



MAYOR'S COMMISSION ON HOMELESSNESS

November 7, 2012 Proposed Agenda

- I. Review Agenda
- II. Public Comment
- III. Approve minutes of last meeting
- IV. Work Group preliminary reports
 - a. Survey
 - b. Shelter/Housing
 - c. Day Services
 - d. Prevention
 - e. Resources
- V. Public Comment
- VI. Next Steps

Attachments:

10-17-12 Minutes

Historic Point in Time count (PIT)

Homeless Count Spreadsheet (separate attachment)

Homeless Count Spreadsheet Explanation (separate attachment)

Homeless in Lexington Narrative

Definitions (separate attachment)

Executive Summary of Provider Survey

Summary of Previous Recommendations

Group Reports

Meeting Schedule:

November 28. 3:00 pm– 5:00 pm, Phoenix Bldg, 101. E. Vine Street, 3rd Floor Conference Room

December 12, 3:00 pm– 5:00 pm, Phoenix Bldg, 101. E. Vine Street, 3rd Floor Conference Room

January 9, 3:00 pm– 5:00 pm, Phoenix Bldg, 101. E. Vine Street, 3rd Floor Conference Room

Commission Members:

Steve Kay, Councilmember at Large, Chair
Debra Hensley, Business Owner, Co-Chair, Chair, 1990 Mayor's Task Force on Homelessness
Mark Davis, Pastor, First Presbyterian Church
James P. "Ike" Adams, Dean, UK College of Social Work
Melody Flowers, Assistant Director for Strategic Planning, UK Healthcare
Lisa Adkins, Blue Grass Community Foundation, President/ CEO
Laura Babbage, Clergy Member, Community Volunteer
Michelle Beverly, FCPS Student Support Services, Associate Director
Claudia Blaylock, Central KY Housing and Homelessness Initiative, Chair
Rocky Burke, LexTran, General Manager
Linda Carroll, Business Owner, Downtown Resident
Rev. Dr. Alberto Carrillo, Bethel Hispanic Church
Catherine Deflorio, Legal Aid of the Bluegrass
Bill Embry, St. James Place
Kevin Fleming, Kentucky Department of Advocacy
Jessica Gies, Lexington-Fayette Urban County Government, 5th District Legislative Aide
Mary Hunter, Homeless Representative
Janice James, Hope Center, Deputy Director, Recovery Program for Women, Director
Laverne Laine, Lexington Housing Authority
Sherry Maddock, East End Resident
Randy Moler, VA Medical Clinic Homeless Program
Doug Pape, Lexington Division of Police
Don Ralph, Eastern State Hospital, Former Director
Harry Richart, Community Volunteer
Kate Savage, Community Volunteer
Mike Scanlon, Community Volunteer
Joe Shuman, Homeless Representative
Darlene Thomas, Bluegrass Domestic Violence Prevention Program, Director
Tanya Torp, United Way of the Bluegrass, Community Engagement Coordinator
Brian Varble, Calvary Baptist Church, Minister of Missions and Recreation
Ginny Vicini, New Beginnings Bluegrass, Inc., Executive Director
Kyle Whalen, Community Volunteer
Kathy Witt, Sheriff

Mayor's Commission on Homelessness Meeting
Commerce Lexington Conference Room
Wednesday, November 7, 2012
3:00-5:00 p.m.

Commission Members present:

Steve Kay (Chair), Debra Hensley (Co-chair), Melody Flowers, Mark Davis, Laura Babbage, Michelle Beverly, Linda Carroll, Catherine DeFlorio, Janis Durham, Bill Embry, Jessica Gies, Janice James, Laverne Laine, Sherry Maddock, Doug Pape, Don Ralph, Kate Savage, Joe Shuman, Tanya Torp, Ginny Vicini, (Kathy Witt proxy), Kyle Whalen

LFUCG Staff Members present:

Shaye Rabold, Office of the Mayor
Leah Boggs, Legislative Aide to Steve Kay

Guests:

Billie Mallory, Ike Lawrence, Sandra Zupan

The meeting was called to order at 3:00 by Steve Kay, Commission Chair.

