation Army is not prepared to provide services for the growing number of men, women and children who seek them. There also exists the problem of the great difficulty encountered in trying to coordinate services among the various agencies. Failure to establish some type of clearinghouse or umbrella organization to address this multifaceted problem has resulted in duplication of services, failure to provide some needy individuals with services, and the accumulation of imprecise data. The coordination of programs is a crucial factor in efforts to secure financial resources for programs and services. (See Funding, pg. 23) All of these issues have caused a great overburden on a service delivery system that once met the needs of persons frequently referred to as the 'traditional homeless.' For instance, the Salvation Army, which provides the majority of emergency shelter for homeless persons in our community, has accommodations for only a handful of families. Clearly the diverse and growing population of persons who are homeless demands a new approach to meeting emergency shelter and service needs.

### COMMUNITY ISSUES

The Lexington-Fayette County community has, like many communities across the nation, encountered some difficulty coordinating its efforts on behalf of those who are homeless and at-risk. Several important focal points can be identified as we move through the process of determining a plan for addressing these issues. To date, coordinated efforts among the public and private sectors of the community have been limited. To overcome these limitations it is necessary to recognize and address the concerns of various community sectors. Primary in this process is the recognition that much of the community maintains a very narrow view of the composition of the homeless population and the reasons for their plight. These attitudes, values and gaps in knowledge act as deterrents to a comprehensive and coordinated community approach. However, stipulations on federal funding for needed programs mandate such an approach. Additionally, broad-based community support is key in achieving the goals before us.

Any comprehensive plan must include a means for changing the attitudes of those who support proposals only as long as they aren't carried out in their neighborhoods. Since concentration of low-income housing in single neighborhoods frequently results in reduced ability to maintain a quality standard of living in those areas, it seems appropriate to look at distributing low-income housing throughout the community -- provided access to support services can be maintained.

### FUNDING

In 1987, the federal government took its first major stand on the problem of homelessness with the passage of the Stewart B. McKinney Homeless Assistance Act. Although it has met with much criticism, this legislation remains a critical component in any attempt to eradicate homelessness in our community. The bill created 17 different grant categories through which funding could be received. Individual agencies in the Lexington-Fayette County area apply for McKinney monies based on the focus of their work (i.e., emergency community and shelter services, children's services, health care, community mental health, prevention, emergency food and shelter (FEMA)). During 1988 and 1989, the Lexington-Fayette County community received \$771,408 through this federal legislation. In 1990, many local agencies that previously received funding through the emergency shelter grant program were not funded, and the Lexington-Fayette County community received only \$407,260 under the McKinney Act. The federal guidelines of this program stipulate the need for applicants to have a clear, coordinated, and comprehensive plan for addressing the needs of the homeless and at-risk in their communities.

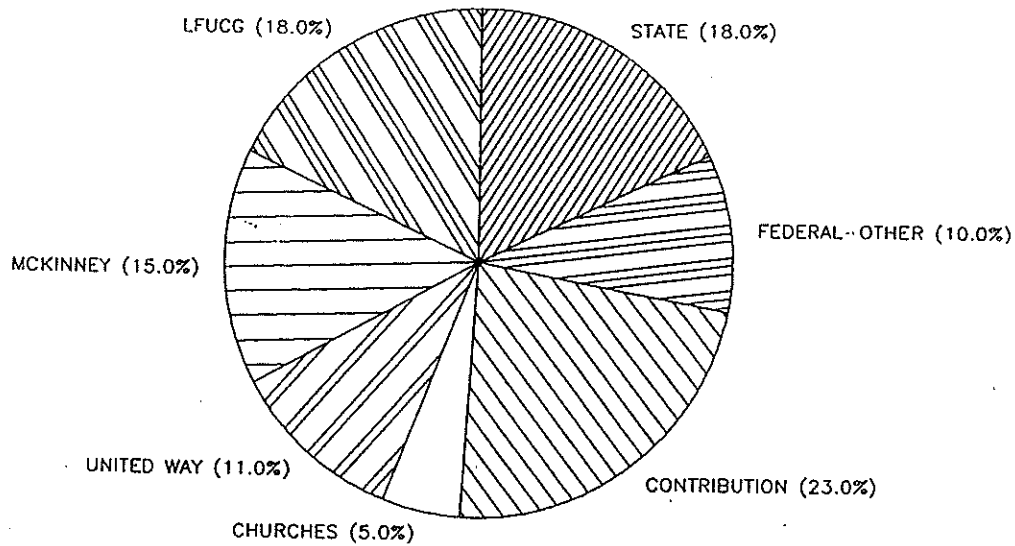
In 1989 a total of \$2,465,952 was received by seventeen social service agencies who provided budget information to the Task Force. These agencies, which included Community Kitchen, Volunteers of America, Horizon Center, Salvation Army, Tenant Services & Housing Counseling, Inc., and LFUCG/Adult Services, provide the vast majority of services to homeless and marginally housed individuals in the Lexington-Fayette County community. As the following chart indicates, the largest percentage of funds for selected programs examined in this section, came from private contributors. In 1989, a total of \$443,871 in contributions was received by the major agencies serving individuals who are homeless or at-risk. The Lexington-Fayette Urban County Government and various state agencies contributed 18% each. An additional 11% came from the United Way of the Bluegrass, an agency which supports a wide variety of different services and programs, many of which address the needs of very low- to low-income persons.

McKinney funds accounted for approximately 15% of those dollars spent for services for persons who are homeless or marginally housed -- a figure that increased by approximately 3.5% in 1990. Although overall community allocations did not suffer, some previously funded agencies were unable to obtain emergency shelter funds in 1990. McKinney dollars are highly competitive with only 1 in 20 to 30 (3% to 5%) applications receiving funds. It is anticipated that the competitive nature of applications for federal dollars will continue to intensify -- further highlighting the need for a sound community-wide approach to addressing the needs of persons who are homeless or marginally housed.

Local agencies that failed to be funded in 1990, and have been forced to reduce services and programs to accommodate their decreased budget, are unlikely to receive funding in the future without substantial changes in the Lexington community's approach to this problem. It is important to look at the amount of funding which comes from various sources and to keep in mind that the majority of funding is "soft money", i.e., money which must be reapplied for each grant period. Grant monies come with no guarantee of future availability, therefore, the continued existence of most programs and services is dependent on the agency's ability to renew funding during subsequent rounds of grant proposals.

## HOMELESS FUNDING

### SOURCES OF FUNDS



Based on data provided by the following agencies:

BLACK CHURCH COALITION  
CATHOLIC SOCIAL SERVICES  
CHRISTIANS IN COMMUNITY SERVICE  
COMMUNITY ACTION COUNCIL  
COMMUNITY KITCHEN  
FLORENCE CRITTENTON HOME  
GOD'S PANTRY  
HORIZON CENTER  
LEXCARE, INC.  
LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT  
LFUCG/ADULT SERVICES  
MASH DROP-IN  
SALVATION ARMY  
TENANT SERVICES & HOUSING COUNSELING, INC.  
VIRGINIA PLACE  
VOLUNTEERS OF AMERICA  
YWCA SPOUSE ABUSE CENTER



## SUMMARY

As the previous pages have documented, homelessness is a complex problem that eludes simple solutions. Individuals who are homeless have varied backgrounds, capabilities and needs -- although they share a common need for a safe, affordable place to live. Homelessness is a problem that exists throughout the United States -- and, in spite of the fact that many local service providers have already documented substantial growth in the population they serve, it is believed that the Lexington-Fayette County community has yet to reach the peak of the problem.

In the following pages, the Mayor's Task Force on Homelessness will present recommendations for a comprehensive approach to meeting this growing demand in our local community. Some of these recommendations may appear to be idealistic, but our year-long examination of the depth and scope of the problems facing increasing numbers of homeless and marginally housed men, women and children in Lexington-Fayette County lead us to believe that effective solutions must look beyond our present view of social welfare and social service provision. The price tag for failing to aggressively address this problem carries a cost for future generations that is incomprehensible and ultimately unnecessary. Providing the community-wide commitment necessary to confront this problem today will help us to avoid the future sacrifices of human spirit and productivity that accompany homelessness.

**Mayor's Task Force  
on  
Homelessness**

**Summary  
Needs and Recommendations**

The Mayor's Task Force on Homelessness recognizes the necessity of a community-wide response to problems faced by increasing numbers of homeless men, women and children in the United States today. The following recommendations propose a blueprint for providing such a response. Additional information about each recommendation can be found within the report. The location of the related information follows each heading and is enclosed in parentheses.

**COMMISSION ON HOUSING AND SUPPORT SERVICES**

(See pg. 133)

Members of the Task Force have as a group spent many hours learning about the governmental regulations affecting housing and employment, the activities of social services providers, and programs provided by schools. It is only after considerable learning and discussion that recommendations have emerged. To ensure that such a process does not have to be replicated among service providers and repeated in ensuing years, and to provide a mechanism for assessing the success of implemented recommendations, it is important that a knowledgeable body of citizens be charged with overseeing the efforts resulting from this report.

**ESTABLISH A COMMISSION ON HOUSING AND SUPPORT SERVICES TO:**

**CARRY OUT PLANNING PROCESS AND OVERSEE IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS**

**ACT AS CENTRALIZED CONTACT POINT FOR SERVICE-PROVIDING AGENCIES**

**COORDINATE COMMUNITY RESPONSE**

**BE AN UMBRELLA ORGANIZATION WITH THE FOLLOWING COMMITTEES:**

**HOUSING**

**SUPPORT SERVICES**

**(substance abuse treatment, health care, etc.)**

**EDUCATION**

**JOB TRAINING AND EMPLOYMENT**

**COORDINATION OF SERVICES**

(See pg. 69)

The ability of local agencies to meet the needs of homeless and at-risk persons would be greatly enhanced by the adoption of universal, systematic data management techniques. Use of the following ideas would help reduce time spent on agency paperwork requirements, while increasing staff availability for more personal, individualized client attention.

MAKE AVAILABLE READILY ACCESSIBLE CLIENT-ORIENTED RESOURCE INFORMATION GUIDES

COMPUTERIZE CLIENT AND RESOURCE INFORMATION FOR SERVICE PROVIDERS

ADOPT A UNIVERSAL DATA GATHERING SYSTEM

INCLUDE SUCCESSFUL PILOT PROJECT INFORMATION IN PROGRAM PLANNING

#### COMMUNITY EDUCATION AND INVOLVEMENT

(See pg. 121)

A commitment to solving the problem of homelessness must draw support from all segments of the community. The solution does not and should not rest solely in the hands of local government and service providers -- all facets of both public and private sectors must be involved. Recognizing this reality, the Task Force makes the following recommendations:

CREATE A SPEAKER'S BUREAU TO PROVIDE COMMUNITY-WIDE EDUCATION ON THE REALITIES OF PERVERSIVE HOMELESSNESS, THE LACK OF SAFE, AFFORDABLE HOUSING AND THE LIMITED NATURE OF APPROPRIATE SUPPORT SERVICES

ENCOURAGE ACTIVE PARTICIPATION BY CIVIC, RELIGIOUS AND BUSINESS ORGANIZATIONS

COORDINATE ACTIVITIES BY INDIVIDUAL MINISTERIAL GROUPS IN A MANNER THAT MAINTAINS ORGANIZATIONAL AUTONOMY

SOLICIT AND ENCOURAGE VOLUNTEER ACTIVITY ON BEHALF OF THE HOMELESS

#### EQUITY OF SERVICE

(See pg. 99)

The provision of equitable service to all homeless and at-risk individuals is a key issue in determining the degree to which a community will truly be able to meet the needs of all its citizens. Excessive emphasis on quantitative success rates fails to recognize the numerous qualitative differences among individuals in need. To address this shortcoming of most existing social services, we recommend the following:

SUPPLEMENT THE USE OF PERFORMANCE DRIVEN CONTRACTS WITH NECESSARY HOUSING, COUNSELING, CLOTHING, FOOD, TRANSPORTATION AND CHILD CARE SERVICES

INCREASE EMPHASIS ON PERFORMANCE ORIENTED APPROACHES THAT ALLOW SERVICE PROVIDERS TO ADDRESS THE MULTIPLE NEEDS OF THE LONG-TERM UNEMPLOYED

AVOID RESTRICTING EFFORTS TO ONLY THE "WORTHY HOMELESS" --  
INCLUDE ALL HOMELESS AND AT-RISK PERSONS IN PROGRAMS APPROPRIATE FOR THEIR NEEDS

#### COMMUNITY OUTREACH

(See pg. 69)

Lack of consumer involvement in social services has taken its toll over the last two decades. Currently, consumers of social services are largely uninformed about available resources and their valuable input and energy is all but ignored. Recognizing the critical importance of client involvement, the Task Force makes the following recommendations:

PROVIDE COMMUNITY ORGANIZING ASSISTANCE TO RESIDENTS OF LOW-INCOME AREAS

PROVIDE CONSUMER EDUCATION ON AVAILABLE SERVICES AND RESOURCES, i.e. whom do I contact? What services/resources are there for me?

ENCOURAGE ACTIVE COMMUNITY OUTREACH BY SERVICE PROVIDERS

USE 'STREET WORKERS' TO SEEK OUT HARDER-TO-REACH INDIVIDUALS WHO MIGHT BENEFIT FROM AVAILABLE SERVICES

DEVELOP PROGRAMS EMPHASIZING ACTIVE CLIENT PARTICIPATION

#### HOMELESS PREVENTION

(See pg. 132)

As we work to address the needs of those who are already homeless, we must place increased emphasis on stemming the tide of this growing problem. Research has shown that many people experience homelessness as an episodic problem. Prevention measures are essential in assisting an individual or family in their efforts to avoid that critical first-time bout with homelessness. Physical and emotional scarring caused by homelessness, which tends to magnify existing problems, can be avoided by providing necessary support services while individuals are still in their homes. Recognizing that prevention measures are the key to ending the growing problem of homelessness, the Task Force recommends the following:

FOCUS ON HOUSING PROGRAMS THAT PROVIDE SUPPORT SERVICES FOR VERY LOW-INCOME PERSONS

INCREASE AND CONTINUE FOCUS ON HOMELESS PREVENTION FOR LOW- TO MODERATE-INCOME PERSONS

### COMPREHENSIVE FACILITY

(See pg. 48)

Currently, the Salvation Army is taking measures to increase its ability to serve homeless and at-risk women and families -- a critical need in communities nationwide. The Task Force supports this move but recognizes the need to provide an alternative facility for those individuals who may no longer be served by the Salvation Army. To meet the needs of these individuals, the Task Force makes the following recommendations:

**ESTABLISH A 24-HOUR COMPREHENSIVE SERVICE FACILITY WITH THE FOLLOWING COMPONENTS:**

#### SERVICES:

Day and night shelter

Individualized client attention (See Service Coordinators, pg. 71)

Access to child care

24-Hour comprehensive health care when and where needed (including non-emergency and preventive health care)

Individualized educational and vocational training for all persons

Establishment of a job development program

Establishment of a 16-bed detoxification unit (in addition to space currently available)

Provision of three meals per day

Meals available at times other than regular meal time

Access to snack food

Clothing bank

Mail and phone services for clients

Ability to apply for all types of services in one place (i.e. Supplemental Security Insurance, Aid to Families with Dependent Children, Food Stamps, Social Security)

#### PHYSICAL STRUCTURE NEEDS:

Services readily accessible to all persons regardless of physical capabilities

Room and bunk assignments to allow the person to have a permanent address while there

Space that provides a degree of privacy for clients

Showers and toilets

Laundry facilities (Self service and clothing exchange)

Recreational space

Separate space for disruptive clients

Secured locker space for personal belongings

Other secured space for cash and valuables

#### FACILITY PHILOSOPHY AND POLICY:

The overriding philosophy of this facility should be directed at providing services to all who need them -- single men and women, children and families

(The new facility would primarily shelter single men. The Salvation Army would provide shelter for the majority of homeless women and families.)

Additional policy considerations should include the following:

Non-categorical approach to service delivery

Non-time limited services

Individuals who move into jobs should still have access to the shelter and its services as needed

Encouragement of clients as active participants in the facility

Liberal use of volunteers

### ORGANIZATIONAL STRUCTURE:

Operated by a 12- to 15-member governing board  
Operations overseen by an executive director  
Board of directors to contract for services with community agencies  
Volunteers to be supervised by a volunteer coordinator

### TRANSITIONAL HOUSING AND SERVICES (See pg. 55)

ESTABLISH A RESIDENTIAL TREATMENT PROGRAM ATTUNED TO THE NEEDS OF PERSONS WHO HAVE LIMITED SOCIAL SKILLS AND MULTIPLE PROBLEMS

ESTABLISH A VARIETY OF TRANSITIONAL SUPPORTIVE HOUSING UNITS (halfway houses or group homes, supportive community housing, etc.) TO MEET THE NEEDS OF THE FOLLOWING:

- \* Victims of domestic violence and/or abuse
- \* Persons needing mental health services
- \* Alcohol and drug abusers
- \* Runaway and throwaway kids
- \* Persons with a variety of disabilities

### HOUSING (See pg. 101)

The only long-term solution to the problem of homelessness is expansion of the availability of a wide variety of safe, affordable housing units. The current housing market clearly ignores the needs of individuals who have little or no income. A strong response to this growing problem must come from all segments of the community, both public and private. For this reason, the Task Force recommends the following:

ESTABLISH A SINGLE ROOM OCCUPANCY (SRO) FACILITY

EXPLORE THE OPTION OF TENANT OWNERSHIP OF PUBLIC HOUSING UNITS

REVIEW LEXINGTON-FAYETTE URBAN COUNTY HOUSING AUTHORITY POLICIES INCLUDING THE FOLLOWING:

- \* Those that hinder rapid placement of families into housing
- \* Policies requiring rental payment on units used for emergency housing purposes that would otherwise have been vacant
- \* Regulations that force people onto the street when their



income reaches a certain level (such regulations make it impossible for families to be prepared for much higher rents)

- \* Evictions based on drug-related issues without consideration of available housing options

EXPAND THE URBAN COUNTY DEPARTMENT OF HOUSING TO INCLUDE THE FOLLOWING:

- \* Additional inspectors for code enforcement
- \* Adequate funding for educational efforts in housing
- \* Increased funding for emergency relocation
- \* Development of a program that would provide low-cost housing maintenance repairs for low- and moderate-income elderly homeowners

#### CONSTRUCTION FUNDING

(See pg. 121)

CONTINUE AND EXPAND PUBLIC/PRIVATE PARTNERSHIP FOR PROVIDING AFFORDABLE HOUSING

ENCOURAGE DEVELOPERS TO INCREASE EFFORTS TO BUILD HOUSING THAT IS AFFORDABLE TO FIRST-TIME HOME BUYERS

EXPAND THE CURRENT COOPERATIVE HOUSING PROJECT WITH THE LEXINGTON APARTMENT ASSOCIATION

INCREASE INVOLVEMENT OF BANKS IN FINANCING LOW-INCOME HOUSING

CREATE AN UMBRELLA FUND FOR ACCEPTING CONTRIBUTIONS TO SUPPORT VARIOUS SERVICES FOR THE HOMELESS

#### GOVERNMENT INITIATIVES

(See pg. 125)

Many necessary programs and plans may depend on input from local, state and federal governments. The following recommendations are key components of a comprehensive response to the problem of homelessness that require active government participation.

### FEDERAL INITIATIVES

PROVIDE TAX CREDITS FOR PROPERTY OWNERS WHO DONATE LIVING SPACE FOR THE HOMELESS

OVERHAUL HUD REGULATIONS REGARDING PUBLIC HOUSING

REVITALIZE FEDERAL PARTICIPATION (all areas of housing) IN EFFORTS TO PRESERVE EXISTING LOW-INCOME HOUSING STOCK AND TO INCREASE THE SUPPLY OF SAFE, AFFORDABLE HOUSING

ADOPT A NATIONAL AFFORDABLE HOUSING POLICY, WITH EMPHASIS ON A PERMANENT SUPPLY OF HOUSING FOR VERY LOW- TO LOW-INCOME INDIVIDUALS

PROVIDE INCENTIVE PROGRAMS TO ENCOURAGE COMMUNITIES TO COME UP WITH NEW AND INNOVATIVE IDEAS AND FUNDING MECHANISMS FOR COMPREHENSIVE HOUSING AND SUPPORT SERVICES FOR THE HOMELESS

REMOVE THE 20% CAP ON PREVENTION FUNDS UNDER THE STEWART B. MCKINNEY ACT

INCREASE FUNDING FOR PREVENTION EFFORTS

CONSOLIDATE ALL MCKINNEY ACT FUNDS INTO A BLOCK GRANT PROGRAM

### STATE INITIATIVES

ESTABLISH A STATE TRUST FUND FOR PROVIDING AFFORDABLE HOUSING TO LOW- AND MODERATE-INCOME PERSONS

REVISE THE KENTUCKY UNIFORM RESIDENTIAL LANDLORD TENANT ACT (URLTA) TO ALLOW THE ESTABLISHMENT OF A HOUSING COURT AS A LOCAL OPTION

ENCOURAGE SUPPORT OF THE NATIONAL ASSOCIATION OF HOME BUILDERS PROPOSAL FOR THE CREATION OF AFFORDABLE HOUSING

### LOCAL INITIATIVES

ENACT A COMPREHENSIVE HOUSING POLICY

ESTABLISH A LOCAL HOUSING COURT

CONSIDER THE FOLLOWING:

- \* Neighborhood Housing Trust Program (pg. 129)
- \* Project Mitigation Measures Program (pg. 129)
- \* Housing Preservation Program (pg. 129)
- \* Inclusionary Housing Program (pg. 130)

## PLANNING AND ZONING ISSUES

(See pg. 130)

Barriers to a complete and comprehensive response must be examined on all levels. The Task Force makes the following recommendations with the realization that certain community zoning and planning issues may have to be addressed before certain proposals can be implemented.

INVESTIGATE A MARKET FOR LOW-COST, MANUFACTURED HOUSING

INVESTIGATE THE FEASIBILITY OF A MANUFACTURED HOUSING PRODUCTION FACILITY AS A JOB DEVELOPMENT INITIATIVE

EXPLORE POSSIBLE REGULATORY IMPEDIMENTS TO THE CREATION OF AFFORDABLE HOUSING

EXPLORE THE FEASIBILITY OF DEVELOPING A COMPREHENSIVE PLAN SPECIFICALLY FOR AFFORDABLE HOUSING NEEDS

## JOB TRAINING AND EMPLOYMENT

(See pg. 136)

Examination of current community efforts to provide job training and employment opportunities for homeless and at-risk individuals clearly reveals a significant need for programs aimed at the long-term unemployed and harder-to-assist homeless. This gap in service provision is a priority of the Task Force. To address this deficit, and to improve current services, the Task Force makes the following recommendations:

DEVELOP A COMPREHENSIVE APPROACH TO THE PROVISION OF JOB TRAINING

INCREASE COORDINATION OF JOB-TRAINING AND PLACEMENT ACTIVITIES WITH THE KENTUCKY CABINET FOR HUMAN RESOURCES, DEPARTMENT FOR EMPLOYMENT SERVICES

PROVIDE STIPENDS FOR INDIVIDUAL PARTICIPANTS IN TRAINING FOR OCCUPATIONAL SKILLS

INCREASE DEVELOPMENT OF JOB PLACEMENTS WITH SMALL COMPANIES

ENCOURAGE INCREASED OF ACTIVE PARTICIPATION IN THE JOB DEVELOPMENT PROCESS BY THE CHAMBER OF COMMERCE AND OTHER BUSINESS GROUPS

ENCOURAGE JOB PLACEMENTS IN FAMILY-OWNED BUSINESSES WHERE BOTH PARTIES WILL BENEFIT

IMPLEMENT SUNDAY LEXTRAN SERVICE

ENFORCE ACTION AGAINST EMPLOYERS WHO PAY EMPLOYEES IN CASH TO AVOID PROVIDING EMPLOYEE BENEFITS AND MEETING OTHER EMPLOYER REGULATIONS

DEVELOP A HOUSING REHABILITATION JOB TRAINING PROGRAM

EDUCATION  
(See pg. 144)

Providing programs which adequately address the educational needs of homeless children is a critical component in our efforts to reduce the negative impact of their homeless condition. In order to deter the growth and continuation of homelessness among future generations, the Task Force makes the following recommendations:

PROVIDE FULL FUNDING FOR THE WIC (Women, Infants and Children) PROGRAM (to serve the 9,000-10,000 nutritionally at-risk and homeless women and children in Lexington-Fayette County)

THE FOLLOWING RECOMMENDATIONS FOR THE HEAD START PROGRAM:

- \* EXPAND PROGRAM TO MEET THE NEEDS OF AT LEAST 50% OF THE ELIGIBLE CHILDREN IN LEXINGTON-FAYETTE COUNTY
- \* PROVIDE SUPPLEMENTAL FUNDS TO EXTEND PROGRAM HOURS
- \* INCLUDE HOMELESS PRESCHOOL CHILDREN AS A PRIORITY IN HEAD START OUTREACH
- \* ESTABLISH PRIORITY ENROLLMENT AND PLACEMENT OF HOMELESS CHILDREN IN THE HEAD START PROGRAM

EXPAND THE TRANSITIONAL, ONE-PARENT FAMILY LIVING/LEARNING CENTER AT VIRGINIA PLACE

PROVIDE TEMPORARY FOOD STORAGE FOR WIC RECIPIENTS WHEN THE SALVATION ARMY FAMILY SHELTER IS COMPLETED

DEVELOP READILY ACCESSIBLE DROP-IN CENTERS FOR HOMELESS FAMILIES WITH YOUNG CHILDREN

PROVIDE THE FOLLOWING CHILD-CARE SERVICES FREE AND/OR AT LOW COST FOR HOMELESS AND AT-RISK CHILDREN IN FAYETTE COUNTY:

- \* STAFF AND FACILITIES IN CONFORMANCE WITH EXISTING DEVELOPMENTAL CHILD CARE STANDARDS
- \* ACCESS TO CHILD CARE SERVICES 7 DAYS A WEEK, 24 HOURS A DAY

- \* A STAFF KNOWLEDGEABLE ABOUT THE IMPACT OF HOMELESSNESS ON CHILDREN AND SKILLED IN METHODS TO MEET CHILDREN'S NEEDS AND IMPROVE THEIR SELF-ESTEEM
- \* AVAILABILITY OF PSYCHOLOGICAL AND EMOTIONAL COUNSELING FOR TROUBLED CHILDREN
- \* SEPARATE NURSE-CARE ARRANGEMENTS FOR CHILDREN WHO ARE ILL

MAKE AVAILABLE SPECIFIC EXTENDED DAY KINDERGARTEN PROGRAMS TO MEET THE UNIQUE NEEDS OF IDENTIFIED HOMELESS CHILDREN

COMMUNICATE THE BENEFITS OF THE FAYETTE COUNTY PUBLIC SCHOOLS MOBILITY PROJECT TO PARENTS/GUARDIANS IN DIRECTED COUNSELING SESSIONS PRIOR TO STUDENTS BEING TRANSFERRED OUT OF PARTICIPATING SCHOOLS

INFORM ALL STAFF AND FACULTY AT SCHOOLS PARTICIPATING IN THE MOBILITY PROJECT AS TO THE DETAILS OF THE PROGRAM AND THE BENEFITS TO STUDENTS

EXPAND HOME-SCHOOL COMMUNITY ASSISTANT POSITIONS TO FULL TIME  
EXPAND THE HOME-SCHOOL COMMUNITY ASSISTANT PROGRAM TO INCLUDE SERVICES FOR CHILDREN AS THEY MOVE TO MIDDLE SCHOOLS IN THE FAYETTE COUNTY SYSTEM

DESIGNATE A SOCIAL SERVICE CONTACT PERSON TO BE RESPONSIBLE FOR WORKING WITH THE PROJECT SUCCESS COORDINATOR IN THE PUBLIC SCHOOLS TO IDENTIFY HOMELESS CHILDREN FOR PARTICIPATION IN THE PROGRAM

EXPAND THE PROJECT SUCCESS PROGRAM TO ACCOMMODATE THE INCREASING NUMBERS OF HOMELESS CHILDREN

EXPAND THE BUDDY PROGRAM TO INCLUDE ALL INNER-CITY ELEMENTARY SCHOOLS

ENHANCE COMMUNICATION BETWEEN SCHOOL AND SOCIAL SERVICE PERSONNEL TO IMPROVE THE PROCESS OF IDENTIFYING HOMELESS STUDENTS

DEVELOP PRE-SERVICE AND IN-SERVICE PROGRAMS TO SENSITIZE PUBLIC SCHOOL TEACHERS, ADMINISTRATORS, AND STAFF TO THE EXPERIENCES AND NEEDS OF HOMELESS STUDENTS AND THEIR FAMILIES

ESTABLISH PILOT ELEMENTARY PROGRAM FOR STUDENTS IDENTIFIED AS HOMELESS OR AT HIGH RISK OF BECOMING HOMELESS

ESTABLISH A POSITION, WITHIN THE MAYOR'S OFFICE, FOR A WELL-TRAINED AND SENSITIVE CHILDREN'S ADVOCATE TO WORK WITH THE AT-RISK COORDINATOR OF THE FAYETTE COUNTY PUBLIC SCHOOLS ON BEHALF OF HOMELESS CHILDREN IN OUR COMMUNITY

**A Holistic Approach  
To Meeting the Needs of the Homeless**

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The number of homeless persons in the United States has reached levels which are unprecedented since the depression of the 1930's. At the time of the 'Great Depression', federal government efforts provided jobs and services to millions of individuals facing poverty as a result of economic decline. Since that time, the number of homeless persons decreased significantly -- until the 1980's. The last decade has seen a steady rise in the number of persons who are homeless or marginally housed. We also have witnessed changes in the composition of the population identified as homeless. Although many still believe that the contemporary homeless are primarily an artifact of 'deinstitutionalization' in the 1960's, the current reality does not support such a view. Today's homeless are a very heterogeneous group ranging from the long-time shelter-dependent person who exhibits a wide variety of pathologies at one end of the spectrum to the marginally or seasonally employed person who cannot find affordable housing at the other extreme. In between are individuals of all ages, both male and female, who are experiencing a variety of problems for which adequate resources are frequently unavailable. These include women with children, victims of domestic violence, substance abusers, persons with mental and physical disabilities, and some people for whom homelessness is not necessarily a static condition but one that they move in and out of as opportunities to work or disabling conditions or access to housing come and go. However, increasing numbers of these are becoming overwhelmed by the complexity of their problems and their lack of skills and resourcefulness for coping with them and are drifting toward increasing degrees of dependency.

Numerous factors are associated with the expansion of the homeless population in numbers and diversity. Among the contributing factors are federal policies and legislative measures which have greatly affected the availability of low income housing and social welfare resources. Additional factors include: 1) rapid technological changes that have made increasing numbers of minimally educated, developmentally limited, and marginally skilled persons unemployable; 2) the systematic replacement of unskilled jobs, especially those in service categories, with part-time positions that carry no security or benefits; 3) the national movement toward non-institutionalization of all but the very severely mentally ill and otherwise handicapped individuals without the provision of adequate community resources for helping them prepare for and maintain a degree of independent living; and 4) widespread programs of urban renewal, gentrification and highway construction that have led to the destruction of hundreds of thousands of livable, low cost housing units without provisions for affordable replacements.

The homeless suffer from a complex clustering of many different kinds of problems and pathologies. Substance abuse is a problem that figures heavily into the lives of many homeless persons, frequently in conjunction with other physical and mental health

issues. Many of these problems are caused or exacerbated by the individual's state of homelessness. Among those who are shelter dependent, many have come from unstable and disrupted family backgrounds, have been deprived of normal socializing experiences, have experienced interrupted and incomplete educations, and have never had the opportunity to develop the skills necessary for stable employment or for interacting comfortably with other people and engaging in the normal give and take of family and community living. Deprived of the kinds of socializing experiences that might give them skills and confidence they are caught in a spiral of an ever increasing sense of inadequacy and dependency. Of deep concern is the fact that the life histories of the shelter-dependent adult reflect deprivation in socializing experiences similar to the experiences now being forced on increasing numbers of children of contemporary victims who lack affordable housing. Unless we can identify and respond to the special deprivations and needs of homeless children, we are sowing the seeds for a substantially increased population of undersocialized, unemployable, highly dependent homeless in the future.

The development of effective responses to the current needs of homeless persons and the prevention of a rapid escalation in the numbers of homeless is complicated by the fact that homelessness is characterized by a complex interaction of many diverse problems and needs while the current resources of society for meeting human needs are virtually all oriented to a specific category of need. Problems of physical and mental health, mental retardation, substance abuse, person abuse, education, child welfare and vocational training all have their own categorical organizations, constituencies and responses. Within some categories, such as health, each disease has its own specialty, proponents and supporters. Within programs that are specifically for the homeless, there are often boundaries and barriers between those programs that provide food, those providing shelter, those concerned with job training or placement and those addressing health problems. In order to respond effectively, efficiently and humanely to the problems of the homeless, it is essential that we depart from categorical responses in favor of those that are oriented to identifying multiple interacting needs and responding in a coordinated way through comprehensive programs, treatment and prevention. For those whose homelessness is associated with longtime deprivation resulting in under-socialization and the clustering of dependencies, quick and easy resolutions should not be expected. It may take months or years to overcome a lifetime of deprivation, isolation and alienation from the mainstream of society. Few blueprints for such programs exist and whatever steps are taken should include pilot, demonstration phases that can be carefully evaluated and carry the assumption that success will not come cheaply or quickly.

Based on information gathered during the deliberations of the committees examining the needs of the 'traditional homeless' and homeless persons with special needs, we make the following recommendations:

#### COMPREHENSIVE FACILITY

The establishment of a 24-hour comprehensive facility to meet the needs of persons who are homeless. The facility would primarily offer emergency and transitional shelter for men. Additionally the facility would contain the following components:

#### PHYSICAL STRUCTURE COMPREHENSIVE FACILITY:

DAY AND NIGHT SHELTER

SPACE THAT ALLOWS FOR CLIENT PRIVACY

RECREATION SPACE THAT IS SEPARATED FROM SLEEPING AREAS IN SUCH A WAY AS TO ALLOW FOR LATE NIGHT ACTIVITIES FOR INDIVIDUALS WHO CAN'T SLEEP

ACCESS TO SNACK FOOD THROUGHOUT THE DAY -- FREE ACCESS THAT IS NOT DEMEANING TO THE INDIVIDUAL

SPACE THAT ALLOWS THE SHELTER TO PROVIDE REFUGE TO ALL PERSONS WITHOUT DISRUPTING OTHER CLIENTS

LOCKER SPACE THAT PROVIDES SECURITY FOR PERSONAL BELONGINGS

OTHER SECURED SPACE FOR CASH AND VALUABLES

PHONE SERVICE FOR CLUSTER AREAS -- A PHONE FOR EVERY 6 TO 10 PERSONS IN AN AREA

FULL MEALS AVAILABLE AT TIMES OTHER THAN REGULAR MEAL TIME

SERVICES READILY ACCESSIBLE TO ALL PERSONS REGARDLESS OF PHYSICAL CAPABILITIES

#### FACILITY POLICY AND PHILOSOPHY:

A COMPREHENSIVE POLICY SHOULD BE ESTABLISHED BASED ON A NONCATEGORICAL APPROACH TO MEETING NEEDS AND PROVIDING SERVICES

THE OVERRIDING PHILOSOPHY OF THIS FACILITY SHOULD BE DIRECTED AT PROVIDING SERVICES TO ALL WHO NEED THEM -- SINGLE MEN AND WOMEN, CHILDREN AND FAMILIES\*\*

\*\* (FAMILY IS DEFINED BY THE INDIVIDUALS WHO COMPOSE THEM AND NOT BY SHELTER POLICY. THOSE INDIVIDUALS WHO CONSIDER THEIR UNIT TO BE A FAMILY NEED TO BE TREATED AS SUCH.)

SERVICES SHOULD NOT BE TIME LIMITED

INDIVIDUALS WHO MOVE INTO JOBS SHOULD STILL HAVE ACCESS TO THE SHELTER AND ITS SERVICES AS NEEDED

#### ORGANIZATIONAL STRUCTURE

THE FACILITY WOULD BE OPERATED BY A GOVERNING BOARD WITH THE FOLLOWING RESPONSIBILITIES:

- ESTABLISHMENT OF AGENCY POLICY
- HIRING OF AGENCY DIRECTOR
- CONTRACTING FOR AGENCY SERVICES
- FUNDRAISING
- COMMUNITY EDUCATION
- VOLUNTEER RECRUITMENT
- EVALUATION OF SERVICES PROVIDED IN THE FACILITY

THE EXECUTIVE DIRECTOR WOULD BE RESPONSIBLE FOR OVERSEEING THE OPERATION OF THE FACILITY

SERVICES COULD BE PROVIDED BY EXISTING COMMUNITY AGENCIES UNDER A CONTRACT AGREEMENT WITH THE FACILITY

#### SERVICES WITHIN THE FACILITY:

1. TOILETS
2. SHOWERS
3. LAUNDRY
4. CLOTHING BANK
5. LOCKERS
6. MAIL/TELEPHONE
7. MEALS (3X PER DAY)

THE SHELTER WOULD PROVIDE OFF-SITE REFERRAL TO THE FOLLOWING SERVICES:

1. CHILD CARE
2. LEGAL ASSISTANCE
3. JOB PLACEMENT
4. EDUCATION
5. HOUSING
6. TRANSPORTATION
7. SHELTER (families, couples, women and children)
8. DETOXIFICATION
9. SUBSTANCE ABUSE TREATMENT
10. VOCATIONAL REHABILITATION
11. TREATMENT FOR MENTAL DISORDERS
12. FINANCIAL COUNSELING
13. CONTINUING CASE MANAGEMENT

INTENSE CASE MANAGEMENT SERVICES (SEE SERVICE COORDINATORS, APPENDIX A)

ACCESS TO CHILD CARE

AVAILABILITY OF 24 HOUR COMPREHENSIVE HEALTH CARE WHEN AND WHERE NEEDED (THIS INCLUDES NONEMERGENCY AND PREVENTIVE HEALTH CARE)

AVAILABILITY OF EDUCATIONAL AND VOCATIONAL TRAINING AND COUNSELING FOR ALL PERSONS, THE NATURE OF WHICH SHOULD BE TAILORED TO INDIVIDUAL NEED

ESTABLISHMENT OF A JOB DEVELOPMENT PROGRAM

ESTABLISHMENT OF A 16 BED DETOX UNIT (IN ADDITION TO THAT WHICH IS CURRENTLY AVAILABLE)

ABILITY TO APPLY FOR ALL TYPES OF SERVICES IN ONE PLACE (i.e., Social Security, SSI, Disability, Food Stamps, etc.)

AVAILABILITY OF CONSUMER ORIENTED RESOURCE GUIDES

COMPUTERIZATION OF SERVICE AND RESOURCE INFORMATION

EXTERNAL SERVICE NEEDS:

(A wide variety of transitional and permanent service needs exist for those who are homeless and marginally housed. For a more in depth analysis of specific needs, refer to headings in Table of Contents.)

