

## HOUSING

### Housing Needs (91.205)

\*Please also refer to the Housing Needs Table in the Needs.xls workbook

1. Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost-burden, substandard housing, and overcrowding (especially large families).
2. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

3-5 Year Strategic Plan Housing Needs response:

- 1) General Estimated Needs, and Services for Five Years

The 2000 census counted 92,353 housing units within the City, for a population of 207,525, composed of 89,267 households. This is a housing unit growth rate of 15% since 1990. An estimated 226,250 persons will be living in Madison in the year 2010. Assuming that the rate of household formation will match the rate of population growth, it is anticipated that Madison will need over 16,000 additional housing units during the period 2005-2009.

- b) Categories of Persons Affected

The following snapshot provides some indication of income distribution and race/ethnicity for Madison households. These figures would seem to indicate that Asian/Pacific Islander, Black, and Hispanic households may experience the most severe housing cost burdens.

The Total number of households in Madison as reported by the 2000 census was 88,098. 13,749 had incomes 30% or less; 10,527 had incomes between 30% and 50% of area median income (AMI); 17,809 had incomes between 50% and 80% of AMI; 46,013 had incomes more than 80% of AMI.

34% of all households experienced some housing problems, as defined in the census and by HUD; they lived in substandard housing or paid more than 30% of their income for housing costs.

Of all households less than 30% AMI, 86% experienced housing problems, with 87% black households experiencing housing problems, 93% of Hispanic households.

(Only 78% of Asian households with incomes 30% of AMI and under experienced housing problems.)

Of all households between 30% and 50% of AMI, 72% experienced housing problems. 80% of Asian households and 80% of Hispanic households in this income range experienced housing problems. (Only 71% of black households in this range experienced housing problems.)

Of all households between 50% and 80% of AMI, 35% experienced some housing problems. Within this income range, only 20% of blacks, but 49% of Asian and 43% of Hispanic households experienced some housing problems.

Of the 46,013 households with incomes over 80%, only 9% of the total experienced housing problems, but 13% of Black households, 20% of the Asian, and 26% of the Hispanic households experienced housing problems.

Race and family size appear to influence opportunities and housing tenure patterns. 3.0% of all family renter households below 51% of the median are categorized as large families of 5 or more persons. 1.7% of all owner households below 51% of median are categorized as large families. 93% of Hispanic households and 86% of Black (non-Hispanic) households under 30% of AMI had housing problems, compared to 69% of the entire population under 30% of AMI. 75% of the households with income of 30% or less of AMI and reporting a mobility impairment experienced housing problems.

#### Renters and Owners

In 2000, 52.3% of the housing units in the City were rental; 47.7% were owner-occupied; 3.7% were vacant, down from 5.5% in 1990.

#### Elderly Persons

The number and proportion of elderly households continues to grow. In 1990, 23,754 persons were 60 years and older; in 2000, 24,832 persons were 60 years of older, or 12% of the population. 14,303 of the City's households in 2000 were elderly one or two member households. 38% of the elderly renter households and 21% of the elderly owner households with incomes of 180% or less of Area Median Income (AMI) were described as having some housing problems.

In addition, more people 60 years and older are living longer. In 1990, 9.3% of the population 60 and over (or 2,211 people) were 85 years or older. In 2000, 11 % of the population 60 and over (or 2,651 people) were 85 years of older.

#### Larger Families

A special census study sponsored by HUD suggests that while the 1,461 renter larger families (5+ persons) constitute 1.7% of the total households in Madison, 65% of these families have housing problems of cost.

#### Persons with Disabilities

National estimates indicate that one in ten persons may be classified as a person with disabilities. Census data suggests that 24,625 people within the City of Madison is a person with physical or developmental disabilities and is in need of some form of supportive housing, or services.

#### Cost Burden

---

The Housing Needs Table illustrates an analysis of severe cost burdens. It suggests that over 55% of owners and 68% renters with incomes less than 30% of median carry housing cost burdens of over 50% of income.

#### Overcrowding

The 2000 census figures suggest that 3,103 housing units have more than one person per room (State, Summary Table 1a), compared to 2,303 housing units in 1990, and 1,268 units in 1980, one indication of a housing shortage, and/or a response to higher housing costs.

#### Substandard Housing

The City of Madison has developed a local definition of "substandard" based upon the assessed value of the building and the square footage of the improvements. Using this definition, staff estimate that over 4,000 rental units and 3,000 owner housing units were "substandard", with 99% suitable for rehab.