I. Discussion of proposed agenda

Steve Kay asked if any member of the Commission had comments or suggested changes to the proposed agenda for the meeting but no one opposed the proposed agenda presented to the group prior to the meeting.

II. Approval of minutes

The minutes from the September 26 meeting were approved by acclamation.

III. Public Comment

Mr. Kay invited members of the public to speak.

Sandra Zupan said she felt like it is not clear to the members of the Commission what is expected of them. She said she felt like the Commission was being reactive to the problem and she has not heard anything that sounds proactive discussed by the group. She says the goal should be about focused on economic development and improving the opportunities for the community. She said she felt like the goal that the Commission is focused on is too reactive. She said she hoped that the individual work groups could address her concerns because she believes there is a lack of direction and there needs to be more explanation of what needs to be done.

Ike Lawrence introduced himself as a homeless advocate and a landlord. He passed out copies of suggested questions for the survey being drafted for homeless individuals.

Billie Mallory reminded the group about the Stand Down event at Central Christian Church.

IV. Proposed Calendar Changes

Mr. Kay asked the group if there were any objections to cancelling the December 19 meeting of the commission and rescheduling it for the previous week on December 12. It was explained that this proposed change was to allow the Commission to review the draft recommendations before the draft was shared at a public forum scheduled for the week of December 10. There were no objections to the proposed change.

V. Work Groups

Shaye Rabold explained the charges for each work group. She said that the focus should be on identifying or reconfirming previously identified gaps and making recommendations to address those gaps.

A question was raised about whether or not supportive services should be included in the Day Services Work Group or as part of the Shelter/Housing Work Group. The argument was made that because supportive services are an integral part of some housing and shelter programs, it is difficult or inappropriate to separate the two. It was suggested that both groups could include supportive services where appropriate and that many of the same issues and themes will be a part of some or all of the workgroups. Shaye and Leah will be staffing the work groups so they will try to make sure no group is duplicating work of another group unnecessarily.

There was discussion about how the process would work going forward and that the workgroups would provide updates of their work at the November 7 meeting. Commission members were encouraged to seek out the expertise of other members on the Commission even if they are on different work groups.

Before the Commission broke into work groups to select chairs, meeting dates and identify next steps, Shaye passed out the responses from the provider survey and explained that the responses had not been edited in any way and that the names of the respondents had been omitted so that it could be reviewed with potential preconceived notions. She said if people wanted to follow up with any of the respondents that she would provide the name and contact information.

The group split into the workgroups and were able to leave when they had completed the initial tasks.

Lexington Point-in-Time Count 2007-2012

	2007	2008	2009	2010	2011	2012
Emergency	514	472	485	481	471	401
Transitional	609	770	766	961	958	911
Permanent Supported	300	471	471	560	481	486
Permanent						
Street Count	116	96	68	116	116	116
TOTAL	1539	1809	1790	2118	2026	1914

Homelessness in Lexington

“Homeless” means without a fixed, regular, and adequate dwelling. On an average night in Lexington, there are approximately 2,600 persons that are considered “homeless.” These numbers include those “on the street,” in emergency shelter, in recovery, in post-recovery and other transitional housing, or in permanent housing with supportive services. They include single men, single women, couples, families, women with children, men with children, and unaccompanied youth. They are suffering from financial difficulties, health issues, domestic violence, substance abuse, and mental illness, among other things. The causes, needs, and solutions are as varied as the number of the people. There is no one size fits all category or solution. These numbers and descriptions are approximate and do not reflect the total number of individuals who experience homelessness throughout the year.

Unsheltered - 116

Approximately 116 people are unsheltered sleeping in parks and doorways, under bushes and awnings, and other in other encampments.

Sheltered

Emergency - 559

There are approximately 559 persons in an emergency shelter system designed to serve 419. The additional persons are sleeping on couches, cots, and mats. The Hope Center for Men, the Salvation Army, and the Community Inn are the only emergency shelter providers in town except for Bluegrass Domestic Violence which only serves individuals fleeing domestic violence. MASH of the Bluegrass Houses individuals under the age of 18 years of age.