THE ESTABLISHMENT OF A RESIDENTIAL TREATMENT PROGRAM THAT IS ATTUNED TO THE SPECIAL NEEDS OF PERSONS WHO HAVE LIMITED SOCIAL SKILLS AND PERSONS WHO ARE DUAL DIAGNOSIS

THE ESTABLISHMENT OF A VARIETY OF TRANSITIONAL HOUSING UNITS (halfway houses or group homes, supportive community housing, etc.) THAT ARE PREPARED TO WORK WITH INDIVIDUALS WITH A VARIETY OF DIFFERENT ISSUES; THESE FACILITIES SHOULD BE SUPPORTIVE AND PROVIDE MORE THAN JUST A PLACE TO SLEEP

ESTABLISHMENT OF TRANSITIONAL SUPPORTIVE HOUSING FOR VICTIMS OF DOMESTIC VIOLENCE AND/OR ABUSE

STREET SOCIAL WORKERS TO DO COMMUNITY OUTREACH

COMMUNITY NEEDS:

COMMUNITY EDUCATION

- 1) COMMUNITY EDUCATION THAT WILL PROVIDE MUCH NEEDED INFORMATION TO CONSUMERS OF SOCIAL SERVICES, i.e. Whom do I contact? What is there for me?
- 2) COMMUNITY EDUCATION ABOUT THE PROBLEMS FACED BY THE HOMELESS AND THE POOR IN THE LEXINGTON-FAYETTE COUNTY AREA -- where to get more information, whom to contact to ask questions or to voice a concern, what can be done to help

OTHER SOCIAL SERVICE NEEDS:

ASSISTANCE IN COMMUNITY ORGANIZING IN LOW INCOME AREAS

CHANGE IN POLICIES THAT REGULATE PUBLIC HOUSING

- 1) CHANGES IN THE METHOD OF CONTACTING PERSONS ON WAITING LISTS ABOUT VACANCIES
- 2) CHANGES IN REGULATIONS THAT FORCE PEOPLE ONTO THE STREET WHEN THEIR INCOME REACHES A CERTAIN LEVEL (such regulations make it impossible for families to be prepared for much higher rents)

ESTABLISHMENT OF A NETWORK THAT WILL HELP TO COORDINATE THE ACTIVITIES OF MANY DIFFERENT SOCIAL SERVICE AGENCIES THUS PROVIDING BETTER SERVICE TO THE CONSUMER

## MEETING THE EMERGENCY HOUSING AND SERVICE NEEDS OF THE TRADITIONAL HOMELESS

For the purposes of this task force we are using the following definition of 'traditional homeless':

- a single male with limited skills and generally a history of substance abuse and/or mental illness (Definitions for a Common Language, Appendix I, pg. i)

For many years, the vast majority of all homeless persons could be defined by the preceding description. Today, while real numbers are not being reduced, the representativeness of the traditional model of homelessness is declining. For social service providers, the changing nature of the homeless population is as real as the growing numbers of homeless men, women and children themselves. However, for the outside observer, this changing phenomena may be blurred by the continued high visibility of individuals who could best be defined by the parameters of the traditional model. Public protests are often fueled by the visibility of 'traditionally homeless' persons who currently represent approximately 20% to 30% of all homeless persons in Lexington. While difficulty of identification often hinders efforts to assist homeless families and children, ease of identification of 'traditional homeless' persons does not greatly reduce the difficulty encountered in trying to provide effective services. In fact, in many ways, the traditional homeless person is among the most difficult to assist.

'Traditional homeless' persons, by definition, tend to suffer from a multitude of compounding problems, whose persistence and long-term nature evade short-term, easy solutions. Program resources generally mandate appeals to those who present the greatest potential return on program dollars spent. Hence, few programs are able to provide the type of concrete, long-term assistance demanded by the needs of the 'traditional homeless'.

The needs of the homeless must be met on a variety of levels -- beginning with the provision of safe and accessible shelter. Currently, shelter for the majority of homeless single men is being provided by the Salvation Army. The Salvation Army has worked to meet this demand while also trying to answer the growing demand for emergency shelter for homeless families. With recent renovations, the Salvation Army is moving toward increasing its services for homeless families. Although, the Salvation Army will continue to provide shelter for the 'traditional homeless' it is clear that an alternative response needs to be developed. In the following sections we will develop a framework for meeting the needs of the 'traditional homeless'.

## FACILITY AND SERVICES

Whether the homeless condition exists constantly or periodically has little bearing on the operation of most providers. The shelter dependent population in Lexington, whether migratory or resident, has in common with the homeless of the nation a set of predictable needs that can be called "emergency services" to distinguish them from those specific to the transitional population that may have moved beyond shelter dependency. These are basic necessities that must be provided daily, including:

- SHELTER (a bed, toilet, shower, secure storage for personal effects, and day shelter from inclement weather)
- FOOD (three meals provided each day)

as well as services which must be provided daily, even though not every member of the population is likely to utilize them every day including:

- MEDICAL CARE (first aid, diagnosis, inoculation, regular administration of prescription medication, and chemical detoxification)
- CLOTHING (new issue or exchange)
- LAUNDRY (self-service equipment or as part of clothing exchange)

In addition to these primary and secondary categories, there is a tertiary set of emergency needs, usually provided in successful programs, that, while non-essential to life, encourages movement out of shelter dependency and into the transitional population including:

- COMMUNICATION (mail and telephone privileges)
- EMPLOYMENT (skills assessment, re-training, job referral, in-house service work)
- EDUCATION (GED for adult and teen-age members, regular class work for homeless children.)
- COUNSELING (general case management as well as specific referral for vocational, mental or drug rehabilitation)
- ACCESS TO BENEFITS (unemployment, Social Security, etc.)



Currently, to obtain available services, homeless persons must travel to the diverse locations of provider agencies, often on foot, in good weather or bad. Information on addresses, hours of service, and rules of the house spreads by word-of-mouth.

#### ADVANTAGES OF A COORDINATED FACILITY

By and large, the most frequently voiced concern among downtown residents and businesses is the fear that the present population of homeless individuals threatens security and lowers the value of property. The forced movement of homeless individuals through the city, from provider to provider, is as much resented by the general public as it is by some members of the provider community. Many see them as pan-handlers and vandals, whether or not they actually are. These suspicions weaken support for many of the provider agencies and continue a stereotyped image of the 'traditional homeless'.

Some provider agencies agree that on-site security can be a problem. Most fear that many traditional homeless are not receiving available emergency services and feel transitional services, which primarily benefit the recently or marginally homeless, are not as readily accessible to those who have been homeless for longer periods.

Significantly, many providers and their supporters also worry that too much centralization of service and population can have a negative effect. For instance, almost all agree that detoxification for substance abusers is the first step toward voluntary recovery from homelessness. However, some see this as an emergency function which should be immediately available as part of on-site medical services, while others feel it is better placed off-site, where the special population can be treated less conspicuously and more securely. Most agree that detoxification should be provided in conjunction with supervised rehabilitation or the likelihood of permanent recovery is lost.

Finally, the major problem is one of conflicting objectives, between those who seek to help the population universally, and those who seek to help the community by providing services which encourage recovery, but discourage continued dependence upon service providers. Ironically, the providers, in Lexington, and in communities studied by the Committee, generally agree that it requires a coordinated effort to serve the entire population, identify specific needs, and connect the needy with appropriate agencies in transitional service to break the grip of homelessness among the traditional population. The ultimate conclusion of those in successful programs has been that individualized attention through counselling and follow-up will meet both objectives with the minimum of duplicated effort and the maximum result.

## COORDINATING THE EFFORTS OF SERVICE PROVIDERS

We propose a coordinated effort among existing service providers, community volunteers, and government at all levels. The plan has two objectives; first, delivering emergency services efficiently and cost effectively to the target population; and, second, providing opportunities for specialized assistance that will motivate self-sufficiency. Those who take these opportunities, moving into transitional situations, deserve continued support through case management. The Committee further acknowledges that some segments of the homeless population may demand special considerations from the outset, and these should be anticipated in any plan to provide for the whole.

- a. The crucial aspect of such a coordination recognizes as real the distinction between those who are hopeless and those who are helpless. Consequently, the first step is to offer help to all, the second step is to offer hope to those who can benefit from it.
- b. Help comes in the form of the basic needs identified previously. These should be delivered with as little complication as necessary to maintain order and efficiency. The more qualifications for eligibility required, the less likely will be comprehensive delivery to the population in need.
- c. Hope comes from the belief that recovery is both possible and desirable. Low confidence and self-esteem destroy ambition, therefore support services that stress the abilities of the individual to overcome educational, vocational, and personal problems must follow the delivery of basic services in order to make recovery possible. Additionally, the presence and involvement of these transitional providers in the delivery of basic services will increase the likelihood of their utilization. Until the advantages of recovery are evident, the desire for recovery cannot develop. Individualized counseling and encouragement from sincere case workers and volunteers can set the example.
- d. Emergency services should be provided through a twenty-four hour facility. Meals, along with secondary and tertiary services are provided to all during daylight hours. Since the bulk of the shelter dependent population appears to be men, these would be housed on-site in a dormitory. Families, couples, children, single women, and the unmanageably intoxicated or mentally ill population will require separate housing and specialized services. Experiences locally and in other communities suggest the advantages of this early segregation. There should be provisions for the transitional single male, here, or in another location, to rent more

private quarters for a minimal charge, or to earn room and board by working at the facility. Each of these provisions has reduced security problems at comparable facilities. However, this facility should strive to provide a safety net for all individuals who need shelter, regardless of their sex, marital status or condition.

The primary facility would operate under the auspices of an Executive Board. This body would set policy for the facility, and coordinate the function of individual providers serving the population on-site. The Board would have no involvement in the internal organization of participating providers, or their activities off-site, but would have the authority to assign responsibilities and would fund operations. The overall effort of the community to provide for the total homeless population should funnel through this board. The Board would apply for grants, mount general fund-raising campaigns, coordinate the several off-site agencies providing food, clothing, and other non-cash donations, and help establish objectives for specialized support groups in transitional areas as dictated by the needs of the target population. Any agency with activities limited to on-site service at the shelter would be totally funded by the Board. Agencies capable of contributing funding as well as service could do so.

The major emphasis is on the needs of the population, not the individual mission of providers. By speaking through the voice of a single body, other communities have found that there is reduced competition for available assistance, increasing the likelihood of getting more dollars and making them go further.

- e. The biggest gap in existing emergency services is the inadequate counseling and referral of the general homeless population with provisions made for the special needs of individuals. In conjunction with the coordination of existing services, the Mayor's Task Force on Homelessness must promote the following:

Provision for immediate chemical detoxification and enrollment in closely supervised rehabilitation for as much as 80% of the target population.

A mechanism whereby mental disorders among the target population can be diagnosed and treated, including initial segregation in a secure, professionally staffed facility and subsequent regular medication, as needed.

Continuing counseling and case management, begun with the delivery of emergency services, and maintained through transition and recovery.

## VICTIMS OF DOMESTIC AND/OR SEXUAL VIOLENCE

During the 1990 fiscal year, the Spouse Abuse Shelter in Lexington served 601 women and children. Of this number, the Shelter estimates that approximately:

- 25% returned home with a plan for resolution of family problems
- 25% returned to their homes because no other housing was available
- 25% obtained Section 8 housing
- 25% remain at risk of becoming homeless because of inadequate living arrangements with friends or relatives

When the Shelter is full women are referred to other shelters outside Lexington. If these shelters are full, or if transportation is unavailable, these women are referred to the Salvation Army. If a woman already has left an abusive situation only to find that the shelter is full, she may 'choose' to return to the home -- further endangering herself and her children. This also may be the case if the woman is under the influence of alcohol. The policy of the Spouse Abuse Shelter is not to provide shelter to someone who has been drinking.

Spouse Abuse Shelter personnel see the lack of transitional housing and support resources for women who leave the shelter as the number one problem faced by their clients. Their current capacity is 30 women. The shelter is frequently full in the spring and summer. Lack of transitional resources has also contributed to the increase in the average length of stay for clients. At one time the average length of stay was 30 days. Today, the average is anywhere from 60 to 90 days.

Additional statistics are provided by the Lexington Rape Crisis Center. This agency serves approximately 3 rape victims a year who are in need of emergency housing, but their primary client population is composed of adult survivors of childhood sexual abuse. Their current caseload of 400 contains a majority of persons who are at-risk of becoming homeless. They find that 18% of their clients are unemployed and an additional 40% are underemployed, making their housing status precarious at best. It also must be recognized that some recent research tentatively suggests that the majority of homeless persons are adult survivors of family disruptions, violence and/or abuse.  
(Appendix B)

## PROBLEMS EXPERIENCED

### For those without housing alternatives:

- continued threat of violence and, often, actual violence and abuse
- inability to protect children
- limited or uneven access to legal assistance
- limited financial and personal resources to enable them to become self-sufficient
- diminished problem solving skills which compound issues in pursuing alternatives

### For service providers:

- lack of transitional housing for women and children
- insufficient Section 8 housing for those who qualify
- lack of transitional programs to provide educational, vocational, employment, child care and case management resources to assist women to exit the cycle of violence

### For those with temporary housing who remain at risk to become homeless:

- all the same problems experienced by those without housing alternatives -- PLUS
- may overburden and/or disrupt another household which itself may be functioning in marginal ways
- children experience excessive disruptions of schooling

### For service providers:

- all of the previously described problems -- PLUS
- difficulty providing follow-up services where there are frequent moves among temporary housing arrangements

### For adult survivors of childhood abuse:

- psychological difficulties which may threaten adequate social functioning as parents, employees and community residents

- underemployment and unemployment resulting primarily from lack of educational preparation and/or vocational skills

**For service providers:**

- need for additional educational, vocational and employment resources

**PROPOSED SOLUTIONS:**

**DESIGN, EQUIP AND STAFF A TRANSITIONAL PROGRAM TO SERVE APPROXIMATELY 800 WOMEN AND CHILDREN PER YEAR IN THE LEXINGTON-FAYETTE COUNTY AREA.**

**THIS PROGRAM WOULD OFFER THE FOLLOWING:**

- transitional housing
- child care
- educational/vocational assessment and preparation
- employment placement
- health care
- legal assistance
- counseling and case management
- access to permanent housing

A model for such a program is available from St. Paul, MN where it has proved successful. (Appendix J) Additionally, for those persons who are the unemployed or underemployed marginally housed victims of childhood abuse, it is suggested that educational and vocational resources including tuition, income maintenance and child care be made available. Also, once training is completed, a job placement program would assist in the transition to adequate employment.

## RUNAWAY AND 'THROWAWAY' KIDS

An accurate account of the number of children who live from friend-to-friend and in-and-out of housing is unavailable. The reality is, however, that many children in their adolescent years are without adequate shelter or resources to maintain a minimal standard of living. These individuals are often the victims of a system which has failed to provide adequate support for young people adjusting to life on their own. (Appendix C)

### PROBLEMS EXPERIENCED

- victims of physical and/or sexual abuse
- lack of social and interpersonal skills
- lack of problem solving skills
- substance abuse problems
- dysfunctional family background
- frequent movement from shelter to shelter
- disrupted education
- lack of emotional support
- lack of resources that frequently results in behaviors such as stealing, hustling, etc.
- lack of day-to-day living skills, i.e. how to buy and/or prepare food, how to pay bills, how to find a job, how to take care of health needs

### For service providers and families:

- lack of support for at-risk youth until they get in trouble
- lack of parenting skills
- frequent movement of youths from place to place results in lack of long term planning
- lack of comprehensive, adequately funded program for independent living
- lack of adequate mandate to emphasize and assure the acquisition of day-to-day living skills

### PROPOSED SOLUTIONS

- ADDITIONAL GROUP HOME SPACE THAT IS NOT TIME LIMITED
- INCREASED AGENCY NETWORKING TO ASSURE THAT KIDS ARE NOT LOST WITHIN THE SYSTEM
- EARLY INTERVENTION AND INTENSE CASE MANAGEMENT EFFORTS
- HEAVY FOCUS ON THE PROVISION OF INDEPENDENT LIVING SKILLS
- SUPPORTED HOUSING FOR YOUTHS WHO ARE INITIALLY MOVING OUT ON THEIR OWN
- CHANGES IN MANDATES THAT REQUIRE THAT A PERSON BE 'DROPPED' BY THE SYSTEM AT AGE 18 REGARDLESS OF PREPAREDNESS
- INCREASE IN AVAILABLE DRUG AND ALCOHOL TREATMENT SERVICES TO INCLUDE OUTPATIENT TREATMENT

### ALCOHOL AND OTHER DRUG ABUSERS

Statistics on the extent of substance abuse problems among the homeless are difficult to pin down although local agencies indicate that approximately 30% of the homeless have alcohol problems. An additional 10% or more have histories of other drug problems that have had an impact on their homeless status. Other statistics show that for the months of January and February 1988, the Horizon Center, Salvation Army and Community Kitchen provided services to 209 individuals who were involved in substance abuse. This number represents 36% of the individuals served by these agencies during this time period. It does not include those persons who could be identified as having a substance abuse problem but did not seek agency assistance. Of these individuals, a significant portion have a concurrent problem of mental illness or mental retardation. For those with mental health issues, the need for psychotropic drugs restricts their ability to access adequate substance abuse treatment because there is no local substance abuse treatment program for low income persons that will take an individual who is on medication. (Appendix D)

### PROBLEMS EXPERIENCED

- lack of adequate detoxification space
- waiting periods for residential treatment programs that allow for a return to substance abuse during the interim



- treatment programs that are not designed to meet the needs of a population with minimal social skills
- lack of adequate treatment programs that will serve persons with dual diagnoses
- additional health issues that exacerbate the substance abuse problem and vice versa
- unemployment and lack of job skills
- high degree of substance abuse that must be confronted in the shelter
- lack of supportive housing for persons to move to after residential treatment (many persons must leave treatment only to return to the streets)
- lack of follow-up
- substantial number of persons are jailed for alcohol abuse problems

#### PROPOSED SOLUTIONS

- ADDITIONAL DETOX SPACE -- AN ADDITIONAL 16 BED DETOX UNIT WOULD HELP MEET THE CURRENT NEED
- INTENSIVE CASE MANAGEMENT -- WORKERS SHOULD FOLLOW THE SAME CLIENT THROUGHOUT THEIR CONTACT WITH THE SYSTEM
- RESIDENTIAL TREATMENT THAT ALLOWS FOR THE NEEDS OF THE DUAL DIAGNOSIS PERSON
- RESIDENTIAL TREATMENT THAT RECOGNIZES THE NEEDS OF INDIVIDUALS WHO HAVE LIVED OUTSIDE THE MAINSTREAM FOR A LONG TIME
- ADDITIONAL SUPPORTIVE HOUSING (EX: HALFWAY HOUSES) AFTER RESIDENTIAL TREATMENT
- PROGRAMS THAT ARE LESS DIRECTLY FOCUSED ON EXPERIENCE
- NON TIME-LIMITED TREATMENT -- PROGRAMS THAT DO NOT PRESUME TO BE ABLE TO MOVE ALL PERSONS THROUGH WITHIN A SET TIME
- INDIVIDUALIZED TREATMENT THAT RECOGNIZES THAT DIFFERENT INDIVIDUALS WILL STABILIZE AT DIFFERENT LEVELS -- NO ONE DEFINITION OF 'CURED'

With the appropriate structural arrangement, it would be possible to provide residential substance abuse treatment within the same facility where other services are provided for homeless persons. Once a person had reached a stable point, they would be able to move into a halfway house setting. This facility would provide continued case management, substance abuse treatment, support, and access to health care -- in addition to day-to-day living needs. For many individuals this will be the last stop. This should be recognized and accepted, for all persons do not have the capacity to move into self-sufficient permanent housing.

#### INDIVIDUALS WITH CHRONIC OR ACUTE HEALTH PROBLEMS

National and local studies have shown that the homeless are the victims of a great many health problems. In addition to frequent injuries, homeless persons are subject to a variety of problems due to exposure to the elements, exposure to environmental pollutants, malnutrition, skin problems due to inadequate bathing, foot disorders, lack of sleep, lack of sanitation and available toilets, and vascular and skin problems in the legs and feet because they are unable to lie down. Additionally, chronic health problems such as heart and lung disease, diabetes and high blood pressure are exacerbated by inability to access preventive health care services. Currently, health care services for the homeless are provided through four sources. The majority of non-emergency services are provided in the Community Kitchen clinic through a cooperative effort between the Fayette County Health Department, Community Kitchen, and the University of Kentucky College of Nursing. This program was not adequately funded through the McKinney Act in 1990 and has been forced to reduce operating hours by 50%. The future of the clinic is contingent upon a commitment from the University of Kentucky College of Nursing and the Fayette County Health Department. Additional non-emergency services are available two nights per week in the Salvation Army health care clinic -- a service provided by the University of Kentucky College of Medicine. Emergency services are available to the homeless at the University of Kentucky Medical Center. (Appendix E)

#### PROBLEMS EXPERIENCED

- lack of access to health care due to the following:
  - financial problems
  - lack of transportation
  - problems keeping appointments (may lose meal or bed)
  - problems waiting for appointments

- survival needs preclude health care (food, shelter, clothing)
- problems communicating with the health care system
- feeling sensitive about being unwashed, smelling and having unlaundered clothing
- recovery and treatment are impeded by the following:
  - bed rest is impossible
  - large fluid intake is difficult
  - dietary restrictions cannot be followed
  - medication regimens cannot be followed
  - follow-up appointments cannot be kept
- institutional discharges frequently occur on Friday afternoons when many community services are closing for the weekend
- no provision is made for health care needs following discharge and community services are generally not available on the weekends and in the evenings
- need for increased training of health care personnel with regard to special problems of communication and engagement that exist for homeless persons
- studies demonstrate the existence of a multitude of different ailments in each individual homeless person

#### PROPOSED SOLUTIONS

- PROVISION OF TOTAL HEALTH CARE ASSESSMENTS FOR ALL INDIVIDUALS
- TRAINING OF HEALTH CARE PERSONNEL TO MEET THE SPECIAL NEEDS OF THE HOMELESS
- INCREASED INVOLVEMENT OF MEMBERS OF THE MEDICAL COMMUNITY
- AVAILABLE BED SPACE FOR THOSE WITH PHYSICAL ILLNESS WHO REQUIRE REST AND ATTENDING CARE
- PROVISION FOR SPECIAL DIETARY NEEDS
- PROVISION OF NECESSARY MEDICATION, SUPPLIES AND EQUIPMENT

- USE OF A PREVENTIVE APPROACH TO HEALTH CARE RATHER THAN AN EMERGENCY BASED APPROACH
- AVAILABILITY OF HEALTH CARE SERVICES ON A 24 HOUR A DAY BASIS
- PROVISION OF MANY SERVICES AT THE SHELTER -- COME TO THE HOMELESS RATHER THAN EXPECTING THEM TO FIND A WAY TO SERVICES
- MEET THE FOLLOWING NON EMERGENCY HEALTH CARE NEEDS:
  - PRENATAL CARE
  - PEDIATRIC CARE INCLUDING WELL BABY AND IMMUNIZATIONS
  - DENTAL CARE
  - CONTRACEPTIVES
  - PODIATRIC CARE
- CARE FOR ACUTE AND NEGLECTED TRAUMA
- SCREENING AND TREATMENT FOR:
  - SEXUALLY TRANSMITTED DISEASES
  - HYPERTENSION
  - DIABETES
  - RESPIRATORY TRACT INFECTIONS
  - PERIPHERAL VASCULAR DISEASE
  - DERMATOLOGICAL PROBLEMS

#### PERSONS WITH MENTAL ILLNESSES

Statistics from local agencies indicate that of the individuals who sought services in January and February of 1988, approximately 14% had mental health problems. National studies, however, indicate that as many as 40% of the homeless may suffer from mental health problems. Currently our system is ill equipped to deal with the treatment needs of these individuals. This is particularly true in light of the fact that substance abuse is frequently an issue for persons with mental health problems and, as was previously mentioned, available resources do not address this fact. With the opening of the Canaan House, we are currently meeting approximately 10% of the existing need for transitional housing for this population. (Appendix F)

## PROBLEMS EXPERIENCED

### For individuals:

- inadequate or nonexistent social supports
- pervasive societal stigma and fear of persons who are mentally ill
- prohibitively high cost of treatment and medication lack of supportive and supervised housing
- limited capacity to cope with system
- population is frequently at a higher educational level than functional level
- individuals are socialized to a certain type of behavior as a 'mentally ill person' -- societal expectations
- limited job opportunities
- benefits are frequently lost if a person works
- dependency syndrome
- populations fear of the ever present threat of forced treatment time limited services
  - by specific agency policy
  - by worker attitude
- dual diagnoses -- high rate of substance abuse
- difficulty in making social changes

### For the community, family members, and service providers:

- societal attitudes about persons with mental illness
- absence of social support for the family
- need for changing community attitudes
- need for community education
- value conflicts
- need for population to conform to certain general expectations about behavior in the community

- treatment expectations -- misnomer of 'normalization'
- lack of appropriate agency to voice problems to (beyond the local police)
- lack of supportive housing options

#### PROPOSED SOLUTIONS

- APPROPRIATE HOUSING
  - GROUP HOMES AND HALFWAY HOUSES
  - TRANSITIONAL FACILITY
  - SUPPORTED HOUSING WITHIN THE COMMUNITY
- CENTRALIZATION OF INFORMATION AND INTAKE
- SOCIAL SERVICES TAKEN TO THE POPULATION ON THE STREET
  - USE OF STREET SOCIAL WORKERS
- 24 HOUR SERVICE AVAILABILITY
- OUTREACH WORK FOR BOTH THE COMMUNITY AND THE POPULATION
- COMMUNITY EDUCATION AND SUPPORT
- NON TIME LIMITED SERVICES
- INTENSIVE CASE MANAGEMENT/SERVICE COORDINATION
- NONTRADITIONAL APPROACHES TO AGENCY MANAGEMENT

#### PERSONS WITH MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

As has been previously stated, these groups experience a large degree of overlap. It is, however, difficult to determine the full extent of this overlap due to the lack of adequate assessment of the individuals involved. Frequently this failure to assess results in individuals being denied services they might otherwise qualify for, but do not receive because they have not been 'labeled' accurately to meet the criteria. (Appendices F and G)

#### PROBLEMS EXPERIENCED

- lack of supportive housing with adequate supervision
- inability to deal with personal hygiene, health needs and sexual behavior

- inability to cope with the system
- inaccurately assessed level of functioning
- lack of training to maximize functional ability

#### PROPOSED SOLUTIONS

- INTENSE CASE MANAGEMENT/SERVICE COORDINATION
- COMPLETE ASSESSMENT OF ALL INDIVIDUALS' FUNCTIONAL LEVEL
- PROVISION OF SUPPORTIVE HOUSING WITH PROGRAMS TO ADDRESS MUCH NEEDED TRAINING IN DAY-TO-DAY LIVING SKILLS
- HEALTH AND SEX EDUCATION THAT IS ATTUNED TO THE NEEDS OF THE POPULATION

#### PERSONS WITH OTHER DISABILITIES

This section looks at the needs of persons who have physical disabilities which are the result of health problems or accidents in adult life. These persons do not qualify for programs and economic resources that are available to persons with developmental disabilities because their problems occurred after childhood. For many of these individuals health issues are the primary problem. However, due to the nature of their illnesses, they frequently are unable to qualify for disability in spite of their inability to maintain or access steady employment. Even those who are able to receive SSI or other aid frequently live in a precarious state because of the high cost of needed medications and the high cost of housing. These individuals often find themselves coming up short on much needed income with extremely limited resources available to them. Most of their assistance comes from churches and private agencies which stipulate the number of times a single person can receive assistance from them in a given period. (Appendix G)

#### PROBLEMS EXPERIENCED

- inability to access many resources due to the definition of their disability
- high cost of needed medications which are not covered by Medicaid
- high cost of housing leaves little income to pay for health needs

- limited resources in agencies which offer emergency assistance (agencies frequently run out of available money within the first few days of the month -- people who need the money often run out toward the end of the month)
- limitations on how often a person can receive assistance from a particular agency due to agency policy
- difficulty dealing with a system that is insensitive to the nature of their problems

#### PROPOSED SOLUTIONS

- INTENSIVE CASE MANAGEMENT -- PARTICULAR ATTENTION PAID TO HELPING INDIVIDUALS FIND FINANCIAL RESOURCES
- INCREASED AVAILABILITY OF HOUSING FOR PERSONS ON LIMITED INCOMES
- CHANGE IN PROGRAM POLICIES THAT DENY ACCESS TO PERSONS BECAUSE OF AGE AT TIME OF ONSET OF DISABILITY
- METHOD TO PREAUTHORIZE MEDICATIONS THROUGH MEDICAID

#### ADDITIONAL NEEDS AND RECOMMENDATIONS

As we have mentioned previously, there will be overlap in terms of the needs of individuals. Careful attention should be given to the structure of the total program to assure that people are not placed into categories which inhibit their access to the total range of services. The following sections will address those programs and services that will be needed to some degree by all the homeless as well as issues which must be addressed by service providers and the community.

Many homeless people have been outside the mainstream of society for a long time. They frequently lack knowledge of even the seemingly most basic aspects of life as part of a community. For this reason, it is important that a program be established to provide individuals with a basic awareness of such community expectations as not defecating on the sidewalk or behind someone's bushes, not stealing newspapers off people's porches, etc. It is important that this concept be recognized as a way of helping individuals understand expectations of community life -- not as a method of social control. It also is important to recognize that failure to offer an alternative to defecating behind someone's bushes makes it impossible for the homeless to act differently. The need for readily accessible public toilets was expressed by the 1984 Task Force, but the recommendation was never carried out. The



provision of public toilets would allow persons who are homeless to maintain a degree of dignity and privacy while also responding to a community outcry to eliminate this problem.

### EDUCATIONAL NEEDS

Another universal need among the homeless is the need for varying degrees of education and re-education. Great emphasis should be placed on accurately determining the level of functioning of each individual with subsequent learning opportunities being made available to maximize each person's ability. This may vary from learning the seemingly simple tasks of day-to-day living to the completion of a GED program or possibly even college. The success of this type of program will depend on the effectiveness of case management services.

### JOB TRAINING AND EMPLOYMENT

Once individuals have reached a certain level of stability and education and job training needs are being addressed, they will need to have an outlet for their skills. Currently the job market for many of these individuals looks very bleak. We recommend that a job development program be established to begin matching community needs with the skills of these individuals. It is important that this program does not become a way of forcing individuals to work for their services but rather a way to provide individuals with a productive outlet of their choosing.

Among the most devastating aspects of homelessness are enforced idleness and diminished self-confidence, self-image and self-worth. These are combined with a sense of inability to cope and function in society that is overwhelming and debilitating and leads to a vicious spiral of ever increasing dependency.

An opportunity exists to address all of these problems by involving homeless persons in the creation, rehabilitation, maintenance, and operation of housing and other resources that are developed to meet their needs. Given opportunities and encouragement, some homeless persons will be found to have skills and experiences that can be applied with minimum training or supervision; others will need considerable training and direction; some will even be found to have leadership capabilities. Such training and experiences should also have applicability to eventual employment opportunities in the larger community.

### PUBLIC HOUSING AND POLICY

In addition to our previously mentioned housing suggestions, we recommend a policy change to allow quicker access to public

housing. Understanding the need for those individuals who have been on the waiting list the longest to have first opportunity to access available housing, we suggest that an alternative approach be used to contact these individuals. One option would be to send out announcements of a group gathering for those persons who are on the waiting list when a house or apartment becomes available. For those persons who might be unable to attend, a proxy system could be used. This would provide a less complicated and more expedient approach to the provision of available housing units.

#### COMMUNITY ORGANIZING

The need for assistance in community organizing in low income housing areas and projects has long been overlooked. Many individuals in these areas are willing to work toward neighborhood improvement, but often do not have the skills or the support to do so. Community outreach workers could provide the necessary support and consultation to encourage such leadership within communities such as Bluegrass-Aspendale. It should be understood, however, that this will not eliminate the need for police support and action in these communities but, over time, it should reduce the level of such need.

#### COMMUNITY EDUCATION

The need for community education efforts is multifaceted and will result in such education taking a variety of forms. Community education efforts must both inform the public and listen to, and address community concerns. This is important for program support, assisting in initiating and developing support for necessary policy changes, and generating necessary funding.

Such community outreach will provide information on the nature of homelessness and the needs of individuals who are homeless. It will afford the opportunity to let the public know that there is more to homelessness than just the people they see on the street. It also will be necessary to let the public know the limitations and what they can expect from agencies that serve the homeless. For many individuals in the community it may seem that there should be no problem forcing people to live in a shelter and use available services, while in fact, forced 'assistance' is illegal. These types of misconceptions must be addressed and limitations must be explained.

#### AGENCY COORDINATION PROGRAM

As a result of our efforts to obtain data on the populations being examined by this committee, we have become increasingly aware of major gaps in agency record keeping and service coordination. In order to facilitate greater cooperation among agencies serving the

homeless and, in order to look toward long range planning needs, we strongly recommend that a separate program be established to address these issues. Such a program would be responsible for establishing record keeping guidelines, gathering information from all agencies to be used for accessing funding and establishing population trends and needs, and assisting in service coordination and planning. This program is critical to accessing available money to maintain services for the homeless -- a very important factor in the success of a comprehensive plan such as the one we are proposing.

## APPENDIX A

### JOB DESCRIPTION OF SERVICE COORDINATOR

It is the belief of this committee that the role of the service coordinator is one which is both crucial and primary to the successful provision of services. We see the quality of the relationship which must be established between service coordinator and client as a predictor of the effectiveness of the services we provide. Failure to strive for the development of such a helping relationship is tantamount to neglect as a service provider. Our concept of this role is one which goes beyond the traditionally held perspective of the case manager to a person who has the skills, knowledge and philosophical outlook necessary to provide a holistic approach to working with clients of the shelter. This does not suggest that other individuals and agencies could not or would not provide services to clients but it does demand that the service coordinator be knowledgeable about other needed services and act as a liaison between the client and outside services.

The following role descriptions will help to provide a framework through which to view the job of service coordinator. It is important to recognize that this description does not profess to address all possible unexpected situations, although we hope to anticipate most needs in such a way as to provide proactive, rather than reactive, services. We expect that among the service coordinators' job requirements will be the ability to be flexible in carrying out their role and adapting to the unexpected. Service providers need to be flexible rather than assume this is the responsibility of the client.

#### SERVICE COORDINATOR RESPONSIBILITIES

- 1] Service coordinators will be responsible for initiating the intake process with prospective clients. This provides the opportunity for the beginning stages of relationship building between the client and their primary contact within the agency, the service coordinator.
- 2] Service coordinators will be responsible for providing the client or prospective client with information about the basic structure of the agency and the behaviors that are expected while in the shelter. Although the shelter needs to be designed in such a way as to be able to accommodate all types of individuals, all persons using the facility must be willing to adhere to certain basic rules which will allow for the comfort and security of all clients. (These needs can be effectively met through careful attention to structural aspects of the facility.)

- 3] Service coordinators will be responsible for conducting a needs assessment for each of their clients. This needs assessment will address basic immediate needs first and then long term needs.
- 4] Service coordinators will be responsible for facilitating an in-depth assessment process. This process will look at level of functioning, personal resources, health status, significant past experiences, etc. This process will be undertaken only with the expressed written consent of the client.
- 5] Service coordinators are responsible for developing a service delivery plan for each client with whom they work. This service plan must be agreed upon by the individual client and must clearly reflect her/his desires in terms of facility utilization. This plan must reflect the changing needs of the individual client.
- 6] Service coordinators will act as brokers for the services that they are unable to provide themselves. This role requires that service coordinators be knowledgeable about available resources and the suitability of these resources for specific clients. Additionally, it requires that the service coordinator have the skills to access information that may not be readily available to them. If a service provider has difficulty finding the necessary information, it is highly unlikely that a client will be able to access the resources they are seeking. For this reason it is important that service coordinators ensure that clients have complete and accurate information about any outside agency services that are sought. Additionally, it would be the service coordinator's responsibility to assure the client had access to necessary transportation.
- 7] Service coordinators will assist their clients to complete paperwork which is required prior to accessing services or benefits. Whenever possible these forms and applications will be completed at the shelter and returned to the outside agency from there. This process could be used for food stamps, housing, disability, social security, etc. (Although it is recognized that clients can benefit greatly from learning to do tasks for themselves, it is the belief of this committee that few rewards will be realized by clients who are constantly frustrated by unsuccessful attempts to deal with agency bureaucracy. Additionally, it must be recognized that many of the clients we will be working with are without the necessary personal resources to deal with such a process. Successful client growth can be stimulated more readily by starting with goals which are easily defined and attainable in a relatively short period of time. The degree of involvement of the service coordinator in this task, as in any other,

will be determined by the need and level of functioning of the specific client.)

- 8] Service coordinators will act as the client's primary agent in the process of acculturation, that is learning basic ways of getting along in society and gradually learning to cope more independently. In so doing the service coordinator will, based on the needs determined in the initial assessment process, begin to help the client with various tasks of day-to-day living. These tasks would include personal hygiene care, care of personal belongings, social interaction skills, coping skills, personal finance skills, etc. It is recognized that input into the process will come from a variety of sources. However, the service coordinator will play a highly significant role in this process in light of the assumed nature of their relationship with the client. Additionally, the service coordinators' work with these relatively generic issues should help to strengthen the relationship between them and the client, thus making them more effective in dealing with more difficult and/or personal matters.
  - 9] Service coordinators will act as mediators in matters of conflict which arise between their clients and other shelter residents, other service providers and outside agencies.
  - 10] Service coordinators will act as advocates for their clients. In so doing the service coordinator will help the client access resources the client might otherwise be unable to receive. This could include such things as access to social services, housing, financial assistance, medical care, legal services, etc. It is the hope of this committee that the nature of a new facility would be such that individuals could readily access all the services that they need. It is recognized, however, that service availability from outside agencies may have far more restrictions. This reality makes the role of the service coordinator as a client advocate extremely important.\*\*
- \*\* As a client advocate the service coordinator is in an excellent position to identify problems within the system. The consistent need to advocate for clients with a particular agency or service is a strong indicator of service barrier which requires further examination. Such problems should be identified and reported to the service coordinator's supervisor who will be responsible for engaging in class advocacy in the community.
- 11] Service coordinators will be responsible for monitoring the services which are used by the client. These services should be part of the established working plan for that particular client.

- 12] Once a client has begun to work with a service coordinator the relationship should be maintained for as long as it is beneficial to the client. This means that the service coordinator's responsibility to that client does not stop the minute the client moves out of the shelter.
- 13] The service coordinator will identify client strengths in an effort to break the cycle of dependency through empowerment by participation in service delivery.

### Critical Features of Organizational Design:

Service coordinators caseloads should not exceed 10 for the first six months

Subsequently the service coordinators caseload could be increased to 15. It is expected that the 5 additional cases would be ones which had stabilized and therefore would require less intense involvement

Service coordinator supervisors would be responsible for monitoring caseloads and assuring that service coordinators are working at a reasonable level (This requires that a supervisor be aware of the demands of each particular case)

Supervisors would be responsible for providing service coordinators with updated resource lists

Case information and resource information should be computerized for ease of data access and client assistance

Service coordinators should be provided with in-service training which will help them be better able to meet the demands of their job

Supervision should be available for service coordinators

### Critical Characteristics of a Service Coordinator:

Service coordinators should have a sound knowledge base

Service coordinators should possess the skills necessary to practically apply their knowledge

Service coordinators should possess a positive philosophy in terms of the clients with whom they work

Service coordinators should have an educational background that includes knowledge of social services and their provision



## **APPENDIX B**

### **VICTIMS OF DOMESTIC AND OR/SEXUAL VIOLENCE**

#### **RESIDENTIAL:**

- 1) **YWCA SPOUSE ABUSE CENTER -**  
emergency shelter for abused women and their children,  
24 hour crisis line, counseling for men, women and  
children, referral services. (Capacity 30) Frequently  
full during the spring and summer months. Women are  
referred to other shelters or the Salvation Army.

