

**National Resource Center  
on Homelessness and Mental Illness**



## **SEIZING THE MOMENT**

### **Using HUD's Consolidated Plan to Identify Affordable Housing Opportunities for Homeless People with Serious Mental Illnesses**



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# INTRODUCTION

Have you ever you asked the question, "How can I help obtain federal money for decent and affordable housing for homeless people with serious mental illnesses in my community?" Or have you ever tried to learn how federal housing funding is spent in your community and your state, and wondered, "When and how do these decisions get made? Can homeless people with serious mental illnesses, their families, and advocates get involved and influence these decisions?"

The answer to the last question is YES! You can get involved--through a process called the Consolidated Plan (ConPlan). This guidebook provides answers to key questions about this federally mandated housing plan, including: What is the ConPlan? How does it influence housing policies and federally funded housing activities in communities? And, most importantly, how can homeless providers and the mental health community use the ConPlan process to increase housing options for both homeless and non-homeless people with serious mental illnesses?

The ConPlan is a long-term housing plan that controls access to US Department of Housing and Urban Development (HUD) resources used to expand affordable housing opportunities. The ConPlan is intended to be a five-year comprehensive housing strategy that includes several pieces of key information. The ConPlan contains a housing needs assessment, which documents the need for affordable housing within in a state or community, and both a five-year comprehensive plan and a one-year action plan, which describe the activities that will be undertaken each year to address these needs.

HUD requires that, during the year 2000, all states and localities that have already developed a ConPlan create a new plan for the next five-year period. The process used to develop this plan requires that the community have the opportunity to participate and provide input. The ConPlan is directly linked to other planning documents--specifically the McKinney Continuum of Care which coordinates HUD's homeless resources, and the Public Housing Agency Plan which controls HUD's subsidized housing--both of which are also driven by community input.

## HOW TO USE THIS GUIDE

The information and approaches detailed in this guidebook will help the mental health and homeless communities participate in the ConPlan process, with the goal of expanding federally funded housing approaches for people with serious mental illnesses and other disabilities. This guidebook was written for anyone who wants to learn effective ways to influence housing decisions at the state and local levels particularly those that impact people who are homeless or at immediate risk of homelessness and have serious mental illnesses. This information is intended to be used to assist people with serious mental illnesses including those people who are living in the streets, in shelter, in transitional housing, in group homes, or living temporarily with family or friends.

In order to effectively engage officials in your community about affordable housing for homeless and non-homeless people with serious mental illnesses, it is important to understand the process for developing the ConPlan. Chapters 1 and 2 provide an overview of the Plan including which agency in the community is responsible for completing the Plan and the relationship between the ConPlan and the McKinney Continuum of Care and the new Public Housing Agency Plan. Chapter 3 details the different sections of the ConPlan and the process used to develop the housing strategies included within it. You will note in Chapter 3 that there are many opportunities for the homeless and mental health communities to become actively involved in the ConPlan process. Chapter 4 gives specific strategies to ensure that the "voice" of the community is heard in the ConPlan process and that the needs of homeless and non-homeless people with serious mental illnesses are not overlooked. Chapter 5 and the appendices are designed to provide realistic examples of how participation in the ConPlan process can result in more federally funded housing opportunities for people with serious mental illnesses who are homeless or who need decent and affordable housing.

## **DEFINITIONS**

While reading this guidebook you will note that some technical terms will be used with which you may not be familiar. In order to facilitate the reader's understanding, these terms are defined below.

### ***Homeless Community and Mental Health Community***

Since this goal of this guidebook is to increase affordable housing options for people who are homeless or at risk of homelessness and have serious mental illnesses, the terms *homeless community* and *mental health community* are used together throughout this guidebook. They refer to people with serious mental illnesses, their mental health service providers, advocates, and families, as well as other community agencies that shelter or provide supportive services to homeless persons. For matters of convenience, this guidebook will often use the general term "you" to refer to a combination of the homeless and mental health communities.

### ***Disability Community***

Most HUD programs are intended to serve all people with disabilities, and may not be restricted to one disability group--such as people with serious mental illnesses.<sup>1</sup> Given this, whenever possible, the mental health community should join with other disability groups when advocating for affordable housing for **all** people with disabilities. Thus, the term *disability community* utilized in this guidebook refers to all people with disabilities, their providers and advocates.

### ***ConPlan Resources or ConPlan Funds***

These terms are used interchangeably to refer to the HUD programs (i.e., Community Development Block Grant, Emergency Shelter Grant, HOME, and Housing Opportunities for

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<sup>1</sup> Section 811 and some McKinney Homeless Assistance programs are exceptions to this rule.

People with AIDS), and the funds supporting these programs, that are directly controlled by the Consolidated Plan.

### ***Localities***

This term refers to a geographic area, such as a city, urban county, town, or community, and is used to differentiate this area from the state as a whole. Each HUD program controlled by the ConPlan utilizes its own terminology to define the geographic area where the funds may be spent. For example, for the HOME program the term "participating jurisdictions" generally refers to cities with populations greater than 50,000 and urban counties with populations greater than 250,000 that receive federal HOME funding directly from HUD. The Community Development Block Grant (CDBG) program, uses the term "entitlement communities" to refer to those communities or counties that, due to size and other HUD criteria, are eligible to receive CDBG funding directly from HUD.

For matters of convenience, this guidebook will use the general terms *state* or *locality* to define all those federally defined geographic areas that are required to submit a ConPlan in order to obtain **any** federal housing resources.

## **CITATIONS**

Whenever possible, the laws or HUD documents that govern the ConPlan or related documents have been referenced in the main text, footnotes, or citations sections of this guidebook. Many of the HUD regulations are found at Part 24 of the US Code of Federal Regulations (CFR) and are cited in the text as "24 CFR".

To obtain free copies of the Code of Federal Regulations including the HUD regulations, visit the HUD web site (<http://www.hud.gov>) or call HUD's Community Connections at (800) 998-9999 or your local HUD field office. You may also find copies of the regulations in the Federal Register at your local library.

## CHAPTER 1: WHAT IS THE CONSOLIDATED PLAN?

The ConPlan could be considered the "master plan" for affordable housing in local communities and states. It is a community-based strategic planning document mandated by federal law and administered through the US Department of Housing and Urban Development (HUD). The ConPlan is prepared by all states and certain local government jurisdictions--and approved by HUD--before these states and local governments can receive specific federal housing and community development funds. These funds include money from the HOME, Community Development Block Grant, Housing Opportunities for People with AIDS (HOPWA), and Emergency Shelter Grant (ESG) programs.

New federal housing resources targeted toward people with disabilities have declined significantly since 1995 including the Section 811 Supportive Housing Program for Persons with Disabilities. Thus, housing funds controlled by the ConPlan are extremely valuable. Right now is the ideal time for those who wish to get involved since most states and many communities across the nation will be **required** to develop a new ConPlan during the year 2000.

### PURPOSE OF THE CONSOLIDATED PLAN

The ConPlan is **not** just a bureaucratic HUD requirement. It is true that the ConPlan is the community's application to HUD for HOME, HOPWA, CDBG, and ESG funds. However, it is also intended, by law, to be a **long-range planning document** that describes housing needs, market conditions, and housing strategies. The ConPlan also includes an action plan for the investment of federal housing funds.<sup>2</sup>

Each year, Congress appropriates billions of dollars (approximately \$6 billion for federal fiscal year 1999) for states, most urban counties, and communities "entitled" by formula to receive federal housing funds directly from HUD. Before these states and communities can receive these federal funds, they must have a HUD-approved ConPlan, including a **new** Action Plan that determines how the federal housing funding will be spent for the next 12 months (called the "program year").