The Hope Center serves only men and will sleep 205 in a shelter designed for 106. The Salvation Army serves primarily women and children but if space is available, they will house a family. Otherwise, families are separated in the emergency shelter system. On an average night, the Salvation Army will sleep 158 in shelter space designed for 132. Both men and women, including couples, can stay at the Community Inn which averages 115 a night. On the average, Bluegrass Domestic Violence serves 52 women and children a night in a shelter with 32 beds. MASH has space for 5 males and 5 females and currently has 5 in shelter.

Transitional (Recovery) - 492

As you move into transitional and permanent housing, you start to count housing units instead of people. Therefore, some of these numbers are average number of people given the amounts of housing units.

Women - 140

Chrysalis House provides substance abuse treatment for women with children and serves 70. The Hope Center for Women provides substance abuse treatment for single women and serves 70, 10 in pre-treatment and 60 in treatment.

Men - 352

The Hope Center for Men, the Lighthouse, Shepherd’s House, and Volunteers of America provide substance abuse treatment for men. The Hope Center serves 269, the Lighthouse serves 12, Shepherd’s House serves 31, and Volunteers of America (VOA) serves 40.

Transitional (Other) - 943

Bluegrass Mental Health and Mental Retardation, Catholic Action Center, Lexington Rescue Mission, St. James II, Volunteers of America, Community Action Council, Rainbow House, Hope Center Hillrise, Shepherd's House, Bluegrass Domestic Violence, Chrysalis House, Hope Center Rouse House, and One Parent Scholar provide transitional housing (including post-treatment) to both men and women. Bluegrass Mental Health and Mental Retardation serves 58, the Catholic Action Center serves 147, Lexington Rescue Mission serves 14, St. James II serves 38 veterans, Volunteers of America serves 113, Community Action Council serves 13, Rainbow House serves 6, Hope Center Hillrise serves 40, Shepherd's House serves 10, Bluegrass Domestic Violence serves 208, Chrysalis House serves 105, Hope Center Rouse House serves 40, and One Parent Scholar serves 200 in single parent households while going to school.

MASH, Bellewood, Florence Crittendon Home, and the Methodist Home provide transitional housing to youth ages 18-24 years old. MASH serves 10, Bellewood serves 16, Florence Crittendon serves 24, and the Methodist Home serves 24.

Permanent with Supportive Services - 422

Bluegrass Mental Health and Mental Retardation, Community Action Council, New Beginnings, Solomon House, St. James, the Veteran's Administration, Volunteers of America and the Lexington Housing Authority provide permanent housing with supportive services. Bluegrass MHMR serves 101, Community Action Council serves 8, the Lexington Housing Authority serves 34, New Beginnings serves 38, Solomon House serves 7, St. James serves 100, the Veteran's Administration serves 98, the Volunteers of America serves 36, and the Lexington Housing Authority serves 34.

Summary of Provider Survey

The most frequently mentioned gaps and areas needing improvement include the need for better coordination, more case management and supportive services, difficulty in adequately serving those with mental health issues and the need for more housing (across the spectrum of need).

It should be noted that many providers said that Lexington is lucky to have as many resources as it does for the homeless, but the existing system is still overburdened.

In some cases, the responses given to the questions varied as much as the differing needs of subpopulations of the homeless needing help. Below is an attempt to highlight some of the more frequently mentioned themes and summarize some of the more unique responses.

1. If you were starting from scratch, how would you address the problem of homelessness in Lexington from prevention through shelter to permanent housing including service?

Without exception, the need for more case management, supportive services and funding to support both was listed most frequently throughout the survey as critical to the success of existing and new programs. According to the providers, funding for these services is scarce.

Housing First was mentioned several times as a potential solution, especially for hard to serve populations such as those with mental illnesses and addiction issues, but it was stressed by those proposing Housing First that it is critical for intense case management and supportive services to be provided for the model to be successful.

Several providers responded that there is a need for more coordination among providers and involvement from the local government. While one provider felt such a coordination effort should not officially be part of the local government, others suggested that a homeless agency be part of local government to provide coordination and awareness about the changing needs and gaps of services of the community. It was stressed that the agency was not meant to control or even influence the many providers, but rather able to step in as an objective source of information and assist in problem solving for difficult situations that require a blending of community resources for a particular situation or homeless person. Any new attempts at increased coordination would need to continue the networking that occurs through CKHHI.