#### Persons with HIV/AIDS

The ASN/Care Consortium reported that there were over 700 reported cases of HIV disease and 400 reported cases of AIDS within the 13 county South Central Wisconsin region, which includes Madison. This service area constitutes about 20% of the documented AIDS cases in Wisconsin.

In many respects, the housing problems faced by those with AIDS are the same as those faced by other groups of people. Like others who are low-income, people with AIDS experience profound housing problems. Impoverished, they lose their homes to eviction and foreclosure, face rejection by private landlords, endure years-long waits for subsidized housing, often become homeless or pay exorbitant percentages of income for shelter, and frequently settle for housing that is crowded or unsafe. Like others who are disabled, people with AIDS are doubly challenged to find affordable housing that is decent, accessible, and supported by personal care or medical services. In some respects, though, the housing needs of people with AIDS are unique. The life expectancy of many persons with AIDS is shorter than the length of many waiting lists for subsidized housing. Yet housing is a prerequisite to many basic services frequently needed by people with AIDS. Inadequate housing makes it extremely difficult to get appropriate health care, maintain recovery from drug or alcohol dependency, or access substance abuse treatment or other services.

Madison Support Network (MSN) provides case management and supportive to individuals and their families. Client income data indicate that 73% of clients have incomes less than 200% of federal poverty, with 55% of clients at or below 100% of poverty. Currently 30% of clients are parents, over 64 children of MASN clients live in homes where one or both parents have AIDS/HIV. MASN reports that many of their clients find themselves in repeated housing crises as they continue to be unable to access Section 8 housing, or are adversely affected by tremendous decreases in their financial resources and limited affordable and safe options for housing options. Individuals express fear and uncertainty in attempting to access traditional housing services as they worry about confidentiality and fear of discrimination.

### **Priority Housing Needs (91.215 (b))**

1. Identify the priority housing needs in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.
2. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category.

Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.

3. Describe the basis for assigning the priority given to each category of priority needs.
4. Identify any obstacles to meeting underserved needs.

#### **3-5 Year Strategic Plan Priority Housing Needs response:**

The City CDBG Commission reviews census data and descriptive materials on housing trends to establish several priority areas within the larger group of people with housing problems. The Commission has traditionally placed a high priority on serving the needs of people already in housing, in order for them to retain their housing and prevent eviction or frequent moves that contribute to family issues and destabilization. Frequently this means helping those elderly homeowners and family households in the 50% of AMI and under range. The Commission has also placed a high priority on those households in the 50% to 80% of AMI range who currently rent, that with some assistance, could possibly purchase homes and hence stabilize their housing situations. While the CDBG Commission acknowledges the severity of housing needs for all households with incomes below 50%, the Commission also recognizes the availability of such programs as public housing and housing choice vouchers to provide some level of assistance to those renters in that income range. Hence the CDBG Commission has also placed a high priority on single men and single women who have incomes less than 50% and who need rental housing.

### **Housing Market Analysis (91.210)**

\*Please also refer to the Housing Market Analysis Table in the Needs.xls workbook

1. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families.
2. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).

3. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.

3-5 Year Strategic Plan Housing Market Analysis responses:

The 200 Census counted a total of 88,845 occupied year-round housing units within the City of Madison, compared to 81,891 in 1990. 25,036 dwelling units or 25% were 0 to 1 bedroom units; 28,632 or 31.0% were 2-bedroom units; 29,527 units or 32.0% were 3 bedroom housing units. Of these, 17.69% were one-unit detached structures, and 6% were two-unit structures.

The overall vacancy factor in 2000 was 4%, compared to 5.5% in 1990. In spite of spot areas of higher vacancy, where some apartment complexes are experiencing as much as 40% vacancy rates, this trend of relatively low vacancy continues to maintain a tighter housing market where good, safe, affordable housing is scarce, and housing costs are increasing. Experience since the 2000 census period suggests that low interest rates and newer high-density apartments-structures close to the University campus have caused a softening in the rental market. This has not yet resulted in lower rent rates, but has produced some additional spot vacancy trends in certain neighborhoods, and special rebates for longer term renters.

In 2000, A HUD-sponsored special census study found the following trends in affordability:

Housing problems experienced by these households are related to housing quality (age and condition), cost (contract rent or mortgage and interest costs), and crowding (number of persons per bedroom). The 2000 study indicated that households, or almost 33.8% of Madison households, experienced some sort of housing problem with the predominant one that of cost. Almost 92,130 people in Madison are members of a household with incomes of 80% or less than the area median income (AMI). This represents almost 48% of all persons in the Madison area.

