MAYOR'S TASK FORCE ON HOMELESSNESS

Final Report & Recommendations

A path forward for Lexington's homelessness response system

Recommendations approved by the Task Force
August 26, 2026

Lexington-Fayette Urban County Government

Executive Summary

In June 2025, Lexington-Fayette Urban County Government released the Emergency Homeless Shelter Study, a comprehensive review of Lexington's emergency shelter system, current and projected needs, service gaps, and best practice models. The study concluded that Lexington's homelessness response system had made meaningful progress, but that progress was increasingly constrained by a shortage of permanent, accessible, year-round emergency shelter capacity.

In response, Mayor Linda Gorton convened the Mayor's Task Force on Homelessness and charged it with turning the study's findings into specific, actionable recommendations informed by national best practices, local conditions, and community input. The Task Force began meeting in November 2025 and completed its work in August 2026.

The Task Force's final recommendations are not limited to adding shelter beds. They propose a broader shift toward permanent shelter infrastructure, stronger diversion and prevention, coordinated intake and triage, housing-focused case management, supportive services, permanent supportive housing, clearer performance expectations, and ongoing implementation review.

At a Glance

925	498	1,028	175
people experiencing homelessness 2025 Point-in-Time Count	year-round emergency shelter beds identified in the 2025 study	year-round beds projected as needed by 2030	citizens participated in Community Engagement activities

Source: Lexington Emergency Homeless Shelter Study, June 2025; Task Force membership roster.

Five Priority Recommendations

1. Temporary Seasonal Shelter

Maintain the 1306 Versailles Road campus for temporary seasonal shelter while permanent development proceeds, with stronger public safety and neighborhood coordination.

2. Transition to Permanent Shelter

Begin the transition of the Versailles Road campus to a permanent comprehensive housing and services campus serving families with children, adults age 55 and older, and persons with disabilities.

3. Central Intake and Triage

Create a coordinated intake and triage system, beginning with a mobile model and seeking an appropriate permanent location that can connect people quickly to the most appropriate housing, shelter, treatment, or other setting.

4. Diversion

Strengthen strategies that prevent people from entering emergency shelter when a safe and appropriate alternative can be identified.

5. Implementation Review

Establish a small, independent advisory group to review implementation progress, identify challenges, and help keep the work aligned with the Task Force's intent.

The Task Force also adopted fifteen additional recommendations addressing case management, existing shelter capacity, transitional housing, medical respite, behavioral health, data and accountability, permanent supportive housing, Medicaid-funded navigation, Housing Authority policy, regional coordination, and community education.

Source: Mayor's Task Force on Homelessness Final Recommendations, approved August 26, 2026.

How We Got Here

Lexington entered this process with a homelessness response system that included long-standing shelter and service providers, local and federal investments, coordinated planning through the Continuum of Care, and a strong emphasis on moving people toward permanent housing. The 2025 Emergency Homeless Shelter Study found, however, that rising demand and structural limitations were placing increasing pressure on that system.

The 2025 Point-in-Time Count identified 925 people experiencing homelessness in Lexington, including 67 people who were unsheltered. The study identified approximately 498 year-round emergency shelter beds and projected that, if current trends continued, Lexington could require approximately 1,028 year-round beds by 2030. It also identified practical access barriers created by population-specific eligibility, limited accommodation for families and people with disabilities, and continued reliance on seasonal and overflow capacity.

The study's central recommendation was not simply to build more beds. It called for durable, year-round shelter infrastructure connected to housing navigation and supportive services; prevention and diversion strategies that can keep people out of shelter when possible; trauma-informed and accessible design; and a more sustainable use of public resources than repeated temporary shelter responses.

Source: Lexington Emergency Homeless Shelter Study, June 2025.

The Mayor's Charge

Mayor Gorton convened the Task Force specifically in response to the findings and recommendations of the Emergency Homeless Shelter Study and growing public concern about homelessness and the location and design of services. The formal charge directed the Task Force to conduct a focused review of the city's emergency shelter system and programming and to make recommendations to the Mayor.

The Mayor asked the Task Force to focus on four areas:

- **Service Models:** Study successful low-barrier and non-congregate shelter models and the integration of on-site services such as housing navigation, behavioral health care, and employment assistance.
- **Shelter Needs:** Identify models and best practices for people not adequately served by the existing network, while considering location, zoning, and management options.
- **Financial Options:** Identify potential capital and operating resources from federal, state, local, philanthropic, and public-private sources.
- **Community Engagement:** Engage residents, businesses, and neighborhood organizations to improve transparency, reduce misinformation, and build consensus where feasible.