#### **NONRESIDENTIAL SERVICES AND PROGRAMS:**

- 1) **LEXINGTON RAPE CRISIS CENTER -**  
medical, legal and crisis intervention for sexual  
assault/abuse victims
- 2) **WOMEN'S CENTER OF CENTRAL KENTUCKY -**  
counseling and referral services

## APPENDIX C

### HOMELESS CHILDREN

#### RESIDENTIAL:

- 1) SALVATION ARMY -  
emergency housing for 2 to 3 families, day care, youth programs
- 2) EMERGENCY HOUSING COALITION -  
provides housing for families (Capacity 10)
- 3) VOLUNTEERS OF AMERICA -  
permanent and temporary housing for families  
(Capacity 9)
- 4) MASH DROP IN -  
residential services for runaway children, hotline, food,  
medical attention (Capacity 8)
- 5) METRO GROUP HOME -  
short term group home living for a maximum of six months  
(Capacity 8)
- 6) FLORENCE CRITTENTON HOME -  
emergency shelter for females committed by the state (55  
in 1989)
- 7) VIRGINIA PLACE ONE-PARENT FAMILY FACILITY -  
supportive services, low cost housing, counseling,  
training (Capacity 15 families)

#### NONRESIDENTIAL SERVICES AND PROGRAMS:

- 1) HEALTH DEPARTMENT -  
health care services
- 2) COMPREHENSIVE CARE CENTER -  
Teen Pop for substance abuse problems
- 3) LIFESTYLES PREVENTION SERVICES -  
geared toward school age children, role models provide  
direction with positive decision making
- 4) GRAHAM B. DIMMICK CHILD GUIDANCE SERVICE -  
counseling services, intensive in-home services
- 5) TEEN LEADERSHIP PROGRAM -  
after school program for troubled teens

- 6) **LEXCARE** -  
emergency financial fund as a support service to agencies  
and material services to clients
- 7) **FAYETTE COUNTY SCHOOLS** -  
free lunch program, clothing center (central office)

## APPENDIX D

### SERVICES FOR PERSONS WITH ALCOHOL AND/OR OTHER DRUG ABUSE PROBLEMS

#### RESIDENTIAL:

- 1) DETOX -  
7 day detoxification, case managers, crisis intervention  
(60% of beds are taken by homeless individuals)
- 2) SCHWARTZ CENTER -  
21 day residential treatment (space for 5 women and 12  
men, generally a waiting list) No dual diagnoses.
- 3) VETERANS ADMINISTRATION HOSPITAL -  
21 day treatment program (capacity 15 - 20)
- 4) SHEPHERD HOUSE -  
halfway house for men (capacity 12)
- 5) CHRYSALIS HOUSE -  
half way house for recovering women alcoholics  
(capacity 14, generally a waiting list)
- 6) BOARDING HOMES -  
approximately 125 beds in 7 homes (not all take persons  
with substance abuse problems)

#### NON RESIDENTIAL SERVICES AND PROGRAMS

- 1) HORIZON CENTER -  
Day shelter, showers, restrooms, personal need items,  
telephone, message board, employment counseling and  
mental health outreach services
- 2) COMMUNITY KITCHEN -  
breakfast seven days a week, 3 evening meals, sandwiches,  
crisis intervention, showers, laundry, day shelter,  
nursing clinic, GED, Adult education, food pantry,  
pastoral counseling and clothing bank

**3. COMPREHENSIVE CARE CENTER:**

- A) **TEEN POP** - for teenagers with a substance abuse problem
- B) **METHADONE PROGRAM** -outpatient
- C) **ATTITUDE CONVERSION TRAINING** - educational program for first time offenders related to substance abuse
- D) **MULTIPLE OFFENDERS STATUTORY TREATMENT** - for multiple offenders as related to substance abuse
- E) **OUTPATIENT ADULT COUNSELING**

## APPENDIX E

### SERVICES FOR PERSONS WITH CHRONIC OR ACUTE HEALTH PROBLEMS

#### NONRESIDENTIAL SERVICES AND PROGRAMS:

- 1) **COMMUNITY KITCHEN CLINIC - (UK COLLEGE OF NURSING AND FAYETTE COUNTY HEALTH DEPARTMENT) -**  
provides nonemergency health care to homeless persons
- 2) **FAYETTE COUNTY HEALTH DEPARTMENT -**  
provides health care service to low-income and marginally housed individuals. Also serves the homeless, although the Community Kitchen Clinic provides the majority of care to this population.
- 3) **SALVATION ARMY HEALTH CARE CLINIC -**  
nonemergency health care services provide two nights per week by physicians and students of the University of Kentucky College of Medicine
- 4) **UNIVERSITY OF KENTUCKY HOSPITAL -**  
provides emergency services to homeless and low-income persons
- 5) **VETERANS ADMINISTRATION HOSPITAL -**  
inpatient and outpatient services provided for veterans

## APPENDIX F

### MENTALLY ILL/MENTALLY RETARDED

#### RESIDENTIAL:

- 1) **HOUSING FOR THE HANDICAPPED -**  
individual living quarters for needy handicapped citizens. (Capacity 16)
- 2) **SPINDLETOP APARTMENTS -**  
group home for mentally retarded individuals  
(Capacity 8)
- 3) **CANAAN HOUSE -**  
home for homeless chronic mentally ill (Capacity 8)
- 4) **WESLEY HALL -**  
apartments for chronic mentally ill persons (17  
apartments)
- 5) **BLUEGRASS PERSONAL CARE HOME -**  
unit for chronic mentally ill (Capacity 40)
- 6) **EASTERN STATE HOSPITAL -**  
emergency psychiatric evaluation and medication on a 24  
hour basis.
- 7) **BOARDING HOMES -**  
approximately 125 beds in 7 homes. Not all homes take  
persons with mental health problems.

#### NON RESIDENTIAL SERVICES AND PROGRAMS:

- 1) **COMPREHENSIVE CARE CENTER PROVIDES:**
  - A) AFTER CARE CLINIC
  - B) CASE MANAGEMENT
  - C) PSYCHOSOCIAL REHABILITATION DAY CENTERS
  - D) SUPPORTIVE WORK THERAPY PROGRAM
  - E) GUARDIANSHIP EVALUATION
- 2) **STATE GUARDIANSHIP**

## **APPENDIX G**

### **DEVELOPMENTAL AND OTHER DISABILITIES**

#### **RESIDENTIAL:**

- 1) **HOUSING FOR THE HANDICAPPED -**  
individual living quarters for needy handicapped citizens  
(Capacity 16)
- 2) **BOB BROWN HOUSE -**  
residential services for persons who are blind or  
otherwise handicapped (14 apartments) Rent based on  
income.
- 3) **SOLOMON HOUSE -**  
Housing for persons with AIDS. Residents must be able  
to care for themselves.

#### **NON RESIDENTIAL SERVICES AND PROGRAMS:**

- 1) **OPPORTUNITY WORKSHOP LEXINGTON, INC. (OWL) -**  
Rehabilitation workshop for physically and mentally  
handicapped adults. Persons are generally sponsored by  
Vocational Rehab.
- 2) **VOCATIONAL REHABILITATION -**  
counseling, evaluation, medical services, training and  
job placement for individuals with physical and mental  
disabilities. (WORK FORCE DEVELOPMENT CABINET)
- 3) **BLUEGRASS COUNCIL OF THE BLIND -**  
information/referral to blind and visually impaired  
person
- 4) **ACCESS -**  
assessment, referral and case management services for  
developmentally disabled and mentally retarded persons.  
Onset must be prior to age 22. No charge for services.
- 5) **INTERDISCIPLINARY HUMAN DEVELOPMENT INSTITUTE -**  
assessment/direction services for children and adults  
with developmental disabilities
- 6) **DIRECTIONS SERVICE CENTER -**  
broker service for individuals with disabilities



## APPENDIX H

### FORENSIC

#### RESIDENTIAL:

- 1) ST. ANDREWS HOME -  
halfway house for criminal offenders
- 2) VOLUNTEERS IN CORRECTIONS -  
emergency shelter, food, clothing and transportation

#### NON RESIDENTIAL SERVICES AND PROGRAMS:

- 1) COMPREHENSIVE CARE CENTER:
  - A) SHOPLIFTERS - (Diversion Program)
  - B) SEX OFFENDER TREATMENT PROGRAM
  - C) DRIVING UNDER THE INFLUENCE (DUI) EDUCATION PROGRAM
  - D) ALCOHOL AND DRUG SERVICES AT THE JAIL
  - E) DETENTION CENTER CLINIC CRISIS MANAGEMENT
  - F) DOMESTIC VIOLENCE PROGRAMS
  - G) STOP PROGRAM (Surveillance and Treatment On Probation)

## **APPENDIX I**

### **HOMELESS FAMILIES**

#### **RESIDENTIAL:**

- 1) **VOLUNTEERS OF AMERICA -**  
provides 19 units of housing for approximately 3-5 months, case work services, job training, clothing, household goods, and appliances
- 2) **SALVATION ARMY -**  
night shelter, evening meals, breakfast, clothing bank.  
UNTIL Program (Unified Toward Independent Living)
- 3) **PUBLIC HOUSING -**  
1,979 units
- 4) **VIRGINIA PLACE ONE-PARENT FAMILY FACILITY -**  
housing, child care, training, counseling (Capacity 15)

#### **NON RESIDENTIAL SERVICES AND PROGRAMS:**

- 1) **COMMUNITY ACTION -**  
placement, help with utilities, clothing bank, distributes commodities, aware program for displaced homemakers
- 2) **WOMEN'S CENTER OF CENTRAL KENTUCKY -**  
counseling support assistance with emergency housing
- 3) **CATHOLIC SOCIAL SERVICES -**  
social and financial services
- 4) **ADULT SERVICES -**  
financial assistance for rent and utilities
- 5) **BLACK CHURCH COALITION -**  
provides funds for utilities, rent, transportation and medical assistance
- 6) **GOD'S PANTRY -**  
provides food
- 7) **CHRISTIANS IN COMMUNITY SERVICE -**  
financial assistance, medical and dental care, rent assistance, transportation, legal mediation, friend-to-friend, medications and furniture

- 8) **COMPREHENSIVE CARE CENTER -**  
counseling, crisis intervention and psychotropic  
medications
- 9) **TENANT SERVICES AND HOUSING COUNSELING INC. -**  
counseling, legal help and financial aid

## APPENDIX J

### PROGRESSIVE HOUSING PROGRAM ST. PAUL, MN YWCA

#### SUMMARY DESCRIPTION

**Goal:** to intervene in life cycle of deprivation and violence with a newly emergent cycle of inter-generational homelessness.

**Program:** a multi-faceted, multi-stage program designed to break the cycle of deprivation, violence, homelessness and AFDC dependency.

#### **Stage 1: Emergency Stabilization Program**

In this stage, the emphasis is on stabilization and meeting basic emergency needs: food, shelter, medical needs, and security. No woman will be refused services if room is available.

Once the woman and her family are made comfortable within the facilities, the various program specialists will start responding to the Individual Needs Assessment information and design a program with her to deal with other needs: legal counsel, health care, child development and financial stabilization.

#### **Stage 2: Adaptive Services Program**

An individualized and focused plan is negotiated with woman so that short-term and long-range goals are her objectives, not just the program's. The outcome planned for each woman is full employment, permanent housing, high self-esteem, self-sufficiency, and a good role model for her children. Many life skills must be learned and many problems resolved which may necessitate long-term program and staff response. Full employment (working above the poverty line) may involve a year or more of education support. Some women need assistance in basic living skills (finance, hygiene, time management, child care and communication skills). Special attention is given to children's educational and developmental needs. All of these specialized services are provided by highly professional staff and volunteers.

#### **Stage 3: Transitional Support Program**

Once the family's needs have been stabilized and a contract for working toward personal goals of permanent housing and/or job placement have been negotiated, the woman is accepted into Stage 3. Here she may begin to analyze job and career

choices. The staff and volunteers work closely with the woman and the community, providing training and educational opportunities. By providing a center residence setting (and apartment building), the Transitional Support Program also encourages the development of community among participants. The women can challenge and support each other while they are learning new leadership and life skills. They also can build a network that will go beyond the program.

#### **Stage 4: Enterprises Unlimited**

In this stage, there is the assumption that the woman's life has become manageable, that she has shown significant growth throughout the Staged Housing Program and that she will become an independent income producing citizen. Thus, she is prepared for work opportunities. Simultaneously, jobs are sought/developed in a variety of companies. Skill levels will range from house and office cleaning services through skilled professional services.

(Note: in 1987, the program has facilities for 90 women and children in emergency shelter and 18 units in the Stage 3 program. The cost per day per woman and child was \$14.05 beyond the support that went to the agency from United Way grants and other sources of income).

APPENDIX L

TRANSITIONAL SERVICES - SHELTERED RESIDENT POPULATION

NEEDS:	PROVIDER:
HOUSING	
FOOD	GOD'S PANTRY
CHEMICAL ABUSE REHABILITATION	VOLUNTEERS OF AMERICA ALCOHOLICS ANONYMOUS VETERANS ADMINISTRATION HOSPITAL COMPREHENSIVE CARE CENTER
EDUCATION/ JOB TRAINING	MAYOR'S JOB CENTER FAYETTE COUNTY SCHOOLS COMMUNITY ACTION COUNCIL
EMPLOYMENT	MAYOR'S JOB CENTER COMMUNITY ACTION COUNCIL
FINANCIAL COUNSELING	
CHILD CARE	THE NEST COMMUNITY ACTION COUNCIL
SOCIAL SERVICES	SOCIAL SECURITY OFFICE INTERNAL REVENUE SERVICE CABINET FOR HUMAN RESOURCES FOOD STAMP OFFICE COMMUNITY ACTION COUNCIL
LEGAL ASSISTANCE	LEGAL AID PUBLIC DEFENDER
CONTINUING CASE MANAGEMENT	COMMUNITY ACTION COUNCIL

# APPENDIX M

## GOVERNING BOARD OF DIRECTORS 12 -15 MEMBERS

### EXECUTIVE DIRECTOR

#### Intake

Case management/service coordination  
Payee Services  
Crisis Intervention  
Needs Assessments  
Prevention Services  
Outreach to 'at risk' and  
unsheltered homeless

#### Clothing Room

Laundry Facility w/assistance  
available

Regular Meals  
Special Diets  
Snacks  
Food Pantry

Mail

Telephone

Secured Storage

Medication Storage

#### Recreational Activities

#### Child Care

Shelter Maintenance  
Transportation

#### Volunteer Coordination

Vocational Training  
Rehabilitation Programs  
Job Development Program  
Job Placement Program  
GED Classes  
ABC Classes

Health Clinic  
Infirmary

Dental Program

Vision Testing/Glasses

Health Care Classes

Money Management  
Nutrition  
Education  
Cooking Classes  
Shopping  
Social Skills  
Community Living

Detox

AA

NA

Substance Abuse  
Programs

Crisis

Intervention

\*\* The service clusters above are provided solely for the purpose of organizing this document. In no way does this organizational chart intend to mandate the groups of services for which a contract agency would be responsible.

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Based on indepth discussions with local service providers, business people, attorneys and developers the Subcommittee on Housing and Employment has determined that Lexington-Fayette County is not meeting the housing, job training and employment needs of homeless and marginally housed residents. Although our deliberations indicate there are a number of agencies and programs working on these issues, we have found the majority of eligible participants are not being served. Reasons for these gaps are varied and include program policy issues, inadequate funding, and program and housing capacity limitations. The Subcommittee recognizes lack of adequate affordable housing and job training and employment opportunities to be key contributors to the problem of rising numbers of nontraditional homeless persons. In an effort to address this increasing problem, we make the following recommendations:

**COMMISSION ON HOUSING AND SUPPORTIVE SERVICES**  
(See pg. 133)

**ESTABLISHMENT OF A COMMISSION ON HOUSING AND SUPPORTIVE SERVICES TO ACT AS THE CENTRALIZED POINT OF CONTACT FOR AGENCIES INVOLVED IN HOUSING AND SERVICE ISSUES FOR HOMELESS AND marginally HOUSED PERSONS.**

**ADDITIONALLY, THE COMMISSION COULD ASSURE THE PLANNING PROCESS IS COMPLETED AND THE RECOMMENDATIONS OF THE TASK FORCE ARE IMPLEMENTED.**

**THE COMMISSION ON HOUSING AND SUPPORTIVE SERVICES SHOULD INCORPORATE ALL AREAS OF NEED EXPERIENCED BY PERSONS WHO ARE HOMELESS OR marginally HOUSED.**

**COMMITTEES ON HOUSING, SUPPORT SERVICES, JOB TRAINING AND EMPLOYMENT COULD BE ESTABLISHED UNDER THE UMBRELLA OF THE COMMISSION.**

**COMMUNITY EDUCATION AND INVOLVEMENT**  
(See pg. 121)

**ESTABLISHMENT OF A SPEAKERS BUREAU TO BE DEPLOYED TO LOCAL SERVICE CLUBS AND BUSINESS ORGANIZATIONS IN THE COMMUNITY.**

**CIVIC, RELIGIOUS AND BUSINESS ORGANIZATIONS SHOULD BE ENCOURAGED TO DEVELOP AN ACTIVE RESPONSE TO HOMELESS FAMILIES.**

**INDIVIDUAL MINISTERIAL GROUPS WITHIN LEXINGTON-FAYETTE COUNTY CONTINUE TO COORDINATE ACTIVITIES ON BEHALF OF THE HOMELESS IN A MANNER THAT ALLOWS THE MINISTERIAL GROUPS TO MAINTAIN THEIR AUTONOMY.**

**PROVIDE ONGOING OUTREACH TO THE COMMUNITY FOR EDUCATIONAL PURPOSES AND TAKE SERVICES TO THE PEOPLE WHO CAN BENEFIT FROM THEM RATHER THAN WAITING FOR THEM TO FIND OUT ABOUT THE AVAILABILITY OF SERVICES.**

**EQUITY OF SERVICE**  
(See pg. 99)

USE OF PERFORMANCE DRIVEN CONTRACTS SHOULD BE SUPPLEMENTED WITH NECESSARY HOUSING, COUNSELING, CLOTHING, FOOD, TRANSPORTATION AND CHILD CARE SERVICES.

INCREASED EMPHASIS ON PERFORMANCE ORIENTED APPROACHES THAT ALLOW SERVICE PROVIDERS TO ADDRESS THE MULTIPLE NEEDS OF THE LONG-TERM UNEMPLOYED.

AVOID RESTRICTING EFFORTS TO ONLY THE "WORTHY HOMELESS" -- INCLUDE ALL HOMELESS AND AT-RISK PERSONS IN PROGRAMS APPROPRIATE FOR THEIR NEEDS.

DEVELOPMENT AND MAINTENANCE OF A COMPREHENSIVE AND INTEGRATED SYSTEM OF DELIVERING SERVICES TO THE HOMELESS THAT INCORPORATES THE EXPERIENCE LEARNED THROUGH PILOT PROJECTS FOR SERVING VERY LOW-INCOME PERSONS WHO ARE HOMELESS OR AT-RISK OF BEING HOMELESS.

**HOMELESS PREVENTION**  
(See pg. 132)

LEXINGTON-FAYETTE COUNTY SET AS A COMMUNITY PRIORITY A FOCUS ON HOUSING PROGRAMS THAT PROVIDE SUPPORT SERVICES FOR VERY LOW-INCOME PERSONS.

CONTINUED FOCUS ON HOMELESS PREVENTION FOR LOW- TO MODERATE-INCOME PERSONS. EMPHASIS SHOULD BE ON MAINTAINING PEOPLE IN THEIR HOMES.

ESTABLISHMENT OF A SINGLE ROOM OCCUPANCY (SRO) FACILITY. (See pg. 134)

**GOVERNMENT INITIATIVES**  
(See pg. 125)

**FEDERAL INITIATIVES**

TAX CREDITS FOR PROPERTY OWNERS WHO DONATE LIVING SPACE FOR THE HOMELESS.

MAJOR OVERHAUL OF THE HUD REGULATIONS REGARDING PUBLIC HOUSING. HUD SHOULD LOOK SERIOUSLY AT THE ZERO-RENT RULE WITH AN EMPHASIS ON REQUIRING PEOPLE WHO ARE ABLE TO WORK, TO WORK.

INCENTIVE PROGRAMS FOR NEW AND INNOVATIVE IDEAS AND FUNDING MECHANISMS IN RESPONSE TO THE LOW-COST HOUSING CRISIS.

REMOVAL, BY CONGRESS, OF THE 20% CAP ON PREVENTION FUNDS UNDER THE STEWART B. MCKINNEY ACT AND SET ASIDE MORE MONEY FOR HOMELESSNESS PREVENTION.

HUD CONSOLIDATION OF ALL MCKINNEY ACT PROGRAMS INTO A BLOCK GRANT FORMAT SIMILAR TO THE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM.

REVITALIZATION OF FEDERAL PARTICIPATION (all areas of housing) IN EFFORTS TO PRESERVE EXISTING LOW-INCOME HOUSING STOCK AND TO INCREASE THE SUPPLY OF SAFE, AFFORDABLE HOUSING.

(Emphasis should be on streamlining funding and planning. Regulations which tend to be overly complicated and rigorous should be avoided, yet measures which monitor potential abuse and misuse should be calculated.)

A NATIONAL AFFORDABLE HOUSING POLICY SHOULD BE ADOPTED WHICH EMPHASIZES A PERMANENT SUPPLY OF HOUSING FOR VERY LOW- TO LOW-INCOME INDIVIDUALS.

#### STATE INITIATIVES

ESTABLISHMENT OF A STATE TRUST FUND FOR PROVIDING AFFORDABLE HOUSING TO LOW AND MODERATE INCOME PERSONS.

GENERAL ASSEMBLY REVISION OF THE KENTUCKY UNIFORM RESIDENTIAL LANDLORD TENANT ACT (URLTA) TO ALLOW THE ESTABLISHMENT OF A HOUSING COURT AS A LOCAL OPTION AND TO ALLOW LOCAL COMMUNITIES TO MAKE DECISIONS ON THE ESTABLISHMENT AND JURISDICTION OF SUCH A COURT.

SUPPORT THE NATIONAL ASSOCIATION OF HOME BUILDERS PROPOSAL FOR THE CREATION OF AFFORDABLE HOUSING.

#### LOCAL INITIATIVES

ESTABLISHMENT OF A LOCAL HOUSING COURT.

CONSIDERATION OF A PROGRAM RELATING TO THE ESTABLISHMENT OF A NEIGHBORHOOD HOUSING TRUST.

CONSIDERATION OF A PROGRAM ESTABLISHING 'PROJECT MITIGATION MEASURES'. THIS PROGRAM WOULD COLLECT A FEE ON ALL GENERAL OFFICE DEVELOPMENT IN EXCESS OF CERTAIN LIMITS TO BE PLACED IN A FUND FOR THE DEVELOPMENT OF VERY LOW AND LOW INCOME HOUSING. IN LIEU OF A FEE THE DEVELOPER COULD AGREE TO BUILD A SPECIFIED NUMBER OF UNITS WITHIN A PREDETERMINED AFFORDABLE PRICE RANGE.

CONSIDERATION OF A HOUSING PRESERVATION AND REPLACEMENT PROGRAM.

CONSIDERATION OF AN INCLUSIONARY HOUSING PROGRAM. THE PROGRAM WOULD HAVE DEVELOPERS SET ASIDE 15% OF THE TOTAL NUMBER OF UNITS IN ANY HOUSING PROJECT TO BE PRICED AT A LEVEL AFFORDABLE TO VERY LOW AND LOW INCOME HOUSEHOLDS.

HOUSING CONSTRUCTION FUNDING  
(See pg. 121)

LEXINGTON-FAYETTE COUNTY PROJECT THE IMAGE THAT THIS COMMUNITY STANDS READY TO BE A PARTNER WITH ANYONE INTERESTED IN WORKING TOWARD SOLUTIONS TO THE PROBLEM OF LACK OF AFFORDABLE HOUSING WITH THE RECOGNITION THAT ANY SUCCESSFUL SOLUTION WILL REQUIRE COMMUNITY-WIDE EFFORTS.

CONTINUED AND EXPANDED PUBLIC/PRIVATE PARTNERSHIP FOR PROVIDING AFFORDABLE HOUSING.

DEVELOPERS CONTINUE TO BUILD HOUSING THAT IS AFFORDABLE TO FIRST TIME HOME BUYERS.

URBAN COUNTY GOVERNMENT CONTINUE TO WORK WITH DEVELOPERS TOWARD THE INITIATION OF AN SRO.

EXPANSION OF THE CURRENT COOPERATIVE HOUSING PROJECT WITH THE LEXINGTON APARTMENT ASSOCIATION.

INCREASED INVOLVEMENT OF BANKS IN THE FINANCING OF LOW INCOME HOUSING.

CREATION OF AN UMBRELLA FUND FOR ACCEPTING CONTRIBUTIONS TO FUND VARIOUS SERVICES FOR THE HOMELESS.

PLANNING AND ZONING ISSUES  
(See pg. 130)

INVESTIGATION INTO WHETHER MANUFACTURED HOUSING HAS A MARKET IN THE LEXINGTON-FAYETTE COUNTY AREA AS A LOWER COST METHOD OF HOUSING PRODUCTION.

INVESTIGATION INTO WHETHER THE LOCATION OF MANUFACTURED HOUSING PRODUCTION FACILITIES COULD BE USED AS AN ECONOMIC DEVELOPMENT INITIATIVE TO ENHANCE THE LOCAL JOB MARKET.

EXPLORATION INTO WHETHER THERE ARE ANY LOCAL REGULATORY IMPEDIMENTS TO THE CREATION OF AFFORDABLE HOUSING.

EXPLORATION INTO THE FEASIBILITY OF DEVELOPING A COMPREHENSIVE PLAN SPECIFICALLY FOR AFFORDABLE HOUSING NEEDS.

DEPARTMENT OF HOUSING

EXPANSION OF THE DEPARTMENT OF HOUSING TO INCLUDE THE FOLLOWING:

- = ADDITIONAL INSPECTORS FOR CODE ENFORCEMENT
- = ADEQUATE FUNDING FOR EDUCATIONAL EFFORTS IN HOUSING

- = INCREASED FUNDING FOR EMERGENCY RELOCATION. DUE TO CURRENT INCREASES IN INSPECTIONS, MORE LOW INCOME FAMILIES ARE BEING DISPLACED.
- = DEVELOPMENT OF A PROGRAM THAT WOULD PROVIDE LOW COST HOUSING MAINTENANCE REPAIRS FOR LOW AND MODERATE INCOME ELDERLY RESIDENTS.

EXPLORATION, BY LEXINGTON-FAYETTE COUNTY HOUSING AUTHORITY, OF THE OPTION OF TENANT OWNERSHIP OF PUBLIC HOUSING UNITS.

#### JOP TRAINING AND EMPLOYMENT ISSUES (See pg. 136)

EXPLORATION OF INCREASED COORDINATION OF JOB TRAINING AND PLACEMENT ACTIVITIES WITH THE KENTUCKY CABINET FOR HUMAN RESOURCES, DEPARTMENT FOR EMPLOYMENT SERVICES.

Some incentive programs currently exist such as Targeted Tax Credit, Job Training Tax Credit, the Unemployment Tax Credit, and On-the-Job Training (reimburses 100% of training cost for eligible workers).

PROVISION OF A STIPEND FOR INDIVIDUAL PARTICIPANTS IN TRAINING FOR OCCUPATIONAL SKILLS. THIS WOULD DECREASE THE FINANCIAL BURDEN ON THE STUDENT WHILE ATTENDING THE PROGRAM, THUS INCREASING THE LIKELIHOOD OF SUCCESSFUL PROGRAM COMPLETION.

COMPREHENSIVE APPROACH TO THE PROVISION OF JOB TRAINING.

DEVELOPMENT OF JOB PLACEMENTS WITH SMALL COMPANIES, IN ADDITION TO LARGE COMPANIES, FOR GRADUATES OF JOB PROGRAMS.

USE OF A MORE AGGRESSIVE APPROACH TOWARD THE CHAMBER OF COMMERCE AND OTHER BUSINESS GROUPS WHO COULD BE ACTIVE IN THE CREATION OF JOBS FOR THE POOR.

JOB PLACEMENTS SHOULD BE MADE IN FAMILY OWNED BUSINESSES WHERE BOTH PARTIES WILL BENEFIT.

IMPLEMENTATION OF SUNDAY LEXTRAN SERVICE TO SUPPLEMENT RECENTLY EXPANDED SERVICE.

URBAN COUNTY AND STATE GOVERNMENT ENFORCE ACTION AGAINST EMPLOYERS, ESPECIALLY BUILDING CONTRACTORS, WHO PAY EMPLOYEES IN CASH AND FAIL TO COVER THEM FOR WORKERS COMPENSATION, UNEMPLOYMENT INSURANCE OR SOCIAL SECURITY OR TO PROVIDE OTHER BENEFITS.

## **Part I**

### **Equity of Service**

Equity of service becomes a critical issue when dealing with social welfare programs that ignore human reality in favor of high success rates. Funding requirements that conceptualize program success as a function only of high and expedient rates of participant completion cannot and will not focus on services and training for the majority of homeless people. Program requirements and expectations leave room only for those individuals who present the greatest likelihood of success, thus often ignoring those with the greatest need. There are still others who receive "permanent temporary" arrangements without long range plans. Some housing subsidies are restricted to individuals who are in job training programs, have jobs or exhibit certain lifestyles.

Issues such as a history of substance abuse or a conviction on a drug related offense negatively affect the ability of individuals to access or maintain public housing subsidies under current regulations. Public housing regulations require a person convicted of a drug related offense to complete substance abuse treatment before they may live in a public housing unit. These individuals need housing before they can begin to combat their other problems. Housing Authority evictions fail to recognize the reality that the people who are being evicted still need some place to live, and available housing options are extremely limited. This fact does not excuse their problems or the concern of the community about drug abuse and trafficking, but asks what we should do with these people.

The tendency is to skim from the top so you get your greatest success stories. The reality is that there is a group of people not being served. These individuals and their needs should be the primary focus of the ongoing efforts of the Task Force.

### Recommendations

THE SUBCOMMITTEE RECOMMENDS THAT USE OF PERFORMANCE DRIVEN CONTRACTS BE SUPPLEMENTED WITH NECESSARY HOUSING, COUNSELING, CLOTHING, FOOD, TRANSPORTATION AND CHILD CARE SERVICES.

THE SUBCOMMITTEE RECOMMENDS THAT EXTREME CAUTION BE TAKEN SO THAT THE EFFORTS ARE NOT RESTRICTED TO THE "WORTHY HOMELESS". ALL HOMELESS AND AT-RISK PERSONS SHOULD BE INCLUDED IN PROGRAMS THAT ARE APPROPRIATE FOR THEIR NEEDS.

THE SUBCOMMITTEE RECOMMENDS THE DEVELOPMENT AND MAINTENANCE OF A COMPREHENSIVE AND INTEGRATED SERVICE DELIVERY SYSTEM THAT INCORPORATES THE EXPERIENCE LEARNED THROUGH PILOT PROJECTS FOR SERVING LOW INCOME PERSONS WHO ARE HOMELESS OR AT RISK OF BECOMING HOMELESS.

**Part II**

**Housing**

**Needs and Recommendations**



For a person who is homeless or at risk of becoming homeless, few things matter more than attaining shelter. Although it is clear that we need a wide variety of services to address all of the problems faced by persons who are homeless, the Subcommittee on Housing recognizes that the success of supportive services depends on the community's ability to provide for basic survival needs such as shelter and food. In the absence of adequate emergency, transitional and permanent shelter for individuals who are homeless or at risk, future plans to meet mental and medical health care needs, employment and education needs are tantamount to erecting a building without a foundation. Likewise, emergency and transitional facilities carry little weight in community efforts to combat homelessness without the construction and availability of adequate housing for very low-income individuals and families who may exhibit a variety of additional needs.

Over the years our local government's commitment to addressing housing issues has fluctuated greatly. Since the merger of Lexington-Fayette Urban County government there have been periods of time when housing issues were given very little if any attention. With the establishment of the Department of Housing in 1988, housing issues have become a major focus of the local government. Lack of continuity in dealing with housing issues, however, has limited the ability of this community to confront crucial issues surrounding the affordable housing crisis.

The Subcommittee on Housing's primary goal is to determine the degree to which Lexington-Fayette County's current housing resources are meet the needs of individuals who are homeless or at risk of becoming homeless, and provide proposed solutions to address identified gaps and needs. Over the course of our deliberations we have examined a wide variety of existing and proposed plans for providing necessary housing resources. Our findings indicate that there is a large gap between need and available resources for individuals with little or no income and/or a variety of special needs. During the last two years, several programs have been initiated to provide housing options for low-to moderate-income individuals. These new initiatives are encouraging, but it must be recognized that many men, women and children are ineligible for the majority of existing programs. Program income guidelines, limited program resources and the need to demonstrate high rates of 'success' all act to exclude those persons whose housing situation is most critical.

Research has shown the need for communities to focus on preventive measures when addressing housing issues. The combination of insufficient affordable housing and the emotional and physical toll taken by being homeless compound the problems already being encountered by persons who are marginally housed. Once an individual or family has become homeless, statistics show that their likelihood of experiencing episodic bouts of homelessness are increased, each event demanding a higher price. The problem of reestablishing adequate housing for these individuals is clearly a community issue. As this report will indicate, the number of persons who are eligible for subsidized housing is far greater than the available resources. It is difficult to clearly determine the

number of persons in the Lexington-Fayette County area who would qualify for such housing due to the hidden nature of homelessness.

## HOUSING FOR THE HOMELESS AND AT-RISK

Housing options for persons with little or no income are extremely limited. Although many individuals who are homeless or marginally housed find themselves trying to cope with a complex myriad of problems and issues, their need for safe shelter is probably the simplest to identify.

This section of the Housing report provides some of the most critical information to be examined by the Subcommittee on Housing. Our analysis of the resources available to the homeless and marginally housed has made clear the need for a priority response to the needs of this population. As the following data indicate, current resources meet only a portion of the identified need in our community. (See Tables 1.1, 1.2)

### EMERGENCY HOUSING (General) (Table 1.1)

#### Salvation Army

Currently, the Salvation Army provides the majority of emergency shelter for persons who are homeless in the Lexington-Fayette County area. On an average, 100 persons receive shelter at the facility each night, most sleeping on mats in the gym. Since the Salvation Army is primarily a night shelter, clients are required to leave after breakfast and must find somewhere to spend the day until they are readmitted in the evening. Generally this means they will spend the day at the Horizon Center, Community Kitchen or somewhere on the streets.

The Wayhouse provides separate sleeping space for an additional 46 individuals. The space consists of two 16-bed sleeping rooms for single men, one 8-bed room for single women and one 6-bed family room. When demand requires additional family space, single men staying in the Wayhouse are asked to sleep in the larger shelter. During 1989 the Salvation Army provided emergency shelter for 250 to 300 families. Approximately 75% of these families were homeless individuals traveling through the Lexington-Fayette County area. The other 25% to 30% are Lexington-Fayette County residents in need of shelter.

Although the growth in the number of homeless families around the country has been a problem for some time, 1990 has demonstrated that the peak in the number of homeless families in the Lexington-Fayette County community has yet to come. By the end of July, 1990, the Salvation Army had served approximately the same number of homeless families served by the facility in the full year of 1989. It is unlikely that this number will decline in the near future.

The UNTIL Program, also located in the Wayhouse, provides individual living space for up to 15 participants. This transitional program, by necessity, is able to serve only a very

select population of those who are homeless. The program provides individualized attention to those working toward employment and eventual self-sufficiency.

This warehousing mode of addressing the needs of homeless persons has been born of necessity. As the nature and numbers of homeless individuals have changed over the last decade, community response has failed to keep in step. Clearly, the current arrangement fails to accommodate the reality of an expanding and changing homeless population. Additionally, those individuals who are most difficult to help, due to the nature and complexity of their issues, are left with little or no alternatives.

The facility has undergone a great deal of expansion and remodeling in the last year. The Salvation Army's goal is to provide emergency shelter and a full range of support services to approximately 14 families. These changes will help to address the shelter needs of increasing numbers of homeless families, but the emergency shelter needs of the 60 to 100 single men and women who currently sleep at the Salvation Army would need to be met elsewhere. (See Coordinated Facility, pg. 49)

Until an alternative is available, the Salvation Army will continue to offer shelter to all persons who are homeless. Once a separate shelter is available for single men, the Salvation Army will be able to focus primarily on families and single women.

#### Good Samaritan Family Shelter Program

The Good Samaritan Family Shelter Program, which began in Lexington in 1988, obtains donated vacant housing from apartment owners. The donated units are used as emergency or transitional housing for homeless families who require a few months of assistance to regain the financial stability necessary for independent living. In turn, Volunteers of America guarantees the payment of the utilities, screens and refers families to available apartments, and provides a variety of social services.

The program results in scattered housing sites throughout the community. Other apartment residents are unaware of a family's participation in the program, and frequently, program participants choose to remain in the unit as permanent full rent-paying residents.

The Good Samaritan Family Shelter program has been well received by participating landlords in Lexington and in other cities throughout the country. Unfortunately, in spite of large numbers of vacant apartments in our community and a high degree of positive feedback on the program, only 25 of the 142 (18%) families who applied for shelter in 1989 were able to be placed.

TABLE 1.1  
HOUSING FOR HOMELESS  
(General)

PROGRAM	TYPE OF SERVICE	SOURCE OF FUNDS	# SERVED	EST. % OF POP.
Salvation Army Emergency Night Shelter and Wayhouse	Emergency Night Shelter for homeless men and women. Family space is for approximately two to three families.	51% Donations 34% United Way 9% FEHA 6% LFUCG	Ave. 100 persons per night	20%
Salvation Army UNTIL Program	Transitional program for homeless persons. Provides more individual- ized attention for high functioning persons who are working toward employ- ment.	See Above	15	3%
Good Samaritan Family Shelter (VOA)	Provides emergency housing for homeless families. 9 units available	LFUCG United Way Donations	25 families (1989)	18% of the 142 families who applied
Emergency Housing Coalition (VOA)	Emergency family shelter. 10 units are leased from LFHA. Average stay=40 days.	LFUCG United Way Donations	49 families (1989)	18% of the 273 families who applied
Housing for the Homeless	Provides housing for homeless families through a lease agreement with HUD.		7 units available	2% of the unmet need identified under VOA programs

### Emergency Housing Coalition

The Emergency Housing Coalition provides emergency shelter to eligible families. The program is operated by the Volunteers of America. Through a contract agreement with the Lexington-Fayette County Housing Authority, ten units are leased at a total cost of \$12,000 per year, plus the cost of insurance and maintenance. In the past, funding was provided by matching funds from the Lexington-Fayette Urban County Government, the Mineral Severance Tax, and the McKinney Emergency Shelter grant funds. This year, this program, like all local emergency shelter programs, failed to receive McKinney money -- leaving the program approximately \$3,000 short of its 1990 debt.

Applicants for the Emergency Housing Coalition program are primarily homeless families who will require subsidized housing in the future. In 1989 the program received 273 applications for emergency shelter. Only 49 of these families were able to be assisted -- approximately 18% of the applicants.