Part of the reason more local government involvement may be necessary and beneficial is because there is a federal mandate for comprehensive HMIS system to be implemented. Such an effort would require ongoing professional support and coordination.

Several providers mentioned a need for more shelter for women and families.

2. What gaps do you see in the system, if any, regarding shelter, services, programming, etc. (either lacking entirely or needing improvement)

- Not enough detox services
- Not enough “bridging the gap” employment to allow people to develop skills for long-term employment.

- Better alternatives to assist people too mentally ill for emergency shelter
- Need for more mental health services to be more accessible
- Need for a Housing First model for mentally ill with substance abuse reluctant to be in shelters
- More transitional housing
- Lack of funding for supportive services.
- Shelters are above capacity.
- Additional resources to support services and housing for individuals with severe mental and physical health needs.
- More case management and mentoring outreach to prevent re-entry into homelessness.
- Case management and supportive services. Difficult to get funds for this through grants.
- Healthcare—people needing surgery must rely on Surgery on Sundays, which has long wait periods.
- More storage needed for people to keep their belongings.
- Ombudsman—no one responsible for making sure the homeless are being served in the best way possible without exploitation, etc.

4. What does your program need?

- Funding for emergency shelter has become extremely scarce and will continue to be difficult to receive.
- More case workers, especially follow-up case workers
- More housing choice vouchers (waitlist too long and prevents the goal of rapid-rehousing from being realized)
- City funding to support the shelter services since other public funding sources are almost non-existent
- Special programming for physical and mental health needs...more staff and resources needed because these subgroups have high staff needs.
- Case management

5. What type of client is the most challenging to serve and how do you serve them?

- Families...keeping them intact.
- Severe physical and mental health needs
- Felonies and sex offenders

- Those with severe mental illnesses who refuse services

6. What changes, if any, have you seen in the clients you serve over the past few years (for example, are you seeing more families, younger/older, etc.)

- More families at risk of homelessness
- More people with income, but unable to afford housing without assistance
- More clients with severe mental health issues
- Young people with drug addiction including veterans

7. How many clients in your program(s) have come from outside Fayette County in order to receive services?

Varying percentages were provided. Typically, no less than a fourth of clients are from outside Fayette County and as much as two-thirds are for some programs.

8. Tell us what else we need to know that we may not have asked.

- Don't just study the present, study the future. Make sure there are champions to drive the plans after an administration changes.
- Government funded providers address the majority of the population needing help, but there will always be a need for a "non-traditional" system for those who do not seek or work with existing services.
- Need more personal care homes.
- Time it takes to be approved for disability is too long.
- Must have emergency shelter services.
- People will always come to Lexington for homeless resources that help them survive just as others come to Lexington for other quality of life opportunities. Must have help with funding to keep shelter services open to meet the basic needs of people with nowhere else to go.
- The people who are the most challenging are a small but very difficult group who have multiple needs and should be in more service intense environments but there are really few choices for these people, which is why a place like Messner's has existed and served a purpose. Because there is really not an alternative resource for these people, many are ending up in shelters.

2008 Social Services Needs Assessment

The housing work group identified **three priority areas of unmet need**:

- 1. Transitional Housing**
- 2. Emergency Rental Assistance**
- 3. Affordable Housing**

Below are the working definitions for each:

Transitional Housing—temporary housing and emergency shelters that include supportive services. An Affordable Housing Trust Fund to develop rental housing, expand public housing with supportive service, and develop additional special needs housing. Central coordinating system.

Emergency Rental Assistance—assistance provided to (low income) renters with security deposits, utilities, etc. Increase funding by 60% from \$270,000 to \$432,000. Fund case management component to accompany assistance (1:24 caseload) Central coordinating system.

Affordable Housing—housing costs (mortgage, rent, and other housing costs, utilities, etc. below 30% of adjusted gross income) Efficient, safe housing. Affordable Housing Trust Fund. Case management. Payee services. Central coordinating system.

The housing work group stated that it is most important to recognize that the three key topics operate on a continuum and that unmet needs or provisions of additional resources in one area have a domino effect on the other key topics. The work group further emphasized that the current programs that the LFUCG and Social Services are currently [2008] financially supporting are critical to helping the citizens of Lexington achieve affordable, safe and appropriate housing. The work group was instructed to “dream big” and the unmet needs identified were presented with the understanding that existing program support will be maintained.