The charge also directed that the final recommendations be specific, actionable, responsive to both short- and long-term needs, and informed by public forums, listening sessions, or town halls.

Source: Formal Charge to the Mayor's Task Force on Homelessness.

The Task Force

The Task Force brought together representatives from local government, homelessness and housing providers, business, education, faith communities, development, the courts, and people with direct experience of the homelessness response system. Twenty members were appointed, supported by non-voting advisory members and LFUCG staff.

Diane Fleet of GreenHouse17 and Abdul Muhammad of WesBanco were appointed as co-chairs. Muhammad later resigned from the Task Force following a job transfer to Nashville in spring 2026. Fleet continued to chair the Task Force through completion of its work.

At its December 2025 meeting, the Task Force organized its work into four committees: Supportive Services & Prevention; Funding & Partnerships; Peer Cities & Shelter Models; and Community Engagement. The committees met between full Task Force meetings to conduct deeper research, host presentations, engage stakeholders, and develop recommendations for consideration by the full body.

The Task Force met over approximately nine months. Its process combined public meetings, committee work, local site visits, peer-city research, presentations from service providers and subject-matter experts, and structured community listening sessions. Recommendations were drafted and returned to the full Task Force for discussion, revision, public input, and final action.

Date	Milestone
June 2025	Emergency Homeless Shelter Study released.
Nov. 12, 2025	Task Force convenes; Mayor Gorton delivers the charge; members review Lexington data, the shelter study, and the existing homelessness response system.
Dec. 10, 2025	Task Force reviews need, funding streams, peer-city models, and organizes four committees.
Jan.–Mar. 2026	Committees conduct research and stakeholder work. Peer-city presentations include models from Nashville and Louisville; service and funding committees examine case management, diversion, PSH, and available resources.
Feb. 26, 2026	Task Force members tour the LFUCG Winter Shelter, Hope Center, New Life Day Center, Lexington Rescue Mission, and Salvation Army.
May 4-7, 2026	Members participate in additional learning activities, including a poverty simulation and review of

Date	Milestone
	Louisville's Community Care Campus model.
May–June 2026	Committee recommendations are consolidated and the full Task Force begins reviewing a unified set of proposals.
July 29, 2026	Task Force unanimously approves the first two priority recommendations for presentation to the public and carries unresolved intake questions forward for public input.
Aug. 11, 2026	Public input meeting held at the Lexington Senior Center on the developing recommendations.
Aug. 26, 2026	Task Force reviews community feedback, resolves remaining issues, and approves the final recommendations.

Source: Mayor's Task Force on Homelessness meeting packets and committee records, November 2025-August 2026.

Community Engagement

Community engagement was a formal part of the Mayor's charge and a major component of the Task Force process. The Community Engagement Committee organized six targeted listening sessions before the final public forum. Those sessions engaged people with lived experience, business and faith leaders, neighborhood representatives, public safety and mental health professionals, and members of the broader community.

Date	Listening Session	Participants / Representatives
Feb. 12	Street Voice Council / people with lived experience	53
Feb. 26	Business community	52
Mar. 10	Faith community leaders	23
Mar. 25	Neighborhood associations	11
May 6	Public safety and mental health professionals	10
May 21	General community	26

The six targeted sessions documented at least 175 community participants or representatives, in addition to Task Force members and staff. The May 21 session also reported 16 additional people who were unable to connect because of technical difficulties.

Across the listening sessions, participants generally agreed that Lexington lacks enough shelter and services, but they also emphasized that additional shelter must be part of a broader path toward stability. Common

themes included affordable housing, case management, employment, transportation, mental and physical health care, public safety, accountability, neighborhood communication, and better coordination among agencies.

Different stakeholder groups emphasized different pressures. People with lived experience described a need for safe shelter and access to services around the clock. Businesses emphasized public safety and economic impacts. Faith leaders asked for clearer coordination and a way to connect people to help after hours. Neighborhood representatives emphasized self-sufficiency, affordability, and avoiding over-concentration of services. Public safety and mental health professionals highlighted difficult cases involving mental illness, addiction, repeated system contact, and gaps in transportation and treatment.