Built into the ConPlan process are requirements for a substantial level of community input and public participation in the development of the ConPlan. These requirements are discussed further in Chapters 3 and 4. As mentioned earlier, states and localities across the nation that have a ConPlan are required to revise and update their plan during the year 2000. Thus, these public participation requirements present an ideal opportunity for the mental health and homeless communities to get involved in the development of the ConPlan and ensure that the affordable housing needs of people with serious mental illnesses, including homeless people with serious mental illnesses, are addressed.

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<sup>2</sup> A formal description of the ConPlan is available at HUD's website at <http://www.hud.gov/progdsc/conplan.html>

## WHERE DID THE CONPLAN COME FROM?

During the 1990s, the federal government began encouraging communities to address the problems of housing and homelessness in a coordinated, comprehensive, and strategic fashion. To that end, the federal government has been steadily "devolving" the responsibility and decision-making for federal housing programs to states and localities. Theoretically, this transfer of authority gives state and localities more flexibility to use federal resources creatively to address a community's identified needs.

This "devolution" of control over federal housing funds began with the National Affordable Housing Act of 1990<sup>3</sup>. This legislation required that states and certain local governments have a HUD-approved comprehensive housing strategy as a condition for receiving federal housing funds. This housing strategy is now known as the Consolidated Plan, or ConPlan.

The law requires that a new ConPlan be prepared at least once every five years, although states and localities are permitted to revise their five-year ConPlan at anytime if housing needs or market conditions change. The next five-year time period for ConPlans in almost every state and locality across the nation begins in the year 2000.

## WHY SHOULD I CARE ABOUT THE CONPLAN?

The ConPlan is important to homeless people with serious mental illnesses and their advocates for three key reasons: 1) it controls how federal housing funds will be used to expand affordable housing; 2) it determines who will benefit from these affordable housing activities; and 3) the federal government is making it a key document by linking other HUD housing programs and strategies to it.

The stated purpose of the ConPlan is to provide "*decent housing, a suitable living environment and expanded economic opportunities for low and moderate income persons.*"<sup>4</sup> The ConPlan process is an opportunity to make sure that the housing needs of people with serious mental illnesses get a high priority, and that government housing activities actually address these housing priorities. If the mental health and homeless communities do not actively participate in the ConPlan process, the housing needs of homeless people with serious mental illnesses may very well be ignored.

The ConPlan is your **best** chance to go on record about homelessness and the housing crisis facing people with serious mental illnesses in your community or state. Most of the resources controlled by the ConPlan are specifically targeted to low-income households, including people with serious mental illnesses who are homeless or at risk of homelessness. Across the country, people with serious mental illnesses are among the lowest income households. The national average income of an individual with a disability, including a person with a serious mental illness, receiving Social Security Income (SSI) benefits is only 24% of the typical one-person

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<sup>3</sup> The Consolidated Plan was authorized by Title I of the Cranston-Gonzalez National Affordable Housing Act (42 USC 12701-11)

<sup>4</sup> 24 CFR Section 91.1(a)(1)

income in the community.<sup>5</sup> People with disabilities receiving SSI are too poor to obtain decent and affordable housing unless they have the type of housing assistance controlled by the ConPlan and other federal housing programs. Given this fact, it is crucial that the mental health and homeless communities join those seeking housing for other disabled people to ensure that **all** people with disabilities get their fair share of these valuable housing resources.

Recent legislation and HUD policies have linked other HUD programs to the ConPlan, thus emphasizing its role as the "master" plan. Specifically, HUD has mandated that the ConPlan be linked to two other planning documents--the McKinney Continuum of Care and the new Public Housing Agency Plan. The linkage of the ConPlan to the Continuum of Care is particularly valuable since the resources controlled by the Continuum of Care are targeted to homeless people and, in partnership with the ConPlan funds, are critical resources for addressing the housing needs of homeless people with serious mental illnesses. Due to the linkage among these housing plans it is extremely critical to understand all three of the plans, the relationships among them, and how you can get involved in their preparation. Chapter 2 provides more details on these and other HUD housing plans.

There are several other HUD programs that must be "consistent" with the housing strategies outlined in the ConPlan. For example, HUD's 1999 application for the Section 811 Supportive Housing for Persons with Disabilities Program required that the applicant provide certification that the proposed project was consistent with those housing needs and strategies and activities described in the ConPlan for their area. In this case, if a mental health provider applied to HUD for a Section 811 project that was not consistent with the strategies in the community's ConPlan, HUD could reject the application. Chapter 2 provides more information about HUD programs that need to be "consistent" with the applicable ConPlan.

Finally, a section of the ConPlan is required to document other available resources that could be used to expand affordable housing and community development opportunities in your area. These can be public resources, such as land and empty government buildings, or private resources, such as banks and foundations. The ConPlan provides a good opportunity for you to learn about other available resources and to link them together to address the needs of the community.

## **WHO MUST SUBMIT A CONSOLIDATED PLAN?**

A unit of local government<sup>6</sup> (sometimes referred to as an "entitlement community" or "participating jurisdiction" by HUD) that receives **any** of the following program funding **directly** from HUD must submit a ConPlan:

- Community Development Block Grant Program (CDBG);
- HOME Investment Partnerships Program (HOME);
- Emergency Shelter Grant (ESG); and/or
- Housing Opportunity for Persons with AIDS (HOPWA).

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<sup>5</sup> Priced Out in 1998: *The Housing Crisis for People with Disabilities*. Edgar Elizabeth; et al. Technical Assistance Collaborative and Consortium for Citizens with Disabilities Housing Task Force: 1999.

<sup>6</sup> Referred to in this guidebook as a "locality."



Every state seeking funding from one or more of these programs must also submit a ConPlan. The state ConPlan covers all communities within the state that do not qualify to receive these funds directly from HUD (sometimes referred to as "non-entitlement communities" or "non-participating jurisdictions").

At the local level, the planning or community development department is usually responsible for coordinating the preparation of the ConPlan. At the state level, the state's housing agency (it may be called the Department of Community Affairs or Community Development, the state Housing Finance Agency, or the Department of Economic Development) develops the ConPlan. If you have difficulty finding out who is in charge of the ConPlan process, call the Mayor, City Council, County Administration, or Governor's office and ask which agency or department has responsibility for the preparation of the HUD-mandated Consolidated Plan.<sup>7</sup>

Not every state or locality that submits a ConPlan receives funding for all four programs listed above. For example, a locality may receive CDBG funds through the submission of a ConPlan, but not HOME funds. In most cases, if a state or locality receives both CDBG and HOME program funds, the same department in the city or state government typically administers them.

## **WHAT KIND OF RESOURCES ARE CONTROLLED BY THE CONSOLIDATED PLAN AND HOW CAN THEY BE USED?**

As stated above, the ConPlan controls four programs. The amount of money that a state or locality receives for each of these programs is determined by a formula based on the amount of funding appropriated by Congress each year. Appendix 1 provides the fiscal year 1999 allocations for each of these four HUD programs for every state and locality in the nation.