These two recommendations apply to all three unmet need areas.

- Establish a centralized and fully integrated community housing system to serve as a one-stop shop. This system would enable rental assistance and various other “emergency housing” efforts to be coordinated and efficient. This system would be a source of data collection creating a database for an on-going needs assessment process with data analysis. An updated handbook with the ability to be updated continually with resources for all Key Topic areas (Emergency Rental Assistance, Transitional and Affordable Housing) would be available electronically and interactively. This centralized office (and related sites) would be located in the community where the consumer lives; for example, where the costumers shop, etc. (One-Stop-Shop)
- Public transportation should be offered to affordable housing areas and social services especially as affordable housing is developed. Public transportation

availability should be included in planning and review of current available public transportation.

Rental Assistance

- More money made available for rental assistance and increase the amount disbursed. The amount of assistance to each individual should be increased as well as funding available for emergency rental assistance. Based on the current deficit identified by Adult and Tenant Services and other rental assistance resources 60% increase is recommended from the [2008] amount of \$270,000.
- Secure a sufficient number of case managers who are qualified and receive ongoing training. Make an assessment for case management mandatory for clients who receive rental assistance and provide case management services of needed. Landlords would also be able to refer a tenant exhibiting “risky behavior” that might lead to problems. Case managers should have access to legal consultation/advocates regarding evictions, tenant rights, etc to assist the consumer.

Affordable Housing

- Create an Affordable Housing Trust Fund that could be used for rental assistance, development, construction and client service.
- Establish land banks.

Ideal outcomes for all three key topics

1. That there would be assistance for every request for assistance.
2. That the information consumers want is available, understandable (plain language), useable/user-friendly, accessible and reliable.
3. That all service providers would be informed about other available services.
4. That consumers would receive the help they need to “find” appropriate available resources.
5. That there would be multiple entry points (methods) for consumers to access information and/or services.
6. That there would be a sufficient number of case managers to support safe and affordable housing.
7. That all individuals would successfully attain the highest level of (housing) self-sufficiency.
8. That there existed means to mitigate barriers for populations with special needs, i.e., criminal records, evictions, poor/bad/no credit, etc.

Ten-Year Plan to End Homelessness in Lexington-Fayette County

Recommendations

1. Authorize a Lexington Fayette Urban County Government Affordable Housing Trust Fund.

2. Modeled after the federal Housing Choice Voucher Program, recommend the local government provide funding for targeted subsidies to make existing housing rental units more affordable.
3. Target 10% of all affordable housing funding to providing permanent housing with wrap-around supportive services for special needs populations that will require these services to maintain themselves in permanent housing.
4. Recommend that a Land Bank be established in Lexington to facilitate the assignment of properties dedicated to affordable housing development.
5. Recommend the local government enact surplus property laws to allow public surplus property to be used for very affordable housing purposes.
6. Recommend the local government initiate preferential review procedures that expedite applications for construction of low-income housing projects.
7. Develop a targeted multi-family structure assistance program.
8. Develop innovative local options for adaptive reuse projects that create new housing in existing buildings once used for commercial, public or industrial purposes.
9. Recommend the local government pass inclusionary zoning laws requiring developers of rental housing to include a minimum of 10% affordable housing units in each new residential development of 10 or more rental units.

Destination 2040: Choosing Lexington's Future (2009)

1: Safe Adequate Affordable Housing Across the Continuum of Need

Good shelter gives people a sense of place and belonging.

A. Take action, through ongoing practices and policies, to ensure that a healthy mixture of housing stock remains available and reasonably affordable so that, as the community grows, homeowners and renters of all income levels have the opportunity to obtain good housing and live within this community.

Suggested Initiators: LFUCG, LBAR, Housing Authority, Urban League, BUILD, Habitat for Humanity

Time Frame to Complete: 1-5 years

Synergies Realized: Supports community sustainability, economic development, quality of life

B. Extend to other areas of the community the Land Trust model for affordable housing being implemented for the Newtown Pike Extension project.