August 11 Public Input Meeting

The Task Force returned its developing priority recommendations to the public at an August 11 meeting at the Lexington Senior Center. Public comments reflected both support for expanding shelter and services and concerns about the proposed use of the Versailles Road campus.

- Supporters emphasized family shelter, older adults, medical respite, case management, employment support, diversion, and the need to move quickly.
- Some residents supported continued seasonal use of Versailles Road but raised concerns about traffic, walkability, neighborhood impacts, and the concentration of services in the 11th District.
- Commenters also emphasized that homelessness includes families, seniors, survivors of domestic violence, veterans, people entering homelessness for the first time, and people whose employment is destabilized by lack of housing.
- Broader comments returned repeatedly to the shortage of affordable housing and the importance of using shelter as a pathway to stable housing rather than an endpoint.

Source: Community Engagement Committee records and August 11, 2026 Public Input Meeting summary.

What the Task Force Learned

The Task Force did not identify one program or one facility that could solve homelessness in Lexington. Instead, its work reinforced a set of recurring principles that shaped the final recommendations.

Permanent capacity matters. Lexington's continued reliance on seasonal and overflow responses is not a substitute for durable, year-round infrastructure.

Shelter should lead somewhere. Emergency shelter should be connected to individualized housing plans, housing navigation, case management, employment, health care, benefits, legal assistance, and other supports that help people exit homelessness.

Different people need different levels of intervention. Some households can avoid shelter with short-term financial or problem-solving assistance; others require more intensive, long-term services or permanent supportive housing.

Coordination needs to be easier. The current system has no single point of entry. The Task Force concluded that intake, assessment, diversion, referral, and placement should be better coordinated across providers with a simpler answer to the question, “What do I do if I become homeless in Lexington?”

Community impact must be addressed directly. Successful facilities require clear expectations, public safety coordination, communication with nearby residents and businesses, and ongoing neighborhood engagement.

Public funding alone is not enough. The scale of the proposed permanent campus requires a blended financing strategy and meaningful participation by nonprofit, philanthropic, state, federal, and private partners.

Accountability should accompany investment. The Task Force repeatedly returned to measurable outcomes, provider performance, public data, and independent review of implementation.

A note on Versailles Road

The Task Force recommended maintaining the 1306 Versailles Road campus for temporary seasonal shelter while planning for a permanent comprehensive housing and services campus. The permanent-campus recommendation focuses on families with children, adults age 55 and older, and persons with disabilities, with wraparound services and individual housing plans. The Task Force also recommended public safety coordination, neighborhood communication, and eventual relocation of other city operations from the site to maximize space for shelter, housing, and services.

Potential Funding Approach

The Task Force estimated the capital cost of the proposed Versailles Road campus at approximately $25 million. It did not recommend that LFUCG bear the entire cost, nor did it identify a single committed financing package. Instead, it identified a range of sources that should be explored and combined where feasible.

- $2.8 million previously allocated from a prior LFUCG fund balance.
- $2.2 million in opioid settlement funds, limited to eligible opioid-response uses.
- Potential borrowing of approximately $10 million through the federal Section 108 loan program.
- An allocation to be requested from the Commonwealth of Kentucky.
- Private capital and philanthropic participation brought by respondents to the future Request for Proposals to operate/manage the Versailles Road campus.
- Future fund balance or additional bonding, if necessary and approved.
- Reinvestment of funds currently used for seasonal winter shelter operations as that temporary model is phased out.
- Partner organizations locating staff and programming on the campus to expand services and reduce operating costs.
- Potential alignment of local Extended Social Resource funds with operator performance.

Important

These are examples of potential funding sources, not a final financing commitment. Any use would remain subject to eligibility, availability, and required approvals.

Source: Final Task Force Recommendations, approved August 26, 2026.

Additional Long-Term Recommendations

Beyond the five immediate priorities, the Task Force approved fifteen additional recommendations intended to strengthen the broader homelessness response system. For readability, they are grouped below by theme; the official numbering and complete language are preserved in **Appendix A**.

Case Management, Diversion & Service Capacity

- Develop community-based case management that is not tied to a single shelter or program, with clearer service standards and improved caseload ratios.

- Support existing shelters when local investments can expand capacity or improve service quality.
- Pilot a transitional housing and employment-focused model for 10–20 households and rigorously evaluate outcomes.
- Develop alternatives for people whose pets create a barrier to shelter or housing.
- Expand medical respite capacity for people whose health conditions prevent access to other shelter settings.