### Housing for the Homeless

On January 11, 1990 HUD published regulations implementing the Single Family Property Disposition Homeless Initiative. This program provides local governments and nonprofit organizations an opportunity to lease or purchase HUD foreclosed properties for use as housing for the homeless. The lease is for a maximum of three years at \$1 per year. Purchase is made at discounted prices.

The Urban County Government will participate in this program and has budgeted McKinney Act Emergency Shelter Grant funds to rehabilitate the properties and to underwrite the operating costs of the program. Volunteers of America, under contract with the UCG, will manage the leased units and provide support services to homeless families. Currently there are seven units available, with the expectation that this number will increase to as many as 40 over the next few years. The actual rate of increase will depend on the availability of necessary funding.

### **EMERGENCY HOUSING (Special Needs) (Table 1.2)**

#### Spouse Abuse Shelter

The YWCA Spouse Abuse Shelter provides emergency shelter for up to 30 women and their children at a time. The program serves a 17 county area and provided refuge to 808 women and children in 1989.

Originally, shelter stay was limited to 30 days. However, during the last few years the average length of stay has increased to a range of 60 to 90 days.

Staff of the Spouse Abuse Shelter and Women's Center, Inc., a resource and referral center for women, have identified the

absence of support services and safe, affordable housing as two of the most difficult obstacles their clients must overcome.

### Volunteers in Corrections

Volunteers in Corrections provides emergency housing, food, clothing and counseling and support services to ex-offenders. The program operates through the parole office and depends largely on volunteers for many of its services. Program policy eliminates many individuals based on additional issues such as mental illness and substance abuse.

### Services for Youths

MASH Drop-In and Coleman House provide emergency shelter for Lexington-Fayette County youths. MASH, Inc. has an 8-bed capacity and serves boys and girls from infancy to 17 years of age. The population primarily served by MASH is runaway youths. The program has a 15-day time limit and operates at capacity over 90% of the time.

Coleman House also provides emergency shelter for youths from birth to age 17. The majority of these children have been removed from the home on emergency or protective custody orders. The program has a 30-day time limit. The facility has a capacity of 14.

Additional emergency shelter space is provided by Florence Crittenton Home. During 1989, this facility provided emergency shelter for 55 girls, ranging in age from 12 to 17 years, who were committed to the state.

### Canaan House

Canaan House is a home for eight mentally handicapped homeless persons. A loan was provided through the Community Development Block Grant program to acquire the property. Funds were provided by the local government to renovate the facility.

With an identified rate of mental health issues of approximately 30%, this single facility barely begins to address the already identified need. Although the Canaan House represents a step in the right direction, more transitional housing space and support services are needed to meet the needs of community residents.

### Shepherd House

Shepherd House, Inc. is a halfway house for twelve homeless male alcoholics. The University of Kentucky owns the property and provides a twelve year lease to Shepherd House, Inc. The Urban County Government provided \$93,000 in emergency shelter grants under the McKinney Act to renovate the facility. As part of its contribution, Shepherd House, Inc. operates the facility.

The Shepherd House Board is examining the feasibility of another level of transitional housing for stabilized halfway house residents who are not ready for independent living. A three-quarters house would provide this additional step between the halfway house and self-sufficiency. Initiation of a three-quarters house project will depend on the success of the Shepherd House and the status of enabling state regulations. Regardless of the future of such a facility, it is important to recognize transitional facilities of this type as key components in future programming for individuals who are homeless.



TABLE 1.2  
HOUSING FOR HOMELESS  
(Special Needs)

PROGRAM	TYPE OF SERVICE	SOURCE OF FUNDS	# SERVED	EST. % OF POP.
Spouse Abuse Shelter	Emergency shelter for victims of domestic violence. Serves 17 counties	United Way CHR, VOCA McKinney, Dept. of Labor, Donations	Capacity=30 Served 601 women and their children in 1990 FY.	7.8% of the target pop. (1 of 10 families suffer from domestic violence
Canaan House	Housing for mentally handicapped homeless persons.	Private donations, Section 8 funds per resident.	8	10%
Shepherd House	Halfway house for homeless male alcoholics. Residents must complete a substance abuse treatment program. Time limit = 3-9 mos.	United Way, client fees, Ind. & Church contributions, grants, KY Mental Retardation Board	12	10%
Volunteers in Corrections	Emergency shelter and services for ex-offenders.	United Way, Fund raisers	139 families	50% of monthly referrals
Metro Alternative Shelter House (MASH)	Emergency shelter for runaway and homeless youths. 15 day time limit.	LFUGG, USDA, CHR Juvenile Justice, Donations, McKinney Runaway Youth Act.	405 in residence 328 'drop-in' (1989)	Approximately 10%
Coleman House	Emergency shelter for youths, ages birth to 17.	CHR per diem	Capacity = 14	1% of children under 18.
Florence Crittenton Home	Emergency shelter for girls 12 to 17 who are homeless and committed to the state.	CHR per diem	55 in 1989	10% of total in need.

**HOUSING FOR VERY LOW INCOME PERSONS**  
(See Table 1.3)

**Virginia Place-One-Parent Family Facility, Inc.**

Virginia Place, a non-profit facility for one parent families, provides a transitional living and learning setting for unemployed or underemployed single parents with young children. The program's primary goal is to assist participants in developing the educational and family-life skills necessary for an independent, self-sufficient future. Successful participants are those who have a strong desire to succeed.

Currently, the program is able to accommodate 15 participants at a time. From January, 1986 to January 1989 the program served 30 participants. In Housing Supply and Need a projected need of at least 50-70 additional units was identified by the facility. Thus, the demand clearly outweighs the available resources.

Additionally, it must be recognized that success in such a program presupposes a certain level of functioning. Many individuals are unable to operate at such a level and are left with few alternatives.

**Tenant Services & Housing Counseling, Inc.**

Tenant Services is under contractual agreement with the UCC Department of Housing to provide free counseling and guidance to lower-income individuals and families distressed by housing and related socio-economic and legal problems. The services provided include assistance obtaining human services and other resources, mediation of landlord-tenant conflicts, and homeownership counseling to low- and moderate-income families. Counseling includes preoccupancy, post-occupancy, maintenance and mortgage default. This agency also compiles and analyzes data on housing issues for use by government and community groups.

During 1989, Tenant Services served 2,034 lower income client households. They were able to find housing for 170 families and used \$10,000 in local government assistance funds to help 126 client households with critical shelter needs. In addition, \$9,505 in HUD Emergency Shelter Grant funds were used to assist 54 households avoid homelessness.

Data from Tenant Services indicate the need for a minimum of 500 housing units for various size families. Many persons coming to Tenant Services do not have the necessary income, health, education and/or skills to earn a continuous income for maintaining housing. In order to keep people in their homes by providing rent and utilities, approximately \$300,000 in additional funding is needed to provide assistance to the current caseload at Tenant Services.

## FEDERAL HOUSING PROGRAMS

### Lexington-Fayette Urban County Housing Authority

In 1989, the Lexington-Fayette Urban County Housing Authority operated 2,075 of the subsidized housing units in Lexington-Fayette County. About 1,000 of these public housing units make up the Bluegrass-Aspendale complex. In addition, the Housing Authority administers 688 certificates and 221 vouchers for rental assistance under the Section 8 Existing Housing Program. The Section 8 certificates and vouchers are under five-year contracts with over 350 certificates expiring in 1990. It is not known at this time if the contracts will be renewed.

### Recommendation

THE SUBCOMMITTEE RECOMMENDS A REVIEW OF THE LEXINGTON-FAYETTE URBAN COUNTY HOUSING AUTHORITY POLICIES THAT HINDER THE RAPID PLACEMENT OF FAMILIES INTO AVAILABLE UNITS.

THE POLICY OF REQUIRING RENTAL PAYMENT BY GROUPS SUCH AS THE UNITED WAY, THE UCG AND PRIVATE CONTRIBUTORS FOR HOUSING AUTHORITY UNITS USED FOR EMERGENCY HOUSING PURPOSES THAT WOULD OTHERWISE HAVE BEEN VACANT SHOULD BE REVIEWED.

### ISSUES IN PUBLIC HOUSING

#### Income Eligibility Limits

Housing projects are under increased pressure to be competitive with the market place. Absence of maximum income limitations for eligible public housing residents increases the likelihood of higher rents and the movement of units from low-income to lower-middle-income families. In testimony before the Governor's Advisory Council, the executive director of the Frankfort City Housing Authority stated his belief that limits should be set so that the public housing units are revolved back into the low-income community. There is some concern that failure to provide such regulations has resulted in a housing authority practice of evicting lower-income families in order to bring in those with higher incomes.

#### Demolitions

During 1989, the LFUCG Housing Authority began work on 'improvements' in the Bluegrass-Aspendale housing project. The plan calls for the demolition of a total of 295 units in the complex -- the vacated space to be used primarily for parking for residents.

Federal government regulations stipulate that replacement units should be constructed prior to the demolition of existing units. In this instance, funding was received in two parts -- the initial unding was for the demolition of 96 units; the second funding is

for the construction of replacement units. HUD awarded the LFUCG Housing Authority \$4.4 million for construction of 96 replacement units, but waived the construction-prior-to-demolition requirement based on reported high vacancy rates and inability to rent units in the Bluegrass-Aspendale complex. No one was displaced by the demolition, but the high number of homeless and marginally-housed families in our community indicates a clear need for these low-income housing units. Lexington-Fayette Urban County Government does not agree with the policy of demolishing existing housing units before replacement units are built. Many necessary changes in regulatory policy will not occur without cooperation from HUD. The Urban County Government must work with our local, state and federal legislators to help change regulations that adversely affect the homeless by reducing the number of housing units and allowing units to remain vacant, and not allowing them to be used in the face of strong demand for emergency housing.

### Evictions

As increasing numbers of families are applying for subsidized housing, many housing programs are in a position to be highly selective about future and current residents. New legislation to combat drug problems and existing latitudes available to Housing Authorities have resulted in increased skimming of potential residents and a high rate of evictions.

When a family is evicted from a \$54-a-month housing unit because of a prior or current conviction, they have no comparable housing alternatives. These individuals will become homeless or will be forced to move in with friends or relatives, often in already crowded conditions.

Additional problems are experienced by families with working high-school-aged children. Since the student's income is included in calculation of overall household income, the family faces rent increases. Frequently, the family is forced to move, as rent increases move beyond their ability to pay. If the family chooses not to report this additional income, and it is later discovered, the Housing Authority will calculate back-rent and failure to pay will result in eviction.

### Community Action

Community Action operates a variety of programs for very low- to low-income persons. Many of these programs have housing assistance components.

The Community Action program, "Fresh Start", helps AFDC recipients with a variety of problems including housing issues. Although the vast majority of AFDC recipients would readily qualify for subsidized housing, the need far outweighs the number of available units. Those unsubsidized units which are affordable to AFDC recipients are generally substandard.

Community Action also administers the Low-Income Energy Assistance Program (LIHEAP) for the Lexington area. In the past, LIHEAP payments could be used to prevent homelessness by paying a household's full rent for up to a month, if utilities were included as part of the rent. The 1989 guidelines for LIHEAP removed this provision. Instead, the payment amount will be determined based on household size, using the standard utility allowance (SUA) from the Food Stamp Program regulations. The elderly are the first priority in the program and then families. Although the program is supposed to operate for three months every year, available money is generally obligated in less than 30 days. For many eligible participants this corresponds to serious financial difficulties during winter months. Often, by the time a family receives their bill for a particularly high fuel consumption month, LIHEAP funds are gone.

Generally, people with the fewest resources accumulate the highest utility bills because their homes are poorly insulated and their heating and cooling systems are inefficient. Kentucky Legal Services found in negotiations with Frankfort Housing Authority and HUD that the allowance given the tenants has been so low that 90% of program participants must pay something toward their utilities. Under the Brooke Amendment, public housing expenses for the tenants should be no more than 25% of the household's income. Additionally, many of the appliances that poor people can and do have are not considered in calculating the utility allowance. Air conditioning for elderly persons is now considered.

Historically, funding for LIHEAP has been low. In order to increase the number of individuals assisted, payment levels have been reduced.

#### Division of Adult Services

The UCG Division of Adult Services, Financial and Protective Services Unit offers counseling and short-term emergency financial assistance to eligible applicants experiencing a temporary disruption in income. To be eligible, the applicant must have a source of expected income and agree to repay the interest-free loan. Assistance is provided as a preventive measure, reducing the impact of a temporary setback while the individual works on a more permanent solution to the problem.

Eligibility for assistance is determined by a variety of criteria. First, as previously mentioned, the individual must be able to repay the loan. Secondly, the loan must be used to alleviate an existing emergency and can only be granted to a specific applicant once in a 12-month period. And finally, assistance will not be granted to the following:

- 1) persons who have lived in Fayette County less than 30 days
- 2) permanent seasonal workers
- 3) students
- 4) single adults without children, unless they are ill
- 5) individuals on strike

- 6) individuals who voluntarily leave employment
- 7) individuals who are fired with just cause
- 8) individuals receiving full state and federal statutory benefits

The above stipulations eliminate many people from program eligibility. For those who meet eligibility requirements, the program proves to be beneficial, but, once again, we are addressing a relatively select population that does not include persons with little or no income. This program is not a resource for persons who are homeless and have limited utility for many persons who are marginally housed.

TABLE 1.3  
HOUSING FOR VERY LOW INCOME PERSONS

PROGRAM	TYPE OF SERVICE	SOURCE OF FUNDS	# SERVED	EST. % OF POP.
Virginia Place-One-Parent Family Facility, Inc.	Transitional living and learning center for single parents with young children. Program demands require a participant be high functioning and highly motivated.	United Way, LFUCG Housing Authority, Dept. of Agri., KY Housing Corp., SREA, Donations	Capacity=15. single parent families with one or two young children	15%
Lexington-Fayette County Housing Authority	Government subsidized units	HUD	1979 units	20%-25%
	Section 8 vouchers and certificates		688 cert. and 221 vouchers Over 350 cert. 1990.	
Tenant Services and Housing Counseling, Inc.	Agency under contract with LFUCG to provide housing assistance to low/moderate residents. Works with local to meet emergency needs of Low income persons.	Black Church Coal. TS&HC, Inc., Adult Services/UCG Other local private organ.	CY 88 545 households	28%

**HOUSING FOR LOW TO MODERATE INCOME PERSONS**  
**(See Table 1.4)**

**LFUCG Department of Housing**

The establishment of the Lexington-Fayette Urban County Government Department of Housing in July 1988, demonstrated increased emphasis on housing issues in our community. The Department of Housing's primary focus has been on providing housing rehabilitation loans to private landowners through a block grant program. All programs are geared toward low-to-moderate-income households. The Department's goals are 1) to improve existing housing through the vacant lot program, code enforcement, and housing and rental rehabilitation, and 2) to increase the housing stock.

The Vacant Lot, Code Enforcement, and Housing and Rental Rehabilitation Programs are discussed in greater detail in the next two sections.

**Vacant Lot Program**

Recognizing high land costs to be a major obstacle to the construction of low cost housing in Lexington-Fayette County, the Vacant Lot Program provides a lot-price rebate to developers of approved projects. Eligible projects must be aimed at providing affordable housing to low-income persons. To assure affordability, the Vacant Lot Program's review committee explores the eventual selling price of each proposed unit.

To date, 75 lots have been built on since the program began. Unfortunately, Kentucky Housing Corporation, the state housing finance agency, is almost priced out of the Lexington-Fayette County market since its housing price limit for new construction was \$56,000 for FY 1989-90.

**Housing Rehabilitation Programs and Comprehensive Code Enforcement**

Housing Rehabilitation Programs play a key role in the preservation of existing low-income housing units by providing property owners an opportunity to make necessary structural repairs through low-interest loans. As efforts on the part of the Code Enforcement Division have increased, the need for available rehabilitation money has also increased.

The Department has a small waiting list for its rehabilitation programs. The Eligible Areas Rehabilitation Program (EARP) has been expanded to cover all of Fayette County. To qualify a homeowner must be low income and over 60 years of age in order to receive a loan up to \$10,000 to correct life safety violations. The FHA has a Title I loan program for rehabilitation; however, no bank in Lexington-Fayette County will make such loans. Structures beyond rehabilitation are demolished. In that instance, relocation assistance is provided through the Housing



Rehabilitation Program. In the absence of an active rehabilitation program in their area, the displaced resident(s) can be assisted financially with up to \$5,000 in relocation funds. The Department has a small emergency relocation loan program budgeted at \$3,000-\$3,500 per year. The loan limit amount is \$500, and the funds usually run out in the first six or seven months of the budget year.

Code Enforcement efforts to increase inspections have been assisted by the addition of more inspectors. However, the current staff of a director, secretary and eight inspectors remains inadequate to meet the demands of the Lexington-Fayette County community. It is important to be able to supplement violation notifications with resource information attuned to addressing identified problems. Such supplemental programs are being developed, but additional staff is necessary to assure the movement from theory to practice.

As housing demands have continued to outweigh available resources, many elderly citizens have begun to share their homes with others in need. These homes often require basic repairs such as installation of adequate insulation and repair or replacement of old furnaces and/or hot water heaters. Without the needed repairs these individuals are both physically and financially at risk. In response to this problem a housing resource manual for the elderly has been prepared by the Department of Housing in conjunction with the University of Kentucky's Sanders-Brown Research Center on Aging.

#### Recommendations

THE SUBCOMMITTEE RECOMMENDS AN INCREASE IN FUNDING FOR THE EMERGENCY RELOCATION FUND.

THE SUBCOMMITTEE RECOMMENDS THE DEVELOPMENT OF A PROGRAM TO PROVIDE LOW COST HOUSING MAINTENANCE REPAIRS FOR LOW AND MODERATE INCOME ELDERLY RESIDENTS.

THE SUBCOMMITTEE RECOMMENDS EMPLOYING ADDITIONAL INSPECTORS FOR CODE ENFORCEMENT.

THE SUBCOMMITTEE RECOMMENDS ADEQUATE FUNDING FOR EDUCATIONAL EFFORTS IN HOUSING.

#### PUBLIC/PRIVATE PARTNERSHIPS

##### CALL Home

A joint effort between the Urban County Government and local area banks has resulted in the establishment of CALL Home, a high-risk mortgage pool. The pool was established to provide homeownership opportunities to low- to moderate-income families who frequently have difficulty coming up with the large down payment necessary for conventional loans. Qualifying applicants are provided 99% financing, allowing a family to purchase a \$35-40,000 home for a few hundred dollars.

Low-interest financing is available through the Kentucky Housing Corporation or other participating lender. Currently, CALL Home has \$50,000 in seed money with most local banks and savings and loan companies participating and contributing to the pool. It is expected that only 10 to 12 loans will be made during the first year of the program.

### New Housing Construction

Examples of housing projects undertaken by the Urban County Government are the Toner Street project and the East End multi-family project. The latter project, which is part of the East End Redevelopment Project, began in early January 1990. The second phase of the redevelopment project, to acquire properties between Fourth and Fifth Street and provide owner-occupied housing in that block, is now underway.

The home building industry has begun to look at a variety of ways to reduce construction costs of low- and moderate-income neighborhood developments. Some cost reduction methods such as not building curbs and sidewalks, intended to improve the availability of low-and-moderate housing, may end up causing additional problems for residents in the future. In time, such neighborhoods become labeled by the lack of curbs and sidewalks as "low income neighborhoods." Many such neighborhoods were built in postwar Lexington-Fayette County. In recent years, the Department of Housing has found it necessary to rebuild the missing infrastructure with Community Development Block Grant (CDBG) funds.

The pros and cons of this issue must be examined and the good points of the affordable housing plans should be incorporated in future community development plans. New housing construction at a lower cost may need to be subsidized to maintain quality, accommodate handicap accessibility (as required by new anti-discrimination laws), and eliminate the stigma attached to neighborhoods whose lack of development features easily identify them as low-income.

Table 1.4  
HOUSING FOR LOW TO MODERATE INCOME PERSONS

PROGRAM	TYPE OF SERVICE	SOURCE OF FUNDING	# SERVED	EST. % OF POP.
Vacant Lot Program	Provides developer rebate on lot price for an approved unit.	Kentucky Housing Corporation	75 units built since 19	Approximately 35% of target population.
Housing Rehabilitation Programs	Provide low cost loans for the necessary home repairs in designated areas.	HUD	565 units since 1977	
Eligible Areas Rehab. Program	Housing rehab loans for low-income persons in low to moderate income areas and homeowners 60 and above and handicapped owners.	HUD	464 units since 1984	

### Housing Construction Funding and Community Involvement

The positive working relationship between the Urban County Government and the Kentucky Housing Corporation has proven effective in encouraging several local projects. Many projects could not have been done without the involvement of the Kentucky Housing Corporation, e.g., 1% to 7% financing on the Vacant Lot program and 0% financing for purchasing the Virginia Place site, the East End project and the Toner Street project. The Canaan House, Shepherd House and Virginia Place all used a mixture of public and private funds. Similar relationships should be established with other agencies, as well as private industry and private enterprises.

### Recommendations

THE SUBCOMMITTEE RECOMMENDS LEXINGTON-FAYETTE COUNTY GO ON RECORD AS A COMMUNITY READY TO BE A PARTNER WITH ANYONE INTERESTED IN WORKING TOWARD SOLUTIONS TO THE PROBLEM OF LACK OF AFFORDABLE HOUSING, WITH THE RECOGNITION THAT ANY SUCCESSFUL SOLUTION WILL REQUIRE COMMUNITYWIDE EFFORTS.

THE SUBCOMMITTEE RECOMMENDS CONTINUED AND EXPANDED PUBLIC/PRIVATE PARTNERSHIPS FOR PROVIDING AFFORDABLE HOUSING.

THE SUBCOMMITTEE RECOMMENDS THAT DEVELOPERS CONTINUE TO BUILD HOUSING THAT IS AFFORDABLE TO FIRST TIME HOME BUYERS.

THE SUBCOMMITTEE RECOMMENDS THE CURRENT COOPERATIVE HOUSING PROJECT WITH THE LEXINGTON APARTMENT ASSOCIATION BE EXPANDED.

THE SUBCOMMITTEE RECOMMENDS THE CREATION OF AN UMBRELLA FUND FOR ACCEPTING CONTRIBUTIONS TO FUND VARIOUS SERVICES FOR THE HOMELESS.

### RELIGIOUS COMMUNITY EFFORTS

The Lexington Ministerial Fellowship and the Lexington Alliance of Religious Leaders (LARL) currently have no organized efforts to provide services to the homeless or those persons at risk of becoming homeless. Most such efforts are conducted by individual churches and synagogues or through several established service agencies. The two organizations are willing to participate in a cooperative joint effort centered around the issue of homelessness. Previous efforts have been lax not through lack of desire, but because of lack of opportunity.

The religious community in Lexington has five different models for delivering service to families.

1. The Black Church Coalition accepts financial contributions from area churches and operates as a financial resource for people in need. They operate without paid staff.

2. The Resource Office for Social Ministries (ROSM) acts as a screening service and information clearinghouse for coordinating assistance between churches and people in need. They have a paid staff. When a person contacts their office, they contact an individual church for assistance.
3. Christians in Community Service (CCS) operates entirely with volunteers. The service screens persons in need and locates individual assistance from parish members.
4. LexCare is an organization of representatives of 50 social agencies and churches in the community. The approach is community based and accepts donations to their emergency fund for providing help to persons in need.
5. Catholic Social Services (CSS) provides counseling and financial services to help families avoid homelessness.

Additionally, a group of Southern Baptist Churches have raised funds to help local organizations augment their current funding.

#### Black Church Coalition

The Black Church Coalition is a loosely knit organization of 35 churches which pool their benevolent funds to assist individuals in need. The Coalition has monthly meetings and accepts a special offering on the first Sunday of each month to fund its activities. The Coalition operates entirely on volunteers, there are no paid staff.

The Coalition serves as the last line of defense for people who fall through the cracks of other programs. Most of the cases they handle are people who are not homeless, but who are at-risk of becoming homeless. People are referred to the organization by other agencies who have exhausted all other service options. If the funds run out before the end of the month, the program shuts down until more money is available.

#### Resource Office of Social Ministries (ROSM)

The Resource Office of Social Ministries (ROSM) is a coalition of ministers and social service agencies serving Lexington-Fayette County whose purpose is to coordinate emergency assistance that is available through private and public agencies as well as churches. ROSM can only be contacted through church personnel or a social worker. Funding comes from private church contributions.

Assistance is provided for rent, medication, travel, food, clothing and some unusual requests that do not fit into agencies' guidelines. ROSM has been effective in eliminating duplication of effort, providing information to agencies regarding prior receipt of assistance by the family, informing agencies about a family's need in a specific situation, detecting fraud, and saving the limited time of church staff by screening potential recipients of assistance.

### Christians in Community Service

Christians in Community Service began in December 1982 as a lay ministry organization of Christ the King Cathedral. It now operates as an emergency and crisis service organization. Financial, material, spiritual and other supportive services are provided on a one-to-one basis to anyone regardless of their beliefs, race or lifestyle. Money is solicited through CCS's biweekly newsletter and through notices in church bulletins.

CCS is funded by individual contributors rather than through the churches benevolent funds. Operating costs are covered through Christ the King parish. In addition to financial assistance, CCS volunteers offer in-kind medical and dental services and pro-bono legal services. CCS operates a furniture bank and has access to a city warehouse for furniture storage.

### LexCare

LexCare, Inc. is a tax-exempt nonprofit corporation. It is a loosely knit, community-based organization consisting of representatives from 50 local nonprofit private, public and religious organizations. In addition to operating an emergency fund, a primary focus of the group is on community education and a weekly column is printed in the Wednesday Lexington Herald-Leader Community Section relating stories of people in need. A weekly radio show is aired twice a week on WUKY, FM 91.3-UK public radio.

LexCare's purpose is to coordinate services, identify unmet needs in the community and communicate with agencies and the public. Administration of the emergency fund and screening of the clients for financial assistance are done by the Community Action Council on an in-kind basis. If information is to be shared between agencies, a release of information form is obtained from the person to assure that personal confidentiality is maintained. ASK US provides information to the public on an in-kind basis. Recently, the organization began a fund for diapers.

### Catholic Social Services

Catholic Social Services is a private agency which provides a wide variety of counseling and support services. The agency focuses on prevention services for at-risk individuals and families. CSS provides financial and counseling services aimed at helping marginally housed individuals avoid homelessness.

Catholic Social Services operates with a paid staff. Funding for the agency's prevention services is provided primarily through federal grant money from the FEMA Emergency Food and Shelter Program. Additional financial support is provided by Christians in Community Service and through private donations.

Recommendations

THE SUBCOMMITTEE RECOMMENDS THAT INDIVIDUAL MINISTERIAL GROUPS WITHIN LEXINGTON-FAYETTE COUNTY CONTINUE TO COORDINATE ACTIVITIES ON BEHALF OF THE HOMELESS IN A MANNER THAT ALLOWS THE MINISTERIAL GROUPS TO MAINTAIN THEIR AUTONOMY.

THE SUBCOMMITTEE RECOMMENDS THAT CIVIC, RELIGIOUS AND BUSINESS ORGANIZATIONS BE ENCOURAGED TO DEVELOP AN ACTIVE RESPONSE TO HOMELESS FAMILIES.

## **GOVERNMENT INITIATIVES**

### **Federal Initiatives**

#### **Homeless Family Relief Incentive Act of 1989**

Congressman Larry Hopkins introduced legislation to provide tax incentives for apartment owners participating in programs to aid the homeless. The bill was tabled last year and has been reintroduced into this Congressional session with more support from fellow members of Congress.

The Homeless Family Relief Incentive Act of 1989 would amend the Internal Revenue Code of 1986 to allow taxpayers to deduct the value of a lease contributed to a charitable organization, when the property is used to provide temporary housing for a homeless family. The credit would be for up to one year's rent at up to the fair market value. A homeless family is defined as a family that lacks a fixed, regular, and adequate nighttime residence.

#### **Recommendations**

THE SUBCOMMITTEE RECOMMENDS THE PASSAGE OF TAX CREDITS FOR PROPERTY OWNERS WHO DONATE LIVING SPACE FOR THE HOMELESS.

THE SUBCOMMITTEE RECOMMENDS A MAJOR OVERHAUL OF HUD REGULATIONS REGARDING PUBLIC HOUSING. HUD SHOULD LOOK SERIOUSLY AT THE ZERO RENT RULE WITH AN EMPHASIS ON REQUIRING PEOPLE TO WORK WHO ARE ABLE TO WORK. HUD SHOULD ALSO CHANGE ITS POLICIES TO REQUIRE THE REPLACEMENT OF HOUSING UNITS PRIOR TO THE DEMOLITION OF EXISTING UNITS.

THE SUBCOMMITTEE RECOMMENDS THAT THE FEDERAL GOVERNMENT BE REQUIRED TO TAKE THE LEAD ON PROVIDING INCENTIVE PROGRAMS TO ENCOURAGE COMMUNITIES TO COME UP WITH NEW AND INNOVATIVE IDEAS AND FUNDING MECHANISMS.

#### **The McKinney Homeless Assistance Act**

With the passage of the McKinney Act in 1987, the federal government took its first solid stand in favor of support for growing numbers of homeless Americans. Recently, however, local agencies have experienced increased difficulty obtaining funds for programs covered by McKinney guidelines.

Application guidelines and the myriad of programs outlined under the act only add to the difficulties experienced by local government and social service agencies.

#### **Recommendation**

THE SUBCOMMITTEE RECOMMENDS THAT CONGRESS REMOVE THE 20% CAP ON PREVENTION FUNDS UNDER THE STEWART B. MCKINNEY ACT AND SET ASIDE MORE MONEY FOR HOMELESSNESS PREVENTION.



THE SUBCOMMITTEE RECOMMENDS THAT HUD CONSOLIDATE ALL MCKINNEY ACT PROGRAMS INTO A BLOCK GRANT FORMAT SIMILAR TO THE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM.

#### National Affordable Housing Policy

In spite of the fact that the United States has enormous housing resources and the most developed production and financing programs in the world, hundreds of thousands of Americans do not have safe, decent and affordable housing. In the last decade, federal support for the provision of affordable housing has been drastically cut by nearly 80% and mismanagement, neglect, fraud, and scandal have pervaded throughout the Department of Housing and Urban Development. Meantime, it has been estimated that the savings and loan industry bailout will cost American taxpayers in excess of \$500 billion.

Considering the current budgetary environment, it is unrealistic to assume that former federal housing appropriations will be restored. Therefore, any national housing policy should emphasize and prioritize the preservation of existing low-income housing stock and the expansion of affordable housing, particularly to those individuals who are high-risk candidates for homelessness.

#### Recommendations

THE SUBCOMMITTEE RECOMMENDS THE FEDERAL GOVERNMENT REVITALIZE ITS PARTICIPATION IN EFFORTS TO PRESERVE EXISTING LOW-INCOME HOUSING STOCK AND TO INCREASE THE SUPPLY OF AFFORDABLE HOUSING.

THE SUBCOMMITTEE RECOMMENDS THAT FEDERAL GOVERNMENT REGULATIONS SHOULD EMPHASIZE STREAMLINING FUNDING AND PLANNING.

(Regulations which tend to be overly complicated and rigorous should be avoided, yet measures which monitor potential abuse and misuse should be calculated.)

THE SUBCOMMITTEE RECOMMENDS SUPPORT FOR THE ADOPTION OF A NATIONAL AFFORDABLE HOUSING POLICY WITH EMPHASIS ON PROVIDING A PERMANENT SUPPLY OF HOUSING FOR VERY LOW-INCOME INDIVIDUALS.

#### State Initiatives

##### The Kentucky Homeless Persons' Assistance Act of 1990

The Kentucky Homeless Persons' Assistance Act of 1990 was prepared for the Kentucky Coalition on the Homeless and is currently being reviewed by the Legislative Research Commission for a determination of the amount of potential funding that would be provided by the Act's funding mechanism. The goal of the Act is to provide housing for persons with an income that is 50% of the median by establishing an affordable housing trust fund. For a family of four in Lexington-Fayette County that amount would be approximately \$12,000. Some of the funding mechanisms are controversial and some of the same mechanisms have been proposed by the Governor's

cases be the worst. Although a housing court is not necessary for all communities, cities such as Lexington and Louisville frequently encounter the types of problems that would make a housing court feasible.

### Recommendations

THE SUBCOMMITTEE RECOMMENDS THAT THE GENERAL ASSEMBLY REVISE THE KENTUCKY UNIFORM RESIDENTIAL LANDLORD TENANT ACT (URLTA) TO ALLOW THE ESTABLISHMENT OF A HOUSING COURT AS A LOCAL OPTION AND TO ALLOW LOCAL COMMUNITIES TO MAKE DECISIONS ON THE ESTABLISHMENT AND JURISDICTION OF SUCH A COURT.

### National Association of Home Builders Plan

This proposal is based on a resolution passed in Atlanta. It would be implemented through the following steps:

1. The City would acquire the land.
2. Financing would come from local banks or other institutions who would receive their return by way of tax credits each year.
3. The Home Builders would provide plans, franchise type help, and technical assistance to cities to build the units. Local Home Builders will be asked to help in other ways on a volunteer basis.
4. Cities would then operate the facilities that they receive at no cost with the exception of the land cost. The city could then address the particular needs of the community.

The Federal Government's cost, to build one million units, would be less than \$2,200,000,000 in tax credits each year for ten years. Cities could house the homeless with programs to counsel the individual. Because of the multiplier effect that new construction generates, the cost to the treasury would be minimal.

### Recommendation

THE SUBCOMMITTEE ENCOURAGES SUPPORT FOR THE ABOVE PROPOSED PLAN.

### Local Initiatives

The Subcommittee recommends consideration of the following initiatives. Bold measures, by politicians and community and business leaders, are required to increase housing for low-income families. The Subcommittee prefers state action over local action, but views housing preservation provisions as the most important need at the local level.

### Neighborhood Housing Trust Fund

A program in Boston provides a model for the establishment of a Neighborhood Housing Trust. A separate non-profit corporation could be established locally to provide match money for pulling down other funds to create housing. The fund could be separate from any state trust fund that was established and could draw on a different source of money. The appointment to the Board of Trustees could be made by the Mayor. The trust fund could provide funding for housing but would not itself construct projects. Louisville has a citywide development corporation that is similar to the trust fund concept.

### Recommendation

THE SUBCOMMITTEE RECOMMENDS THE CONSIDERATION OF ESTABLISHMENT OF A NEIGHBORHOOD HOUSING TRUST.

### Project Mitigation Measures

The concept of Project Mitigation Measures is also based on a Boston, MA initiative. The program would collect a fee from developers of general office developments with a square footage in excess of specified limits. The fee would go into a fund to be used for the development of very low- to low-income housing, or the developer could build a specified number of housing units within a specified price limit. A security deposit would be required if the developer were to build the housing rather than pay a fee into the trust fund. In areas where there is demand for downtown office space the concept may work.

### Recommendation

THE SUBCOMMITTEE RECOMMENDS THE CONSIDERATION OF THE ESTABLISHMENT OF A PROJECT MITIGATION MEASURES PROGRAM.

### Housing Preservation and Replacement Program

The Housing Preservation and Replacement program is designed to 1) retain housing units, 2) preserve residential character, and 3) offset the loss of housing by requiring replacement of housing units lost through demolition or conversion to a non-residential use. The program could establish a process for implementing the proposal and requirements for that housing. A performance bond would be required in the amount of the cost of producing the replacement units. Provisions for administrative relief from the replacement provisions are provided.

### Recommendation

THE SUBCOMMITTEE RECOMMENDS CONSIDERATION OF A HOUSING PRESERVATION AND REPLACEMENT PROGRAM.

### Inclusionary Housing Program

The Inclusionary Housing Program would propose that 15% of the total number of units in any housing project be devoted to units affordable to very low- and low-income households. If the provision is not met, the applicant would pay an in-lieu fee in specified amounts that would be placed in the housing trust fund. A density bonus would be provided along with other incentives to developers.

### Recommendation

THE SUBCOMMITTEE RECOMMENDS CONSIDERATION OF AN INCLUSIONARY HOUSING PROGRAM.

### PLANNING AND ZONING ISSUES

Current Lexington-Fayette Urban County Government zoning ordinances restrict the use of manufactured housing as a method of producing lower-cost housing and as a way to create jobs. The term "manufactured housing" is used to refer to not only standard and double-wide mobile homes, but also factory-built homes and homes built with paneled construction. Although mobile homes do not meet the building code, modular homes are allowed if third party inspection is done to assure they meet code requirements.

The Cooperative Extension Service of the U. S. Department of Agriculture, based at the University of Kentucky's College of Agriculture, provides technical support on housing issues, upon request of homeowners and people building their own home. Also, the Extension Service, with offices in each county, has been involved in the area of manufactured housing and would prove to be a valuable resource for future inquiries.

Presently, only a couple of Kentucky mobile home manufacturers meet HUD code standards. Most mobile homes are brought in from other states. Wages, the largest component of site-built housing costs, start in the \$6-7 range. By comparison, mobile home manufacturing costs are substantially less, primarily due to improved labor efficiency in automated factories.

While a mobile home manufacturing facility would provide a number of relatively good paying jobs, it may need to be subsidized to produce both good wages and lower-cost homes than could be bought on the open market.

### Recommendations

THE SUBCOMMITTEE RECOMMENDS INVESTIGATING WHETHER MANUFACTURED HOUSING HAS A MARKET IN THE LEXINGTON-FAYETTE COUNTY AREA AS A LOWER COST METHOD OF HOUSING PRODUCTION.

THE SUBCOMMITTEE RECOMMENDS INVESTIGATING WHETHER THE LOCATION OF A MANUFACTURED HOUSING PRODUCTION FACILITY IN LEXINGTON-FAYETTE COUNTY COULD BE USED AS AN ECONOMIC DEVELOPMENT INITIATIVE TO ENHANCE THE LOCAL JOB MARKET.

THE SUBCOMMITTEE RECOMMENDS EXPLORING WHETHER THERE ARE ANY LOCAL REGULATORY IMPEDIMENTS TO THE CREATION OF AFFORDABLE HOUSING.

This exploration should be in the area of how local zoning ordinances and subdivision regulations effect the cost of new construction and whether infrastructure requirements such as the size of streets and the need for sidewalks can be modified to lower construction costs.

THE SUBCOMMITTEE RECOMMENDS EXPLORING THE FEASIBILITY OF DEVELOPING A COMPREHENSIVE PLAN SPECIFICALLY FOR AFFORDABLE HOUSING NEEDS.

#### **Public/Private Partnership**

Any successful effort to address the problem of insufficient safe, affordable housing to meet a growing demand, will require a partnership effort between public and private sectors. Many private businesses may fail to become involved merely due to lack of awareness of the problem. In an effort to encourage much needed involvement, the Subcommittee on Housing recognizes the need to educate the community on the reality of the existence of substandard housing and the need for safe, affordable housing. The proposed advisory Commission on Housing and Support Services could provide a centralized unit for the coordination of outreach activities.

An effort should be made to empower the homeless to solve their own problems. It is imperative to have community organizations work with homeless persons. Some religious and secular groups that have been active with peace and justice issues in Lexington may be willing to assist with some grassroots organizing. In organizing any voluntary efforts, a positive public relations image should be cultivated.

#### **Recommendations**

THE SUBCOMMITTEE RECOMMENDS THAT TASK FORCE MEMBERS BE DEPLOYED TO DO COMMUNITY EDUCATION WITH SERVICE CLUBS AND BUSINESS ORGANIZATIONS IN THE LEXINGTON-FAYETTE COUNTY AREA AND TO SOLICIT THEIR HELP IN ONGOING EFFORTS TO HELP THE HOMELESS.