One of the contributing factors to the supply of affordable housing within Madison is the effect of the student population on the housing market. Their relatively greater purchasing power, their concentration in older neighborhoods within the community near the campus, and their direct competition for certain housing types, which may also be sought by larger families, creates a housing market that places lower income families with children at a competitive disadvantage, particularly within the broader Madison Isthmus area.

The CDBG Commission and other public and private housing funding groups within the area have observed the characteristics of the Madison area market and have responded to some of its special characteristics with innovation and revised housing strategies. Over the last ten years, the City has seen the rise of a downtown condo market, with successful sales that are transforming some of the older downtown neighborhoods, such as Bassett and First Settlement. The City enacted an inclusionary zoning ordinance in 2004 that will help create affordable housing for moderate income households throughout the community, and within newly constructed areas of housing. The City has also seen the construction near the campus of denser, higher rise buildings to meet the needs of University students, a

trend that may open opportunities for renovation of older housing units in neighborhoods where these students formerly resided. In addition, the development community, aided by the City and lenders, has planned and developed more infill and greenfield plats that emphasize a traditional neighborhood approach to design, with a greater mixture of housing types, friendlier pedestrian-oriented streets and paths, and more attention to civic or neighborhood identification features, such as parks, schools, libraries, or lakes and vistas.

### **Specific Housing Objectives (91.215 (b))**

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.
2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Strategic Plan Specific Housing Objectives response:

The CDBG Commission has adopted three major objectives in the housing area:

- A) Improve the quality of the existing owner-occupied housing stock to support community stability, and neighborhood revitalization efforts.
- B) Increase opportunities for homeownership for low and moderate income households through the acquisition, construction, or renovation of housing, and through the provision of housing assistance.
- c) Expand the number of affordable rental units and improve the quality and diversity of units available to lower income individuals throughout the community.

The City has developed this plan with the expectation that the Federal government will provide approximately \$22 million over the five year period through such programs as Community Development Block Grants, HOME program, Emergency Shelter Grant funds, and such special programs as Economic Development Initiative, Neighborhood Development Initiative, Special Housing Program, and other fund sources. The City expects to leverage these funds with its own housing funds (Affordable Housing Trust Fund, City borrowed funds, Tax Incremental Financing,) private funds, and Fannie Mae and other lenders for projects that address these broad goals.

### **Needs of Public Housing (91.210 (b))**

In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs of public housing projects within the jurisdiction, and other factors, including the number of families on public housing and tenant-based waiting lists and results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25). The public housing agency and jurisdiction can use the optional Priority Public Housing Needs Table (formerly Table 4) of the Consolidated Plan to identify priority public housing needs to assist in this process.

**3-5 Year Strategic Plan Needs of Public Housing response:**

In recent years the Community Development Authority, which serves as the City's public housing authority and its redevelopment authority, has focused on the improvement of its existing publicly-owned housing units and the expansion of its housing choice voucher program. The CDA owns 867 housing units, which are further detailed in the housing market analysis table contained within this document.

A description of the families on the 2004 waiting list for public housing noted that of the 565 families on the public housing list, 497 had incomes of 30% of AMI or less, 269 were families with children, 79 were families with disabilities, 17 were elderly families, and 296 needed 1-bedroom units.

Of the 1,852 families on the Section 8 waiting list, 1,593 had incomes of 30% or less of AMI, 1,081 were families with children, 715 were families with disabilities, and 188 were elderly.

### **Public Housing Strategy (91.210)**

1. Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.
2. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))
3. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))

**3-5 Year Strategic Plan Public Housing Strategy response:**

The CDA has also placed a major emphasis on developing special programs to reduce the turn-over time for units, improve the long term maintenance program, and develop programs and services within each of the major complexes to serve the social, economic, recreational, and educational needs of its residents.

Since the CDA has limited resources, it has indicated a willingness to apply for additional housing voucher funds when they become available.

The CDA is governed by a Board of Directors, with two operating subcommittees. The CDA notices its meetings to residents and to the community, has resident representation on the subcommittees, and holds occasional hearings to gauge the needs and goals of its participants.