Decisions about how these four federal housing programs will be used are made during the ConPlan process. At the state and local level, a portion of CDBG funding, and all of the HOME and HOPWA funding, must be spent on affordable housing-related activities, including:

- housing rehabilitation;
- grants and loans for affordable housing development;
- downpayments and other assistance to increase homeownership opportunities;
- tenant-based rental assistance (HOME and HOPWA); and
- emergency shelter or services programs for people who are homeless (ESG only).

All of these housing activities can benefit people with serious mental illnesses. For example, a portion of HOME program funding can be targeted for a rental assistance program for people who are homeless and have serious mental illnesses or for homeownership activities that would benefit people with serious mental illnesses. People with serious mental illnesses can also benefit from CDBG grants and loans used to develop affordable housing by ensuring that some of the units are affordable and accessible to people receiving SSI benefits.

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<sup>7</sup> Summaries of selected ConPlans are available on the HUD website at <http://www.hud.gov/states.html>.

## **1. HOME PROGRAM**

The federal government created the HOME Investment Partnerships Program in 1990.<sup>8</sup> The HOME program is a formula grant of federal housing funds that are given to states and local communities, known as "participating jurisdictions." During 1999, Congress appropriated \$1.6 billion that was distributed by formula to approximately 500 communities and states.

HOME funds can be used for the following housing activities:

- rental housing production and rehabilitation loans and grants;
- first-time homebuyer assistance;
- rehabilitation loans for homeowners; and
- tenant-based rental assistance (2 year renewable subsidies).

All housing developed with HOME funds must serve low- and very low-income individuals and families. For rental housing, at least 90 percent of HOME funds must benefit families whose incomes are at or below 60 percent of area median income; the remaining 10 percent must benefit families with incomes at or below 80 percent of area median income. (Your state or participating jurisdiction may have even lower income targeting for their HOME funds). 15 percent of a state's or participating jurisdiction's HOME funds must be set-aside for use by community based non-profit organizations (called "CHDOs").

## **2. COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**

The Community Development Block Grant program is a federal grant provided to CDBG "entitlement communities"<sup>9</sup> and to all states. States may use CDBG funds only in "non-entitlement communities", including rural areas.<sup>10</sup>

During 1999, Congress appropriated \$4.75 billion for the CDBG program. At least 70 percent of CDBG funds must be used to benefit low- and moderate-income people by providing decent housing and a suitable living environment, and by expanding economic opportunities. CDBG can be spent on any of the following activities:

- housing rehabilitation (loans and grants to homeowners, landlords, non-profits, developers);
- new housing construction (only if completed by non-profit groups);
- purchasing land and buildings;
- construction of public facilities, such as shelters for the homeless;

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<sup>8</sup> The HOME program was authorized by Title II of the Cranston-Gonzalez National Affordable Housing Act and is governed by HUD regulations 24CFR Section 92. Further information regarding the HOME program is available on-line at <http://www.hud.gov/progdsc/home1a.html>

<sup>9</sup> Typically, cities with populations greater than 50,000 and urban counties with populations greater than 250,000 receive federal housing and/or community development funding directly from HUD.

<sup>10</sup> HUD regulations governing the CDBG program are available on-line at [www.hud.gov/cpd/cdbg/cdbgreg.html](http://www.hud.gov/cpd/cdbg/cdbgreg.html)

- construction of neighborhood service centers or community buildings;
- code enforcement, demolition, and relocation funds for people displaced because of CDBG projects;
- making buildings accessible to the elderly and handicapped; and
- public services (capped at 15 percent of a jurisdiction's CDBG funds) such as vocational services for people with serious mental illnesses, healthcare, and childcare.

States and localities must certify that their use of CDBG gives maximum feasible priority to activities that will benefit low- and moderate-income people or aid in the prevention or elimination of slums or blight. Interpretation of these goals has often led to conflict between community groups and the state and city housing or community development offices responsible for administering the CDBG program. For example, as part of a city's community development activities, it may decide to use CDBG funds to demolish a building that currently provides 15 units of affordable housing. Community groups serving low-income individuals and families, including people with serious mental illnesses, might not support this activity since it would decrease the affordable housing opportunities available to the people they serve.

### **3. EMERGENCY SHELTER GRANT (ESG)**

Created with the authorization of the Stewart B. McKinney Homeless Assistance Act in 1987, the ESG program provides federal grants to states and localities based on the formula used for the CDBG program.<sup>11</sup> Program funds are awarded to grantees in proportion to their last year's CDBG allocation (see above). If an entitlement city's allocation does not meet minimum grant standards, its funds are added to their state's allocation. Each year since 1996 HUD has allocated \$115 million in Emergency Shelter Grants. Eligible activities for use of ESG include:

- renovation, major rehabilitation, or conversion of buildings for use as emergency shelter;
- up to 30% on essential services for the homeless;
- up to 30% on homeless prevention efforts; and
- shelter operating costs, such as maintenance, insurance, utilities, rent, and furnishings (no more than 10% for operating staff costs).

### **4. HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS PROGRAM (HOPWA)**

HOPWA is a HUD program that funds housing and services for people with AIDS. Since many people with AIDS are also living with serious mental illness, HOPWA is a valuable resource for increasing housing opportunities for people with serious mental illnesses who are homeless or at risk of homelessness and have HIV/AIDS. HOPWA is available as a block grant to states and larger metropolitan areas based on the incidence of AIDS in these areas. Approximately \$225 million was appropriated for HOPWA in Fiscal Year 1999. Eligible activities<sup>12</sup> under the program include:

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<sup>11</sup> The HUD regulations that govern the Emergency Shelter Grant program are located at 24CFR Section 576.

<sup>12</sup> The HUD regulations governing the HOPWA program are included in 24 CFR Section 574.

- housing information and coordination services;
- acquisition, rehabilitation, and leasing of property;
- project-based or tenant-based rental assistance;
- homeless prevention activities;
- supportive services;
- housing operating costs;
- technical assistance; and
- administrative expenses.

The HUD web site provides executive summaries of ways HOPWA grantees have used this funding. These summaries can be found on the Internet at the following address:  
<http://www.hud.gov/cpd/hopwa/statesum.html>.

## **WHEN DO CONSOLIDATED PLANS NEED TO BE COMPLETED?**

Getting involved in the ConPlan process is not always easy since it is often difficult to know **when** to get involved. Since data to be used in the ConPlan can be gathered on an on-going basis and parts of the ConPlan are updated every year, **any time** is a good time to get involved. Given that most localities and states will have new ConPlans approved by HUD during the year 2000, it would be particularly important to get involved now.

Each ConPlan has a "program year" during which the state of locality implements the ConPlan annual one-year action plans. In an effort to better coordinate local planning, HUD allows each state and locality to decide when its program year begins. To find out what the program year and planning schedule is for the ConPlan process in your community, contact your local or state housing or community development officials. Most communities should begin the ConPlan process at least six months prior to the beginning of the new "program year".

## **WHAT IS HUD'S ROLE IN THE CONPLAN PROCESS?**

The current thinking of federal officials is that state and local officials--with good input from citizens and stakeholders--really do know how to best address the low income housing needs of their communities. The role of the federal government under this approach is to provide funding, mandate an inclusive planning process, review, and approve/disapprove the planning documents.