Suggested Initiators: LFUCG, Private developers, Housing Authority, BUILD, LBAR
Time Frame to Complete: 1-32 years
Synergies Realized: Supports community sustainability, economic development, quality of life, infill and redevelopment

Work Group Reports

DAY SERVICES

Work group members:

Mark Davis

Harry Richart

Michelle Beverly

Rocky Burke

Lisa Adkins

Doug Pape

It appears that the adequacy and capacity of day centers is sufficient when they are open. However, there are gaps in the hours of operation. There are also questions regarding their location and regulation. Some believe it would be best to have a 24 hour center so that there would not be transportation issues between the night shelters and the day centers.

Access to food does not seem to be a problem but there are gaps regarding restrooms/showers, laundry facilities, access to phone and computer, storage, and transportation. The City of Knoxville has a program that has been mentioned as effective and we are researching it.

We are asking the Prevention work group to research the payee program.

Many homeless are working and there is access to job training and assistance with employment. There are some barriers to employment because of criminal records and we are researching a program regarding bonding.

The only homeless that need day services are the ones on the street and in emergency shelter. They are only required to leave emergency shelter if they are not in a program. Some go to work or to look for work. Others float during the day between places that serve meals and provide warmth and community. Most day services and shelters have access to computers but the content is monitored. Day Centers are also used by people with night shelter because they don't have enough money for shelter, food, and utility bills or they just want community. There are also people who congregate around the day centers and library that are not homeless but a criminal element that preys on the homeless.

It appears that there are untapped resources and that coordination would be helpful.

Research Needed

Public restrooms (UK Engineering, pilot program, Denmark, Sub-Saharan Africa)
Understanding of area median income
Transportation needs of sheltered clients
Number of working homeless and what is their income
Barriers to employment
Surgery on Sunday
Payee program
Indy Homeless Convention

Possible Recommendations

Community education
24 hour facility
Public restrooms
City's role in centralization, coordination, and recruiting volunteers
Advocacy/ombudsman
Transportation
Services for those working 2nd and 3rd shift

SHELTER/HOUSING

Work group members:

Kyle Whalen
Steve Kay
Laura Babbage
Darlene Thomas
Ginny Vicini
Laverne Laine

The Shelter/housing work groups believes that emergency shelter is not the best option for anyone and should only be used as a last resort. The work group acknowledges that there will always be a need for some emergency shelter but the goal is to prevent homelessness and rapidly house individuals.

A preliminary review indicates that there is an unmet need for 145 emergency shelter beds, 143 recovery beds, 643 transitional beds, and 100 permanent supportive beds. There is also a need for more affordable housing. Adding more affordable permanent housing and more permanent supportive beds should free up capacity in the system. However, there is a gap in current system for the mentally ill/physically disabled, discharged from hospitals, young adults, and families).

The work group believes that there is also a need for community outreach and education, and coordination and leadership of the overall homeless issue. Prevention is a place to focus our resources to achieve the most success for our dollars. In most cases, case management and supportive services are as important as the housing. The work group believes that we must have community buy-in to solve this problem and the community will best understand the problem and possible solutions as a cost benefit analysis.

The work group will next focus on prioritizing the need and working toward the solution.

Research Needed

Housing First

Housing First as part of Affordable Housing Trust Fund including the state level

Percentage of kids from foster care

How many mentally ill women need shelter?

Payee program (Prevention)

Cost of homelessness (Resources)

Elder abuse

Hospice – how many?

Personal care home – what is it?

HUD vouchers – how does the system work? (Resources)

Community Development Block Grant (CDBG) funds (Resources)

Continuum of Care – are we better if we are included in the “balance of the state” (Resources)

Apartment vacancy rate by rent

Discharges from jail

AHTF at the state level – how does it work

Resources regarding youth, mentally ill/physically disabled, and families (Resources)

Child care for working homeless in shelter

BUILD – leadership and agenda

Possible Solutions

Education

Affordable Housing Trust Fund including the state level

Housing First within AHTF including the state level

Pre-emptive foster care strike (Prevention)

Personal care home

Hospital buy-in (Resources)

Payee program (Prevention)

Legal and health care advocacy (Prevention)

Case management (Prevention)

Coordination and leadership

SURVEY

Work group members: Don Ralph, Ike Adams, Janice Durham, Janice James, Joe Shuman, Brian Varble

The Survey Work Group has designed a brief questionnaire to be given to homeless individuals. In an attempt to capture new information, the questionnaire includes questions that have not been asked in recent years (or possibly ever) through the Point-in-Time Counts or other known surveys. This decision was made because we already have access to much data that can be shared with the Commission.