Behavioral Health & Specialized Supports

- Work with Eastern State Hospital and other partners on a targeted high-utilizer strategy for people with the most severe and recurring behavioral health crises.
- Help providers access Medicaid 1915(i) funding for eligible housing navigation services and build local provider capacity to use those resources.

Housing

- Prioritize Permanent Supportive Housing within Lexington's Affordable Housing Fund and incentivize PSH within broader affordable-housing developments.
- Leverage opioid settlement funds with housing resources to develop Permanent Supportive Housing for people in opioid-use recovery.
- Work with the Lexington Housing Authority on a homelessness preference or an equivalent policy that improves access to Housing Choice Vouchers or similar resources.

Data, Performance & Accountability

- Improve data collection on where homelessness originates and publish clearer community data and outcomes from LFUCG-funded programs.
- Use funding incentives and performance expectations to reward high-performing programs, address poor performance, and recruit new providers when gaps remain.

Regional Coordination & Community Understanding

- Improve warm handoffs across Kentucky's Continuums of Care when people move between communities.
- Take steps to ensure Lexington's system primarily serves people whose homelessness originated locally while helping people sent from elsewhere reconnect with appropriate resources in their home communities.
- Better educate the public about the causes of homelessness, available solutions, and ways community members can participate.

From Recommendations to Implementation

The Task Force's work establishes a policy framework; implementation will require additional planning, funding, partnerships, and decisions by the Mayor, Urban County Council, LFUCG departments, and community partners. Some recommendations can begin through program and administrative changes, while others will require procurement, capital financing, budget decisions, legal review, or formal Council action.

The Task Force specifically recommended that implementation not disappear into day-to-day operations after the report is issued. It called for a small, independent advisory group based in the Commissioner's Office to meet quarterly, review progress, identify challenges, advise OHPI and other relevant divisions, and help ensure that implementation remains consistent with the intent of the Task Force.

The next phase

The public should expect continued planning and engagement, particularly as LFUCG develops any RFP or financing strategy for the Versailles Road campus and as individual recommendations move through normal budget, procurement, legal, and Council processes.

Appendix A. Complete Final Recommendations

Top 5 Priorities

1. Temporary Seasonal Shelter

Maintain LFUCG's 1306 Versailles Road campus for temporary seasonal shelter operations of homeless services.

a. Provide a shared space for Public Safety presence on-site and coordinate with them to ensure adequate levels of support and facilitate collective response to issues/concerns as appropriate.

b. Work with Public Safety, the shelter operator, and surrounding businesses/residents to identify areas that need increased law enforcement and draft a communication plan or "Good Neighbor Agreement" between all parties.

c. Phase out the temporary winter shelter once site development no longer supports its location and replace with an updated winter weather plan for any remaining populations.

2. Transition to Permanent Shelter

While operating the temporary shelter, initiate the transition of the Versailles Road campus to a permanent shelter. Upon identification of adequate startup funding, issue a Request for Proposals to develop, build, and operate a permanent comprehensive housing and services campus with residential space for families with children, seniors aged 55 and older, and for persons with disabilities at the site.

a. Utilize the recommendations of this task force to establish priorities and preferences for the evaluation of RFP respondents including but not limited to financial feasibility (creating emphasis on utilizing private funding), populations served, neighborhood engagement commitments, and supportive services committed to.

b. Develop, upon arrival/check-in, a comprehensive needs assessment and housing plan for each resident that outlines steps leading to their successful exit from the campus.

c. Ensure funding and/or space are allocated such that residents of the campus have wraparound services and access to housing navigation, needs assessment, case management, mental and physical health care, legal aid, employment and job training, education opportunities, mainstream benefit connection, financial literacy and any other needs presented by the population. This would include services operated by outside organizations who should be provided space on the campus for offering their assistance.

d. Hold residents accountable for being good neighbors and working toward stability by placing requirements for active engagement in steps outlined by their self-identified housing plan.

e. Shelter staff will identify alternate programming for those who are unable to live in a community setting or choose not to engage in their stability plan.

f. To the extent feasible, ensure that people asked to leave the campus, not eligible for services, or otherwise removed off-site, are provided transportation and given a warm handoff to another provider outside the neighborhood.

g. Develop a plan to relocate existing city operations and equipment currently occupying the site to maximize space available for shelter, housing, and supportive services.