The law that created the ConPlan gives states and localities the flexibility to develop plans that meet local needs. Due to this flexibility, however, it may not always be clear who is responsible for monitoring the ConPlan process. Some people feel that HUD should review the plans more critically. HUD officials have stated that it should be the community's role to monitor what is going on in their community and to notify HUD when there is a problem. This confusion often means that no one holds state and local governments accountable for the strategies and decisions reflected in the ConPlan. For example, the needs assessment of a state's ConPlan may indicate a large need for rental housing for people with serious mental illnesses, yet none of the strategies for using the ConPlan resources may be targeted to address this need.

There is also the potential that ConPlan processes will be far from inclusive or open to the public. Some communities have been very open about the process and have made a real effort to seek public input and participation. Others have regarded the ConPlan as one more bureaucratic requirement from HUD, rather than a legitimate effort to identify and address priority housing needs. In these communities, mental health and homeless advocates will have to work much harder to find out what is going on and to be heard.

## **CHAPTER 2: WHAT ABOUT ALL THOSE OTHER HUD HOUSING PLANS AND PROGRAMS?**

The housing needs and strategies adopted in the ConPlan are also intended to influence the development of two other HUD-mandated strategic plans--specifically the Continuum of Care Plan which guides the use of HUD McKinney Homeless Assistance Programs and the new Public Housing Agency Plan prepared by Public Housing Agencies (PHAs). In addition, there are other federally funded programs designed to meet the needs of low-income people that should be part of the strategies described in the ConPlan. In addition to those programs mentioned below, Appendix 2 includes a Federal Resource Guide that describes other housing programs accessed by low-income households.

### **HUD HOUSING PLANS**

#### ***McKinney Continuum of Care Homeless Assistance***

Since the mid 1990s, funding for HUD's homeless programs has been made available through the Continuum of Care approach--that is, a local or state network or system designed to coordinate efforts to address homelessness. The Continuum of Care approach is intended to help communities develop the capacity to envision, organize, and plan comprehensive and long-term solutions to the problem of homelessness in their community. Like the ConPlan, this comprehensive approach encourages communities to prioritize gaps in the housing and services available for homeless people and develop long term strategies and action plans to address these gaps using HUD McKinney funds. Continuum of Care planning involves stakeholders outside of the traditional homeless system--including the mental health community or local officials for example--in order to educate these stakeholders and encourage them to become part of the solution. For example, a city housing department could link its ConPlan resources to its Continuum of Care planning by establishing a set-aside of HOME funds for tenant-based rental assistance to transition homeless people with serious mental illnesses to permanent housing.

There are three HUD McKinney programs (Supportive Housing Program, Shelter Plus Care, and Section 8 Mod Rehab SRO) available through the McKinney Homeless Assistance national competition announced each year in HUD's Notice of Funding Availability (known as the HUD SuperNOFA). The homeless resources controlled by the Continuum of Care include:

#### ***The Supportive Housing Program (SHP)<sup>13</sup>***

The SHP program provides supportive housing and/or supportive services to homeless persons. The SHP grants are awarded through the SuperNOFA competition to government entities and non-profit organizations. SHP funding can be used to create transitional housing (temporary housing and services for up to 24 months); permanent supportive housing for people with

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<sup>13</sup> The HUD regulations that govern the McKinney Supportive Housing Program are located at 24 CFR Section 583

disabilities; or provide supportive services not in conjunction with SHP-funded housing. Eligible activities for use of SHP funds include:

- Acquisition of structures for supportive housing or to provide supportive services;
- Rehabilitation of structures for supportive housing or to provide supportive services;
- New construction of buildings for supportive housing where there is a lack of appropriate units that could be rehabilitated or the new construction costs substantially less than rehabilitation;
- Leasing of structures for supportive housing or to provide supportive services;
- Operating costs of supportive housing; and
- Supportive services.

### *Shelter Plus Care (S+C)<sup>14</sup>*

The Shelter Plus Care program provides rental assistance funding for homeless persons with disabilities, primarily those with serious mental illnesses, substance use disorders, or AIDS or related diseases. Only government agencies and PHAs are eligible to apply through the SuperNOFA national competition. The funds provided for rental assistance must be matched dollar-for-dollar by services to help participants maintain their housing. S+C funds four types of rental assistance:

- Tenant-based rental assistance (TRA) provides grant funding for a five-year contract term. Participants reside in housing of their choice though grant recipients may require participants to live in a specific area in order to facilitate coordination of supportive services.
- Sponsor-based rental assistance (SRA) provides grant funding for a term of five years through contracts between a grant recipient and a sponsor organization. Sponsors may be a non-profit organization or community mental health agency established as a public non-profit. Participants reside in housing owned or leased by the project sponsor.
- Project-based rental assistance (PRA) provides grants for a term of either five or 10 years through contracts between grant recipients and owners of existing structures with units that will be leased to participants. Rental assistance grants are for 10 years only if the owner agrees to complete rehabilitation on the units to be leased within 12 months of the grant agreement.
- Single Room Occupancy Dwellings (SRO) provides grants for rental assistance for a contract term of 10 years in connection with moderate rehabilitation of single room occupancy housing units.

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<sup>14</sup> The HUD regulations that govern the McKinney Shelter Plus Care program are located at 24 CFR Section 582

### ***The Section 8 Moderate Rehabilitation Program for Single Room Occupancy (SRO) Dwellings for Homeless Individuals<sup>15</sup>***

The Section 8 SRO program provides PHAs and non-profit organizations with rental assistance funds in the development of Single Room Occupancy Dwellings (SROs) for homeless individuals. SRO projects are awarded Section 8 project-based rent subsidies for up to 10 years, a long-term commitment, which helps the project sponsor obtain other financing necessary to develop the project. SRO projects must serve people who are homeless and meet the Section 8 eligibility criteria. Funds are awarded through periodic national competitions. Private non-profits must contract with a PHA to administer the subsidy.

Though accessing McKinney resources is critical to the overall Continuum of Care approach, it is equally important to recognize that they are only one resource that goes into building a comprehensive system to address homelessness. A comprehensive Continuum of Care Plan should include a look at resources that lie outside the traditional homeless systems and its providers. It should include mainstream affordable housing resources, such as those controlled by the ConPlan, and the strategies to leverage and engage these resources. Accessing mainstream housing and services is important to Continuum of Care development and implementation because the addition of these resources will:

- Better support people's movement out of homelessness and into permanent housing;
- Avoid the creation of parallel systems of care; and
- Ensure that new resources are used to meet the unique needs of homeless people, including those with serious mental illnesses, where no other resources exist.

In an effort to facilitate the partnering of Continuum of Care funds with mainstream resources and promote truly comprehensive planning, HUD directly linked the McKinney Continuum of Care approach to the ConPlan. In fact, according to the HUD 1999 Continuum of Care application kit, each project that is funded by HUD through the Continuum of Care planning process is required to submit certification that it is consistent with the ConPlan for that area. It is possible that future HUD policies and regulations will strengthen this linkage between the ConPlan and the Continuum of Care. Approach examples 1, 3, and 4 in Chapter 5 illustrate how the Continuum of Care funds can be blended with ConPlan resources to meet the housing needs of homeless people with serious mental illnesses.