The survey will be given at the following locations:

Hope Center Emergency Shelter for Men
Salvation Army (confirmation pending)
Community Inn
Catholic Action Center
New Life Day Center
Phoenix Park

There are two versions of the survey: one to be given inside overnight shelters and one for the day centers and Phoenix Park. The questions are identical except for a series of questions for those people not already in shelter.

Below is the survey that includes those questions about shelter. The remaining questions are the same for the sheltered survey.

Today's date: _____
Interviewer: _____
Place of interview: _____

**Mayor's Commission on
Homelessness
Survey of Homeless Individuals
at New Life Day Center or Phoenix Park (2012)**

- 1. What brought you to Lexington?**
- 2. If you don't have housing now, do you want housing?** ☐ Yes ☐ No
- 3. If you don't have housing now, why is that?**
- 4. (a) If you are not staying in a shelter now, why is that?**

(b) What kind of shelter would you be willing to stay in?

(c) What would it take for you to get off the street?
- 5. Do you have a job for pay?** ☐ Yes (*skip to question 8*)
 ☐ No (*continue to question 6*)
- 6. If you don't have a job for pay, do you want one?** ☐ Yes (*continue to question 7*)
 ☐ No (*skip to question 8*)
- 7. What do you need to get a job?**
- 8. How do you generally spend your time?**
- 9. What, on a daily basis, makes your life particularly difficult now, and what would make things better?**

PREVENTION

Work group members:

Kathy Witt

Catherine DeFlorio

Claudia Blaylock

Kate Savage

Mary Hunter

Tanya Torp

Debra Hensley

Bill Embry

The risk factors that lead to homelessness in Fayette County include aging out of the foster care system, mental health, domestic violence, discharge from the hospitals and jails, and lack of affordable housing.

Almost 25% of homeless individuals and 80% of the jail inmates have come from the foster care system. It is imperative that resources be focused on these youth to stabilize them once they leave the system including case management, assistance, and affordable housing. Also legislative changes need to be made at the state level regarding when youth “age out” of the system and what services they can receive after that time.

There is also a problem regarding persons in homeless shelters or on the street that need respite care. They have been discharged from the hospital and do not have a home or caregiver with whom to stay. A respite care home is needed.

Many common issues such as the need for housing, support housing as well as additional care services are necessary to ameliorate the homelessness issues for the mentally ill. However there also needs to be some effort made to legalize Assisted Outpatient Treatment such that timely and effective intervention is available as a preventative measure to homelessness, arrest, incarceration, hospitalization, victimization, suicide, homicide and other common outcomes of non-treatment.

Domestic violence is also a cause of homelessness. Legal advocacy is needed regarding allowing survivors to terminate leases, obtain utility service in their name, and get protection from eviction.

Much more affordable housing is needed. 85% of families in VOA family housing are working. However, they cannot make enough money to pay market rate rent.

Research Needed

Medical Respite Care

Affordable Housing

Housing for elderly mentally ill

Possible Recommendations

Legal advocacy for victims of domestic violence
Victim advocate at hospital of domestic violence
Advocate for change in state law regarding foster care
More services like MASH for youth
Advocacy regarding change in foster care laws
Housing and case management for mentally ill

RESOURCES

Work group members:

Linda Carroll
Kevin Fleming
Melody Flowers
Jessica Gies
Sherry Maddock
Mike Scanlon

Though the work group is working to confirm existing resources and determine if there is any opportunity to increase existing resources, the group is focusing primarily on identifying resources not currently being used in Fayette County.

The following areas are currently being researched:

Foundation support
Crowd-sourcing and innovative peer to peer fundraising
Social Impact Bonds
Faith-based resources
Affordable Housing Trust Funds nationally or other affordable housing resources
Best practices nationally including public-private partnerships
State and Federal funding not currently being utilized.
Partnerships with hospitals (example would be a medical respite program)