The CDA has also partnered with other lenders and private developers to secure some deteriorated apartment complexes in the Broadway-Simpson-Lakepoint neighborhood, and through a program of renovation and conversion, develop both new and remodeled apartment homes and condominiums for low and moderate income families.

HUD has not designated the Madison CDA as a troubled agency, and has indeed given the agency high marks for its management and programs.

### **Barriers to Affordable Housing (91.210 (e) and 91.215 (f))**

1. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.
2. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.

#### **3-5 Year Strategic Plan Barriers to Affordable Housing response:**

The City has completed the HUD survey of barriers to affordable housing and placed it on the CDBG Office website at [www.cityofmadison.com/cdbg](http://www.cityofmadison.com/cdbg).

The City has periodically examined its own internal decision processes and made improvements to make these policy and administrative procedures more predictable, more effective, and less of an obstacle to the efficient production of housing within the area. Both the Housing Committee and the Economic Development Commission have studied various aspects of the land use and approval process, and suggested ways to improve the timeliness and reliability of the processes. A City staff team, including one that coordinates City agencies' review of each development, has focused on internal coordination measures to reduce complexity and chaos within the process. The City is also exploring information technology improvements and reporting systems to better track the status of agency sign-offs and developer submissions.

## **HOMELESS**

### **Homeless Needs (91.205 (b) and 91.215 (c))**

\*Please also refer to the Homeless Needs Table in the Needs.xls workbook

Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and



homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered. In addition, to the extent information is available, the plan must include a description of the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.

**3-5 Year Strategic Plan Homeless Needs response:**

Relative to other cities its size, Madison has a smaller homeless population, although the City and the community are working together to reduce incidents of homelessness. While over 2,000 persons requested assistance from a shelter in 2003, and over 2000 individuals were provided with nights in shelters or transitional housing units, the two-year trend of requests and numbers served in shelters is decreasing.

The homeless population includes men, women, and children with a broad range of needs. An estimated 200 individuals experience homelessness on any given night within Madison. The Homeless Services group reported that 495 families, 793 single men, 535 single women, and 69 unaccompanied minors were served in the emergency shelters in 2003.

The number of homeless individuals has decreased 39% in the period 1997 through 2003, from 5,145 individuals in 1997 to 3,163 individuals in 2003. In-depth data is available through a series of annual reports on homelessness published by the CDBG Office, and is available on the Office website at [www.cityofmadison.com/cdbg](http://www.cityofmadison.com/cdbg).

Shelter providers report that there continue to be a number of individuals in need of shelter due to an increasing shortage of affordable housing opportunities, discrimination practices and an increase in the complexity of problems experienced by families. These problems are exacerbated by low wages and public assistance programs that have not kept pace with rising housing costs. In addition to the need for longer term housing to meet the needs of families, there is a critical need for support programs which work with families on an individual basis to ensure that opportunities for the transition to permanent housing are maximized.

Many members of homeless family households have special characteristics including physical handicaps, developmental disabilities, mental illness, alcohol and drug problems and/or histories of domestic violence, those on meager incomes or public assistance, those without life skills to take care of children or their housing, and recently released parolees. Individuals with these characteristics may also require special services to adequately meet their needs. Providers report that approximately 10% of the families have serious mental illness and an additional 30% have AODA problems. Shelter providers report that approximately 50% of all homeless families are in need of post-shelter support services.

Shelter providers estimate that approximately 22% of single individuals have a serious mental illness. An additional 10% of the single women the men have an AODA problem. It is also estimated that 50% of the men and women have problems severe enough to prevent them from successfully living independently without

support services. Approximately 40% of the single women have physical illnesses which further compound their problems and approximately 30% of the single men have learning disabilities.

Approximately 16% of the homeless men are veterans. Many homeless veterans need counseling on the benefits available to them and assistance in linking individuals to appropriate services. Supportive services such as employment assistance, psychological and AODA counseling are greatly needed as well as assistance in financial management and life skills development.

### **Priority Homeless Needs**

1. Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.
2. A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.

#### **3-5 Year Strategic Plan Priority Homeless Needs response:**

The City works with a group of homeless service providers, the Affordable Housing Consortium, to plan and implement strategies designed to reduce homelessness. The emphasis of these strategies is to reduce the causes of homelessness, and to move homelessness out of shelters into more permanent and appropriate living arrangements. Thus the bulk of public investment in homeless related services is involved with eviction prevention, case management, and supportive services within a transitional or permanent housing setting.