## **PUBLIC HOUSING REFORM, THE NEW PUBLIC HOUSING AGENCY PLAN, AND THE RESOURCES IT CONTROLS**

### ***Public Housing Reform***

For many years the federal government has debated what to do about public housing--and the Public Housing Agencies (also referred to as Public Housing *Authorities*) that run it. This question has been answered, at least for now, by new public housing reform legislation enacted in 1998. Continuing the federal policy that local and state officials know best how to use federal

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<sup>15</sup> The HUD regulations that govern the McKinney Section 8 program are located at 24 CFR Section 882



housing funds in their communities, the goal of public housing reform is to give PHAs more flexibility and control over how federal public housing and Section 8 funds are used. For example, local officials can decide to direct more Section 8 funding to households with higher incomes who are saving to purchase a home or they can create a preference for very low-income people with mental illness, or both.

### ***Public Housing Agency Plan***

Along with this flexibility and control come new requirements, including the creation of a new five-year comprehensive document known as the Public Housing Agency Plan (PHA Plan).<sup>16</sup> In the year 2000, each PHA will be required to complete a PHA Plan that describes the agency's overall mission for serving low-income and very low-income individuals and families, and the activities that will be undertaken to meet the housing needs of these households. In the past, the resources controlled by the PHA Plan, specifically federal public housing and the Section 8 rental assistance programs, were highly regulated by HUD. These programs were initially intended to provide affordable housing to the lowest income households, including many people with mental illnesses or other disabilities. These are HUD's major programs for assisting low- and very low-income households to rent decent, safe, and sanitary housing in the community. These programs allow people with limited incomes to obtain housing without spending the majority of their income on rent. The new PHA Plan will be used by PHAs to describe their strategies for using Section 8 and Public Housing to address the needs of low-income and very low-income people, including people with mental illnesses. For example, a PHA will be required to state in its PHA Plan if it will designate any of its public housing units as "elderly only" or if it will apply for any Section 8 Mainstream funding targeted to people with serious mental illness or other disabilities.

In consultation with a newly-created Resident Advisory Board, each PHA will be developing their first PHA Plan during 2000, including a statement on the housing needs of low- and very low-income people in the community and how the PHA will meet those needs. When federal officials created the PHA Plan they also linked it to the ConPlan. According to HUD's PHA Plan Interim Rule, *"the PHA must ensure that its Annual Plan is consistent with the Consolidated Plan for the jurisdiction in which the PHA is located."*<sup>17</sup> Specifically, the needs, goals, and activities detailed in the PHA Plan must reflect the needs and priorities documented in the ConPlan. In fact, PHAs can use the data provided in the ConPlan to develop the PHA Plan, rather than conducting their own needs assessment for the community.

What does all this mean for homeless people with serious mental illnesses? There may be concern that the link between the ConPlan and the PHA Plan will mean that people with serious mental illnesses will have less--not more--access to affordable housing in local communities and in some states and localities there are valid reasons for this concern. Unfortunately, many state and local ConPlans contain inaccurate or incomplete data, particularly with regard to the housing needs of people with serious mental illness. Housing strategies in the ConPlan often do not address the housing needs of homeless and non-homeless people with serious mental illnesses.

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<sup>16</sup> For more information, see the PHA Plan Interim Rule published on page 8169 of the Federal Register on February 18, 1999.

<sup>17</sup> Federal Register. PHA Plan Interim Rule. 18 February 1999, p. 8178

With future funding for housing at stake, it is critically important that the housing crisis confronting people with serious mental illnesses be accurately described in both the ConPlan and the PHA Plan. Given the linkage between the PHA Plan and the ConPlan, it is possible that if the needs of people who are homeless or at risk of homelessness and have serious mental illnesses are not reflected in the ConPlan, they will also be overlooked in the PHA Plan.

## **FEDERAL HOUSING PROGRAMS TARGETED TO PEOPLE WITH DISABILITIES**

As mentioned earlier, HUD now requires that applications for certain HUD programs certify that the activities to be funded are consistent with the strategies in the ConPlan. It is important, therefore, to become familiar with the content of the applicable ConPlan for the community and ensure that in this and any new plan, the needs of people who are homeless and have serious mental illnesses are accurately reflected.

### ***Section 811 Supportive Housing for Persons with Disabilities Program***

The Section 811 Supportive Housing for Persons with Disabilities program now requires a certification of consistency with the ConPlan. Section 811 provides capital grants and project rental assistance contracts to non-profit-sponsored housing developments for people with disabilities. Section 811 provides 100% of the development costs that do not have to be repaid if the project remains available to very low-income people with disabilities for 40 years. Funds can be used to acquire, rehabilitate, or newly construct housing.<sup>18</sup> Each HUD region receives an allocation of Section 811 funds annually, which are made available to non-profit organizations through a national competition announced in a HUD Notice of Funding Availability. Because of limited funding (\$194 million in FY '99), the Section 811 program is extremely competitive.

### ***Projects for Assistance in Transition from Homelessness (PATH)***

This federally funded program is administered by the federal Center for Mental Health Services through grants to state mental health agencies. These state agencies provide PATH funded services to homeless people with serious mental illnesses primarily through local or regional mental health service providers. PATH funds can be used for outreach, screening, diagnostic treatment, habilitation, rehabilitation, community mental health services, case management, supportive and supervisory services in residential settings, and certain other housing-related services.<sup>19</sup>

### ***Home of Your Own and Fannie Mae HomeChoice***

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<sup>18</sup> The Section 811 Supportive Housing Program for People with Disabilities was authorized by Section 811 of the National Affordable Housing Act and is administered by the New Products Division of HUD's Office of Multi-family Housing Development. The HUD program regulations that govern this program are found in 24 CFR Section 890.

<sup>19</sup> For further information visit <http://www.mentalhealth.org/cmhs/homelessness/hpdbrog.htm#program5>

Currently in over 27 states across the nation, there are Home of Your Own (HOYO)<sup>20</sup> or Fannie Mae HomeChoice<sup>21</sup> coalitions actively working to expand homeownership opportunities for people with disabilities. Using the coalition model, HOYO and HomeChoice bring together various public and private organizations to facilitate access to resources needed to move people with disabilities into homeownership.

These coalitions are challenged to develop programs that are structured to meet the specialized needs of people with disabilities. For example, a person with a serious mental illness may need assistance in saving for a down payment or identifying funds for the other costs associated with buying a home. Or, they may need to find funding to improve access to their home. Some of the resources controlled by the ConPlan, in particular HOME and CDBG funds, may be used to provide assistance to low-income people for homeownership assistance such as down payment and closing costs or making access modifications to their homes.

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<sup>20</sup> Initially funded by the Administration on Development Disabilities of the US Department of Health and Human Services, New Hampshire, 7 Leavitt Lane, Suite 101, Durham, NH 03824

<sup>21</sup> For further information visit Fannie Mae's website at <http://www.fanniemae.com>

## **CHAPTER 3: WHAT IS INCLUDED IN THE CONSOLIDATED PLAN?**

Once you understand the importance of the ConPlan, the next step is to learn as much as possible about the document itself and the process used to create it. In particular, it is important to understand what rights citizens, especially people with serious mental illnesses and other disabilities, have to participate in the ConPlan process in your state or locality.

### **WHAT DO I NEED TO KNOW TO GET INVOLVED?**

In order to have the most impact, you should have a clear understanding of what the ConPlan must include (as required by HUD) versus what decisions are left up to the state or localities. Many parts of the ConPlan actually require input from the homeless and mental health communities and can provide valuable opportunities to ensure that homeless people with serious mental illnesses are represented in the planning process. The more you know about what information the ConPlan must include, the more successful you will be in influencing the decisions generated from it.<sup>22</sup> There are six required components to the ConPlan:

1. A Description of the Planning Process;
2. A Housing and Homeless Needs Assessment;
3. A Housing Market Analysis;
4. A Five-Year Strategic Plan, including the identification of priority needs and housing objectives to be accomplished within a specified time frame;
5. An Annual Action Plan that describes projects and activities to be undertaken with HUD funding for the current program year; and
6. An Analysis of Impediments to Fair Housing.