3. Central Intake and Triage System

Establish a centralized intake and triage system in Lexington to ensure that anyone experiencing homelessness can be assessed quickly and connected to the most appropriate available housing, shelter, treatment, or other setting.

a. Begin with a "mobile intake" model in which dedicated intake staff are deployed to existing shelters, service providers, outreach locations, and other appropriate community sites. The mobile program should coordinate assessments, referrals, diversion, and placements across the homelessness response system with the goal of accelerating people toward permanent housing and other appropriate outcomes.

b. Through the centralized intake system, provide coordinated intake and referral for shelters and emergency housing to ensure appropriate placement, emphasize diversion, when possible, reduce unnecessary movement between providers, and reduce the impact of people arriving from outside Lexington without an appropriate service or housing plan.

c. When a fixed intake location is established, provide assessment, referral, and placement services immediately and do not operate the intake center as a shelter. Individuals should be placed in or transported to an appropriate housing, shelter, treatment, or other setting as quickly as possible and should not remain at the intake location for more than 24 hours.

d. Require, as a condition of receiving city funds, that shelters and emergency housing operators take reasonable steps to prevent their beds and services from being disproportionately utilized by people from outside Fayette County when appropriate resources or connections are available in their communities of origin.

e. Facilitate participation by community partners that provide essential services to people experiencing homelessness, including opportunities for coordinated staffing, office or shared meeting space, and other forms of service integration as appropriate.

4. Diversion

Sometimes people in crisis just need help finding an acceptable alternative to shelter that keeps them from falling into the homeless system. Each person kept out of the shelter system is a bed not needed. Lexington should grow its system capacity by requiring diversion strategies from each shelter and emergency housing operator that include considering all other options prior to entering emergency shelter.

a. Require homelessness providers receiving LFUCG funds to operate shelter or emergency housing to present a Diversion plan as a condition of funding. The plan should outline how the organization plans to assess potential participants and ensure no other, more appropriate options are available.

b. Prioritize homelessness resources at LFUCG to emphasize diversion practices that seek to avoid entering the homeless system.

c. Right-size the budget for the Emergency Financial Assistance program with Community and Resident Services to ensure funding is available for the entire fiscal year and reflects growth in monthly rents.

d. Continue and expand use of the OHPI's Housing Flex Fund to facilitate diversion and rapid exit strategies.

5. Implementation Review and Advisory Group

Establish a small, independent advisory group to provide periodic review and guidance regarding implementation of the Task Force recommendations.

a. Convene the group on a quarterly basis to review implementation progress and advise the Office of Homelessness Prevention and Intervention (OHPI), other relevant LFUCG divisions, and the Commissioner

of Housing Advocacy and Community Development regarding next steps, challenges, and needed adjustments.

b. Use the group to help ensure that recommendations are implemented in a timely and meaningful manner, that implementation remains consistent with the intent of the Task Force, and that the process benefits from neutral, third-party review and accountability.

c. Base the group within the Commissioner's Office rather than OHPI in order to maintain independence from the primary division responsible for implementing many of the recommendations. Group should include at least one member of the OHPI Board.

Examples of Possible Funding Opportunities

Based on estimates from the Emergency Homeless Shelter Study, place the cost at approximately $25 million. In addition to the upfront capital cost, LFUCG will explore providing some annual funding for operations but cannot be expected to bear the entire cost. The following options are examples that can be included in the RFP for the Versailles Road campus in order to encourage qualified respondents and ensure project viability. The Task Force recommends that each of these funding opportunities be explored and utilized if they are deemed feasible, but funding should not be limited to these options only:

- $2.8 million already allocated from a prior fund balance.
- $2.2 million from opioid settlement funds.
    - Locate sufficient opioid recovery response on the campus to allow for use of these funds but do not locate high impact services there such as MAT or interventions for those in active addiction.
- $10 million borrowed under the federal Section 108 loan program.
- Request an allocation from the state.
- Balance obtained from private capital committed by respondents to the RFP. Explore options for funding from future fund balances or additional bonding to support the project if necessary.
- Use funds currently allocated for operations of the seasonal winter shelter to support Versailles Road operations as the seasonal project is phased out. This would include operations of the campus and incorporated central intake center.
- To the extent feasible, recruit community partner organizations to base programming and staff at the central intake center to maximize access and reduce operating costs.
- Identify any remaining amount needed and build into the competitive award process for Expanded Social Resource grants such that funds are available but awarded to the operator based on performance. This can happen naturally through growth of the fund by ordinance.