Since 50% of the people in the emergency shelter system reported that they had been homeless for less than one month, and since 13% reported income from wages and 15% reported income from social security, the City and the Continuum of Care consortium has identified prevention and case management services as a higher priority need, in order to reduce the cause of homelessness. Equally important, the City has identified as a high priority the creation of permanent housing for chronically homeless people or for those with some source of modest income.

Further analysis is provided in the Continuum of Care application for 2004-5 special needs funding, available through the CDBG Office.

### **Homeless Inventory (91.210 (c))**

The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.

**3-5 Year Strategic Plan Homeless Inventory response:**

The continuum of care for people who are homeless or at risk of being homeless can be described in terms of four 'activity' phases: prevention, and emergency, transitional, and permanent housing. The Madison-Dane County area, unlike many metropolitan areas across the country, has emphasized prevention, transitional and permanent housing, with a broad network of case management and support with each phase, as a major strategy to reduce the extent of homelessness within the community.

The housing continuum of care for the Dane County area includes 310 beds in nine shelter programs, in addition to vouchers for motel rooms and a seasonal warming house for women and children.

The continuum of care system includes 701 transitional or supportive permanent housing units for persons who were formerly homeless. Of these, at least 232 beds or units are for single men; 280 for single women; 114 for families, and 30 beds/units are for special needs such as those with HIV/AIDS or veterans.

Prevention services such as mediation or short-term rent assistance help over 1,800 households each year, while longer term rent assistance through the housing authorities and private entities serve over 3,300 households each year. Private or non-profit agencies operating tax-credit properties managed over 2,550 units in 2003.

### **Homeless Strategic Plan (91.215 (c))**

1. Homelessness— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.
2. Chronic homelessness—Describe the jurisdiction's strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.

3. Homelessness Prevention—Describe the jurisdiction’s strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.
4. Institutional Structure—Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.
5. Discharge Coordination Policy—Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include “policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.” The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

3-5 Year Homeless Strategic Plan response:

1. The City has adopted a strategy that speaks to a continuum of care, and includes prevention, housing of various types, case management, education, housing and referral services, and housing retention services. This strategy is outlined more fully in the latest Continuum of care application to HUD sponsored by the City and is available from the CDBG Office. The City places a high emphasis on the development of permanent and transitional housing, and on-site or accessible services to support various sub-populations, such as single men, single women, and families with children. The City joins with a number of other community-based groups to strengthen a network of services, with widespread internal referral and coordination among the service providers.
2. The City is in the process of working with other funders, service providers, and faith-based groups to develop a more articulated strategy to address chronic homelessness. Major activities thus far have stressed the development of long-term affordable housing and linkage to appropriate services, as well as communication among service providers.
3. Members of the Consortium and public funding bodies have placed a high priority on eviction prevention activities, through the establishment of tenant mediation, short-term rent assistance, and case management services and programs.
4. Since 1982, the major funders of housing in the community have coordinated their activities in a variety of ways to develop more effective strategies and supportive systems to reduce homelessness. One of the results of those efforts was the establishment of a group of community-based homeless service agencies that now meet monthly.
5. The City works closely with several providers to support their linkage with hospitals and other institutions to facilitate the smooth transition of person from those facilities into the community. A portion of ESG funds the Salvation Army to help people with special medical needs obtain temporary housing in motel settings, rather than place people in shelter at risk. Individual agencies such as Porchlight, maintain contacts with hospitals and the Veterans' Administration to plan for the discharge of specific individuals.

## Emergency Shelter Grants (ESG)

(States only) Describe the process for awarding grants to State recipients, and a description of how the allocation will be made available to units of local government.

3-5 Year Strategic Plan ESG response:

The City uses a local, consolidated application process to solicit and then review proposals from community-based agencies serving homeless persons. The CDBG Commission is the lead policy group, and works closely with advice and counsel from the Homeless Services Group (the Consortium). The Commission serves as the public advisory and planning forum for a coordinate and regional approach to homeless services planning and serves as the sponsoring group for applications to the State of Wisconsin for Federal ESG funds and other State funds for the homeless.

## COMMUNITY DEVELOPMENT

### Community Development (91.215 (e))

\*Please also refer to the Community Development Table in the Needs.xls workbook

1. Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), – i.e., public facilities, public improvements, public services and economic development.
2. Describe the basis for assigning the priority given to each category of priority needs.
3. Identify any obstacles to meeting underserved needs.
4. Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.