### **1. DESCRIPTION OF THE PLANNING PROCESS--CITIZEN PARTICIPATION AND CONSULTATION REQUIREMENTS**

The ConPlan process is based on the idea that state and local governments and citizens, rather than the federal government, should be empowered to make affordable housing and community development decisions for their community. In order to ensure that there is **real** community participation in the ConPlan process, the federal government sets out minimum requirements regarding citizen participation and consultation with public and private service providers.

The description of the planning process provides an overview of how the state or locality prepares the ConPlan, and in particular, how they have met the citizen participation and consultation requirements described below. All efforts made by the state or locality to broaden public participation in the ConPlan process should be described in this section. Review this section of the ConPlan, as well as the Citizen Participation Plan itself, to be sure that homeless

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<sup>22</sup> A copy of the complete HUD regulations governing the Consolidated Plan are available at 24 CFR Section 91

people with serious mental illnesses and their advocates are able to participate meaningfully in the ConPlan process.

### ***The Citizen Participation Plan***

HUD requires that each state or locality prepare a Citizen Participation Plan that spells out the process for citizens to participate in the preparation of the ConPlan. The Citizen Participation Plan must *"provide for and encourage citizens to participate in the development of the Consolidated Plan and substantial amendments to the Consolidated Plan and performance reports."*<sup>23</sup> The Citizen Participation Plan should include specific steps that will be taken to encourage the participation of **all** citizens, **including people with serious mental illnesses**. The Citizen Participation Plan is the "road map" for the ConPlan process. You should judge the state or locality on whether your Citizen Participation Plan is really inclusive and if it is followed. Appendix 3 helps with this and includes a Sample Citizen Participation Plan that describes an accessible and fair ConPlan process.

### ***Consultation with Public and Private Service Providers***

In addition to the Citizen Participation Plan, HUD requires that the local or state officials *"consult with other public and private agencies that provide assisted housing, health services, and social services, including those focusing on...persons with disabilities"*<sup>24</sup> when preparing the ConPlan. Unfortunately, the rules do not state at what point in the ConPlan process this consultation is to be done. Nor do the rules spell out exactly how this consultation should occur. This lack of specificity can be a serious problem, especially if the officials preparing the ConPlan are unfamiliar with how health and social services systems are organized. For example, these officials may invite agencies representing only one disability group to a meeting, and then claim to have satisfied this ConPlan requirement.

To take advantage of this consultation requirement, many providers of services to persons who are homeless and have serious mental illnesses have joined with other service provider groups. Homeless providers, mental health service and housing providers, funders, families, and consumers are among the partners in these joint efforts. Together, they have, in many cases, developed a clear strategy for accessing federal housing resources. The more partners involved in these joint efforts, the more effective this HUD-mandated process will be.

## **2. HOUSING AND HOMELESS NEEDS ASSESSMENT**

The housing and homeless needs assessment describes the affordable housing needs within the state or locality. These estimates of need must be provided for several population groups, including elderly people, single persons, large families, and people with disabilities, including people with serious mental illnesses. The presentation is organized by income group in the following categories:

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<sup>23</sup> 24 CFR Section 91.110

<sup>24</sup> 24 CFR Section 91.105(a)(2)(i)

- extremely low income (between 0 and 30% of area median income);
- low income (between 30% and 50% of area median income);
- moderate income (between 50% and 80% of area median income); and
- middle income (between 80% and 95% of area median income).

The housing needs information is provided for both renters and homeowners. There is also a separate section devoted to homeless persons, and a section that discusses the need for supportive housing for non-homeless people, including the elderly, frail elderly, people with disabilities (mental, physical, developmental), persons with alcohol or other drug addictions, persons with HIV/AIDS, public housing residents, and any other categories the state or locality may specify.

The needs assessment is an important part of the ConPlan because it **should** determine which population groups (among the many eligible for HUD programs) will be given a high priority for housing assistance. Therefore, do not wait to be asked by housing officials to provide housing needs data for the ConPlan. Rather, be proactive in collecting and providing this information to the state or local officials, and ensure that these data are included in the final plan sent to HUD. To have the greatest impact, data on the housing needs of people with serious mental illnesses should be offered to staff preparing the ConPlan as early as possible in the process so that this information is factored into decisions about the ConPlan's priorities and housing strategies.

### ***Homeless and Supportive Housing Needs***

The housing needs assessment in the ConPlan is divided into several categories, including separate sections for homeless people and people in need of "supportive" housing. Many ConPlans limit their discussion of the housing needs of people with disabilities to these two categories, and make the erroneous assumption that all people with disabilities are either homeless or are in need of housing defined as "supportive" by HUD. HUD funded supportive housing typically covers those programs that combine supportive services with housing--such as Shelter Plus Care and other McKinney programs.

Although many homeless people with serious mental illnesses need supportive housing, city and state staff preparing the ConPlan need to be informed that there are also many homeless people with serious mental illnesses who simply need a decent and affordable place to live or who need affordable housing that is more accessible. These "mainstream" housing needs of people with serious mental illnesses are often overlooked by housing officials in the ConPlan narrative.

## **3. HOUSING MARKET ANALYSIS**

The housing market analysis is a discussion of the significant characteristics of the housing market, including the supply, demand, condition, and cost of housing. It also contains an inventory of affordable housing, including transitional facilities for the homeless and supportive housing. The discussion of the housing market should also describe the barriers to developing, maintaining, or improving affordable and accessible housing, including current tax policies, zoning ordinances, and any expected loss of affordable housing from the current inventory.

Pay particular attention to whether or not the ConPlan provides a discussion of the affordable housing units lost to people with disabilities due to the implementation of "elderly only" policies in federal housing developments in the community. "Elderly only" policies allow owners of HUD-assisted developments to prohibit or limit the number of non-elderly people with serious mental illnesses and other disabilities that can reside in the development. Often, the loss of access to these units by people with disabilities has not been documented and is overlooked in the housing market analysis. Be proactive in gathering these data and ensuring that it is described in the ConPlan.

In addition, in many communities across the nation, housing contracts between HUD and private housing developments are ending. The owners of these developments are not required to renew these contracts. By "opting out" of the HUD contract, the owner is no longer required to provide affordable housing and may ask for higher rents, rents comparable to those in the general market. In many communities, these opt outs are resulting in a dramatic loss of affordable housing that was once available to people who are homeless or people at risk of homelessness and have serious mental illnesses. It is important that this loss of affordable housing also be documented in the housing market analysis of the ConPlan.

#### **4. DEVELOPMENT OF FIVE-YEAR STRATEGIC PLAN**

The five-year strategic plan outlines the steps a state or locality will take to meet the priority needs for affordable housing and community development identified in the ConPlan. The categories of activities that must be included in the strategic plan are: (1) affordable housing; (2) homelessness; (3) other special needs (non-homeless), including people with disabilities; and (4) community development activities other than housing.