THE SUBCOMMITTEE RECOMMENDS PROVIDING ONGOING OUTREACH TO THE COMMUNITY FOR EDUCATIONAL PURPOSES AND TO TAKE SERVICES TO THE PEOPLE WHO CAN BENEFIT FROM THEM RATHER THAN WAITING FOR THEM TO FIND OUT ABOUT THE AVAILABILITY OF SERVICES.

## HOMELESSNESS PREVENTION

Prevention efforts to assist low- and moderate-income persons are not extensive enough to assist very low-income individuals. Current programs to prevent homelessness, by rehabilitating low- and moderate-income housing, need to be continued and expanded. Resources must be made available to assist those individuals with little or no income who often fall outside the guidelines of existing programs.

### Recommendations

THE SUBCOMMITTEE RECOMMENDS THAT LEXINGTON-FAYETTE COUNTY SET AS A COMMUNITY PRIORITY A FOCUS ON HOUSING PROGRAMS THAT PROVIDE SUPPORT SERVICES FOR VERY LOW-INCOME PEOPLE.

THE SUBCOMMITTEE RECOMMENDS A CONTINUED FOCUS ON HOMELESS PREVENTION FOR LOW TO MODERATE INCOME PERSONS SO THAT THEY DO NOT SLIDE ANY FURTHER DOWN THE ECONOMIC AND HOUSING LADDER. HOMELESSNESS PREVENTION EFFORTS SHOULD FOCUS ON MAINTAINING INDIVIDUALS IN THEIR HOMES.

## PROPOSED PLANS

### COMMISSION ON HOUSING AND SUPPORT SERVICES\*\*

The Subcommittee on Housing believes a joint, comprehensive effort is needed to address the housing and support service needs of individuals who are homeless or marginally housed in our community. To accomplish the goals of the Task Force, an implementation plan must be developed based on its recommendations.

The commission would consist of 12 to 15 members who represent social services, local government, United Way, citizens-at-large, housing, business, education, medical services, and consumers. Members of the commission could be appointed by the Mayor.

An example of this type of approach can be seen in the Louisville Human Needs Alliance. The Human Needs Alliance, a non-profit umbrella organization, is comprised of community ministries and public and private social service agencies. The organization identifies families in need and provides case management services for them. This program has proven successful to date and has boosted the community's ability to access much needed McKinney Act funds.

The Urban County Government should continue an ongoing, strong role in the coordination of activities for the homeless and include centralized support services in its plans. Some of this coordination has begun with getting people together to apply for McKinney money. With the establishment of a commission to examine, review and measure community progress, the current type of cooperation will continue and the momentum will not be lost.

#### Recommendations

THE SUBCOMMITTEE RECOMMENDS THE ESTABLISHMENT OF A COMMISSION ON HOUSING AND SUPPORT SERVICES TO ACT AS THE CENTRALIZED POINT OF CONTACT FOR AGENCIES INVOLVED IN HOUSING AND SERVICE ISSUES FOR THE HOMELESS AND marginally HOUSED. ADDITIONALLY, THIS COMMISSION WOULD ASSURE THAT THE PLANNING PROCESS IS COMPLETED AND THE RECOMMENDATIONS OF THE TASK FORCE ARE IMPLEMENTED.

THE SUBCOMMITTEE RECOMMENDS THAT THE COMMISSION ON HOUSING AND SUPPORTIVE SERVICES INCORPORATE ALL AREAS OF NEED EXPERIENCED BY PERSONS WHO ARE HOMELESS AND marginally HOUSED. SPECIFIC COMMITTEES ON HOUSING, SUPPORT SERVICES AND JOB TRAINING COULD BE ESTABLISHED UNDER THE UMBRELLA OF THE COMMISSION.

This recommendation is in line with an earlier recommendation from the Mayor's Housing Strategy: Fiscal Years 1988-1990 for the establishment of a housing advisory task force. The Commission would address not only the housing needs of the homeless but also needs in other areas such as the school system, the medical care delivery system, the alcohol treatment programs and the social service delivery system.

\*\* For the purposes of this proposal we are concerned primarily with the nature of the commission. The suggested title could be adjusted to reflect the final overall nature of the proposed organization.

#### **SINGLE ROOM OCCUPANCY (SRO) FACILITIES**

Single Room Occupancy Facilities are designed to relieve the growing demands placed on shelters, and slow the flood of homeless persons onto the streets. The majority of SRO tenants are elderly men and women living on Social Security or other pensions and young single men and women working in low-paying service jobs. Such facilities have proven successful in other communities.

The Department of Housing has been working with CommerceNational Bank to develop an SRO facility in Lexington-Fayette County. The consensus among bankers and developers is that an SRO facility is feasible, if it were built in a location outside the Central Business District and not in a residential neighborhood. The ideal location would be an already properly zoned property on the fringes of the business district, close to public transportation and employment.

The SRO facility would be considered a hotel for planning, land use, and building inspection purposes, rather than as a residential facility. There is movement toward the establishment of an SRO facility, similar to the facility operated by the YMCA for the working poor. A market survey to determine potential residents was completed in March, 1990. Results indicate a viable market for approximately 100 units.

#### **Recommendation**

THE SUBCOMMITTEE RECOMMENDS THE URBAN COUNTY GOVERNMENT CONTINUE TO WORK WITH DEVELOPERS TOWARD INITIATION OF A SINGLE ROOM OCCUPANCY FACILITY.

THE SUBCOMMITTEE RECOMMENDS THE ESTABLISHMENT OF A SRO FACILITY WITH A MEETING OR RECREATION ROOM.

#### **TENANT OWNERSHIP**

The tenant ownership program is designed to allow public housing residents to purchase units in which they currently live. The sale does not constitute a loss of units, but rather a conversion of units from rental property to owner-occupied property. This homeownership program is an effort to improve conditions in crime-ridden public housing by conversion to tenant ownership -- a move which raises tenant investment and interest in the quality of their surroundings.

There has been a great deal of national debate on the pros and cons of tenant ownership. HUD states the people who buy these units are not people who would be moving out of public housing anyway.



Statistically, families who buy these units have been there since they were born. However, the program has met with positive results the Kenilworth community in Washington, D.C.

There are two methods of ownership, sale of one unit to an individual owner or sale of a block of units to a community group of tenants. Locally, construction of new housing will be scattered, single dwellings that the Housing Authority will buy and sell.

#### Recommendation

THE SUBCOMMITTEE RECOMMENDS THE LEXINGTON-FAYETTE COUNTY HOUSING AUTHORITY EXPLORE THE OPTION OF TENANT OWNERSHIP OF PUBLIC HOUSING UNITS.

## **Part III**

# **Job Training and Employment Needs and Recommendations**

## Job Training Programs

The employment and job training programs described in this section are designed to meet the needs of a specific type of individual, namely the homeless or marginally housed person who has a substantial level of functioning and minimal contributing problems. Few resources exist, however, for individuals with a history of substance abuse, mental illness, varying degrees of mental retardation and/or physical disabilities. Discussed below are the programs in Lexington's multi-pronged system for job training:

1. Employment services of the Kentucky Cabinet for Human Resources (Beginning October 1990)
2. Mayor's Career Resource and Training Center (MCRTC), formerly Mayor's Office of Employment and Training (MOET)
3. Unified Toward Independent Living Program (UNTIL) Salvation Army
4. Project Fresh Start of the Community Action Council
5. Graduated Re-Entry Employment and Training Program (GREAT) VOA
6. Job Placements Program of the Horizon Center

### Employment Services of the Kentucky Cabinet for Human Resources (CHR)

The CHR Department of Employment Services (DES) assists unemployed persons who can qualify for various employment openings in Fayette County. The CHR Department of Social Insurance (DSI) handles the Food Stamps, AFDC and Medicaid programs for eligible persons/families, and refers clients to whatever job opportunities are available in the community. Neither department has a program specifically for the homeless.

Beginning in October 1990, under the federal Family Support Act, a Job Opportunities and Basic Skills (JOBS) program will be opening for AFDC recipients -- many of whom lack sufficient financial resources for permanent housing units and stay temporarily with friends or relatives. DES will provide job search and counseling; DSI will provide case management; and local schools/educational institutions will provide training as needed, starting with literacy levels. Fayette County will be one of the 18 counties participating in the AFDC jobs program this fall. Later the program is expected to be expanded statewide.

### Mayor's Career Resource and Training Center (MCRTC)

Presumably the MCRTC employment and training programs and services are open to homeless persons. For most of them, however, severe barriers prevent nearly all of them from being able to access

these programs/services. Principal barriers faced by homeless and very low-income persons are poor health and nutrition, and little or no health care; inadequate communication and educational skills; inability to access stable transportation; and lack of confidence, self-esteem and/or motivation to muster the effort to participate.

### Programs Available to MCRTC Participants

MCRTC places people in training programs at Lexington Community College and Central Kentucky Vocational School for which they can qualify academically, based on their occupational aptitudes and their reading, math and language levels. Women can be considered for both nontraditional and traditional programs.

MCRTC has also placed participants at the Computer School and the American Career Development Institute (ACDI). ACDI offers a 12-week course in medical transcription and has an excellent placement rate, with wages ranging from \$5.75 to \$6.50 per hour.

MCRTC also offers two special training programs through the Urban League and Opportunity Workshop. These include GED and basic skills training, clerical skills training, on-the-job training and pre-employability training.

Customized training programs are provided to a business on request. The welding program has been the most successful type of customized training program. Starting wages are \$9.58 per hour, with stipends provided in addition. Increases are periodic and after the first year the hourly wage rises to \$12.98.

Most contracts are performance driven. Thus, students with the highest potential for success are selected as participants. Nationwide, the average cost of each training placement is \$4,370; for MCRTC, the placement cost is \$2,500.

To help meet the increasing demand for nurse's aides, MCRTC has worked with the University of Kentucky in establishing a customized occupational assessment program. This program is designed to evaluate and select prospective applicants for nurse's aide training. Applicants who successfully complete the training program are employed by the University of Kentucky Medical Center.

### Participants in MCRTC Programs

Approximately two-thirds of the MCRTC participants, with the exception of AFDC recipients, are at-risk of becoming homeless; and about one-eighth of this at-risk population is being served. The limit for income eligibility for services is \$5,980 per year for a single individual and \$11,180 for a family of three.

When MCRTC places a student in a training program, a wide range of services are provided -- e.g., payment of registration, tuition,

books, child care and lunch money. However, the students are responsible for providing their own source(s) of income while attending school. Child care placements are made through Community Action and have been paid at the going rate of \$50-\$55 per child per week. Beginning August 1990, funding cutbacks will reduce the rate to \$55/week for the first child and \$10/week for the second and third children, up to a maximum of \$75/week for three or more children in a family.

The program has two counselors and one OJT specialist to work with 100 to 125 participants at one time. Since most jobs require a high school diploma, it is in the best interest of some participants to take basic education classes before their specialized training. The Principles of Alphabet Literacy (PAL) system is available at MCRTC but is seldom used because it is difficult for them to comply with the attendance requirements for completing the program.

MCRTC holds an orientation program for approximately 60 new participants each month, 80% of whom are women. Women and men with children are able to receive AFDC while attending classes and training, but not single men or women. MCRTC has tried with the limited funds available to provide the best services for as many individuals as possible to assure that the participants receive quality training.

There are opportunities for the homeless, but they must have support services, especially transportation, to get to vocational school at night and to work during the day. Some type of stipend is needed to assist individuals financially while they are in training. A stipend would allow a person staying in a shelter to accumulate the resources necessary to obtain housing while simultaneously acquiring the training needed to become self-sufficient.

The average salary for OJT is \$5.90 per hour, which is inadequate for an individual to attain self-sufficiency. To reduce expenses, MCRTC encourages single individuals to share housing. MCRTC typically writes OJT contracts for \$5.00 per hour or more. As an incentive to employers to hire the homeless and/or the disadvantaged, MCRTC pays half the wage for OJT trainees exclusive of any benefits.

### Recommendations

THE SUBCOMMITTEE RECOMMENDS EXPLORING INCREASED COORDINATION OF JOB TRAINING AND PLACEMENT ACTIVITIES WITH THE KENTUCKY CABINET FOR HUMAN RESOURCES, DEPARTMENT FOR EMPLOYMENT SERVICES.

THE SUBCOMMITTEE RECOMMENDS STIPENDS TO ENABLE HOMELESS AND VERY LOW-INCOME PERSONS TO PARTICIPATE IN JOB TRAINING PROGRAMS.

### Salvation Army UNTIL Program

The Unified Toward Independent Living (UNTIL) program is a transition program for participants who can move away from shelter dependency. Participants who are eager and determined to become more independent are more likely to be younger and a little better educated.

The caseload is limited to 15 persons at a time so the social worker can spend sufficient time with each participant. Also the program is limited by the number of people who choose to participate. Some potential participants choose not to participate once they hear they are expected to be involved 40 hours a week working around the Salvation Army, working toward their GED, out looking for a job or working at a job. The UNTIL program requires a high level of commitment on the part of the participant but the resources are not available to develop that commitment; the successful participant must be "a self-starter".

Moreover, the program has been limited by the Salvation Army's facilities. The Wayhouse, in which the participants are quartered, was meant to be used for emergency housing, principally for families, and can handle 46 people including children. The Army's renovated facility will have room for the offices, the work program and housing for the UNTIL participants who will be separated from the rest of the shelter. They will be in rooms that will accommodate two or four people.

In general, the homeless population, by definition of lifestyle, does not take full advantage of programs that are systematic or regimented. Since UNTIL participants have separate living quarters in the Wayhouse -- giving them a better living situation than persons staying in the shelter -- the Salvation Army has little problem in getting applicants for the program. But there have been few success stories; approximately 25% of the participants have succeeded in becoming independent. The most successful participants are those who have been helped through job placements.

### Project Fresh Start

Project Fresh Start is a program designed to aid families with multiple problems in becoming economically and socially self-sufficient. It is staffed by three caseworkers and one job search assistant. Each caseworker has a maximum case load of 30 participants and is responsible for helping the participants find solutions to the barriers that keep them from becoming economically and socially self-sufficient. Once the participants have completed the education and training components of the project, then the job search assistant is responsible for helping them locate employment.

When participants enter the program, a needs assessment is conducted and an action plan is designed by the participant and caseworker. This plan outlines the necessary steps that must be taken in order for the participant to become self-sufficient.

These goals are closely monitored by the caseworker and participant.

Programs for the homeless must be tailored to each family's needs. Since each participant has different goals and needs, the action plans are individualized. However, there are some common goals that most participants achieve when becoming self-sufficient. Education is a primary goal for many participants. Participants are assessed through the Mayor's Career Resource and Training Center (MCRTC) and their educational level is established. If they have a high school diploma or GED and score 12.0 or higher, they enter postsecondary education and training courses. If they don't have a GED or high school diploma, participants must obtain their GED. If they have a GED or high school diploma, but score less than 12.0, then they must attend remedial classes until they are ready to resume their education at a postsecondary level. Participants remain in this component of the program for 1 to 12 months, with the average being 7 months.

Vocational training usually follows after educational requirements are met. Vocational training includes all postsecondary education at area colleges and technical training at area vocational schools. Participants remain in this component for 12 to 48 months, with the average being 22 months.

While participants are completing their education and training, constant support and life-skills training is being provided. Workshops concerning self-esteem, budgeting, motivation, etc., are offered periodically. Also, support groups are formed, which allow participants to share problems and find solutions among themselves. This builds their self-esteem and motivation level.

To date, Project Fresh Start has had 63 participants, of which 5 or 6 families were homeless. Of those that have entered the project since 1988, 75 percent are still participating and advancing toward self-sufficiency. The cost to the program is \$2,000 per year/per participant. Within the next year, most of Project Fresh Start's original participants will be completing the program and a more thorough evaluation of the program's success will be available.

#### Volunteers of America

Volunteers of America (VOA) operates the Graduated Re-Entry Employment and Training (GREAT) program. The program, which is funded by the Mayor's Career Resource and Training Center (MCRTC), works with the homeless, ex-offenders and recovering substance abusers. MCRTC also certifies potential participants for eligibility in the GREAT program and provides some referrals. Additional referrals come from the Horizon Center, Salvation Army and the Health Department.

The GREAT program has 50 slots for fiscal year 1990-91. Of these, approximately 50% are filled by persons who are homeless. The majority of the other 25 slots are used by marginally housed individuals who live in the St. Andrews house for ex-offenders.

The program has a 75% employment retention rate among participants, based on follow-up after thirteen weeks. The program employs two social workers to work with participants.

The average hourly wage for VOA placements is \$5.16 per hour; no contract is written for less than \$4.50 per hour. The VOA has the ability to write OJT contracts that provide reimbursements for training costs to the employer.

The majority of VOA's training and employment placements are with non-fast food restaurants where wages tend to be slightly higher and the employer is able to work directly with the individual. The next highest source of employment opportunities for participants is in construction-related work.

The primary problems experienced by program participants are lack of available transportation and difficulty communicating. Most participants do not have personal transportation, and public transit in the evening is a problem, particularly on Versailles Road where many homeless Vietnam veterans live. Many persons who are homeless have no phone number or address to give to a prospective employer.

#### Recommendations

THE SUBCOMMITTEE RECOMMENDS IMPLEMENTATION OF SUNDAY LEXTRAN SERVICE TO SUPPLEMENT RECENTLY EXPANDED SERVICE.

THE SUBCOMMITTEE RECOMMENDS THE UCG AND STATE GOVERNMENT ENFORCE ACTION AGAINST EMPLOYERS, PARTICULARLY BUILDING CONTRACTORS, WHO PAY EMPLOYEES IN CASH AND FAIL TO COVER THEM FOR WORKERS COMPENSATION, UNEMPLOYMENT INSURANCE OR SOCIAL SECURITY, OR TO PROVIDE OTHER BENEFITS.

#### The Horizon Center

The Horizon Center, a day shelter for homeless persons, does not provide OJT programs. However, counselors at the Horizon Center have worked with approximately 100 homeless, unemployed people in the last 14 to 15 months. After completing an application regarding previous work experience, the applicant can participate in a "job shop" to enhance his or her job search skills. Based on the participant's interests, the counselor works with the client to find a job that meets his/her needs. The job retention rate has been approximately 40%.

Most of the Horizon Center's job placements are in the service industry, with wages ranging from \$4.00 to \$4.50 per hour. Jobs that pay more require skills and training that these participants do not possess, or the jobs are on the outskirts of the urban area in locations inaccessible by public transportation. In general, fast food restaurants are not used as potential placements due to the low wages they pay.



### Recommendations

THE SUBCOMMITTEE RECOMMENDS A COMPREHENSIVE APPROACH TO JOB TRAINING FOR THE HOMELESS.

THE SUBCOMMITTEE RECOMMENDS THAT ONE-ON-ONE JOB PLACEMENTS BE DEVELOPED WITH SMALL COMPANIES AND FAMILY-OWNED BUSINESSES (in addition to large corporations) FOR TRAINEES WHO COMPLETE JOB PROGRAMS.

THE SUBCOMMITTEE RECOMMENDS THAT JOB PLACEMENTS BE MADE IN FAMILY-OWNED BUSINESSES WHERE BOTH PARTIES WILL BENEFIT.

THE SUBCOMMITTEE RECOMMENDS THAT BUSINESS GROUPS AND THE CHAMBER OF COMMERCE DEVELOP MORE EFFECTIVE MEANS TO CREATE JOBS FOR THE POOR.

**Committee III**

**Subcommittee  
on  
Education**

**Report of  
Education Subcommittee  
Committee III  
MAYOR'S TASK FORCE ON HOMELESSNESS**

Lexington, Kentucky  
April, 1990

**CHILDREN  
LEARN  
WHAT THEY LIVE**

If a child lives with criticism,  
He learns to condemn.

If a child lives with hostility,  
She learns to fight.

If a child lives with ridicule, he learns to be shy.

If a child lives with shame, she learns to feel guilty.

If a child lives with tolerance, he learns to be patient.

If a child lives with encouragement,  
She learns confidence.

If a child lives with praise, he learns to appreciate.

If a child lives with fairness, she learns justice.

If a child lives with security, he learns to have faith.

If a child lives with approval, she learns to like herself.

If a child lives with acceptance and friendship,  
He learns to find love in the world.

We are told -- and many of us believe -- that education is the best way out of poverty and homelessness. Education alone is not enough, however; it must be combined with programs and support services that are "intensive, comprehensive, and flexible."

School is probably the last thing children or their parents think about when they are hungry, tired, and stressed out; have little or no health care when needed; and are confused, embarrassed, and angry about being homeless. They are simply trying to survive.

Do we have the will and the way to help them **now**? Or are today's homeless children doomed to grow up to be the next generation of homeless adults?

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[1980 census data are used where applicable in this report.  
Comparable census data and analyses for 1990 are not  
expected to be available until 1991-1993.]

## FOREWORD

This report is being prepared while the Kentucky General Assembly and the Governor are working on the final phases of rebuilding and financing Kentucky's public school system. In addition, beginning with the 1990-91 school year, the Fayette County Public Schools will initiate a Middle School program for grades six through eight. Many changes lie ahead before the restructured systems are firmly in place.

A national policy established in 1987 by the Stewart B. McKinney Homeless Assistance Act (PL 100-77) requires that all homeless children/youth in each state be provided a free, appropriate public education, and that barriers to such education will be addressed and overcome. The Act also requires timely placement of the homeless student in a school which is "in the best interest of the student." Besides preparing a state plan for the education of homeless children and youth, each state is required to count and locate homeless children/youth and report the findings to the federal government by December 31 of each year. The Kentucky Department of Education requires local districts to report in October. The Subcommittee on Education of the Mayor's Task Force on Homelessness feels the counts taken in 1988 and 1989 are probably too low. October is early in the school year and is normally a month of moderate temperatures. Housing dislocations occur more frequently during the winter months when poor families can no longer meet both their rent and high utility bills.

Given the circumstances mentioned above and the critical need for appropriate, constructive intervention and comprehensive programs for families with infants and young children, the Subcommittee felt strongly that its study and report should concentrate on the status of services and possibilities for homeless and at-risk children in Fayette County. We asked a spokesperson for the WIC program (Women, Infants, and Children) about the prenatal care, counseling, and nutrition of pregnant women and homeless mothers, their infants and small children that they provide to low-income and homeless participants. We inquired about the possibilities for Head Start to serve homeless children and their parents in their local program, and we learned what the Fayette County Public Schools have underway for at-risk and homeless children in kindergarten through fifth grade.

The Task Force member who represents the Fayette County Public Schools has been most helpful to the Subcommittee in furnishing appropriate materials about the schools for study. Useful information was also provided to the Subcommittee by representatives from Virginia Place, Family Care Center, Salvation Army, Spouse Abuse Center, and The Nest. In addition, the Subcommittee has obtained information about transitional education programs for the homeless that have been springing up around the nation.

The following report represents a selected review of the literature relating to homeless and at-risk students, a summary of the findings of a study of local educational services, and brief descriptions of efforts that are being made elsewhere. Also included are recommendations for improving the education of homeless and at-risk students, and for assisting parents or guardians in the development of their children.

SUMMARY OF RECOMMENDATIONS  
OF THE  
EDUCATION SUBCOMMITTEE

Based upon a review of the literature, discussions with personnel from local programs with an education-related focus, a study of programs elsewhere that are responding to the needs of homeless students, and surveys conducted in the Fayette County Public Schools, the Subcommittee has determined that Lexington-Fayette County is not currently meeting the education and related needs of its homeless children and their families. We believe, however, that many caring individuals and groups in this community have the capability, the imagination, and the willingness to tip the scales toward favorable outcomes for homeless and at-risk children and their families. The Subcommittee believes that a vast improvement in the lives and futures of homeless and at-risk families could be made by implementing the following recommendations:

- FULL FUNDING FOR THE WIC (Women, Infants, and Children) PROGRAM TO SERVE THE 9,000 TO 10,000 NUTRITIONALLY AT-RISK AND HOMELESS WOMEN AND CHILDREN IN FAYETTE COUNTY.

Only 34% of those potentially eligible to participate in the program are now enrolled; 150-160 of them are homeless.

- EXPANSION OF THE HEAD START PROGRAM TO PROVIDE FOR AT LEAST A MINIMUM OF 50% OF THE CHILDREN POTENTIALLY ELIGIBLE IN FAYETTE COUNTY.

At present, 240 children are enrolled in the program -  
- about 14% of the children potentially eligible in Fayette County. No homeless children are enrolled in the program.

- PROVISION OF SUPPLEMENTAL FUNDS TO EXTEND THE HOURS OF THE HEAD START PROGRAM TO A FULL DAY TO ACCOMMODATE THE NEEDS OF HOMELESS AND AT-RISK CHILDREN AND THEIR PARENTS.
- INCLUSION OF HOMELESS PRESCHOOL CHILDREN AND THEIR PARENTS AS A PRIORITY IN HEAD START OUTREACH.
- GIVING PRIORITY TO HOMELESS CHILDREN FOR ENROLLMENT AND PLACEMENT INTO THE HEAD START PROGRAM.
- EXPANSION OF THE TRANSITIONAL ONE-PARENT FAMILY LIVING/LEARNING CENTER AT VIRGINIA PLACE TO SERVE AS MANY AS 50 TO 70 FAYETTE COUNTY FAMILIES AT A TIME.

The capacity of the facility/program at present permits only 15 single parents and their one or two young children to be accommodated at one time.

- PROVISION FOR TEMPORARY FOOD STORAGE FOR WIC RECIPIENTS WHEN THE SALVATION ARMY FAMILY SHELTER IS COMPLETED.

- DROP-IN CENTERS BE READILY ACCESSIBLE TO HOMELESS FAMILIES WITH YOUNG CHILDREN SO THAT THE PARENTS CAN MAKE ARRANGEMENTS FOR HOUSING, JOBS, JOB TRAINING, EDUCATIONAL PROGRAMS FOR CHILDREN OR ADULTS, ETC.
- THE FOLLOWING CHILD-CARE SERVICES BE PROVIDED FREE AND/OR AT LOW COST FOR HOMELESS AND AT-RISK CHILDREN IN FAYETTE COUNTY:
- STAFF AND FACILITIES IN CONFORMANCE WITH EXISTING DEVELOPMENTAL CHILD-CARE STANDARDS.
  - ACCESS TO CHILD-CARE SERVICES 7 DAYS A WEEK, 24 HOURS A DAY.
  - A STAFF KNOWLEDGEABLE ABOUT THE IMPACT OF HOMELESSNESS ON CHILDREN AND SKILLED IN METHODS TO MEET CHILDREN'S NEEDS AND IMPROVE THEIR SELF-ESTEEM.
  - AVAILABILITY OF PSYCHOLOGICAL AND EMOTIONAL COUNSELING FOR TROUBLED CHILDREN.
  - SEPARATE NURSE-CARE ARRANGEMENTS FOR CHILDREN WHO ARE ILL.
- SPECIFIC EXTENDED-DAY KINDERGARTEN PROGRAMS BE MADE AVAILABLE TO MEET THE UNIQUE NEEDS OF IDENTIFIED HOMELESS CHILDREN.
- BENEFITS OF THE FAYETTE COUNTY PUBLIC SCHOOLS MOBILITY PROJECT BE COMMUNICATED TO PARENTS/ GUARDIANS IN DIRECTED COUNSELING SESSIONS PRIOR TO STUDENTS BEING TRANSFERRED OUT OF A PARTICIPATING SCHOOL.
- ALL STAFF AND FACULTY AT SCHOOLS PARTICIPATING IN THE MOBILITY PROJECT BE INFORMED AS TO THE DETAILS OF THE PROGRAM AND THE BENEFITS TO STUDENTS.
- CHANGING HOME-SCHOOL COMMUNITY ASSISTANT POSITIONS TO FULL TIME FROM PART TIME, AND EXPANDING THE PROGRAM TO INCLUDE SERVICES FOR CHILDREN AS THEY MOVE TO MIDDLE SCHOOLS IN THE FAYETTE COUNTY SYSTEM.
- DESIGNATING A SOCIAL SERVICE CONTACT PERSON TO BE RESPONSIBLE FOR WORKING WITH THE PROJECT SUCCESS COORDINATOR IN THE PUBLIC SCHOOLS IN ORDER TO IDENTIFY HOMELESS CHILDREN FOR PARTICIPATION IN THE PROGRAM.
- EXPANDING THE PROJECT SUCCESS PROGRAM TO ACCOMMODATE THE INCREASING NUMBERS OF HOMELESS CHILDREN.
- EXPANDING THE BUDDY PROGRAM TO INCLUDE ALL INNER-CITY ELEMENTARY SCHOOLS IN FAYETTE COUNTY.

Currently only one school participates in the program and serves 130 children.

- ENHANCING COMMUNICATION BETWEEN SCHOOL AND SOCIAL SERVICE PERSONNEL TO IMPROVE THE PROCESS OF IDENTIFYING HOMELESS STUDENTS.
- DEVELOPING PRE-SERVICE AND IN-SERVICE PROGRAMS TO SENSITIZE PUBLIC SCHOOL TEACHERS, ADMINISTRATORS, AND STAFF TO THE EXPERIENCES AND NEEDS OF HOMELESS STUDENTS AND THEIR FAMILIES.



- ° ESTABLISHING A PILOT ELEMENTARY PROGRAM FOR STUDENTS IDENTIFIED AS HOMELESS OR AT HIGH RISK OF BECOMING HOMELESS.
  - ° A WELL-TRAINED AND SENSITIVE CHILDREN'S ADVOCATE BE ESTABLISHED IN THE OFFICE OF THE MAYOR TO WORK WITH THE AT-RISK COORDINATOR OF THE FAYETTE COUNTY PUBLIC SCHOOLS ON BEHALF OF HOMELESS CHILDREN IN FAYETTE COUNTY.
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## TERMINOLOGY

- Exceptional Child -- North American term for a child who differs significantly from the average of the age group in one or a combination of several mental, physical, and social characteristics; the extent of the difference is such that special education is needed. The term includes both the child who is unable to perform up to the level of the average, for whatever reason, and the gifted child whose level of performance is consistently much higher than the average.
- Mainstreaming -- A term used to identify the practice of providing education to exceptional students in a regular classroom when such instruction is feasible. For example, an exceptional student who is capable of learning multiplication through standard instruction will leave the special education classroom and join a regular classroom group during multiplication instruction.
- Traditional School -- A school in which the curriculum, extra-curricular activities, regulations and policies reflect the culture of the majority members of the society supporting the school.
- Transient Student -- A student who transfers from one school to another more than once during an academic year and/or who changes schools regularly from one year to another.
- Transitional School -- A school that accommodates the needs of transient students until those students are capable of succeeding in a regular school program.

## THE IMPACT OF HOMELESSNESS ON EDUCATION

While some of the problems of homelessness can be instantly remedied by immediate action, many cannot. Significant among these is the elimination of the circumstances that contribute heavily to the homeless condition -- poverty, human helplessness and societal bias. Such change is best encouraged through education of the youth of the society.

Today, in the United States, more than one out of five children are trapped in poverty -- growing up in "a culture of poverty." Literally millions of children are illiterate and uneducated. In September, 1987, a research panel of business executives and educators published a report. Their chairman, Owen B. Butler (former chairman of the Proctor & Gamble Company), pointed out this important finding: "...we need to invest in the children of poverty. If we make the investment during their first years -- from prenatal care through the age of four -- those children can succeed. We will get our investment back plus interest, plus inflation, plus a 300% to 500% profit. This is not a guess, it is proved by research. There is no more profitable investment that we can make."

Certain aspects in the restructuring of our schools trouble Mr. Butler. He is not confident that, "All of the changes we make in our school system are...going to save the 25% of young people who enter the system so far behind that they can't cope with the undemanding situation in today's schools, much less the challenges we are planning for tomorrow. I'm talking about the child who receives no intellectual stimulation during the early years, the child who has never been read to, hardly even been talked to. This child is placed in the first grade -- one classroom, one teacher -- with children whose mothers had good prenatal care, who were well-nourished, well-nurtured infants, who were stimulated when they were two, three, and four years old. The children of poverty are not less capable than other children. But to ask them to compete in these circumstances is patently unfair."

In her book, Within Our Reach, Lisbeth Schorr (1988), describes many programs that can reach and help children and families who are homeless and hungry, and suffering family stress and despair. She stresses that the programs that succeed in helping them "are intensive, comprehensive, and flexible. They also share an extra dimension, more difficult to capture: Their climate is created by skilled, committed professionals who establish respectful and trusting relationships and respond to the individual needs of those they serve. The nature of their services, the terms on which they are offered, the relationships with families, the essence of the programs themselves -- all take their shape from the needs of those they serve rather than from the precepts, demands and boundaries set by professionalism and bureaucracies."

Little research exists relating to homeless children, yet families with young children are the fastest growing homeless group. Identifying such individuals is difficult as children are reluctant to reveal ways in which they differ from the majority of their peers. Longitudinal research is nearly impossible as homeless families are highly transient and often unable to leave forwarding addresses.

Emerging research findings indicate that homeless children and youth display different attitudes and behaviors than do children from stable environments (Kentucky Advisory Council on the Homeless, 1989). Studies also indicate that homeless children are not receiving the same academic benefits of our educational system as are traditional students. A recent study of school-aged children living in temporary housing facilities in New York City revealed that 57.7% of the homeless students in grades three through ten scored below grade level on a standard reading test as compared to 31.9% for all public school students (Jennings, 1989). The same study revealed that 71.9% of the homeless students taking a standard math achievement test scored below grade level as compared to 43.3% of all students.

A survey of homeless children in Massachusetts found that 41% were failing or doing below-average work. The study also found that 50% of homeless children had repeated a grade and that 25% were in special needs classes (Bassuk, 1988).

One reason for such a discrepancy in achievement between homeless and traditional students is indicated by the attendance rates of homeless students. In the New York City study, it was reported that the average daily attendance rate for elementary school pupils was 73.6% for homeless children as compared with 88.7% for all elementary pupils. Homeless junior-high students had a 63.6% attendance rate compared with 85.5% of the total. And, homeless high-school students had a 50.9% rate, compared with 83.9% of the total.

In addition to having a detrimental impact upon achievement, absenteeism rates are related to dropout rates. Students who miss school for reasons other than illness are likely to drop out of school (National Center for Education Statistics, 1988). A longitudinal study conducted at the University of Wisconsin found that the number of absences for dropouts was higher than that for graduates for all years beginning in the first grade (Barrington and Hendricks, 1989).

In a study of migrant families, a category of homeless families, the authors describe the emergence of a culture of thinking which they categorize as counterproductive to education. It is a culture in which survival and financial rewards of field work take precedence over school work -- especially given that migrant children often experience academic failure. Students interviewed blamed their academic failure on the effect of changing curriculum as they changed schools. This, coupled with the absenteeism which occurs between the change from one school to another, makes these students highly at risk for dropping out of school (Diaz, et al., 1989).

Attendance is a problem for homeless children because parents may find it impossible to transport their children to the school they originally attended. Parents may spend several days (or weeks) traveling from one site to another as they seek a more permanent place to stay and thus don't view as feasible enrolling their children in a school for what they anticipate will be only one or two days. Some parents, upon finding themselves in a shelter, are embarrassed to enroll their child in a school where they have to cite as their home address the nearby shelter. And some parents, so totally involved in the struggle to find a home, food, medical attention, employment, etc., often view enrolling their children in school as a low priority.

Even for those homeless children who attend school regularly, a meaningful education is difficult. Diane Doherty, quoted in a recent Newsweek article, asks us to "Think about what it's like to be ten years old and you don't know where you're going to sleep, but you do know that you have to go to school the next day and you must get started on a science project, too" (Leslie, et al, 1989).

Jonathan Kozol, award winning author of books and articles on homelessness and poverty, describes homeless children who "get to class so tired and hungry that they cannot concentrate." He also discusses the social impact of being labeled by school peers and of being shunned by peers and teachers because children "look diseased and dirty" and because they "smell of destitution...of sweat and filth and urine" (Kozol, 1989).

Homeless children, innocent victims of their condition, find themselves ridiculed at school for being different. They can't ask classmates over to their house to play. They may not have the basic school supplies other students have, such as paper and pencils. They may live in a shelter or with relatives where study room and quiet is unavailable (Mydans, 1989).. Beth Ojena, principal of the Coeur d'Alene Elementary School in Venice, California, describes the high percentage of homeless students in her school as being in poor health and exhibiting behavior problems (often related to anger, resentment, and fear), as not getting enough sleep, and as having low self-esteem (Ojena, 1989).

Certainly, homelessness as a condition of their lives cannot be ignored by children. It presents educational problems which are unique in total, but which are not necessarily unique taken individually. Absenteeism, poverty, transience, unstable home lives, single-parent or guardian relationships, violent and unsafe environments, etc., exist for many children -- not just the homeless. Consequently, improving the educational development of homeless children can begin at once by utilizing those educationally sound principles we know to work for individual problems.

Treating the entire problem, intervening in the homelessness condition, and preventing the perpetuation of a "homelessness culture" or way of thinking, however, will take a more long-range and comprehensive effort. While we may begin by treating individual conditions, we must proceed along a continuum until we are able to apply a holistic remedy to the education-related problems of homelessness.

THE EXTENT TO WHICH SELECTED PROGRAMS WITH AN EDUCATION-RELATED FOCUS  
SERVE HOMELESS AND AT-RISK CHILDREN AND THEIR PARENTS IN FAYETTE COUNTY,  
AND RECOMMENDATIONS FOR STRENGTHENING THEIR EFFECTIVENESS

The Subcommittee on Education of the Mayor's Task Force on Homelessness selected several programs in Fayette County that have an education-related focus to determine the extent to which they are serving homeless and at-risk families. The following summarizes the findings of the Subcommittee and includes recommendations based upon the findings.

WIC

WIC, a special supplemental food program for Women, Infants and Children, is a federally financed program of the U.S. Department of Agriculture that provides screening, nutritional counseling, and food supplements for low-income pregnant, postpartum and breastfeeding women, and for children up to age 5 who are nutritionally at risk.\* The local WIC Program presently serves clients at four sites (see Appendix A, page 41). As of January, 1990, 3,271 women, infants and children were enrolled in WIC, which was 34% of the 9,684 potentially eligible in Fayette County. Of persons enrolled, 150-160 were homeless. (A breakdown of numbers of women, infants and children was not available.)

To obtain food supplements, certified participants of the WIC program are provided vouchers and a list of stores that carry the needed food items. The latest count of participants using food vouchers was made in October, 1989. A total of 2,917 persons (877 women, 1,999 infants and children, 41 unknown) were counted, which was 30% of the 9,684 women and children estimated to be potentially eligible for nutrition supplements.

Before potential participants who are homeless receive an appointment at a WIC center, they are referred to Community Action for interim assistance with housing and other necessities. Although WIC participants are required to have an address and a place for food storage, there is some flexibility in type and container sizes of WIC foods to reduce the need for conventional storage facilities to accommodate WIC participants.\*\*

Expansion of a WIC program is limited by funds for program sites and administrative staff. (Additional information can be found in Appendix A, page 41.)

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\* Advisory to Fayette County WIC Program, 3/13/90: The State budget for WIC can handle only 90,000 recipients. Lexington can maintain current WIC enrollment but will no longer serve low-risk postpartum cases. Services for pregnant women and children will continue at current caseloads. If the State receives more money in July, 1990, the underserved areas, which includes Lexington, may qualify for additional funds.