NOTE: Each specific objective developed to address a priority need, must be identified by number and contain proposed accomplishments, the time period (i.e., one, two, three, or more years), and annual program year numeric goals the jurisdiction hopes to achieve in quantitative terms, or in other measurable terms as identified and defined by the jurisdiction.

3-5 Year Strategic Plan Community Development response:

The City CDBG Commission has placed a high priority on the expansion of economic opportunities for lower income persons, on the creation and improvement of neighborhood-focused facilities that serve lower income neighborhoods, on the operation of neighborhood centers and community gardens, and on revitalization efforts that address higher priority needs within selected geographical areas within the CDBG Target areas. Priority is reflected in part by the amount of resources targeted for each area, since the CDBG Commission believes that a balanced portfolio of projects effectively implemented over a period of time will result in the most productive effect within the community. The Commission has developed these



I. RE																			
C. Large Rent																			
	10. NUMBER OF PEOPLE	100%	448																
	11. Any housing problems	43.3	194										0	###	y	c,h,o			
	12. Cost Burden > 30%	5.4	24										0	###					
	13. Cost Burden >50%	0.0	0										0	###					
	10. NUMBER OF PEOPLE	100%	7274														694		
	11. Any housing problems	24.4	1775										0	###	M	y	c,h,o		
	12. Cost Burden > 30%	21.9	1593										0	###					
	13. Cost Burden >50%	1.6	116										0	###					
	10. NUMBER OF PEOPLE	100%	1931														522		
	11. Any housing problems	21.1	407	25	25	25	25	25					0	###	y	c,h,o			
	12. Cost Burden > 30%	21.1	407										0	###					
	13. Cost Burden >50%	3.8	73										0	###					
	10. NUMBER OF PEOPLE	100%	2075																
	11. Any housing problems	59.9	1243	25	25	25	25	25					0	###	y	c,h,o			
	12. Cost Burden > 30%	58.6	1216										0	###					
	13. Cost Burden >50%	12.5	259										0	###					
	10. NUMBER OF PEOPLE	100%	461																
	11. Any housing problems	64.9	299										0	###	y	c,h,o			
	12. Cost Burden > 30%	49.7	229										0	###					
	13. Cost Burden >50%	7.2	33										0	###					
	10. NUMBER OF PEOPLE	100%	1828														545		
	11. Any housing problems	64.3	1175	25	25	25	25	25					0	###	y	c,h,o			
	12. Cost Burden > 30%	64.1	1172										0	###					
	13. Cost Burden >50%	12.5	229										0	###					
<b>Total Any Housing Problem</b>																		<b>5392</b>	
<b>Total 215 Renter</b>				10	10	10	10	10					0	<b>Total Racial/Ethnic Needs</b>				0	
<b>Total 215 Owner</b>				40	40	40	40	40					0	<b>Total Lead-Based Housing</b>				0	
<b>Total 215</b>				50	50	50	50	50	50	50	50	0	0	0	<b>Total HIV/AIDS</b>				36

Grantee Name: **Jurisdiction**

**Non-Homeless Special Needs Including HOPWA**

Needs	3-5 Year Quantities												Total			Priority Need: H	Plan to Fund? Y/N	Fund Source: CDBG, HOME, HOPWA, ESG, Other
	Year 1		Year 2		Year 3		Year 4*		Year 5*		Goal	% of Goal						
	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete								
52. Elderly	40	0	40	0	40	0	40	0	40	0	200	0	0%	m	Y	C,e,h,o		
53. Frail Elderly	10	0	10	0	10	0	10	0	10	0	50	0	0%	h	Y	C,e,h,o		
54. Persons w/ Severe Mental Illness	3	0	3	0	3	0	3	0	3	0	15	0	0%	m	Y	C,e,h,o		
55. Developmentally Disabled	0	0	0	0	0	0	0	0	0	0	0	0	###	m	Y	C,e,h,o		
56. Physically Disabled	0	0	0	0	0	0	0	0	0	0	0	0	###	h	Y	C,e,h,o		
57. Alcohol/Other Drug Addicted	0	0	0	0	0	0	0	0	0	0	0	0	###	h	Y	C,e,h,o		
58. Persons w/ HIV/AIDS & their families	0	0	0	0	0	0	0	0	0	0	0	0	###	h	Y	C,e,h,o		
59. Public Housing Residents	0	0	0	0	0	0	0	0	0	0	0	0	###	h	Y	C,e,h,o		
Total	53	0	53	0	53	0	53	0	53	0	265	0	0%		Y	o		
60. Elderly	40	0	40	0	40	0	40	0	40	0	200	0	0%	m	h	o		
61. Frail Elderly	10	0	10	0	10	0	10	0	10	0	50	0	0%	h	n	o		
62. Persons w/ Severe Mental Illness	3	0	3	0	3	0	3	0	3	0	15	0	0%	h	n	o		
63. Developmentally Disabled	8	0	2	0	2	0	2	0	2	0	16	0	0%	m	n	o		
64. Physically Disabled	8	0	8	0	8	0	8	0	8	0	40	0	0%	h	Y	o		
65. Alcohol/Other Drug Addicted	0	0	0	0	0	0	0	0	0	0	0	0	###	m	n	o		
66. Persons w/ HIV/AIDS & their families	0	0	0	0	0	0	0	0	0	0	0	0	###	h	Y	o		
67. Public Housing Residents	0	0	0	0	0	0	0	0	0	0	0	0	###	h	Y	o		
Total	69	0	63	0	63	0	63	0	63	0	321	0	0%		Y	o		