Officials preparing the ConPlan must "*indicate the priorities for allocating investment*"<sup>25</sup> and "*describe the basis for assigning the priority*"<sup>26</sup> to each category of need. Despite these instructions from the federal government, this part of the ConPlan process may not work for the mental health and homeless communities. There may be clear evidence of the affordable housing needs of people with serious mental illnesses (i.e., incidence of homelessness; their extremely low incomes, documentation of the significant loss of affordable housing due to "elderly only" tenant selection policies, and so on). Nevertheless, a locality may not give high priority to housing strategies that will benefit homeless people with serious mental illnesses.

In other words, the ConPlan may fail to link sufficiently the identified needs and the proposed investment of ConPlan housing dollars. HUD usually defers to states and localities to determine their own needs and respond to these needs as they see fit. It is not always clear at what point local flexibility becomes discrimination. You always have the option of contacting local, state, and HUD officials if the housing needs of people with serious mental illness are overlooked when allocating the resources controlled by the ConPlan.

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<sup>25</sup> 24 CFR Section 91.215(a)(1)

<sup>26</sup> 24 CFR Section 91.215(a)(2)

Despite the shortcomings of the ConPlan, there are still many other strategies to ensure the ConPlan does address the housing needs and housing preferences of people with serious mental illnesses who are homeless or at risk of homelessness. These strategies will be discussed further in Chapters 4 and 5.

## **5. DEVELOPMENT OF ONE-YEAR ACTION PLAN**

The one-year Action Plan is a detailed description of how the federal funds available during the next program year will be spent consistent with the strategies outlined in the five-year plan. The Action Plan includes a breakdown of the number and type of families that will benefit, the local housing activities that will be undertaken, and the geographic areas in which the community will direct federal housing assistance.

The ConPlan Action Plan is a blueprint to evaluate whether **any** federal housing money controlled by the ConPlan is being spent on housing activities that will benefit people with serious mental illnesses. In order to get a true picture of an area's efforts over time look at the annual Action Plans for the past several years in addition to the most recent 12-month period. You can then determine whether the amount allocated to housing activities benefiting homeless people with serious mental illnesses appears to be a reasonable or "fair share" of the funding available over time.

## **6. ANALYSIS OF IMPEDIMENTS TO FAIR HOUSING CHOICE**

The ConPlan requires states and localities to sign legally binding certifications to HUD every year, including one stating that the community will "*affirmatively further fair housing goals...and maintain records pertaining to carrying out this certification.*"<sup>27</sup> This means that the state or locality must identify impediments to fair housing choice, and take appropriate action to overcome the effects of these impediments. This is a component of the ConPlan that may be particularly helpful to people who are homeless or at risk of homelessness and have serious mental illnesses. Specifically, the impediments analysis must include:

- An in-depth examination of a state or locality's laws, regulations, policies and procedures;
- An evaluation of how these laws, etc. impact the availability and accessibility of housing;
- A review of all conditions that affect housing choices; and
- An assessment of the availability of affordable housing units in a variety of sizes and locations.<sup>28</sup>

Two fundamental impediments to fair housing choice for homeless people with serious mental illnesses are their extremely low incomes and housing discrimination. A comprehensive

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<sup>27</sup> 24 CFR Section 91.325(1)

<sup>28</sup> Fair Housing Planning Guide. US Department of Housing and Urban Development. Vol. 2: pp. 2-7



impediments analysis should document these barriers that people with serious mental illnesses and other disabilities face when trying to locate and access affordable housing.

States and localities must also certify in the ConPlan that all federal housing program activity is in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973. These laws both require that the community provide "reasonable accommodation" to people with disabilities during the ConPlan process if requested. Such accommodations might include providing written notice of public hearings to organizations representing people with disabilities, or perhaps providing a training session on the ConPlan process or federal housing programs. You need not hesitate to request these or other accommodations if it will help to make the ConPlan process more accessible to people with serious mental illnesses.

## **REPORTING ON PERFORMANCE**

In addition to the ConPlan itself, HUD requires a state or locality to report annually on the progress it has made in carrying out its strategic plan and its Action Plan. These performance reports are submitted to HUD within 90 days after the close of the "program year." The performance report can help you determine who is actually benefiting from the federal housing funding available to the community. The performance report should indicate the number and types of families served by income level.

Pay close attention to these statistics, particularly the information regarding extremely low-income households. These are the households whose incomes are below 30% of median income, which includes virtually all individuals with serious mental illnesses and other disabilities who receive SSI benefits. These statistics can help determine whether federally funded housing activities are creating affordable housing opportunities for people who are homeless and have serious mental illnesses.

## **SUBSTANTIAL AMMENDMENTS**

The law that governs the ConPlan process requires that any major changes, or "substantial amendments", made to **any** part of the ConPlan must be managed via the Citizen Participation process. This includes any changes made to the one-year Action Plan, the comprehensive five-year strategic plan, or the Citizen Participation Plan. In accordance with the public participation requirements, changes to these documents can only be made after the public has been given the opportunity to review and comment on the proposed modifications. Each state and locality must clearly state in its Citizen Participation Plan what types of modifications will be considered "substantial amendments".

Neither the law nor HUD guidance clearly defines "substantial amendment". Instead, states and localities are given the authority to decide what changes would qualify as amendments and, therefore, require public comment. Some changes, however, have been identified in HUD regulations as amendments, although it is not clear whether or not they would qualify as "substantial". According to HUD regulations these include:

- A change in the priorities for spending [ConPlan] money...;

- A change in the purpose, scope, location, or beneficiaries of an activity;
- A decision to carry out an activity not previously described in the Annual Action Plan...; and
- A change in the way [ConPlan] funds are distributed to various parts of the state or county.<sup>29</sup>

The above amendments may not qualify as "substantial" in some states and localities, and, therefore, require only that the public be notified **after** the change has been made.

The importance of the requirement that housing officials must consult with the public when making changes to the ConPlan should not be underestimated. Substantial amendments provide a valuable opportunity for you to influence the content of the ConPlan or planning process, even after it has been submitted and approved by HUD. Given this, it is critical to proactively engage the officials in a dialogue to develop a clear definition of changes that constitute "substantial amendments". The Sample Citizen Participation Plan in Appendix 3 provides some examples of these types of changes.

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<sup>29</sup> Gramlich, Ed. HUD's Consolidated Plan: An Action Guide for Involving Low Income Communities. Washington DC: Center for Community Change, 1998. p31.

# The Five Steps of the ConPlan Calendar

**Identifying Need** — The law requires public hearings on housing and community development needs and requires that these hearings take place before the proposed ConPlan is published for public comment. This is the time to provide public testimony on the housing needs of people with disabilities and the time for the disability community to actively engage local housing officials on the housing strategies that would benefit people with disabilities. Consultation with public and private services providers could also occur during the needs assessment process.

**Amendments to the ConPlan** — The ConPlan must be amended if there are any changes in priorities or uses of money. If there is a substantial amendment, some process for public review and comment is required. HUD allows a jurisdiction to decide what is a substantial change. The disability community should be prepared to request an amendment to the ConPlan if it is determined that the strategies and the action plan do not benefit people with disabilities at all. It is important to remind the local officials that HUD permits ConPlan amendments at any time, provided the correct process is followed.