Additional Recommendations for Long-Term Implementation

The following recommendations are not listed in any particular order.

6. Community-Based Case Management

Provide funding for the development of a community-based case management program not tied to a shelter or program providing support for diversion/prevention, targeted case management for literally homeless persons, and ongoing support.

a. Develop standards for service delivery by shelter-based case management and external case management supporting individuals in shelter.

b. Work to improve case management case load ratios for shelter residents with a target of no more than 25 clients per case manager.

7. Existing Shelter Capacity and Service Quality

Utilize existing local funds to supplement existing shelters when they can identify opportunities to grow bed capacity and improve quality of services. This would focus on chances to improve or expand existing spaces or to add depth of service, such as case management, that will improve outcomes.

8. Transitional Housing Pilot

Develop a pilot program serving 10-20 households that offers Transitional Housing and a path to permanent housing through mandatory engagement in supportive services.

- **a.** Focus on employment support for people with little or no income, helping them grow income and move to self-sufficiency within 6-12 months.
- **b.** Conduct a thorough program evaluation to determine the return on investment and evaluate success rates and sustainability.
- **c.** Replicate those elements deemed valuable in a new, permanent program and incorporate elements as appropriate into the existing system.
- **d.** Draw from the work of Stable Recovery and similar industry-specific projects to develop a replicable model tied to local employment needs.
- **e.** Identify local employers willing to hire persons who meet their needs and their established requirements.

9. Pet Placement Support

Develop, alongside the Lexington Humane Society and/or local adoption groups, a foster or other alternate placement program to assist those persons for whom a non-service animal is a barrier to shelter and housing.

10. Medical Respite

Expand medical respite capacity to increase beds and support chronic or long-term needs for people with medical conditions that prevent them from accessing all other shelter and emergency housing.

11. High-Utilizer Behavioral Health Response

Together with Eastern State Hospital and other mental health stakeholders, develop and fund a high utilizers program to identify and target a small group of those individuals with the highest propensity for violence or severe mental breaks. The program should help the community identify those most at risk of harm themselves or others and target interventions where traditional programming has failed.

12. Data Collection and Public Reporting

Modify and improve data collection on persons served related to origin of homelessness. This should expand data points to provide more granular analysis of system inflow while then making data available for public consumption.

- **a.** Publish and/or make available a community dashboard that reflects the total numbers and demographics of the people experiencing homelessness including origin of homelessness.
- **b.** Include on public dashboard, results/outcomes of all LFUCG funded shelters and homelessness programming.
- **c.** Use this information to inform the diversion strategies recommended above.

13. Statewide Continuum of Care Coordination

Explore options for improving service coordination across the three Continuums of Care in Kentucky for facilitation of warm hand offs of persons when they move between counties or areas of the state.

14. Permanent Supportive Housing Priority

Prioritize Lexington's Affordable Housing Fund for the development of Permanent Supportive Housing (PSH). Incentivize developers to include PSH in regular affordable developments.

a. The Affordable Housing Board, at the request of this committee, has adopted the following top priority effective immediately: Low Income Housing Tax Credit (LIHTC) developments that include permanent supportive housing units. Kentucky Housing Corporation's Qualified Allocation Plan Scoring Model includes points based on the amount of subsidy dollars received from a local jurisdiction. The more funds per unit allocated by a local jurisdiction, the more points the application receives. Therefore, any application that includes permanent supportive housing for at least 5% of the units is eligible to receive funding in excess of applications that do not include permanent supportive housing units.

15. Permanent Supportive Housing for Opioid Recovery

Leverage opioid settlement funds with local affordable housing dollars and other resources to develop Permanent Supportive Housing for people in opioid use recovery.

16. Medicaid 1915(i) Housing Navigation

Providers who don't traditionally bill Medicaid are able to access those funds for housing navigation services for individuals with serious mental illness who experience homelessness. Explore use of this 1915i funding for housing navigation services and provide resources/support for organizations to pursue provider certification.

a. Build capacity within Lexington organizations to access these funds by hosting necessary training and providing access to startup resources.