\*\* New regulations regarding WIC services for the homeless have gone into effect since this report was compiled. See Appendix AA for current policies, page 45.

### Recommendations

THE SUBCOMMITTEE RECOMMENDS FULL FUNDING FOR THE WIC PROGRAM TO SERVE THE 9,000 TO 10,000 NUTRITIONALLY AT-RISK AND HOMELESS WOMEN AND CHILDREN IN FAYETTE COUNTY.

Locations that might be considered for an expanded WIC program could be the Nathaniel United Methodist Mission, Manchester Center and the Salvation Army, all currently providing various services for the at-risk and homeless population.

THE SUBCOMMITTEE RECOMMENDS THAT THE SALVATION ARMY CONSIDER PROVIDING WIC RECIPIENTS WITH TEMPORARY FOOD STORAGE WHEN THE FAMILY SHELTER IS COMPLETED.

(This recommendation is repeated in the section on the Salvation Army.)

### Head Start

Head Start is the Nation's primary national program for preschoolers -- a comprehensive developmental program for at-risk 3- and 4-year-old children.\* In Fayette County, 240 children are enrolled in the program -- about 14% of the children potentially eligible, compared with 20% nationwide.

To maintain continuity between Head Start and kindergarten in Fayette County, eligible 4-year-olds from families with the lowest incomes are given preference. The selection criteria, approved annually by the local Policy Council of Head Start, allows for ranking of age- and income-eligible children who have special circumstances -- e.g., are victims of child abuse and neglect, are referred by other social agencies, have suspected or diagnosed handicaps, are from one-parent families, etc. Head Start mandates that at least 10% of the enrollment must be children diagnosed as handicapped. In Lexington, 15% to 17% of the children in the program are handicapped.

Homeless children have not been a priority for Head Start in Lexington-Fayette County, and no homeless children are presently enrolled in the program. The stated reasons are that there are too few slots to meet the demand, so there is always a waiting list of eligible children, and that the available slots are filled by "first-come, first-served" eligible applicants.

The Director of Head Start has suggested that one way to address the child-care and educational needs of children from homeless families would be to establish a fund designated for child care in a licensed, quality center. Child

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\* Recent research studies indicate that students who have completed Head Start programs, special programs for children of poverty, achieve success despite the fact that they are in separate schools from private pre-schools. Several studies which have followed Head Start students through graduation have found that these students had better attendance and were held back in grades less often than those children with similar backgrounds who did not go to Head Start. They also found that these individuals felt better about schooling. (Chira, 1990.)

care could be provided while the adult family members are securing temporary housing and meeting other basic needs. This temporary child care would cost approximately \$50 to \$60 per week, depending upon the age of the child. The child would be in a safe, healthy environment, participate in developmentally appropriate activities, receive adequate nutrition, access necessary health care, and experience a consistent stable environment for a portion of the day. Then, as the homeless families are stabilized, their preschool children could be given first priority for vacancies that occur in the Head Start Program.

Kentucky and Fayette County are designated to receive expansion funds for Head Start because of the high number of children unserved by the program, according to the Director. When that occurs, a portion of the additional slots could be reserved for 3- and 4-year-olds from homeless families. (Additional information can be found in Appendix A, page 42.)

#### Recommendations

##### THE SUBCOMMITTEE RECOMMENDS THAT:

- THE HEAD START PROGRAM BE EXPANDED TO PROVIDE FOR AT LEAST A MINIMUM OF 50% OF THE CHILDREN POTENTIALLY ELIGIBLE IN FAYETTE COUNTY.
- SUPPLEMENTAL FUNDS BE PROVIDED TO EXTEND THE HOURS OF THE HEAD START PROGRAM TO A FULL DAY TO ACCOMMODATE THE NEEDS OF HOMELESS AND AT-RISK CHILDREN AND THEIR PARENTS.
- HEAD START OUTREACH INCLUDE HOMELESS PRESCHOOL CHILDREN AND THEIR PARENTS AS A PRIORITY.
- HOMELESS CHILDREN BE GIVEN PRIORITY FOR ENROLLMENT AND PLACEMENT INTO THE HEAD START PROGRAM.

#### Virginia Place

Virginia Place is a transitional living/learning center. Its purpose is to provide a holistic, comprehensive approach for helping low-income and at-risk single parents and their one or two young children (ages 2 through 7) develop the educational and family-life skills needed to achieve self-sufficiency. Opened in January, 1986, the facility provides housing, child care, health care, and other support services on-site for 15 one-parent families. The parents are required to be full-time students. The preschool children attend the Virginia Place Child Care Center and the school-age children attend Maxwell Elementary Public School.

The living conditions of the eligible families before they move to Virginia Place are described by the Director as follows:

"The families coming to Virginia Place are not the traditional homeless; they are the "uprooted", the ones who cannot find or afford independent housing. Almost



all are families who were living with other families - with parents, other relatives, friends, or abusive 'significant others.' Under these conditions, the quarters were usually cramped and the situations stressful. There were too many adults raising the children; the real parents felt inadequate and angry, the children were confused and/or manipulative; the original householders felt put-upon. Tension developed as time dragged on."

The One-Parent Family Facility Program was designed to eliminate previous tensions described above and to allow the participants the opportunity to grow and to develop as students, as individuals, and in their parent-child relationships; to help them understand the concept of community; and to give them a voice in their Residents' Council affairs.

In summing up the effectiveness of the program at Virginia Place, the Director commented:

"The program is still young and still developing, but it is already a success because it has been the decisive factor in advancing several young women towards true self-sufficiency. ... It promises in time to serve as a model program to be emulated in other communities...and deserves to be enhanced and expanded so that it can eventually serve as many as 50 to 70 Fayette County families at a time. ...The numerous telephone inquiries we receive each week indicate there are many motivated single parents in our community who want the opportunity to become productive members of society -- the opportunity that Virginia Place provides."

(Additional information can be found in Appendix A, page 43.)

#### Recommendation

THE SUBCOMMITTEE RECOMMENDS THE EXPANSION OF THE ONE-PARENT FAMILY FACILITY AND PROGRAM AT VIRGINIA PLACE TO SERVE AS MANY AS 50 TO 70 FAYETTE COUNTY FAMILIES AT A TIME.

#### Family Care Center

The Family Care Center, a new facility for a comprehensive, family-oriented program for low-income and at-risk families, began operating on October 2, 1989. The spacious building contains a Child Care Center for 200 infants/preschool and kindergarten children, a Health and Dental Clinic, a Parent Resource Center for 80 adults, and a library for children and parents.

Children enrolled in the Child Care Center receive health screening and medical treatment as needed, dental screening and treatment, speech therapy, physical therapy, occupational therapy, and the services of a child psychologist. Parents of the children receive health education and referral services.

The parents are expected to participate in Center and educational activities at the site. In addition, they may attend public schools, vocational school, or higher education courses, as appropriate. Parenting skills, personal and child hygiene, homemaking and budgeting are taught along with the development of other life skills. Recreational and socialization activities are available. Work experience, training, employment counseling and job placement are provided both on-site and off-site.

Transportation is provided within a designated area, but more is needed. It is anticipated that all foreseeable transportation needs can be met sometime in April, 1990.

At the end of February, 1990, 32 adults were enrolled in the Parent Resource Center, and two had completed a General Equivalency Diploma (GED). One hundred thirty-five (135) children were enrolled in the Child Care Center. The number of children in the families served currently by FCC ranges from one to six.

The FCC Program has no housing component. Forty percent (40%) of the client families live in public housing, but 60% (three out of five) are "marginally homeless" and move one to three times per month, according to the Director. There is considerable overcrowding by families doubling up in housing units. For example, 12 people were living together in a house trailer -- the host family of seven persons and a homeless family of five who were given temporary shelter. The homeless family was enrolled in the program, but they have now disappeared and have not been found. A young mother and her child who were enrolled in the program had been living in a motel. They, too, have disappeared. Two young homeless mothers, each with one child, are still enrolled in the program, but their homelessness may jeopardize their attendance and participation: One family is constantly moving back and forth between the homes of friends and relatives. The other is staying at the Salvation Army shelter.

Recruitment of clients is difficult at present. It is thought that improving transportation to and from the Center in the future will not only bring about more consistent attendance of the adults enrolled in the program but will also increase the enrollment. Word-of-mouth by participants and outreach by staff should eventually fill the vacant slots as opportunities at the Center are recognized. Homelessness of those who wish to participate will have to be dealt with, however, before attendance can be stabilized and their becoming dropouts again prevented. (Additional information can be found in Appendix A, page 44.)

### Spouse Abuse Center

The Lexington YWCA Spouse Abuse Center has the capacity to house 30 families temporarily. On any given day, an average of 12 children reside at the Center. To aid these children during this stressful time, on February 27, 1990, the Center, in cooperation with the Fayette County Public Schools, established a Home Bound Program on the premises. The school system is providing a half-time teacher, five days a week, and all necessary supplies for the initiation and continuation of the classroom.

### Salvation Army

The Salvation Army reports that most families who stay at their shelter are seldom there more than a day or two. Thus, when school-age children have education-related needs, they are referred to the public schools in the district. It is estimated by Salvation Army that during the past year, only 12-15 children were referred by them to Harrison Elementary School and three or four children to Lexington Junior High School. Almost without exception, youth of high school age who may be staying at Salvation Army have already dropped out of school.

A child care center is operated at the Salvation Army, but only infrequently does it serve children lodged there. Last year 8-10 preschool children attended the Child Care Center for a few days. Usually, however, the children are referred to The Nest.

When the new Salvation Army family shelter is completed it is expected that families may stay there for longer periods than they do now. Some of them may be, or may become, WIC recipients who need storage for their special supplemental foods.

### Recommendation

THE SUBCOMMITTEE RECOMMENDS THAT THE SALVATION ARMY CONSIDER PROVIDING HOMELESS WIC RECIPIENTS WITH TEMPORARY FOOD STORAGE WHILE THEY ARE LODGED AT THE NEW FAMILY SHELTER.

### The Nest

An adjunct service for homeless families with young children -- a drop-in center -- needs to be established to alleviate the physical and emotional stress of parents and children created by homelessness.

The Nest, located on North Limestone in Lexington, might be a possibility for such a center. It was established several years ago as a crisis drop-in center for children whose parents are unable to care for them in times of extreme stress.

Currently, The Nest provides care only from 9:00 a.m. to 5:00 p.m., Monday through Friday, and 9:00 a.m. to 2:00 p.m. on Saturday. It has the potential to accommodate 60 children, but present funding supports the necessary staff and equipment for the care of only 30 children. At this time, few homeless children are referred to The Nest. Expanding The Nest's services to accommodate the needs of homeless children in a drop-in capacity would not diminish the effectiveness of the manner in which the service accommodates its specified population.

#### Recommendation

THE SUBCOMMITTEE RECOMMENDS THAT HOMELESS FAMILIES HAVE READY ACCESS TO DROP-IN CENTERS FOR THEIR YOUNG CHILDREN SO THAT THE PARENTS CAN MAKE ARRANGEMENTS FOR HOUSING, JOBS, JOB TRAINING, EDUCATIONAL PROGRAMS FOR CHILDREN OR ADULTS, ETC.

EXPANSION OF THE NEST AS SUCH A FACILITY WOULD REQUIRE:

- INCREASED FUNDING TO PROVIDE ENOUGH STAFF AND EQUIPMENT FOR 60 CHILDREN.
- IMPLEMENTATION OF A SYSTEM OF FOOD PREPARATION AND DELIVERY TO MEET THE NUTRITIONAL NEEDS OF HOMELESS CHILDREN, SINCE THE NEST DOES NOT HAVE A FULL KITCHEN.
- ACQUISITION OF INFANT AND TODDLER PARAPHERNALIA (DIAPERS, ETC.) AND CLOTHING.

#### Child Care for Homeless and At-Risk Families

Alleviating homelessness requires that families have access to safe, stable child-care facilities that are free or low-cost. According to "THE PEOPLE SPEAK," a report prepared by the Kentucky Advisory Council on the Homeless:

"Lack of child care can be one of the events which forces a family into homelessness. The parent(s) must work in order to be self-sufficient. When a family cannot find affordable child care, one parent must stay with the children. For the many single-parent families, this impediment prevents the parent from working."

In Fayette County, there is a dearth of high-quality child care centers that are free or low-cost for homeless and at-risk families..

#### Recommendations

THE SUBCOMMITTEE RECOMMENDS THAT THE FOLLOWING CHILD-CARE SERVICES BE PROVIDED FREE AND/OR AT LOW COST FOR HOMELESS AND AT-RISK CHILDREN IN FAYETTE COUNTY:

- STAFF AND FACILITIES IN CONFORMANCE WITH EXISTING DEVELOPMENTAL CHILD-CARE STANDARDS.
- ACCESS TO CHILD CARE SERVICES 7 DAYS A WEEK, 24 HOURS A DAY.
- A STAFF KNOWLEDGEABLE ABOUT THE IMPACT OF HOMELESSNESS ON CHILDREN AND SKILLED IN METHODS TO MEET CHILDREN'S NEEDS AND IMPROVE THEIR SELF-ESTEEM.
- AVAILABILITY OF PSYCHOLOGICAL AND EMOTIONAL COUNSELING FOR TROUBLED CHILDREN.
- SEPARATE NURSE-CARE ARRANGEMENTS FOR CHILDREN WHO ARE ILL.

## CHARACTERISTICS OF PROGRAMS PROVIDING EDUCATION-RELATED SERVICES TO HOMELESS CHILDREN AND YOUTH IN THE UNITED STATES

Several communities in the United States have already been responsive to the educational needs of homeless students. Their responses have included the establishment of programs within the community, enhancement of programs within existing schools, development of schools within shelters, and the establishment of independent transitional schools.

While most programs have not been in operation long enough to provide research-based assessment, anecdotal assessment indicates positive results in the improvement of the education of homeless children served by these special programs.

The Subcommittee examined information obtained from personnel associated with additional programs. (See Appendix B, pages 46-49.) Fifteen such programs, selected from 40 which were nominated by state homeless coordinators and from national organizations concerned with services to homeless families, are summarized in Appendix C, page 50. Many of the recommendations of this Subcommittee are based upon the success of projects and programs in operation elsewhere.

Homeless children are ashamed to go to school because of shunning by their peers. Classmates label them "the hotel children" and don't want to sit beside them. Even teachers sometimes keep their distance. (Kozol, 1989.) Individuals at the Tacoma, Washington, transitional school have observed that "Nobody laughs at the children with their scruffy shoes or ripped-up sweaters at this school. There is no talk of video games or pranks at the mall..." The school's only teacher said, "At any other school, these kids would be ostracized. Here they're not afraid to say, 'I don't have a home,' because everybody's in the same boat." (Egan, 1989.)

While some critics have attacked the concept of special programs for homeless students, teachers in the existing special centers report that these programs offer "one big advantage; all the children are homeless, so none are stigmatized" (Leslie, et al., 1989). Special programs offer other advantages over traditional schools. Students receive individualized attention. Academic remediation is provided where needed on an individual basis. Students are helped to understand their situations and to realize they are not at fault, enhancing their self-esteem. In addition, students receive health care, counseling, and social services not readily available in the existing public schools.

THE EXTENT TO WHICH AT-RISK PROGRAMS SERVE  
THE HOMELESS AND AT-RISK CHILDREN IN THE FAYETTE COUNTY SCHOOLS,  
AND RECOMMENDATIONS FOR STRENGTHENING THEIR EFFECTIVENESS

The Stewart B. McKinney Homeless Assistance Act -- PL 100-77, enacted by the U.S. Congress in 1987 -- addresses the education of homeless children and youth in Subtitle B. Each State is required to develop and carry out a plan to ensure that its homeless children and youth receive the same educational services that are provided to other children residing in the State. Major components of the Act cover the:

- Annual count of homeless children/youth
- Residency requirements
- School placement requirements
- Special programs/services
- Transportation requirements
- Resolution of disputes

With regard to the educational services to be provided to homeless children/youth, the McKinney Act mandates that,

"Each homeless child shall be provided services comparable to services offered to other students in the school, including educational services for which the child meets the eligibility criteria, such as compensatory educational programs for the disadvantaged, and educational programs for the handicapped and for students with limited English proficiency; programs in vocational education; programs for the gifted and talented; and meals programs."

The "Kentucky State Plan for the Education of Homeless Children and Youth" was issued by the Kentucky Department of Education, Division of Compensatory Education in April, 1989. To carry out the federal mandate, the educational policy of the Kentucky State Plan directs that,

"Homeless children/youth shall be eligible for the same educational programs and support services that are available to all other students who reside in the school district. School districts will, without delay, identify and provide the special services and programs needed by homeless students."

Personnel in the Fayette County Schools recognized that a substantial number of students were not successful in the System. Compliance with the McKinney Act and the Kentucky State Plan have begun to bring about changes in the delivery of educational services to at-risk and homeless children in Fayette County. In 1989, an At-Risk Resources Specialist was approved by the Board of Education for the 1989-90 school year. The Director of Alternative Programs, in Special Pupil Services, is responsible for the coordination of programs designed to improve the academic success of at-risk, homeless and other special needs students. Although five At-Risk Programs have been developed to assist elementary school children with special needs, it has been determined by the

Subcommittee that few, if any, homeless children are being served. (See Map of the Fayette County Public Schools, page 15, and Charts of the At-Risk Programs, pages 17-20.)

#### Extended-Day Kindergarten

The Extended-Day Kindergarten program provides afternoon instruction designed to enhance the student's readiness for first grade. Students are selected for participation in the program based upon their scores on the Fayette County Kindergarten Screening Test. Enrollment is currently limited to 15 students per participating school. (Additional information can be found on page 17.)

#### Recommendation

THE SUBCOMMITTEE RECOMMENDS THAT SPECIFIC EXTENDED-DAY KINDERGARTEN PROGRAMS BE MADE AVAILABLE TO MEET THE UNIQUE NEEDS OF IDENTIFIED HOMELESS CHILDREN.

#### Mobility Project

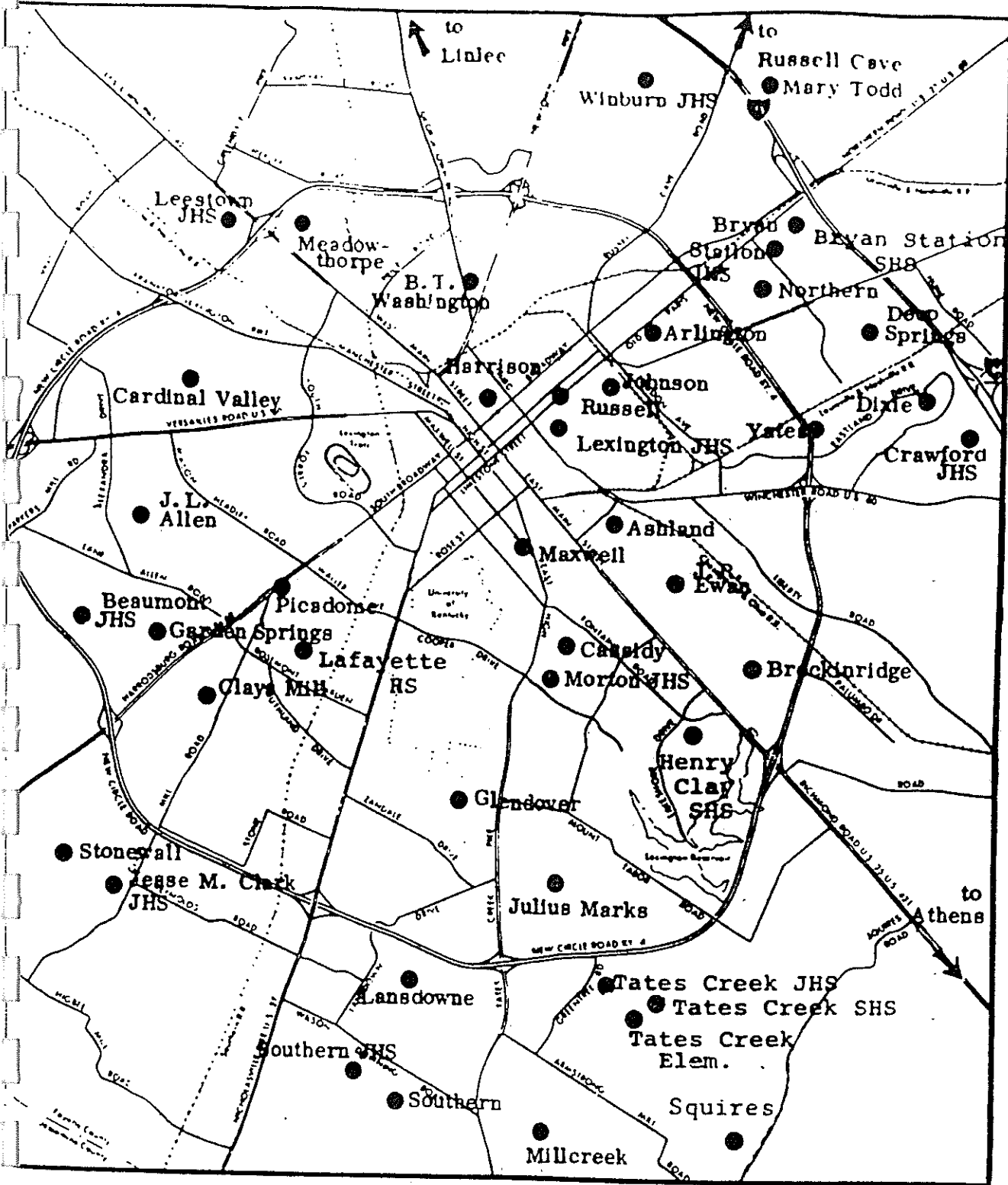
Because some families are highly mobile within the geographic area served by the Fayette County Public Schools, the System has established a transportation system that allows a student to remain in one school though his/her family may move from one school service area into another.

This project currently serves only five elementary schools. Discussions with individuals associated with two of the schools revealed that not all staff are familiar with the program, and that the program is often not explained to parents until the parent arrives at the school to transfer the student to another school. At this point, the parent may be in a hurry or a counselor who can explain the benefits of the program may not be available. (Additional information can be found on page 18.)

#### Recommendation

THE SUBCOMMITTEE RECOMMENDS THAT THE COMMUNICATION OF THE BENEFITS OF THIS SERVICE BE CONVEYED TO PARENTS/GUARDIANS IN A DIRECTED COUNSELING SESSION PRIOR TO THE STUDENT'S TRANSFER OUT OF A PARTICIPATING SCHOOL. THE SUBCOMMITTEE FURTHER RECOMMENDS THAT ALL STAFF AND FACULTY AT PARTICIPATING SCHOOLS BE INFORMED AS TO THE DETAILS OF THE PROGRAM AND THE BENEFITS TO STUDENTS.





## Fayette County Public Schools

### Home-School Community Assistants

In an effort to improve communication between school personnel and parents, the Fayette County System has hired and trained individuals to work closely with counselors and teachers to identify difficulties students are experiencing and to work closely with parents or guardians to alleviate these difficulties. Home-School Community Assistants make home visits to involve parents who traditionally have not come to the school to assist in their children's development. Currently, these assistants are working part-time in five elementary schools. (Additional information can be found on page 19.)

### Recommendation

THE SUBCOMMITTEE RECOMMENDS THAT HOME-SCHOOL COMMUNITY ASSISTANT POSITIONS BE FULL TIME, AND THAT THE PROGRAM BE EXPANDED TO INCLUDE SERVICES FOR CHILDREN AS THEY MOVE TO MIDDLE SCHOOLS.

### Project Success

Project Success is a tuition-free, summer program for elementary students in the Fayette County Schools. Participation of students is based on their reading and math scores. The project, which is designed to improve student performance in basic skills, self-esteem and self-motivation, assisted 250 students in 1989. (Additional information can be found on page 20.)

### Recommendations

THE SUBCOMMITTEE RECOMMENDS THAT:

- A DESIGNATED SOCIAL SERVICE CONTACT PERSON BE RESPONSIBLE FOR WORKING WITH THE PROJECT SUCCESS COORDINATOR IN ORDER TO IDENTIFY HOMELESS CHILDREN FOR PARTICIPATION IN THE PROGRAM.
- PROJECT SUCCESS BE EXPANDED TO ACCOMMODATE THE INCREASING NUMBERS OF HOMELESS CHILDREN.

### "Buddy Program"

Students enrolled in teacher education programs at the University of Kentucky meet regularly with elementary students identified by Fayette County teachers as at-risk students. The purpose of the program is to provide role models for elementary students. Currently, the program serves only one elementary school, 130 children. (Additional information can be found on page 20.)

### Recommendation

THE SUBCOMMITTEE RECOMMENDS THAT THE BUDDY PROGRAM BE EXPANDED TO INCLUDE ALL THE INNER-CITY ELEMENTARY SCHOOLS.

CHART A  
AT-RISK PROGRAMS -- FAYETTE COUNTY ELEMENTARY PUBLIC SCHOOLS

PROGRAM AND DESCRIPTION

	<u>FUNDING</u>	<u>TOTAL SERVED</u>	<u>HOMELESS SERVED</u>	<u>PROGRAM EXPANSION NEEDED</u>	<u>CONTACT</u>
<b>EARLY IDENTIFICATION OF AT-RISK CHILDREN</b>					
Kindergarten-aged children are screened upon entrance in order to identify and provide additional support services needed for them to be successful in school.	Federal funds	1,500 1989-90	Unknown	Yes	L o i Pritchett 281-0250
<b>EXTENDED-DAY KINDERGARTEN</b> (Implemented in 1988-89 school year)					
In addition to a regular morning session, this program offers an afternoon session for a maximum of 15 kindergarten students attending a Chapter 1 school. Eligibility for the afternoon is based on students' scores from a Fayette County Kindergarten Screening Test and need determined. Nineteen (19) elementary schools have Extended-Day Kindergarten.*	Federal and local funds	330 pupils 1989-90	Unknown	Yes	Anita Jones 281-0175

A kindergarten teacher and tutor are assigned to each class. Social workers are also assigned to the program to assist children and their families in successful participation.

Emphasis is placed on developmentally appropriate activities designed to develop language, listening, following directions, and readiness skills.

\* Arlington, Athens, Booker T. Washington, Clays Mill, Deep Springs, Julia R. Ewan, Glendover, Harrison, Linlee, Julius Marks, Maxwell, Meadowthorpe, Northern, Picadome, Russell, Southern Elementary, Tates Creek Elementary, Mary Todd, Yates.

CHART 8  
AT-RISK PROGRAMS -- FAYETTE COUNTY ELEMENTARY PUBLIC SCHOOLS

PROGRAM AND DESCRIPTION

	<u>FUNDING</u>	<u>TOTAL SERVED</u>	<u>HOMELESS SERVED</u>	<u>PROGRAM EXPANSION NEEDED</u>	<u>CONTACT</u>
<b>MOBILITY PROJECT</b> (Implemented in 1987-88 school year)	Local funds	Range: 5-10 families 1989-90	5 - 1 0 families 1989-90	Yes	Anita Jones 281-0175

This program is designed to address the unique educational needs of children whose families move frequently, with the result that the children attend several different schools within a given school year. Mobile families may request that their children remain in the school in which they were enrolled at the beginning of the year, and transportation will be provided even though they have moved outside the former school district. Transportation arrangements take about three days. Five elementary schools are involved in the Mobility Project.\*\*

Objectives of the project:

- 1) To keep students in one school to avoid interrupting their academic progress;
- 2) To provide a stable school environment;
- 3) To encourage a positive child/family and school relationship.

\*\* Harrison, Johnson, Maxwell, Russell, Booker T. Washington.

CHART C  
AT-RISK PROGRAMS -- FAYETTE COUNTY ELEMENTARY PUBLIC SCHOOLS

PROGRAM AND DESCRIPTION

PROGRAM AND DESCRIPTION	FUNDING	TOTAL SERVED	HOMELESS SERVED	PROGRAM EXPANSION NEEDED	CONTACT
<b>HOME/SCHOOL COMMUNITY ASSISTANTS PROGRAM</b> (Implemented in 1987-88 school year)	Local funds	Approx. 25 in each school	Unknown	Yes	Anita Jones 281-0175
Purpose of the program: To provide the schools with personnel whose major responsibility is to involve parents who are not participating actively in school activities; to increase parent awareness of school programs; and to enable parents to help their children succeed in school.					
The Home/School Assistants make home visits and work closely with counselors and teachers to identify students who are at risk: i.e., have chronic absenteeism, behavior problems, etc. Staff actively plan and implement activities to involve parents directly in school-related activities. Support services are provided by School Social Workers. Five schools have Home/School Assistants.***					
		Total: 125 families 1989-90			

\*\*\* Arlington, Harrison, Johnson, Maxwell, Russell, Booker T. Washington.

CHART D  
AT-RISK PROGRAMS -- FAYETTE COUNTY ELEMENTARY PUBLIC SCHOOLS

PROGRAM AND DESCRIPTION

PROGRAM AND DESCRIPTION	FUNDING	TOTAL SERVED	HOMELESS SERVED	PROGRAM EXPANSION NEEDED	CONTACT
<p><b>PROJECT SUCCESS</b> (Implemented in Summer, 1987)</p> <p>A six-week, tuition-free, summer tutorial project to provide academic assistance to eligible children in grades 1-5. Children selected for participation have not performed at the levels expected for children their age, according to their reading and math scores. Teachers and counselors submit the names of students who would most benefit from this program.</p> <p>Child Guidance Specialists provide group and individual activities designed to enhance self-esteem. The children also are taken on field trips and participate in activities that will provide enrichment experiences. They are served snacks in the morning and lunch.</p> <p>Parent involvement is a major thrust in the program. Parents are asked to visit school three times during the summer session. Their response to the program has been extremely positive.</p> <p>There are a great many more applicants than the program can serve.</p>	Local funds	<p>Summer '87 60 pupils</p> <p>Summer '88 120 pupils</p> <p>Summer '89 250 pupils</p>	Unknown	Yes	Anita Jones 281-0175
<p><b>"BUDDY PROGRAM"</b> (Implemented in January, 1989)</p> <p>Teacher-education students at the University of Kentucky are paired with a "buddy", an elementary school student who has been identified by school personnel as being at risk of dropping out of school. The "buddies" meet on a regular basis to discuss school progress for tutoring sessions, and to share problems. Fayette County teachers of students participating in the Buddy Program report that students' grades, attendance and attitudes improve.</p>	Local funds; in-kind contributions from UK; and student volunteers	130	Unknown	Yes	Wayne Harvey (UK) 257-3889

WHERE ARE THE PUBLIC ELEMENTARY SCHOOLS LOCATED  
THAT HOMELESS FAYETTE COUNTY CHILDREN ATTEND?\*

There are 32 public elementary schools in Fayette County, not including special programs for children who are mentally retarded, physically handicapped, homebound and hospitalized. Half to three-fifths (57%) of the children identified as homeless were attending elementary schools in 4 of the 18 schools reporting homeless enrollments in October, 1989. Each of these schools -- Harrison, Russell, Booker T. Washington, and Arlington -- is located in a census tract that has next-to-the-highest category of need, as determined by the Urban County Division of Planning.

Only one elementary school is located in the census tracts most in need of attention (Tracts 3, 4 and 9) -- Johnson School, in Census Tract 3. Yet Johnson School reported having no homeless students either in October 1988 or in October 1989 -- the initial two years of homeless counts required under the McKinney Act of 1987. The Subcommittee questions whether this was actually the case. (Compare the data in Appendix D-2, page 52, with the summary of the principal's presentation about Johnson School to the Mayor's Task Force on Homelessness, July 19, 1989, in Appendix D-3, pages 53-54.)

In the census tracts of fourth-highest need, all inside New Circle Road, five schools, located in Tracts 20, 22, 24, 25 and 26, reported enrolling 26% of all elementary school children identified as homeless in October 1989. Nine (9) schools located in 8 suburban census tracts, all outside New Circle Road, reported that only 17% of all elementary school children identified as homeless in October 1989 were attending these schools. (See Table 1, page 24.)

The report on Fayette County's Housing Supply and Needs (Office of the Mayor, 1989, page 19), describes the demographic analysis and process by which census tracts in Fayette County were ranked:

"In 1985, the Planning Division staff reviewed 1980 demographic information as one step toward identifying significant physical deterioration in the lower-standard housing stock. Census tracts were ranked to show the greatest percentage of people in poverty, the highest percentage of population as dependents, the highest percentage rate of unemployment, the highest vacancy ratios and the highest degree of overcrowding. After census tracts were ranked for these five indices, the rank scores were totaled to develop an overall rank. The overall scores clustered to suggest Census Tracts 3, 4 and 9 were most in need of attention; Census Tracts 10, 14, 1, 2 and 11 were in a second category of need; and Census Tracts 16, 15 and 5 ranked third in category of need. Other tracts studied were placed in a fourth group.

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\* Data supplied by the Fayette County Public Schools did not include addresses for the children identified as homeless.

"Based primarily on this demographic analysis, staff focused attention first on Census Tracts 2, 3, 4 and 9, and secondly on Tracts 1, 2, 10, 11 and 14. Through sidewalk and windshield surveys conducted primarily in late 1986, staff noted the condition of all private housing structures in these tracts that could be observed in this fashion."

Summarized below is pertinent information for the three census tracts most in need of attention (Tracts 3, 4 and 9) and those in the second category of need (Tracts 1, 2, 10, 11 and 14). The data are tabulated according to percentage of residential structures\* needing major repairs and/or being dilapidated, from highest to lowest rankings. (Sources: Housing Supply and Needs, pages 10 and 20, and recent data obtained from the Division of Planning/UCG.)

Census Tract	Category of Need	Total Residential Structures* Surveyed, 1985	<u>Beyond Minor Repair</u>		Elementary School Located in Census Tract
			<u>Number</u>	<u>Percent</u>	
1	2	859	324	37.7	Harrison
9	1	538	196	36.4	None
3	1	1,298	415	32.0	Johnson
10	2	403	120	29.8	None
2	2	993	295	29.7	Russell
4	1	391	99	25.3	None
11	2	1,076	225	20.9	Booker T. Washington
14	2	1,059	116	11.0	Arlington

(See Map 1, Fayette County Public Schools, page 15; Map 2, 1980 Census Tracts of Fayette County, page 23; Table 1, Where Do the Homeless Children of Fayette County Attend Public Elementary Schools?, page 24; and Table 2, Location of Fayette County Public Elementary Schools by Census Tracts, page 25.)

In 1980, ten contiguous census tracts encompassed an area with the most poverty in Fayette County. The total population of this area was 36,206, and one out of every three persons (12,043) was poverty-stricken. While less than one-fifth, or 18%, of Fayette's population lived in those ten census tracts, persons living in poverty there were 46% of the population living below poverty in all of Fayette County. The five elementary schools in the above tabulation are located in this area. (See Appendix D-4, page 55, for map and tabulation of these 10 census tracts.)

\* Counts of residential structures are not housing counts per se. A residential structure may be any building in which residential units are located. The building may contain one or more residential units, or it may have mixed uses, such as office or retail uses as well as residential unit(s).



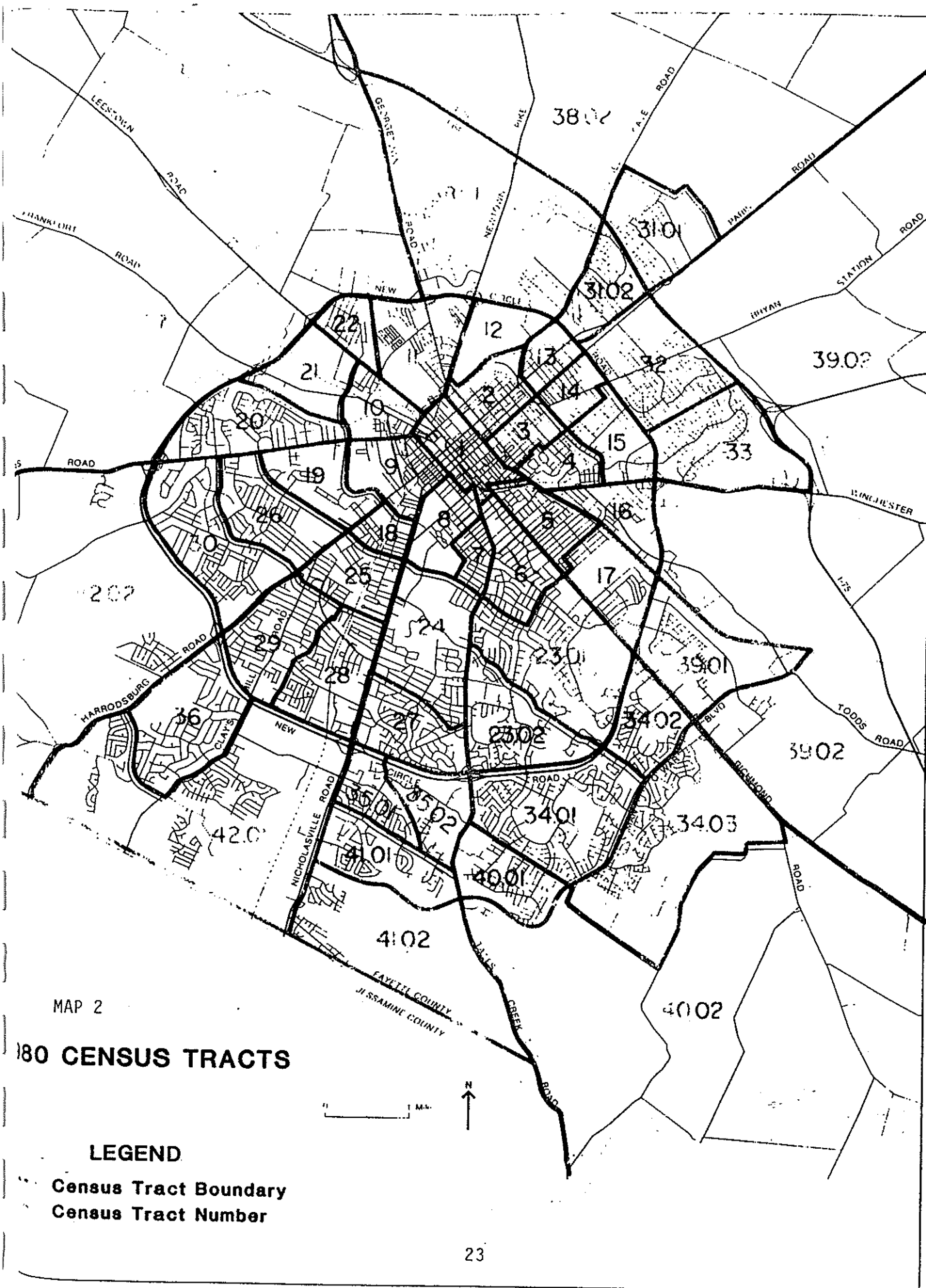


TABLE 1

## WHERE DO THE HOMELESS CHILDREN OF FAYETTE COUNTY ATTEND PUBLIC ELEMENTARY SCHOOLS?

ELEMENTARY SCHOOL ENROLLMENTS, 8/16-9/12/89; NUMBERS OF HOMELESS CHILDREN IDENTIFIED, 10/89;  
AND LOCATION OF SCHOOLS BY CENSUS TRACTS, INSIDE AND OUTSIDE NEW CIRCLE ROAD\*

Student Enrollment by School 8/16 - 9/12/89	Census Tracts/2nd Category of Need**	# Homeless Students Enrolled 10/89	Census Tracts/4th Category of Need**	# Homeless Students Enrolled 10/89	Suburban Census Tracts**	# Homeless Students Enrolled 10/89
200 - 299 students					39.02	2
Athens						
300 - 399 students						
Meadowthorpe	2	29	22	2		
Russell	11	12				
B.T. Washington						
400 - 499 students						
Harrison	1	8			33	6
Yates						
500 - 599 students						
Arlington	14	44			33	3
Dixie						
J. Lane Allen			26	14		
Picadome			25	2		
600 - 699 students						
Northern			24	5	32	5
Glendover						
700 - 799 students						
Lansdowne					35.02	4
Cardinal Valley			20	20		
800 - 899 students						
Tates Cr. Elem.					34.01	1
Southern Elem.					41.01	1
Millcreek					40.01	2
Stonewall					36	3
TOTAL		93 (57%)		43 (26%)		27 (17%)

\* Census Tracts 1 through 30 are inside New Circle Road and ranked by category of need.