Housing Needed

Supportive Services Needed



## Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Un-sheltered	Total	Jurisdiction
	Emergency	Transitional			
1. Homeless Individuals	154	259	93	506	
2. Homeless Families with Children				0	
2a. Persons in Homeless with Children Families	126	243	160	529	
<b>Total (lines 1 + 2a)</b>	<b>280</b>	<b>502</b>	<b>253</b>	<b>1035</b>	
Part 2: Homeless Subpopulations	Sheltered		Un-sheltered	Total	
	Emergency	Transitional			
1. Chronically Homeless		193	38	231	
2. Severely Mentally Ill		306	0	306	
3. Chronic Substance Abuse		223	0	223	
4. Veterans		68	0	68	
5. Persons with HIV/AIDS		28	0	28	
6. Victims of Domestic Violence		62	0	62	
7. Youth (Under 18 years of age)		11	0	11	

Part 3: Homeless Needs Table: Individuals	Needs	Currently Available	Gap	5-Year Quantities										Total			Priority: H, M, L	Plan to Fund? Y, N	Fund Source: COBG, HOME, HOPWA, ESG, or Other			
				Year 1		Year 2		Year 3		Year 4		Year 5		Goal	Actual	% of Goal						
				Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete									
Beds	Emergency Shelters	757	121	636	2	0	2	0	2	0	2	0	2	0	2	0	10	0	0%	m	y	e, o
	Transitional Housing	757	293	464	5	0	5	0	5	0	5	0	5	0	5	0	25	0	0%	h	y	c, e, h, o
	Permanent Supportive Housing	757	294	463	10	0	10	0	10	0	6	0	6	0	6	0	42	0	0%	h	y	c, e, h, o
	<b>Total</b>	<b>2271</b>	<b>708</b>	<b>1563</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>0%</b>	<b>h</b>	<b>y</b>	<b>c, e, h, o</b>
Chronically Homeless																				h	y	c, e, h, o

Part 4: Homeless Needs Table: Families	Needs	Currently Available	Gap	5-Year Quantities										Total			Priority: H, M, L	Plan to Fund? Y, N	Fund Source: COBG, HOME, HOPWA, ESG, or Other			
				Year 1		Year 2		Year 3		Year 4		Year 5		Goal	Actual	% of Goal						
				Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete									
Beds	Emergency Shelters	1462	134	1328	0	0	0	0	0	0	0	0	0	0	0	0	###	m	y	e, o		
	Transitional Housing	1462	57	1405	2	0	2	0	2	0	2	0	2	0	2	0	10	0	0%	h	y	c, e, h, o
	Permanent Supportive Housing	1463	57	1406	4	0	4	0	4	0	4	0	4	0	4	0	20	0	0%	h	y	c, e, h, o
	<b>Total</b>	<b>4387</b>	<b>248</b>	<b>4139</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>24</b>	<b>6</b>	<b>25%</b>	<b>h</b>	<b>y</b>	<b>c, e, h, o</b>

Completing Part 1: Homeless Population. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The counts must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

Completing Part 2: Homeless Subpopulations. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The numbers must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

Sheltered Homeless. Count adults, children and youth residing in shelters for the homeless. "Shelters" include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. Do not count: (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

Unsheltered Homeless. Count adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.