17. Outcomes-Oriented Programming

Incentivize organizations to operate outcomes-oriented programming by providing opportunities for high performing shelters or programs to be prioritized for other funding opportunities.

a. Explore inviting new organizations to operate in Lexington-Fayette County where existing operators are unable to fill gaps or meet community needs.

b. Proactively recruit and invite new organizations to operate in Lexington-Fayette County where existing operators are unable to fill gaps or meet community needs or where existing performance is inadequate.

c. Develop a process to hold shelters and other emergency housing organizations accountable for poor performance.

18. Lexington Housing Authority Preference

The Lexington Housing Authority is able to adopt a preference in its programming for people experiencing homelessness that gives them priority for resources such as Housing Choice Vouchers. Work with the Housing Authority to adopt this preference or some equivalent policy change with a similar effect.

19. Origin of Homelessness and Regional Responsibility

Implement steps to ensure Lexington's homelessness system serves primarily people whose homelessness originated in Lexington and divert persons sent here for services from other communities. Identify where they came from and find ways to help them get back home.

a. Engage representatives of the Kentucky General Assembly in solutions for homelessness throughout the state to ensure that people can receive needed help while remaining in or near their home communities.

20. Community Education and Engagement

Better educate the Lexington community on the causes of homelessness and potential solutions along with providing opportunities to engage and serve in the system.

Appendix B. Membership, Advisory Members & Initial Committee Assignments

Task Force Members

Member	Role	Organization
Diane Fleet	Co-Chair	GreenHouse17
Abdul Muhammad	Co-Chair	WesBanco
James Brown	Councilmember	LFUCG
Chuck Ellinger	Councilmember	LFUCG
Tyler Morton	Councilmember	LFUCG
Amy Beasley	Councilmember	LFUCG
Liz Sheehan	Councilmember	LFUCG
Sally Hamilton	Chief Administrative Officer	LFUCG
Ginny Ramsey	Provider	Catholic Action Center
Janice James	Provider	Hope Center (Ret.)
David Shadd	Provider	Hope Center
Lee Hall	Business Owner	Hallway Feeds
Rev. Rodney McFarland	Faith Leader	First Baptist Church Bracktown
T.C. Johnson	Schools	Fayette County Public Schools
Zach Worsham	Affordable Housing Developer	Winterwood
Allen McDaniel	Downtown Business Representative	Downtown Lexington Partnership
Todd Johnson	Home Builders	BIA Central Kentucky
Jay Blanton	University Representative	University of Kentucky
Denotra Gunther	Courts	Fayette District Judge
Greg Searight	Community Member	Street Voice Council

Note: Abdul Muhammad resigned from the Task Force in spring 2026 following a job transfer to Nashville.

Advisory Members and Staff Support

Name	Role / Affiliation
Charlie Lanter	Commissioner, Department of Housing Advocacy & Community Development
Jeff Herron	Office of Homelessness Prevention & Intervention
Chris Ford	Commissioner, Department of General Services
Ashley Simpson	Department of Finance
David Barberie	Commissioner, Department of Law
Tiffany Holskey	Department of Law
Keith Horn	Commissioner, Department of Planning
Matt LeMonds	Community Corrections
Lt. Alexander Jann	Fire & Emergency Services
Asst. Chief Jacqueline Newman	Lexington Division of Police
Tayna Fogle	Community Advocate
Tiffany Masden	Housing Advocacy & Community Development / Task Force Staff

Initial Committee Assignments

The Task Force organized into four committees. The assignments below reflect the initial committee roster. Committee leadership and participation evolved as the work progressed. Each committee also included staff from the Department of Housing Advocacy & Community Development.

Supportive Services & Prevention

Task Force members: T.C. Johnson, David Shadd, Rev. Rodney McFarland, James Brown.

Advisory participants: David Barberie, Cmdr. Daniel Burnett.

Funding & Partnerships

Task Force members: Lee Hall, Zach Worsham, Sally Hamilton, Liz Sheehan, Allen McDaniel.

Advisory participants: Ashley Simpson.

Peer Cities & Shelter Models

Task Force members: Amy Beasley, Tyler Morton, Denotra Gunther, Janice James.

Advisory participants: Keith Horn, Chris Ford, Diane Fleet, Lt. Alexander Jann.

Community Engagement

Task Force members: Ginny Ramsey, Greg Searight, Chuck Ellinger, Todd Johnson, Jay Blanton.

Advisory participants: Matt LeMonds, Abdul Muhammad.

Urban County Government Department of Housing Advocacy & Community Development.