\* Census Tracts 31 and over are "Suburban," i.e., they are located outside New Circle Road.

\*\* For ranking of need, see page 21, paragraph 4.

TABLE 2

LOCATION OF THE 32 FAYETTE COUNTY PUBLIC ELEMENTARY SCHOOLS  
BY CENSUS TRACTS

<u>Schools with Homeless Children Enrolled in October 1989</u>	<u>Number of Homeless Children</u>	<u>Census Tract</u>	<u>Schools Reporting No Homeless Children in October 1989</u>	<u>Census Tract</u>
Allen, James Lane	14	26	Ashland	5
Arlington	44	14	Breckinridge	17
Athens	2	39.02	Cassidy	6
Cardinal Valley	20	20	Clays Mill	29
Dixie	3	33	Deep Springs	32
Glendover	5	24	Garden Springs	30
Harrison	8	1	Johnson	3
Lansdowne	4	35.02	Julia R. Ewan	17
Meadowthorpe	2	22	Julius Marks	23.02
Millcreek	2	40.01	Linlee	37
Northern	5	32	Mary Todd	31.01
Picadome	2	25	Maxwell	8
Russell	29	2	Russell Cave	38.02
Southern Elementary	1	41.01	Squires	34.03
Stonewall	3	36		
Tates Creek Elem.	1	34.01		
Washington, B.T.	12	11		
Yates	<u>6</u>	33		
TOTAL/Homeless	*163			

\* Discrepancies unaccounted for between numbers reported in Appendix D-1 and the breakdown by schools in above tabulation.

THE STATUS OF HOMELESS STUDENTS IN SELECTED ELEMENTARY SCHOOLS  
IN FAYETTE COUNTY

Identification of Homeless Students

The Fayette County Public Schools, in compliance with the Stewart B. McKinney Homeless Assistance Act of 1987 (PL 100-77), surveyed school personnel in October, 1989, to identify the number of children that could best be determined homeless. The report, which the System compiled, lists 165 children in K-6 as homeless\* and 83 homeless children in grades 7-12 for a total of 248. (See Appendix D-1 and D-2, pages 51-52.) This number, however, has been estimated as low by counselors in the System for three primary reasons.

First, it reflects the count on a single day early in the school year rather than over a year. Homeless students are highly mobile, moving in and out of a community and from school to school. Consequently, the numbers of homeless students in a school system on one particular day will not reflect those who have already exited the system or who will enter the system throughout the school year. Also, homelessness itself is transitional. Thus, students who are in a stable home environment on the day the count is taken may find themselves homeless later in the year.

A second problem affecting the accuracy of the reported data is that much of the data is self-reported. Fayette County Public School administrators have found that, in attempting to identify homeless children enrolled in the public schools, families without their own residences frequently do not consider themselves homeless if they are staying with relatives or friends and thus have an address. Yet 75% of those students identified as homeless in Fayette County in the 1989-90 survey were living with friends or relatives. Also, many students and their parents are reluctant to tell anyone about their home situation. Students fear the judgment and comments of their peers, and parents/guardians fear losing custody of the children.

Third, school personnel can only report data on those students who have enrolled in the System. Often, parents in transition do not enroll their children. They assume they will be moving in a short period of time and do not wish to enroll their children in one school and have to move them to another within a few weeks, even though they may be planning to stay in Fayette County.

Recommendation

THE SUBCOMMITTEE RECOMMENDS THAT COMMUNICATION BETWEEN SCHOOL AND SOCIAL SERVICE PERSONNEL BE ENHANCED TO IMPROVE THE PROCESS OF IDENTIFYING HOMELESS STUDENTS IN FAYETTE COUNTY.

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\* The 165 homeless elementary school children reported in Appendix D-1 were enrolled in 18 of the 32 elementary public schools.

### Perceived Characteristics and Needs of Homeless Students

Two different surveys of Fayette County School personnel were conducted for the Subcommittee on Education to determine the opinions of school personnel as to the educational needs of homeless students.

School guidance specialists, school social workers, and home-school assistants shared their perceptions of those factors that make it difficult for homeless students to succeed in school. Among those they reported were lack of school attendance, moving from school to school, lack of parental support, lack of positive adult role models, the low self-esteem of homeless students, lack of a place to study, fatigue, hunger, and worry about siblings and/or parents.

When asked for suggestions for programs or activities that could improve the education of homeless students, the school personnel listed: after-school programs consisting of tutoring and enrichment programs; in-service programs for teachers to increase their understanding of the problems of homelessness and their effects on children; a special school social worker to assist these children and their families; and a special school designed to meet the needs of this special population.

When asked to identify the reasons for the decline in those homeless students' academic records, personnel cited some easily documented reasons such as absenteeism, family illness, student illness, and lack of parental involvement. However, a majority of the responses related to less easily defined problems. These problems tended to be related to the personnel's perceptions of the students' emotions or attitudes and included communication problems, poor effort, behavior problems, carelessness, and negative attitudes.

### Recommendations

THE SUBCOMMITTEE RECOMMENDS THAT IN-SERVICE PROGRAMS BE DEVELOPED TO SENSITIZE TEACHERS, ADMINISTRATORS, AND STAFF TO THE EXPERIENCES AND NEEDS OF HOMELESS STUDENTS AND THEIR FAMILIES.

The survey findings all indicate that the majority of homeless students are not involved in extracurricular school activities and that a substantial number of them exhibit problems interacting with peers and/or adults.

## TIPPING THE SCALES TOWARD FAVORABLE OUTCOMES FOR HOMELESS AND AT-RISK CHILDREN AND THEIR FAMILIES IN FAYETTE COUNTY

"A healthy birth, a family helped to function even though one parent is depressed and the other seldom there, effective preparation for school entry - all powerfully tip the scales toward favorable outcomes. ... The risk factors of children who encounter early problems at school and ultimately fail to acquire the skills needed to become independent and productive can be reduced through the interventions of family support services, high-quality child care and preschool education, and elementary schools that are more responsive to the needs of high-risk children and families." (Schorr, 1988.)

Based upon a review of the literature, discussions with personnel from local programs with an education-related focus, study of programs elsewhere that are responding to the needs of homeless students, and the surveys conducted in the Fayette County Public Schools, the Subcommittee has determined that Lexington-Fayette County is not currently meeting the education needs of its homeless children and their families. Improving the care and education of homeless children will require positive interventions in the cycle of homelessness and poverty in our community.

Throughout the Subcommittee's work sessions over the past several months, principles supported by research and experience guided our thinking:

- Children from all backgrounds can learn, if they are given the proper opportunity and encouragement.
- Homeless and at-risk children need the best that school can offer.
- Equity and high standards go hand in hand. Equity for homeless and at-risk children will occur only when the children are offered a high-quality education.
- Schools must be given the freedom to design the best possible programs for their students, while being held accountable for their performance.
- All parents, regardless of their income level or formal education, can help improve their children's achievement in school.
- Programs that succeed in helping children and their families are "intensive, comprehensive, and feasible" and are staffed by professionals with the time to establish solid relationships with the families and have the expertise to distinguish between providing support and creating dependency.
- Successful schools for homeless and at-risk children will require commitment, hard work and imagination on the part of many individuals and groups, as well as cooperation and coordination among school personnel and service providers.

No matter what their level of education or income, all parents influence their children's success in school. Their values, authority, and aspirations for their children strongly affect academic success. Research shows that the way parents influence children's motivation and behavior contributes at least as much to their children's academic performance as do such factors as their income, education, or marital status.

On the other hand, the families of homeless children are atypical. The adults in the homeless family generally need help themselves. Educators have responsibility to help these adults as well as their children. Schools can assist parents and guardians by providing them with education in such areas as GED preparedness, health education, parenting skills, and tutoring skills. Homeless adults may need to learn how best to be involved in their children's development.\* An entire range of family support services must augment the school's offering of student support services. And, school personnel must work with the parents or guardians to eliminate those distractions to the learning process which occur away from school, including abuse and neglect.

Experts hold that risk factors in childhood are related to "destructive outcomes" as children become teenagers and adults; that five-year olds can become failures before they enter first grade; that a third-grade pupil with school problems is at-risk of dropping out of school and becoming a teenage parent; that, beginning around third or fourth grade, new socio-economic factors seem to intrude to reduce the chances of school success; and that "disastrous outcomes are much more likely when several risk factors interact." However, adverse outcomes can be changed by determining which of the risk factors "are most amenable to intervention" -- and acting on those. (Schorr, 1988.)

Dr. James Comer, famed child psychiatrist, educator, and philosopher at the Yale Child Study Center, believes "that children who succeed in elementary school have a better chance to succeed in high school -- and in life." He says that "although teachers work with children all day, most know very little about applied child development and have few child development skills. They may have taken a course that taught them who Freud was, but not how kids function, not what a fight on the playground means or what to do in response." Summing it up, he says, "The most basic problem in education today is the assumption that if the kid doesn't learn, it's the kid's fault. The school doesn't take the responsibility. The classroom teacher may understand what the kid needs, but there's no mechanism for doing anything about it." (Schorr, 1988.)

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\* The Parent Training Program in Memphis, Tennessee, has been very successful, with an average of 20 to 40 parents participating regularly in elementary schools (U.S. Department of Education, 1987). Parents attend workshops on such topics as discipline, planning and monitoring home study, building self-esteem, and motivation. Parents in the program report a renewed sense of control over their children. Perhaps most important is the parents' personal satisfaction of being directly involved with the education of their children -- giving a positive meaning to the belief that the home is the single most influential factor in the education of a child.

Based upon a review of the literature, an examination of other programs accommodating homeless students, and information acquired from parents and school personnel, the Subcommittee recommends a pilot program for elementary students identified as homeless or at high risk of becoming homeless.

#### Recommendation

THE SUBCOMMITTEE RECOMMENDS THE ESTABLISHMENT OF A PILOT ELEMENTARY PROGRAM FOR STUDENTS IDENTIFIED AS HOMELESS OR AT HIGH RISK OF BECOMING HOMELESS.\*

The pilot elementary program should be designed and implemented in such a way as to accomplish the following goals:

1. Provide an appropriate and quality education that meets educational, social, emotional, developmental, and physical needs of homeless children.
2. Provide specialized instruction and support that will assure the academic and social success of children upon re-entry into a traditional classroom situation.
3. Provide opportunities for homeless and at-risk families to become actively involved in the educational development of their children.
4. Develop a research program designed to strengthen the existing knowledge base of effective instructional strategies, support services and school environments that will meet the needs of homeless children and youth.
5. Increase community awareness and involvement in an educational approach to break the cycle of homelessness.
6. Establish a national educational model for homeless elementary school children.

(See pages 34-36 for objectives of each goal and the program components.)

Homeless and at-risk children need the best that school can offer. One of the most successful ways to reduce dropouts is to surround children and youth with competent, responsible, and caring adults who will encourage and inspire them to remain in school. A specially trained teacher can reduce the negative impact that the homeless situation has on the academic success of the student.

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\* In the Spring of 1986, a proposal was submitted to the (Fayette) Magnet School Committee "that a school for elementary transient students be established on the north side of town. Such a school would provide a permanent home base for those students who move from apartment to apartment and from school to school on a regular basis. The committee feels the proposal has merit, ..."



Homeless children exhibit behaviors in school that are different than those from stable environments (Homelessness in Kentucky, 1989). Homeless children/youth often:

- act aggressively, simply to prove that they can win or achieve.
- give up on assignments more easily and are more likely to quit when they have difficulty comprehending.
- speak out disruptively or act out in class.
- have a high absentee rate.
- have academic difficulties.

(For other characteristics, see Appendix E, page 53.)

A teacher trained to recognize such behaviors may be able to identify children who are homeless and could, then, work with school counseling personnel to investigate and determine accurately what the student's home situation is. (This could assist in the counting of homeless students for funding purposes.)

Appropriate pre-service and in-service instruction for teachers and school administrators can provide a foundation for determining a mechanism that can bring about change. Such training should include information about the school and community services available to homeless students and families; intervention techniques for problems related to homelessness; and parent conferencing techniques specific to the homeless population. Instruction should also be included relating to changing the attitudes of traditional students and encouraging positive thinking about breaking the cycle of poverty in our society.

Teachers and counselors who work with students identified as homeless relate that these children often do not take full advantage of the traditional school environment because they are not accepted by peers, who tease them about their situation. They often do not have a quiet place to do homework. Their academic difficulties combined with their home-life difficulties have them expressing feelings of failure and despair. These students need a school environment free of peer ridicule, offering quiet study space, and an educational program which assesses the learning competency and ability of each student and then meets assessed needs with appropriate instruction. The homeless student needs instruction that will allow her/him to strengthen both academic skills and social skills.

Low motivation, poor hygiene, unattended medical and dental needs, poor health, neglect and abuse also inhibit the learning process. Yet these are characteristics typical of homeless children (Tower and White, 1989). These needs must be identified and met before appropriate learning can take place.

Homeless students generally need instructional assistance beyond that of the traditional student, due to absenteeism resulting from mobility and/or family responsibilities which take precedence over schooling.

School personnel must be involved in exploring those practices which can be most effective in helping the individual homeless child and which can be effective in eliminating society's tolerance of homelessness and extreme

poverty. This requires that research be conducted to determine what strategies are most effective. Also needed is an expanded knowledge base of those facets of the environment, instruction, curriculum, and support services that are most effective in alleviating destructive outcomes for homeless children.

Researchers, upon completion of a nationwide study of disadvantaged students, concluded that the number of children in poverty will increase 37% from 1984 to 2020. The estimated cost to the Nation of the 500,000 students per year who leave school before graduation is about 50 billion dollars in foregone lifetime earnings alone. These authors suggest that the magnitude of educating the increasing numbers of disadvantaged students will require a new means of delivery. They recommend that a variety of approaches be developed to make schools more responsive to the needs of disadvantaged students. (Pallas, 1989.)

"These approaches might include a reexamination of traditional features of schools such as rules and procedures, special programs, the distribution of authority and decision making, and the setting of goals and standards. Such approaches might also include new configurations of teachers and students in self-contained units responsible for learning across the entire range of the curriculum, the development of better information systems to enable school leaders to redeploy resources as soon as student needs become apparent, and the development of new roles for teachers and administrators that concentrate information, resources and decision-making authority in individuals who are held closely accountable for the education of all students in their charge."

"Educators must become more aware of and involved in the family and community contexts of their students, both to understand the problems these contexts present for the education of students and to learn to draw on the strengths of families and communities to enhance the education of students."

A pilot program can be designed to meet these needs and assist the child with academic, attitudinal, and emotional skills that will improve her/his chances for success in a traditional school, and in life. The academic and social success of homeless and at-risk students can be assisted by voluntary participation in an innovative program in Fayette County that allows students to enter at any time during the year. Once enrolled, each student's knowledge and skills will be assessed and the student's instructional plan will be developed to strengthen determined weaknesses. When the student has remediated the identified weaknesses, he/she will be encouraged to enter a regular classroom.

**Goals and Objectives of Pilot Program for  
Homeless and At-Risk Children  
in Fayette County, K-5th Grade  
Recommended Pilot Program Components**

PILOT PROGRAM FOR HOMELESS AND AT-RISK CHILDREN IN FAYETTE COUNTY, K - 5TH GRADE

GOALS

Provide an appropriate and quality education that meets the educational, social, emotional, developmental, and physical needs of homeless children.

Provide specialized instruction and support that will assure the academic and social success of children upon re-entry into a traditional school program.

OBJECTIVES

To create an orderly and safe school environment.

To make serving homeless and at-risk children truly top priority.

To develop the trust of the children and the parents; to make each child feel special in some way, welcome to the group, and comfortable with staff and peers.

To give special attention to the broader social development of the children and to strengthen their sense of accomplishment and worth by:

- \* providing ample opportunity for the children to initiate their own activities; and
- \* learning at their own pace.

To provide a broad spectrum of support and social services to meet the needs of homeless children and families.

To employ a talented faculty/staff committed to inspiring and teaching children who are homeless or at-risk.

To create strategies for attracting and retaining committed teachers.

To develop positive bonds between the children/parents, their school, and the faculty/staff.

To structure classroom activities so that the children can learn the valuable lessons of listening to directions, planning their work, respecting the right of others, and working cooperatively in a group.

To provide more time for play activities than are found in a regular elementary class, so that the children can exercise their imaginations, develop their interests, and gain a feeling of satisfaction in sharing responsibility.

To help the children acquire the habits and attitudes necessary for coping with problems and achieving success in school and in later life.

GOALS -- Continued

Provide opportunities for homeless and at-risk families to become actively involved in the educational development of their children.

OBJECTIVES -- Continued

To make the parents feel welcome at school.

To convey the conviction that all students can learn.

To provide clear information about school expectations to both parents and children.

To initiate contacts with parents concerning their children's performance and conduct, and to encourage parents to take part in educating their children.

To show parents who lack confidence or have little know-how ways they can assist their children.

To provide education programs for parents -- e.g., basic skills, GED, parenting, health and nutrition, etc.

To provide a special room or place in the library where parents can meet (in support groups, etc.).

...

Develop a research program designed to strengthen the existing knowledge base of effective instructional strategies, support services, and school environments that will meet the needs of homeless children and youth.

To test existing instructional strategies in terms of the needs of homeless children and their parents.

To determine the extent to which fundamental restructuring for education and support services is needed by homeless children and their families in Lexington-Fayette County.

To design and implement a research partnership among the Fayette County Schools, the U.K. Department of Education, and the Urban County Government.

GOALS -- Continued

Increase community awareness and involvement in an educational approach to break the cycle of homelessness.

Establish a national educational model for homeless elementary school children.

OBJECTIVES -- Continued

To mobilize a new surge of talent, energy, and resources in order to systematically extend effective services and supports to all homeless and at-risk children and their families.

To identify the most important impediments to providing coordinated services to homeless children/families and mobilize support for their removal.

To create community/school partnerships, incentive programs, support services, etc., that will make a positive difference in the outcomes of homeless children/families.

To contribute to the improvement of education and strengthen support services for homeless elementary school students.

To seek out funding sources for this educational demonstration model.

## RECOMMENDED PILOT PROGRAM COMPONENTS\*

- Specially Trained Faculty, Administration, and Staff - In addition to receiving instruction that will bring about the most effective learning for (homeless and) at-risk students, personnel should receive instruction relating to human relations, causes and effects of homelessness, services available to homeless families, etc.
- Standard Curriculum - The program should be guided by the same curriculum requirements which the State Department of Education outlined in the Program of Studies for all schools. This curriculum includes all basic skills areas as well as enrichment areas including art, music, and physical education.
- Individualized Educational Plans - A comprehensive student plan should be required that encompasses the academic, social, and physical needs of each child. The plan of action should be designed to enable the child to be a successful and full participant in school.
- Technology - The program should utilize the latest technology in assisting students in the program. Computer-Assisted Instruction should be utilized in individualized instruction.
- Integrated Studies - Integrated into the Standard Curriculum should be enabling instruction in: self-esteem, decision making, interest in work, adapting to change, coping skills, how to study, honesty and responsibility, appreciation and respect for others, self-control, drug and alcohol prevention, etc.
- Variety of Extracurricular/Enrichment Activities - Included should be cultural opportunities including dance, theatre and drama workshops, concerts, drawing, music, etc. Also included should be opportunities for recreation and leisure, individual and team sports, exercise, etc.
- Extended-Day and Summer School Programs - Such programs should focus on both academic and extracurricular activities.

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\* These components do not necessarily include all of the possibilities.

## AN ADVOCATE FOR HOMELESS CHILDREN\*

According to the National Commission on Children, one in five lives below the poverty line; and many of them will be unhealthy, illiterate and unemployable when they reach adulthood. Poverty -- either sudden or long-term -- is the principal cause of homelessness for children.

The primary causes of ... poverty are factors embedded in the economic and social structure of American society. They are forces that operate systematically ... to create and perpetuate poverty in some sectors of the population. Poverty severely affects both day-to-day living and long-run well-being. It is a socially isolating condition, and a stigma. (Fitchen, 1981.\*\*)

For the most part in modern American society, people are judged on the basis of externally observable factors such as occupation, place of residence, and possession of status-invested consumer goods. The economic constraints of poverty are self-perpetuating. Problems accumulate rather than being resolved. Children who have grown up in problem-ridden families generally lack successful experience in problem-solving, and therefore have little confidence in their ability to solve problems and little faith that other individuals or agencies could solve them either. (Fitchen, 1981.\*\*)

"Children are people of equal value -- human beings with equal rights...."\*\*\* Yet, as human beings, they have no comparable equal rights, no voice, no vote, no organization. Their protection is fragmented among many public agencies and private organizations, with the courts having the ultimate authority in deciding what is best for the child. Homeless and at-risk children urgently need an advocate -- "a channel through which they can be heard ... as long as society sometimes thinks that economics is more important than anything else" -- to bring issues to the attention of policymakers.

### Recommendation

THE SUBCOMMITTEE ON EDUCATION RECOMMENDS THAT A WELL-TRAINED AND SENSITIVE CHILDREN'S ADVOCATE BE ESTABLISHED IN THE OFFICE OF THE MAYOR TO WORK WITH THE AT-RISK COORDINATOR OF THE FAYETTE COUNTY PUBLIC SCHOOLS ON BEHALF OF HOMELESS CHILDREN IN FAYETTE COUNTY.

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\* The position of Barneombudet (Children's Advocate) was created in Norway in 1981. Since then the Barneombudet has spoken on behalf of children on a wide variety of issues. The Children's Advocate does not intervene in disputes with families, however -- "the social service system is supposed to see to that." Asked whether the idea of a children's advocate could be adapted to the United States, the Barneombudet replied that it certainly would be feasible to have them on a local level. (See footnote \*\*\* below.)

\*\* Statements in paragraphs 2 and 3 were extracted from Janet M. Fitchen's book, Poverty in Rural America -- A Case Study (Westview Press, Boulder, CO, 1981), Chapter 11, "Why Poverty and Marginality Continue."

\*\*\* See Michael Ryan's article, "Who Speaks for Children?", in Parade Magazine, July 8, 1990.



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APPENDIX A  
SELECTED PROGRAMS/SERVICES THAT MAY OR COULD BENEFIT HOMELESS CHILDREN

PROGRAM AND DESCRIPTION

	<u>FUNDING</u>	<u>TOTAL SERVED</u>	<u>HOMELESS SERVED</u>	<u>PROGRAM EXPANSION NEEDED</u>	<u>CONTACT</u>
"WIC" -- Special Supplemental Food Program for Women, Infants, and Children. A federally financed program that provides screening, nutritional counseling, and food supplements for low-income pregnant, postpartum, and breastfeeding women and for children up to age 5 who are nutritionally at risk. Funds are allocated by USDA to state health departments who, in turn, fund local health departments, hospitals, and health clinics to determine eligibility, offer education about nutrition, and prescribe proper foods for eligible recipients.	Federal funds from USDA allocated to state health departments who fund local agencies. (See Col. 1)	3,200 persons this year -- 1,000 more than last year.	150-160 women, infants, and children.	Yes	Lora Gray or Cindy Sullivan 288-2466

Vouchers for food supplements are issued to certified participants of WIC, along with a list of stores that have a contract to cash vouchers for the needed food items. The USDA encourages states to use creative approaches in adapting food packages for homeless participants, which may include elimination or substitution of specific foods so long as the participants are getting the key nutrients of iron, protein, and Vitamins A and C.

In 1989, WIC/Fayette was given funds by the State to expand from one to four sites\*:

- Fayette County Health Department (original site)
  - open 5 days/week
- University of Kentucky Medical Center
  - open 5 days/week
- Baby Health Center -- open 4 days/week
- Family Care Center (Opened 10/89)
  - open 1/2 day/week
- (WIC will increase number of days as FCC grows)

WIC is now serving only about 34% of potentially eligible population in Fayette County. Program is limited by funds for administrative staff and program sites for new centers. State average is 48% of eligible population -- some counties receive funds for 60%-70% of those eligible for WIC.

\* Number of persons enrolled: Health Department, 2,427; UK Medical Center, 492; Baby Health Center, 293; Family Care Center, 59 (as of January 1990).

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PROGRAM AND DESCRIPTION

FUNDING	TOTAL SERVED	HOMELESS SERVED	PROGRAM EXPANSION NEEDED	CONTACT
HEAD START --The Nation's primary national program for disadvantaged preschoolers; a comprehensive developmental program for at-risk 3- and 4-year-old children. Head Start is administered by a variety of organizations -- school boards, universities, community action agencies, as well as by limited-purpose agencies. Performance Standards for all Head Start programs insure quality in the provision of medical, dental, mental health, nutrition and social services as well as education and early intervention. The success of Head Start has been attributed to the parent involvement component. To a great extent, the lasting effect of Head Start is directly correlated to the parents' involvement in the classroom, in decision-making, in advocacy for their children and in activities in the home that reinforce Head Start's individualized program for each child. "There are literally stacks of evaluation studies demonstrating that high-quality Head Start programs do change young people's lives, and we know what is needed to strengthen less effective programs: well-trained teachers, validated childhood development curricula, hands-on supervision, and parental involvement." (The Common Good, p. 19.)	Federally funded by the Dept. of Health and Human Services.	240 children*	Yes (See Col. 1)	Jane Bryant 233-4600
	22 States subsidize Head Start, enabling more preschool children to be served. Two bills are in the Education Committee of the 1990 General Assembly to subsidize Head Start in Kentucky.	...		

\* In September, 1990, Fayette County will receive 27 additional Head Start slots for federal FY-90.

Beginning October, 1990 (fed. FY-91), the federal Family Support Act requires all states to help unemployed two-parent families. In keeping with this requirement, the Governor of Kentucky has proposed that the 1990 General Assembly fund the AFDC Unemployed Parent Program (AFDC-UP), which will substantially increase the number of AFDC cases in Kentucky. Since the formula for funding Head Start is based on numbers of AFDC cases, the allocation of federal funds for Head Start in Fayette County (and Kentucky) would be increased.

\*\* One way to address the child care and educational needs of children from homeless families would be to establish a fund designated for child care in a licensed, quality center. According to the Director, child care could be provided while the adult family members are securing temporary housing and meeting other basic needs. This temporary child care would cost approximately \$50-\$60 per week, depending upon the age of the child. The child would be in a safe healthy environment, participate in developmentally appropriate activities, receive adequate nutrition, access necessary health care, and experience a consistent stable environment for a portion of the day. Then, as the homeless families are stabilized, their preschool children could be given first priority for vacancies that occur in the Head Start Program.

Head Start in Fayette County operates from five centers, in which 240 children are enrolled. Three centers on the north side of Lexington serve 180 children; two centers in south Lexington serve 60 children. (Applications for 101 more eligible children have been completed by parents/guardians.) It is estimated that only about 14% of the children eligible for Head Start in Fayette County are served, and 15% to 17% of the children are handicapped.

No homeless children are presently enrolled in the program. There are far too few slots to meet the demand; there is always a waiting list of eligible children; and the slots are filled by "first-come, first-served" eligible applicants.

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PROGRAM AND DESCRIPTION

FUNDING	TOTAL SERVED	HOMELESS SERVED	PROGRAM EXPANSION NEEDED	CONTACT
<p><b>VIRGINIA PLACE --</b> (Facility opened January, 1986) A transitional facility/program for single-parent families. Address 381 Virginia Avenue, Lexington, 40504.</p> <p>A comprehensive, holistic family approach to helping low-income single parents and their children develop the educational and family-life skills needed to achieve self-sufficiency. The program is designed for participants to surmount lack of education, lack of parenting skills, need for better health care, need for child care, and limited knowledge or ability in such areas as nutrition, budgeting, and job skills. The program provides the parents with the opportunity to focus on goals and to reach these goals with far fewer emotional and physical obstacles they were originally experiencing.</p> <p>The program provides housing, child care, health care and support services on-site. The parents are required to be full-time students. At least one child in each family must be between 2 and 4 years old and enrolled in the child care program. Children ages 5-7 are enrolled at Maxwell Elementary School.</p> <p>The parents are responsible financially. Most families are AFDC recipients. Housing is Section 8 subsidized; child care is paid by SREA (Special Requirement Education Allowances); and adult education is financed by grants.</p> <p>There are 15 apartments for families in the facility. The Child Care Center is licensed for 32 children. The two-bedroom apartments, facility space, and staffing limit size of family to a single parent with one or two children, ages 2-7 years. Many inquiries received about the program are from parents whose children are younger than 2 years and/or have three or more children.</p> <p>While still a developing program, it is already a success because it has been the decisive factor in advancing several women toward true self-sufficiency.</p>	<p>Sources of funds are from government, the United Way, and private contributions.</p> <p>In-kind program services provided under an Agreement with the University of Kentucky, and by the Board of Directors, government and volunteers.</p>	<p>15 families -- single parents with 1-2 children ages 2-7 years.</p> <p>15 uprooted families, who cannot find or afford independent housing. (Almost all are living with friends or relatives before entering Virginia Place, and those quarters are usually cramped and the situations stressful.)</p>	<p>Yes</p> <p>The program needs to be enhanced and expanded to eventually serve 50-70 Fayette County families at one time. To do so would require a larger staff. Numerous phone inquiries received each week indicate there are many motivated single parents who want the opportunity to become productive members of society.</p>	<p>Helen Burg 258-3198</p>

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PROGRAM AND DESCRIPTION

	FUNDING	TOTAL SERVED	HOMELESS SERVED	PROGRAM EXPANSION NEEDED	CONTACT
<p><b>FAMILY CARE CENTER --</b> (Began operating October 2, 1989) Address: 1135 Red Mile Place Lexington, KY 40504.</p> <p>The purpose of the Center is:</p> <ul style="list-style-type: none"> <li>To provide child care, education, health care and social services in an integrated environment for up to 200 preschool children;</li> <li>To offer intensive intervention services to lift a core of at-risk population children and their families from dependency and poverty into self-sufficiency;</li> <li>To provide educational assessments and appropriate training skills for parents to equip them with marketable skills for employment;</li> <li>To offer a comprehensive service delivery model providing coordination of assessments, evaluation, treatment and referral for up to 200 preschool children;</li> <li>To offer a model training resource for individuals who will be providing child care, health care and social services to Fayette County families;</li> <li>To provide increased community awareness of the need for early identification of preschool children and families with special needs.</li> </ul> <p>The program includes a Child Care Center, a Pediatric Health Clinic, a Parent Resource Center, a library, and transportation is provided within a designated area. Children from infancy to 6 years of age are provided a developmental preschool education and a state-approved kindergarten program. The Pediatric Health Clinic provides a comprehensive program of services. Parents of children enrolled in the Child Care Center receive health education and referral. Parents are provided intensive intervention services, educational level assessments, job skills, and aptitude and social skills. They may enroll in educational programs and obtain work experience on-site or off-site.</p>	<p>LFUGS, State, and Federal funds, and private contributions.</p>	<p>Capacity: 80 adults, 200 children.</p> <p>As of 2/28/90, 32 adults were enrolled in the Parent Resource Center, and 135 children in the Early Child Care Center.</p>	<p>Approximately 60% of the families have "marginal housing" and move one to three times per month.</p>	<p>No (program just getting started.)</p>	<p>Jean Sabharwal 288-4040</p>

## APPENDIX AA

### PARTICIPATION OF HOMELESS INDIVIDUALS IN WIC

Local agencies must provide WIC services to an otherwise eligible homeless woman, infant or child without any overnight shelter or in an overnight facility. "Homeless individual" includes persons in a broad range of circumstances, from "street people" to those residing in another's home on a temporary basis to persons in a shelter for victims of domestic violence. Factors such as lack of cooking facilities or storage space shall have no bearing on the eligibility determination process.

Facilities that provide temporary residence to homeless individuals must meet the following conditions before a person may receive benefits:

1. The homeless facility cannot accrue financial or in-kind benefits from a person's participation in the WIC Program, e.g., by reducing its expenditures for food service because its residents are receiving WIC foods;
2. Foods provided by the WIC Program cannot be subsumed into a communal food service, but are available exclusively to the WIC participant to whom they were issued;
3. Proxies cannot, as a standard procedure, pick up food instruments for all Program participants in their respective homeless facilities or transact the food instruments in bulk; and
4. The homeless facility cannot place constraints on the ability of the participant to partake of the supplemental foods and nutrition education available under the Program.

Persons in homeless facilities meeting the four conditions must be certified if they meet the eligibility requirements and caseload slots are available in the local agency where they apply. As with other applicants, if the local agency has filled its caseload, the homeless have access to the waiting list, from which they will be taken for certification as slots are vacated in accordance with their standing in the participant priority system. Homelessness does not have a bearing on a person's placement in the appropriate level.

Information furnished by:

Lora Gray, M.S., R.D.  
Deputy Commissioner for  
Nutrition and Health Education  
Fayette County Health Department



# APPENDIX B

## SPECIAL NEEDS OF HOMELESS, TRANSIENT CHILDREN ADDRESSED BY AN ELEMENTARY SCHOOL

NAME OF PROGRAM AND LOCATION	HOMELESS POPULATION SERVED	PROGRAM DESCRIPTION	FUNDING	CONTACT
Coeur d'Alene Elementary School Los Angeles Unified School District Venice, Ca	One-quarter to one-third of the 275 students enrolled are homeless and transient. Fewer than half the children finish the school year.	The school considers transiency a specific learning problem with specific needs and has established a program of special care for the homeless children. The school has hired a part-time nurse, a counselor, and an extra teaching assistant and has provided extra clerical time for processing students' comings and going. Thus, additional counseling, social services, and individualized instruction are available, as well as after-school tutoring to give the pupils a place to do their homework. A specialist runs a self-esteem program and teaches basics of behavior, like table manners.	Coeur d'Alene has received a \$70,000 grant for 189-190 from a nonprofit organization, the Greater L.A. Partnership for the homeless.	Beth Ojeda, Principal
Out of the 413 elementary schools in the L.A. Unified School District, Coeur d'Alene is "first in transiency, last in stability," and has one of the nation's highest enrollments of homeless children -- 20% - 30% -- at any time.	Most of the homeless families stay at a shelter near the school; others live out of cars and wash up at the local McDonald's; a few live in garages.	A new computer lab is used to teach reading and writing. Some older homeless children study alongside children in kindergarten and first grade in an ungraded classroom setting.	The L.A. Unified School District is providing extra help.	
"These children really struggle academically, socially, and emotionally," said one of the teachers.		The school serves breakfast and lunch to the children and lets them take naps when they fall asleep in class.	A parent-teacher group has donated \$700 in food certificates, and a private citizen is furnishing books, shoes, and clothing for the homeless children.	
		A grant from the Greater Los Angeles Partnership for the Homeless pays for extra nursing and psychological services, and a special teaching assistant tutors the children.		
		A social worker helps families with adjustment problems and obtaining welfare benefits. Education workshops are also held for the parents, but not many participate.		

APPENDIX B  
TRANSITIONAL/SHORT-TERM EDUCATION PROGRAM FOR HOMELESS CHILDREN

NAME OF PROGRAM AND LOCATION	HOMELESS POPULATION SERVED	PROGRAM DESCRIPTION	FUNDING	CONTACT
Tone Project Tacoma, WA -- Located at the YMCA 405 Broadway Tacoma, WA 98402	About 45 children at one time in grades K-8. (Most of the children are malnourished, and are from a spouse abuse shelter.)	The Tone School Project opened in October, 1988.  The school is a cooperative project between the Tacoma School district and the Tacoma/Pierce County YMCA. The school district provides staff, school bus transportation, and supplies. The YMCA provides classroom space, emergency clothing and resources like employment counseling for families. The program employs a full-time teacher, a teacher's assistant, a counselor, a social worker, and a nurse, and draws heavily on volunteer staff.  The goal is to provide a temporary haven where homeless children can continue their education despite their families' financial difficulties. The school provides basic education from kindergarten through 8th grade. The teacher makes up a lesson plan for each learning level.	Budget: approx. \$300,000 plus in-kind contributions by the Tacoma School District and the YMCA. The school district pays about half the total budget.  The YMCA makes application for grants they pay for the support staff. The school system pays for breakfast and lunch and for the teacher's salary.  Special classroom equipment and financial support are solicited from individuals, groups, and businesses.	Connie Iverson, Teacher (206) 272-4181
"(The children) are all victims. Here, nobody laughs at them. For a lot of these kids, our school is the only safe place they know."	A child is enrolled from 10 days to 6 weeks. Once the child is no longer staying in a shelter and has a permanent address, the child is trans- ferred to a regular school.			
	Families receive food, cloth- ing, and help with finding jobs and community resources.  Over 300 students were served in the first year.			
		"At any other school these kids would be ostracized," said the teacher. "Here they're not afraid to say, 'I don't have a home,' because everybody's in the same boat." Nobody laughs at the children with their scruffy shoes or ripped-up sweaters at this school. There is no talk of video games or pranks at the mall, but they do share a common experience: each child can tell a story about sleeping under a bridge or in a car or in a vacant building.		

APPENDIX B  
TRANSITIONAL/SHORT-TERM EDUCATION PROGRAM FOR HOMELESS CHILDREN

NAME OF PROGRAM AND LOCATION	HOMELESS POPULATION SERVED	PROGRAM DESCRIPTION	FUNDING	CONTACT
First Place Seattle, WA  P.O. Box 15112, Zip: 98115-0112	K through 6th grade and their parents. Students stay at First Place for a few days up to a month or more.  45 children served 5 days/- week, Apr.-June, 1989. 21 children served 2 days/week, Summer 1989.  Parents helped to get more involved in children's education and are assisted in the transition to a "main- stream school" and permanent housing.	First Place, incorporated as a nonprofit, 2/89; open 4/10/89. Operates 5 days/week, September through June.  Provides educational services to children living in any of the 26 Seattle shelters for the homeless or in temporary/transitional housing. Positive social experience for homeless children provided by caring adults -- special attention and services the children cannot receive in mainstream public schools.  Educational programs include academic assessment and individualized curriculum to meet the special needs of each student. The school-day includes breakfast, academic work, lunch, and quiet time for reading. Counseling and social services are provided to students and their families. The children receive health and dental screening, bus transportation to and from school, federally subsidized meals, and clothing from an on-site clothing bank. Emotional, developmental, and stress-related programs are addressed.	Relies on donations of time, money and items from individuals, businesses, foundations and corporations for its survival. It is part of the Seattle School District's Interagency Program, enabling First Place to add certified teaching staff and provide bus services during the school year.  No budget mentioned.	Carolyn Pringle, Exec. Director (206)323-6715
Families with children are 37% of all homeless persons served by Seattle's 26 shelters. The city-funded shelters served over 4,100 children under 18 years of age in 1988. About half the homeless children at First Place come from house- holds experiencing domestic violence, sexual assault and child abuse.		The staff consists of: an executive director -- to oversee staff and program operation, fund raising, and budget expenditures a certified teacher -- assisted by volunteer classroom aides social worker -- for case management and networking services counselor -- for individual and group counseling nurse -- for health screenings, referrals to health care agencies, and follow-up with parents		

First Place -- "an anchor in a sea of change" for homeless children. Red-tape involved in enrolling homeless children in public school can be difficult and intimidating for focusing on daily survival. Going to a regular school can be devastating for a homeless child. At first place kids don't worry about coming to school without shoes -- someone there will find a pair. They don't have to face ridicule from students in a regular classroom because of their appearance and living situation. Fridays are particularly difficult: "We give the children books and stuffed animals to take 'home', but it's hard for the kids to leave for two days. We try to love and nurture them - to help sustain them. After awhile they learn that we can be trusted." (Comment from Kelly Cleverger, teacher.)

APPENDIX B  
TRANSITIONAL/SHORT-TERM EDUCATION PROGRAM FOR HOMELESS CHILDREN

NAME OF PROGRAM AND LOCATION	HOMELESS POPULATION SERVED	PROGRAM DESCRIPTION	FUNDING	CONTACT
Shelter School Salt Lake City, UT	K through 8th grade, and one or two persons spend a lot of time with the parents.	1989-90 is 5th year of Shelter School. Children attend 4 days/week -- Tuesday through Friday. School offered as a service, not a requirement. Parents decide whether kids will participate. Children stay in school about 6 weeks.	No budget given.  Cooperative project:	Stacey Bess, Teacher (801)531-1507
Origin/Need: Survey showed that over 400 children were going uneducated in Salt Lake Valley.	About 400 children attend the school per year -- an average of 21 children per day.	Services for kids: Teacher and teacher's aide work with average of 21 children per day. Learning segments broken into small groups. Part-time caseworker -- essentially a child advocate in public school system -- tracks the families that leave the shelter. Shelter health clinic for well-child check-up; also handles hearing and eyesight problems. Planned Parenthood sends a health educator once a week to sponsor outside field trips for kids. Clothing bank. (Socks and underpants most often needed.)	City pays salary of one teacher and a yearly budget based on average number of children taught per day. Traveler's Aid provides the room.  Eccles Foundation grant pays for 25 hrs/week of educational caseworker's time.  Various in-kind services provided.	
Both GED room and kids' schoolroom are located on same floor of shelter so that children and parents can visit back and forth on breaks.	Profile of families: 75% - 80% white  Others: American Indian Hispanics A few blacks  Many young families -- mostly laborers  2-parent and 1-parent families	Services for parents: Full-time GED teacher; job service; veteran's clinic; counseling (caseworkers readily available); parenting classes once a week; drug and alcohol abuse classes being set up this year ('90).  Jr. H.S. students encouraged to attend the neighborhood Jr. High. Bus picks up students 2 blocks from the shelter to avoid stigma of coming from the shelter. High School students attend a half-day Community Alternative Program at the High School. Teachers drive them to and from school because of severe stigma problems.  No programs for special education needs.  Another teacher teaches a half day at the battered women's shelter.		

# APPENDIX C

## CHARACTERISTICS OF PROGRAMS PROVIDING EDUCATION-RELATED SERVICES TO HOMELESS CHILDREN AND YOUTH

PROGRAM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>I. LOCATION</b>															
REGION															
Northeast			*	*			*					*			*
Mid-Atlantic	*											*			
Southeast													*		
Central					*					*	*				
Southwest		*				*									*
West								*	*						
DEMOGRAPHICS															
Large city	*	*		*		*	*	*	*		*	*		*	*
Smaller city	*	*	*		*					*				*	
Rural area	*	*											*		
<b>II. OPERATIONS</b>															
ADMINISTRATION												*	*	*	*
Private/nonprofit			*	*	*	*	*	*	*						
LEA	*	*													
SEA															
Public (non-educ.)									*						
STAFFING															
Paid community staff	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Paid school staff	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Volunteers	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
PRIMARY FUNDING												*	*	*	*
Private/nonprofit	*								*						*
LEA	*	*	*	*	*	*	*	*	*				*		*
SEA	*	*	*	*	*	*	*	*	*				*		*
Other	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
<b>III. CLIENTELE</b>															
POPULATION SERVED												*	*	*	*
Shelter residents	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Doubled-up families	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Shelter (n)hotel	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Runaways	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
NUMBER SERVED DAILY															
0-10 students										*					
11-25 students						*			*			*	*	*	*
26-100 students	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
>100 students	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
<b>IV. SERVICES</b>															
INSTRUCTION															
School-based instr.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Shelter/facil. instr.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
After-school tutoring	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
CHILD SUPPORT SERV.															
School placement	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Counseling	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Life skills	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Field trips	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Health & nutrition	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Transportation	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Special education	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
PARENT SUPPORT SERV.															
Parent education	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Health & nutrition	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Location/transition	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Adult literacy	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Social work	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Child care	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

### KEY

- 1=State of Maryland
- 2=State of Texas
- 3=Allentown, PA
- 4=New York City
- 5=Madison, WI
- 6=City Park, Dallas
- 7=Burnet Street, Newark
- 8=Harbor Summit, San Diego
- 9=South Area, Sacramento
- 10=Topeka, KS
- 11=St. Louis, MO
- 12=Martha's Table, DC
- 13=Attala County, MS
- 14=Salvation Army, Cambridge
- 15=Atlantic Street, Seattle

SOURCE: Policy Studies Associates, Inc., 1990

APPENDIX D=1  
KENTUCKY DEPARTMENT OF EDUCATION  
SPECIAL AMENDMENT FOR HOMELESS CHILDREN/YOUTH  
TO SCHOOL DATA FORM

DATA BANK  
1989-90

DIST. #	(2)	SCH #	(3)	SCHOOL OR DISTRICT NAME	(4)	ADDRESS STREET, ROUTE #, OR PO BOX
034		165		Fayette County Schools		701 East Main Street
CITY				(5)	ZIP CODE	(6)
Lexington					40502	Area Code 606 PHONE NUMBER 281-0127

**MEMBERSHIP OF HOMELESS STUDENTS DURING THE SECOND WEEK OF OCTOBER**

GRADE	KG	01	02	03	04	05	06	07	08	09	10	11	12	TOTAL
Homeless Children/Youth	12	43	29	15	22	22	22	5	12	19	11	18	18	248

TEMPORARY LIVING STATUS OF HOMELESS STUDENTS	TOTAL
live in public/private nighttime shelter	3
live with friends or relatives (with or without parents)	185
live in spouse abuse center	10
temporarily placed by CHR due to neglect, abuse	38
live in inhabitable places (bus, car, old buildings)	1
other (describe)	11
<b>Total</b>	<b>248</b>

NUMBER WHO COULD NOT BE ENROLLED IN CURRENT YEAR		
Elementary	Middle/Jr. High	Senior High

PROBLEMS IN ENROLLMENT/PLACEMENT	RANK ORDER
lack of academic records	22
lack of immunization records	23
residency requirements	28
transportation	27
guardianship	25
classroom space	30
specialized instruction (i.e. ESL, Voc. Ed., Special Ed.)	19
other (describe)	9
<b>Total</b>	<b>183</b>

REFER TO ITEM 11 INSTRUCTION

**INSTRUCTIONS:**

- Items 1-7 Provide the information requested. The summary form should provide district identification.
- Item 8 For the second week in October (M-F), enter the total unduplicated count of homeless students that were enrolled in all of your schools. For UNGRADED SCHOOLS, enter membership in most appropriate blocks for the children's age and academic status.
- Item 9 Enter the temporary living status for each homeless student counted in Item 7. The aggregate total of the columns in Item 8 must equal the total of Item 7.
- Item 10 In the appropriate blocks, enter the total number of homeless students who were not enrolled in the school for some reason.
- Item 11 Rank (1-8) the problems which cause the greatest delay in enrollment or placement of homeless students in your school district, with number 1 being the greatest problem and number 8 being the least problem.
- Item 12 Describe problems in providing specialized instructional programs to the homeless student.

I attest that the above information is an accurate unduplicated count of all homeless students who resided in the district during the second week of October.

\_\_\_\_\_  
Director of Pupil Personnel Signature

Return the district summarized information on the pink form by **NOVEMBER 15** to:

**HOMELESS EDUCATION COORDINATOR  
DIVISION OF COMPENSATORY EDUCATION  
17TH FLOOR, CAPITAL PLAZA TOWER  
FRANKFORT, KENTUCKY 40601**

APPENDIX D-2

FAYETTE COUNTY PUBLIC ELEMENTARY SCHOOLS

Elementary School	Total Enrollment 8/16-9/12/89	HOMELESS CHILDREN IDENTIFIED IN OCTOBER 1989 IN 18 OF 32 ELEMENTARY SCHOOLS										NO HOMELESS CHILDREN IDENTIFIED IN 14 ELEMENTARY SCHOOLS IN OCTOBER, 1989	
		All Homeless Identified	K	1	2	3	4	5	6	7	8	School	Enrollment
Allen, James Lane*	512	14	2	1	5	1	2	2	1			Ashland*	354
Arlington	505	44	0	14	9	4	2	9	6			Breckinridge	713
Athens	236	2	0	0	0	1	1	0	0			Cassidy	618
Cardinal Valley*	772	20	1	4	5	3	3	2	2			Clays Mill	648
Dixie	511	3	1	0	0	0	1	0	1			Deep Springs	589
Glendover*	692	5	1	1	0	0	1	0	2			Garden Springs*	712
Harrison*	464	8	1	1	2	0	2	0	2			Johnson*	340
Lansdowne	748	4	1	0	0	1	0	1	1			Julia R. Ewan*	558
Headwathorpe	303	2	1	0	0	0	0	0	1			Julius Marks	709
Millcreek	877	2	0	0	0	1	0	0	1			Linlee	425
Northern*	613	5	0	3	1	0	1	0	0			Mary Todd*	516
Picadome	539	2	0	2	0	0	0	0	0			Maxwell	317
Russell	310	29	2	9	5	3	5	3	2			Russell Cave	256
Southern Elementary	820	1	0	0	0	0	0	1	0			Squires	772
Stonewall*	889	3	0	0	0	1	0	0	2				
Tates Creek Elementary	809	1	0	1	0	0	0	0	0				
Washington, B.T.*	320	12	2	3	2	0	2	3	0				
Yates*	465	6	1	1	0	1	1	1	1				
TOTAL/18 Schools	10,385	**163	**13	**40	29	**16	**21	22	22			TOTAL/14 Schools	7,527

\* Schools with Special Education classes. Total students enrolled: 116 (64 plus 52).

\*\* Discrepancies unaccounted for between numbers reported in Appendix D-1 and the detailed breakdown by schools in above tabulations.

## APPENDIX D-3

### JOHNSON ELEMENTARY SCHOOL: SUMMARY OF THE PRINCIPAL'S PRESENTATION TO THE MAYOR'S TASK FORCE ON HOMELESSNESS, JULY 19, 1989

The principal of Johnson School addressed the Mayor's Task Force on Homelessness on July 19, 1989. In her presentation, she described the environment in the area and the socio-economic problems faced by the students and parents; and she explained how the staff is trying to assist these families. The basic philosophy at Johnson is that, if the parents can get the students to school, the school can feed them, help to clothe them and educate them, and will work with local government to improve their housing and environment. Her remarks are summarized below.

#### The Problems

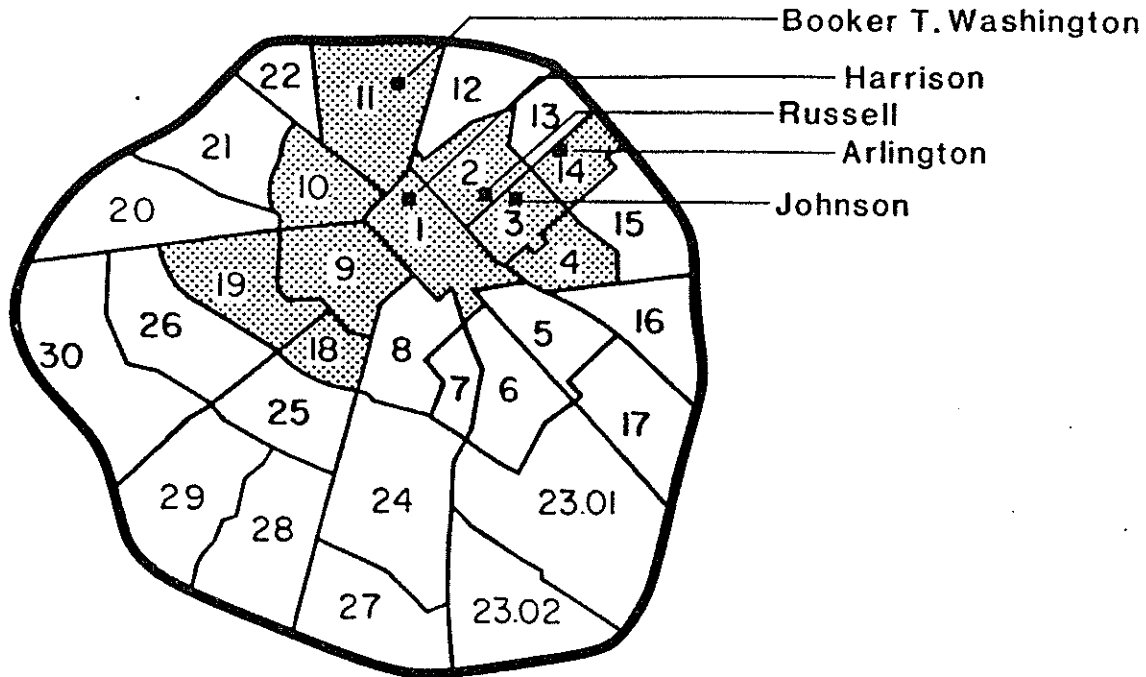
- Johnson School is considered to be a transient school. In 1988-89, there were 89 withdrawals out of an enrollment of 339 students, and 96 re-entries.
- The majority of families whose children attend Johnson School are welfare recipients. Between 81% and 88% of the students participate in the free breakfast/free lunch program.
- Drug activity around boarded-up houses in the area makes it unsafe for walkers attending Johnson School. The school playground must be policed daily for drug paraphernalia, especially after weekends.
- The lack of affordable housing and housing that is substandard are problems.
- A number of students have been homeless -- living in station wagons, cars and homes of relatives or friends. Homeless families are frequently too proud to seek shelter at the Salvation Army. Friends or relatives are willing to take in, for a few nights, a family that has been evicted while they search for another place to live.
- Johnson School is located in an area where children of families living on the same street ride buses to different schools. Some families will lie about where they live so that their children can walk to school rather than ride a bus.
- During an eviction, the children are unlikely to attend school; they may be helping with the move or babysitting the younger children. Sometimes a family will leave and will have been gone for a couple of weeks before the teachers have any idea what has happened to them.



Helping the Students and Families Cope

- The principal feels that Johnson School is a leader in creating alternatives and solutions for its students and their families with socio-economic problems. Between 1985-86 and 1988-89, the principal made over 630 home visits and has seen many of the housing problems personally. She has worked with Urban County Council members and the Urban County Department of Housing staff to improve housing in the area. The school takes advantage of several available resources to obtain emergency housing for dislocated families.
- The school has started a clothing bank and an emergency food program.
- The school has provided alarm clocks and taught some parents and students how to use them.
- The principal has worked with local government to find a way to reduce drug activity in boarded-up houses and "make them rentable" to families.
- The school encourages mothers to return to school. After graduation, many have been hired as aides in the school. Three were attending the University of Kentucky or Lexington Community College and hoped to become teachers.
- The school has become a resource center for the families of children enrolled there because many of them do not know where to go for assistance.
- Johnson has an after-school program for students, open until 6:00 p.m.
- The school has an adult support group for parents.
- Johnson has been adopted by a local bank for Christmas and Easter. (The Christmas Care program grew out of a suggestion from a parent.) Various departments of the bank have adopted classes at the school and have extended assistance throughout the year.
- There is not much taunting of the homeless children by their classmates because of the high percentage of welfare recipients attending Johnson.

LEXINGTON-FAYETTE COUNTY, KENTUCKY  
1980 POPULATION BELOW POVERTY LEVEL IN 10 CENSUS TRACTS INSIDE NEW CIRCLE ROAD



THE 10 FAYETTE COUNTY CENSUS TRACTS WITH THE MOST POVERTY IN 1980, AND THE  
5 PUBLIC ELEMENTARY SCHOOLS LOCATED IN THE AREA

1980 Census Tract*	1980 Population	Number Below	Percent Below	Elementary School and # Homeless	
4	4,403	2,652	60%	None	
9	2,799	1,202	43	None	
1	4,983	1,898	38	Harrison	8
3	4,296	1,365	32	**Johnson	0
10	1,344	404	30	None	
2	4,120	1,167	28	Russell	29
11	5,896	1,482	25	B.T. Washington	12
18	2,226	540	24	None	
14	3,042	713	23	Arlington	44
19	3,097	620	20	None	
TOTAL	36,206	12,043	33%		93 (57%)
FAYETTE CO.	204,165	26,001	13%		

\* These 10 contiguous census tracts encompassed an area in which one out of three persons (33.3%) was living below the poverty level.

\*\* Although Johnson School reported no homeless children enrolled in October, 1989, it is considered to be "a transient school." (See Appendix D-3, pages 53-54.)

## APPENDIX E

### Symptoms of Homeless Students

Visible Symptoms	Behavior	Problems in School
<ul style="list-style-type: none"> <li>• Malnutrition</li> <li>• Poor hygiene</li> <li>• Unattended medical needs</li> <li>• Unattended dental needs</li> <li>• Poor health, especially skin rashes, respiratory problems, asthma</li> <li>• Neglect</li> <li>• Abuse</li> <li>• Involvement with drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Withdrawn or listless or</li> <li>• Hostile and aggressive</li> <li>• Tired</li> <li>• Emotionally needy</li> <li>• Difficulty in trusting</li> <li>• Hoards food</li> <li>• Parentified (takes care of parents)</li> <li>• Old beyond their years</li> <li>• Fantasize and daydream</li> <li>• Controlling, bossy</li> <li>• Promiscuous</li> </ul>	<ul style="list-style-type: none"> <li>• Ashamed of situation and where they live</li> <li>• Developmentally delayed</li> <li>• School phobic (want to be with parents—fear of abandonment)</li> <li>• Poor organizational skills</li> <li>• Poor ability to conceptualize</li> <li>• Difficulty finishing what they start</li> </ul>

### Frustrations for Homeless Students and Their Teachers\* in School

#### For Students

- Ashamed of where they live (especially if at a shelter)
- Teased by other students about homelessness, hygiene, inabilities
- Often feel misunderstood by parents
- Difficulties in adjusting to new school magnified by situation
- No place to do homework (or quiet place to themselves)
- Developmental delay augments feelings of failure

#### For Teachers

- Students may have lived in many places, attending different schools with different methods
- No school records
- Must assess educational needs without prior record input
- Must do quick assessment of student as formal measures are too time-consuming
- Knowledge that student will move soon
- Student may have difficulty trusting
- Other students may react negatively
- Inability to contact parents in an emergency
- Parents often emotionally unavailable, too caught up in their own needs
- Homework can be an issue

\*And other school personnel.

Source: **HOMELESS STUDENTS**, C. C. Tower and D. J. White, NEA, 1989.

MAYOR'S TASK FORCE ON HOMELESSNESS  
COMMITTEE III

Members of Subcommittee on Education

Cathy Anderson  
PTA, Maxwell Elementary School

Alberta Coleman  
League of Women Voters Representative  
Chair, Subcommittee on Education

Debra Hensley  
Urban County Council, 3rd District  
Chair, Mayor's Task Force on Homelessness

Earlene Huckleberry  
LFUCG Department of Social Services

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Special Pupil Services and Alternative Programs  
Fayette County Public Schools

Josie Lady  
Home-School Community Assistant  
Harrison Elementary School

Suzanne McIntosh  
Concerned Citizen

Kawanna Simpson  
Associate Dean  
College of Education, University of Kentucky

Laura Perry  
Student, University of Kentucky  
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Lexington, Kentucky  
1989-90

## APPENDIX I

### Definitions for a Common Language

#### The Homeless Population

- I. Non-residents - These persons do not view themselves as residents of Lexington-Fayette County or Central Kentucky.
  - A. Transients - persons who are temporarily stranded in Lexington or persons who would best be described as wanderers
  - B. Migrants - persons with regular circuit they follow but no fixed address or home, such as migrant farm workers
- II. Residents - These persons view themselves as residents of Lexington-Fayette County or Central Kentucky. Approximately 80% of the homeless in Lexington-Fayette County fall within this category.
  - A. Shelter dependent - persons who must rely on a shelter for housing
    - 1. Sheltered -persons living in a shelter either temporarily or permanently
    - 2. Non-sheltered-persons who either choose not to go to a shelter or cannot get into a shelter for a variety of reasons.
  - B. Marginally housed (at-risk) -persons are at risk of being homeless, i.e., persons and families living in housing that is considered substandard and persons and families who are living temporarily with friends and relatives
- III. Traditional homeless - single males with limited skills and usually a history of substance abuse and/or mental illness
- IV. Family - to be defined by individuals who compose them. Avoids reliance on traditionally held narrow definition.

## Housing Alternatives

- I. Emergency housing - very short term and communal in nature (Available support services are crisis-oriented)
- II. Temporary housing - short-term and time-limited (Support services provided are crisis-oriented with some long-range planning)
- III. Transitional housing - longer-term and time-limited (Support services provided are geared toward long-range goal setting)
- IV. Permanent housing - long-term and generally involves some type of lease arrangement (Support services are not provided by owners)
- V. Affordable housing (subsidized) - designed to meet the needs of a wide variety of individuals and families with resources that range from no income to low income

## APPENDIX II

### Housing Program Definitions

#### Section 8 Certificates -

Section 8 Existing Housing Certificates of Family Participation provide a cash allowance to eligible families. This cash allowance is for the difference between the market rent on a unit and the amount the family can afford to pay.

#### Section 8 Vouchers -

Section 8 Existing Housing Vouchers operate on a similar basis as Section 8 Certificates. The primary difference between the two programs is that vouchers set the subsidy the family will receive, rather than the family's contribution to rent.

#### Section 202 -

Assists applicants 62 years of age and older and/or handicapped adults. Units are designed for elderly or handicapped persons. Health and other social services may be on the premises.

#### Section 236 -

Assists lower-income families who contribute no more than 30% of their adjusted income toward rent.

## APPENDIX III

## McKINNEY ACT HOMELESS ASSISTANCE PROGRAMS

<u>PROGRAM TITLE</u>	<u>ELIGIBLE APPLICANTS</u>	<u>ALLOWABLE USES</u>
Emergency Shelter Grants (HUD)	States, Metropolitan Cities, Counties	Shelter facility costs, rehabilitation, operation, and essential services
Supplemental Assistance to Facilities to Assist Homeless (HUD)	States, cities, counties, public or private non-profits	Acquisition, renovation, rehabilitation, and operation of homeless facilities
Supportive Housing - Transitional (HUD)	States, cities, counties, public or private non-profits	Acquisition, renovation, rehabilitation, and operation of homeless facilities
Supportive Housing - Permanent Handicapped (HUD)	States, with private non-profit sponsor	Acquisition, rehabilitation, operation of permanent housing for handicapped homeless
Section 8 Assistance for SRO Housing (HUD)	Public Housing agencies	Rehabilitation of facilities to develop Single Room Occupancy units
Health Care for the Homeless (HHS)	Private non-profits and public entities providing health care	Primary health care services for the homeless
Alcohol & Drug Abuse Treatment Demonstrations (HHS)	Public or private non-profits, primarily in large urban areas	Drug abuse treatment programs for the homeless
Community Mental Health Block Grant (HHS)	States and territories	Mental Health referrals and services, substance abuse services
Emergency Community Services Grants (HHS)	States and territories, who pass on to community Action Agencies	Various emergency social services
Emergency Food and Shelter (FEMA)	Determined by National Board	Various food and shelter services
Adult Education for the Homeless (ED)	State education agencies	Literacy and basic skills training programs for the homeless
Homeless Children and Youth Education Grants (ED)	State education agencies	Development of plans to assure homeless children access to schools
Job training for the Homeless Demonstration (DOL)	State and local agencies and non-profits	Various job training demonstration projects for the homeless
Homeless Veterans Reintegration Projects	State and local agencies serving the 50 largest U.S. cities	Programs to help homeless veterans locate jobs



1988-1990 HOMELESS ASSISTANCE GRANT FUNDS

PROGRAM	AMOUNT	AGENCY	ALLOWABLE USES	PROJECT STATUS
Emergency Shelter Grants Program	\$ 37,000 1988 \$ 50,000 1988 \$ 6,000 1988 \$ 34,000 1989 \$ 50,000 1989 \$ 53,000 1990	Entitlement/LFUGG State Grant/LFUGG HUD Grant/LFUGG Entitlement/LFUGG State Grant/LFUGG Entitlement/LFUGG	Renovation; Major Rehab for purpose of providing emergency shelter. Provision of essential services, certain operational costs (maintenance, insurance, utilities and furnishings) and preventative services.  Recipients include Shepherd House, Tenant Services Inc., MASH Drop Inn, Volunteers of America, Community Kitchen, and Salvation Army.	Shepherd House renovation completed March 1989. Other services ongoing.
Emergency Community Services Homeless Grant	\$ 75,000 1988 \$ 58,000 89/90 \$ 68,596 90/91	Community Action of Lexington-Fayette County	Follow-up and long term services to break out of poverty cycle. Eligible homeless are those accessing shelter for night-time residence. Funding used primarily for staff Social Worker and financial assistance fund for economic self-sufficiency activities.	Ongoing services.
Health Care for The Homeless Grants	\$ 108,000 1988 \$ 130,157 1989 \$ 134,712 1990	Health Department	Majority of funds used to supplement Nurse/Practitioner clinic run by U.K. and Community Kitchen. Includes prescription drugs, referrals, transportation for medical services, minor equipment. Also for staff Social Worker and community kitchen staff.	Ongoing services.
Community Mental Health Program	\$ 65,000 88/89 \$ 55,079 89/90 \$ 55,079 90/91	Horizon Center	Outreach, outpatient mental health services, case management, and application request. Funds provide salaries for Mental Health Specialist, and two (2) Case Managers, as well as operating costs.	Ongoing services.
FEMA Emergency Food and Shelter Program	\$ 89,000 1988 \$ 91,695 1989 \$ 104,298 1990	Local Board of Human Services Agencies	Food, transportation, consumable supplies for mass feedings, small equipment, and emergency rent.  Current funding: Salvation Army, Horizon Center, Community Kitchen, God's Pantry, Catholic Social Service, Black Church Coalition, and Canaan House.	Ongoing services.
	\$1,288,616		Total McKinney Act Funds to Fayette County.	

#### APPENDIX IV

#### REVIEW OF NATIONAL AFFORDABLE HOUSING ACT S.566

1. The bill is bipartisan legislation designed to use the capacity of state and local governments to plan and implement affordable housing programs.
2. The bill does several important things:
  - A. Continues the CDBG Program with minor increases (approximately \$3 billion per year).
  - B. Converts the various McKinney homeless assistance into a block grant program with 70% of funds to entitlement cities and 30% to states. Funds would also be available through a national competition.
  - C. Establishes a Housing Opportunity Program with states and cities required to develop a comprehensive housing strategy and provides flexibility to prioritize spending on the local level between rehabilitation or new construction. 80% of funds to cities and states on entitlement-formula basis and 20% allocated through national competition. (\$2 billion in FY91, \$2.5 in FY92, and \$3 billion in FY93).
3. Specific program elements include:
  - A. Two year extension of FHA ceiling on insured mortgages.
  - B. The Housing Opportunity Program (HOP) which would establish a federal-state-local-private partnership to create affordable housing for both owners and renters. Development of a comprehensive 5-year housing strategy with a preference for rehabilitation or new construction would be required.
  - C. HOPE Initiative would assist low income families buy public housing units.
  - D. Rental Assistance--Section 8 program vouchers and certificates would be modified to increase choice and affordability.
  - E. Supportive housing--various housing programs would be revised to increase or provide the supportive social service component.
  - F. Rural housing--increased resources for both home ownership and rental assistance.

G. Public Housing--administrative changes, program consideration, and new social, employment and educational programs.

H. CDBG--continuation of the program with no substantial changes.

4. New Programs and Changes Relevant to the Homeless:

Several of the programs impact directly the problem of homelessness by increasing and preserving the supply of affordable low income housing (federal housing assistance has been cut by 80% since 1980) and by providing new supportive social services to special needs populations.

The various McKinney Programs would be consolidated for increased flexibility. Of the funds, 80% would be allocated by formula with 70% going to local governments and 30% to states. The remaining 20% would be available nationally to meet special unmet needs.

The increased flexibility would allow local governments to determine the best way to address the problem of homelessness in their area:

- A. Prevention
- B. Emergency Shelters
- C. Transitional Housing
- D. Permanent Housing for Special Needs Populations; and,
- E. Reestablishment costs (rent and utility deposits) to help families move from transitional housing to permanent housing.

5. Special Notes

- A. The Housing Strategy required by the bill would be an extensive document and require considerable staff time to prepare.
- B. The HOP would call for the Housing Trust Fund to be established in each community to fund the various housing activities. There will be a local match of not less than 25%.
- C. The HOP will require close coordination with state housing officials which could be difficult in highly political periods.
- D. At least 10% of HOP funds would be reserved for projects implemented by community based non-profits.

E. The National Affordable Housing Act does several key things:

1. Increases supply of affordable units
2. Increases local control and flexibility
3. Consolidates McKinney Programs into a more workable and flexible format
4. Terminates the Rental Rehabilitation Program after two years

F. The estimated net budget increase for HUD's revamped programs is \$12 billion over the base line of \$45.4 billion for a 3-year period. Consequently, the proposed changes while necessary and positive may have a difficult time passing in the present form for budgetary reasons.

APPENDIX V

EDUCATION SUPPORT BILL

Section 15. KRS 157.317 is amended to read as follows:

(1) The State Board of Elementary and Secondary Education through administrative regulations shall develop and implement a statewide early childhood education program which shall include basic principles of child development, early childhood education, and all other related concepts which deal with generally accepted early childhood programs, including the delivery of health and social services to children as needed.

(2) (a) the Kentucky Early Childhood Advisory Council is created to advise the chief state school officer on the implementation of early childhood education programs. The Department of Education shall provide staff and administrative support for the council.

(b) The Kentucky Early Childhood Advisory Council shall consist of one (1) member of the State Board for Elementary and Secondary Education appointed by the chairman and sixteen (16) members appointed by the Governor. The sixteen (16) appointed members shall include one (1) representative from each of the following agencies or groups: preschool teachers, public school teachers, elementary school principals, parents, child care providers, community education, the Interagency Task Force on Family Resource Centers and Youth Services Centers, the Head Start Association, the Head Start Director, the Head Start Program, the Infant/Toddler Coordinating Council, the Department for Health Services, the Department for Social Services, the Department for Social Insurance, the colleges of education, and the colleges for home economics.

(c) Members shall serve a four (4) year term, except initial appointments shall be set so that three (3) members shall serve one (1) year, three (3) members shall serve two (2) years, four (4) members shall serve three (3) years, and four (4) members shall serve four (4) years.

SECTION 16. A NEW SECTION OF KRS CHAPTER 157 IS CREATED TO READ AS FOLLOWS:

(1) Beginning with the 1990-91 school year, it shall be the responsibility of each local school district to assure that a developmentally appropriate half-day preschool education program is provided for each child who is four (4) years of age by October 1 of each year and at risk of educational failure. Any school district which can show a lack of facilities to comply with this section may apply for an exemption to delay

implementation until 1991-92. All other four (4) year old children shall be served to the extent placements are available. The State Board of Elementary and Secondary Education, upon the recommendation of the chief state school officer, shall adopt administrative regulations establishing the guidelines for the program. Administrative regulations shall establish eligibility criteria, program guidelines, and standards for personnel.

(2) "Developmentally appropriate preschool program" means a program which focuses on the physical, intellectual, social, and emotional development of young children. The preschool program shall help children with their interpersonal and socialization skills.

(3) Funds appropriated by the General Assembly for the preschool education programs shall be granted to local school districts according to a grant allotment system approved by the State Board for Elementary and Secondary Education. Children who are at risk shall be identified based on the federal school lunch program eligibility criteria for free lunch. Appropriations shall be separate from all other funds appropriated to the Department of Education.

(4) The chief state school officer shall receive and review proposals from local school districts for grants to operate or oversee the operation of developmentally appropriate preschool education programs. Districts may submit proposals for implementing new services, enhancing existing preschool education services, or contracting for services. In designing a local early childhood education program, each district shall work with existing preschool programs to avoid duplication of programs and services and to avoid supplanting federal funds.

(5) Each program proposal shall include, at a minimum:

(a) A description of the process conducted by the district to assure that the parents or guardians of all eligible participants have been made aware of the program and of their right to participate;

(b) A description of the planned educational programming and related services;

(c) The estimated number of children participating in the program;

(d) Strategies for involving children with disabilities;

(e) Estimated ratio of staff to children with the maximum being one (1) adult for each ten (10) children;

(f) The estimated percentage of children participating in the program who are at risk of educational failure;

(g) Information on the training and qualifications of program staff and documentation that the staff meet required standards;

(h) A budget and per-child expenditure estimate;

(i) A plan to facilitate active parental involvement in the preschool program, including provisions for complementary parent education when appropriate;

(j) Facilities and equipment which are appropriate for young children;

(k) The days of the week and hours of a day during which the program shall operate;

(l) A plan for coordinating the program with existing medical and social services, including a child development and health screening component;

(m) Assurances that participants shall receive breakfast or lunch;

(n) Program sites which meet state and local licensure requirements;

(o) A plan for coordinating program philosophy and activities with the local district's primary school program; and

(p) An evaluation component.

(6) Programs shall reflect an equitable geographic distribution representative of all areas of the Commonwealth.

SECTION 17. A NEW SECTION OF KRS CHAPTER 157 IS CREATED TO READ AS FOLLOWS:

(1) Effective with the 1991-92 school year, any child who has been identified as handicapped in accordance with Public Law 94-142 as amended by Public Law 99-457, or as exceptional by KRS 157.220 and corresponding administrative regulations, and who is three (3) or four (4) years of age, or who may become five (5) years of age after October 1 of the current year, shall be eligible for a free and appropriate preschool education and related services.

(2) The General Assembly shall provide funds to be used for preschool education programs and related services for handicapped children. Appropriations shall be separate from all other state funds appropriated to the Department of Education and shall be administered in accordance with applicable state statutes and administrative regulation and Public Law 94-12 as amended by Public Law 99-457.

(3) Eligible local school districts shall receive funds based on the number of appropriately identified handicapped children being served on December 1 of the prior year, except during the 1991-92 school year funds shall be allotted based on the number of children being served on September 30, 1991. Local school districts may develop cooperative arrangements with other school districts or organizations in accordance with KRS 157.280.

(4) The State Board of Elementary and Secondary Education shall adopt administrative regulations related to the administration and supervision of programs, eligibility criteria, personnel requirements, and the use of funds.

SECTION 18. A NEW SECTION OF KRS CHAPTER 156 IS CREATED TO READ AS FOLLOWS:

(1) There is hereby created an Interagency Task Force on Family Resource Centers and Youth Services Centers which shall consist of sixteen (16) members appointed by the Governor. The sixteen (16) members appointed shall include one (1) representative from each of the following agencies or groups:

(a) Department of Education;

(b) Department for Employment Services of the Cabinet for Human Resources;

(c) Department for Health Services of the Cabinet for Human Resources;

(d) Department for Mental Health and Mental Retardation Services of the Cabinet for Human Resources;

(e) Department for Social Services of the Cabinet for Human Resources;

(f) Department for Social Insurance of the Cabinet for Human Resources;

(g) Justice Cabinet;

(h) Governor's Office;

(i) Workforce Development Cabinet;

(j) Parents;

(k) Teachers;

(l) Local school administrators;

(m) Local school boards;



(n) Local community mental health-mental retardation programs;

(o) Local health departments; and

(p) Local community action agencies.

(2) The task force shall be appointed and begin to meet immediately upon the effective date of this Act to formulate a five (5) year implementation plan establishing family resource and youth services centers designed to meet the needs of economically disadvantaged children and their families. The secretary of the Cabinet for Human Resources shall call the first meeting, at which time the task force by majority vote shall elect a task force chair to serve a one (1) year term. A new chair shall be elected annually thereafter, and the chair may succeed himself. The Cabinet for Human Resources shall provide adequate staff to assist in the development and implementation of the task force's plan.

(3) The plan developed by the task force shall include a five (5) year effort to implement a network of family resource centers across the Commonwealth. The centers shall be located in or near each elementary school in the Commonwealth in which twenty percent (20%) or more of the student body are eligible for free school meals. The plan developed for the centers by the task force shall promote identification and coordination of existing resources and shall include, but not be limited to, the following components for each site:

(a) Full-time preschool child care for children two (2) and three (3) years of age;

(b) After school child care for children ages four (4) through twelve (12), with the child care being full-time during the summer and on other days when school is not in session;

(c) Families in training, which shall consist of an integrated approach to home visits, group meetings and monitoring child development for new and expectant parents;

(d) Parent and child education (PACE) as described in KRS 158.360;

(e) Support and training for child day care providers; and

(f) Health services or referral to health services, or both.

(4) The plan developed by the task force shall include a five (5) year schedule to implement a network of youth services centers across the Commonwealth. The centers shall be located in or near each school, except elementary schools, serving youth over twelve (12) years of age and in which twenty percent (20%)

or more of the student body are eligible for free school meals. The plan developed for the centers by the task force shall promote identification and coordination of existing resources and include the following components for each site:

- (a) Referrals to health and social services;
- (b) Employment counseling, training and placement;
- (c) Summer and part-time job development;
- (d) Drug and alcohol abuse counseling; and
- (e) Family crisis and mental health counseling.

(5) The task force shall complete its implementation plan for the program prior to January 1, 1991, and local school districts shall develop initial plans for their family resource centers and youth services centers by June 30, 1991. By June 30, 1992, family resource centers and youth services centers shall be established in or adjacent to at least one-fourth of the eligible schools, with expansion by one-fourth by June 30 of each year thereafter until the centers have been established in or adjacent to all eligible schools.

(6) A grant program is hereby established to provide financial assistance to eligible school districts establishing family resource centers and youth services centers. The Cabinet for Human Resources shall promulgate administrative regulations to establish criteria for the awarding of the grants. In no case shall a school district operate a family resource center or a youth services center which provides abortion counseling or makes referrals to a health care facility for purposes of seeking an abortion. The grant applications shall be reviewed by the task force, which shall make its recommendations to the secretary of the Cabinet for Human Resources.

(7) The task force shall continue to monitor the family resource centers and the youth services centers, review grant applications, and otherwise monitor the implementation of the plan until December 31, 1995, at which time the task force shall cease to exist. During its existence the task force shall report at least annually to the secretary of the Cabinet for Human Resources, the Governor, and the Legislative Research Commission.

(8) Members of the task force may be reimbursed for actual expenses for attending meetings and for other actual and necessary expenses incurred in the performance of their duties authorized by the task force. The expenses shall be paid out of the appropriation for the task force.

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