**The Proposed ConPlan** — HUD requires that the jurisdiction publish the proposed ConPlan for citizen's comment. A summary of the proposed plan must be published in local newspapers, and completed copies must be made available to the public at libraries and government offices. In addition, the jurisdiction must provide a reasonable number of free copies of the plan to citizens and groups that request it. The public must have at least 30 days to review and provide written or oral comments on the proposed ConPlan. A summary of any comments or views offered, but not accepted, and the reasons for their rejection, must be included in the final ConPlan sent to HUD.

**Annual Performance Report** — These reports must be submitted to HUD within 90 days after the close of the "program year." (For example, if a jurisdiction's program year is January 1, 1997 through December 31, 1997 the report for that time period is due by March 31, 1998.) Annual Performance Reports must be available to the public for review and comment on at least 15 days before the report is sent to HUD. The jurisdiction must consider people's comments and attach a summary of them to the report when it is forwarded to HUD officials.

**The Final ConPlan** — The final ConPlan is due at HUD 45 days before the start of the jurisdiction's "program year." HUD can disapprove the final ConPlan if the citizen participation requirements were not followed, if social service agencies were not consulted, if any of the certifications were not accurate, if the ConPlan does not meet the "purposes" of the CDBG or HOME laws, or if the plan fails to satisfy all of HUD's requirements.

## CHAPTER 4: HOW YOU CAN GET INVOLVED?

As mentioned earlier, HUD envisions the ConPlan process as more than a bureaucratic requirement. The process is meant to be comprehensive and tailored to meet housing needs at the local level. In order to be an active participant in the process, the mental health and homeless communities would need to:

- Get organized and have a clear and singular message about the different types of housing needed by homeless and non-homeless people with serious mental illnesses as well as their housing preferences;
- Learn the basics of the ConPlan process including how HUD housing dollars (i.e., CDBG, HOME, ESG, and HOPWA funds) can be used, and how to participate before community housing strategies are decided;
- Document the need for affordable housing among people with serious mental illnesses who are homeless or inappropriately housed;
- Gather accurate data regarding the current housing market including an inventory of available housing resources;
- Identify all barriers to accessing affordable housing that people with serious mental illnesses face; and
- Develop specific proposals and strategies for how ConPlan resources can be used alone or in partnership with other federal programs, such as the Continuum of Care programs, to successfully expand housing opportunities for people who are homeless or at risk of homelessness and have serious mental illnesses (discussed in Chapter 5).

### GET ORGANIZED

Ideally, people who are homeless and have serious mental illnesses, providers who serve them, and members from the rest of the disability community, should develop an overall strategy for engaging local or state housing officials in the entire ConPlan process together. This should include specific and realistic strategies for the use of federal housing funds to benefit all people with disabilities. There are many ways to begin a dialogue with local housing officials and provide specific recommendations for the use of federal housing funding. But there are certain principles that are important to an effective planning process and ultimately a comprehensive and meaningful plan, regardless of the model for organizing the process.

#### *Create a Core Working Group*

Creating a Core Working Group ensures that there will be people who are accountable to accomplish the necessary tasks. Form a working group to focus on expanding affordable housing opportunities, specifically through involvement in the development of the ConPlan. The group should develop a mission statement and identify goals, objectives, and action steps--such as reviewing the past ConPlans for the community or providing comments on the ConPlan draft at the public hearing--to accomplish these goals. As stated above, the ideal approach would include all disability and homeless provider groups.

### ***Include Major Players***

It is important that essential consumers, providers, and other powerful stakeholders (e.g. business leaders, public officials, service provider networks, housing agencies) are engaged in the process from the beginning to maximize buy-in and legitimacy.

### ***Assure Broader Community Awareness of Planning***

Much of the success of the efforts will rest on the cooperation and buy-in of policy makers and funders. If these stakeholders are not directly involved, they should be kept aware of the planning process and progress.

### ***Tie to Existing Planning Efforts***

These combined efforts should be conducted in the context of other related community planning activities, in particular the Continuum of Care. This is to ensure that priority activities and strategies in other housing plans are consistent with the Core Working Group's objectives.

### ***Take the Time to Do It Right***

Getting involved in the ConPlan takes time and effort. Communities undertaking this should allow themselves the time to lay the right groundwork in terms of community process, data collection, and analysis. This will earn community buy-in and legitimacy and translate into material improvements in the mental health and homeless systems and the lives of people who are homeless or at risk of homelessness and have serious mental illnesses.

## **LEARN THE BASICS**

After developing a clear and singular message, the next step to getting involved in the ConPlan process is to have a clear picture of how the process works for your community or area. First, find out if your local government receives federal housing funding directly from HUD and is required to have a ConPlan. It is important to find out who has the lead role in preparing the ConPlan and developing the schedule for the process. This can be done by calling either the Chief Executive of your community or the planning/community development department of your local government. If your community does not have a ConPlan, contact the state's housing and/or community development department in order to get involved in your state's ConPlan. Urge your state mental health agency to influence the state's ConPlan and ask how you can help.

Make sure to get a copy of the most recent ConPlan from these state or local officials. They should become familiar with both the content and the format of the ConPlan. The critical pieces of information to find out are:

- the ConPlan "program year";
- when the next plan will be prepared;
- the schedule for public hearings; and
- the consultation requirements.

It is important to make sure that you receive a **complete** copy since housing officials may distribute only select sections of the ConPlan, such as a list of projects that were funded in the past using ConPlan resources. The public is entitled to access **all** information relevant to the ConPlan. HUD requires that a copy of the complete ConPlan be made available to the public, free of charge within two working days of a request.

### ***Access to All Relevant Information***

Since the creation of the ConPlan--and even earlier with the creation of CDBG funding--HUD has intended the ConPlan process to be comprehensive, encouraging a dialogue between housing officials and the public. Through this process, HUD requires that housing officials not only listen to the needs of the community, but also respond to those needs, and be accountable for their actions. This accountability is the foundation for much of the HUD requirements around public participation, including the public's access to information.

According to the law that created the ConPlan, the public must be given "reasonable" and "timely" access to all key information and records. This could include information such as data regarding how the ConPlan resources have been spent in the past or how it will be spent in the future. For past activities, the law limits the public's access to these records to the past five years.

HUD allows states and localities to decide how these documents will be made available to the public, and, in some areas, the needs of homeless people with serious mental illnesses and other disabilities may be overlooked. However, HUD does state that all key information and records must be made available "in a form accessible to persons with disabilities, upon request."<sup>30</sup> You should use this HUD regulation to ensure that people with disabilities are able to truly access ConPlan information. For example, copies of the ConPlan and the Citizen Participation Plan should be made available in facilities that are accessible by people with physical impairments.

### ***Review the Documents***

The law that mandates the creation of the ConPlan also requires that officials developing the plan "notify" the public that information is available and allow citizens to "examine" the document so that they may provide informed feedback. This requirement applies to almost all documents related to the ConPlan including:

- the five-year comprehensive document;
- the one-year action plan;
- the annual performance reports;
- the Citizen Participation Plan; and
- any substantial amendments made to the ConPlan.

Although the law requires that the public be notified about the ConPlan and be allowed to review it, housing officials developing the plan are given latitude to determine how the public will be notified, when, and how they will distribute copies of the documents to the public. The process

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<sup>30</sup> 24 CFR Section 91.105(g)

used by each state and locality for distributed the ConPlan should be described in the Citizen Participation Plan.

### ***Get A Copy of the Citizen Participation Plan***

According to HUD regulations, a critical part of the ConPlan process is active input and feedback from the community, including people with disabilities. This emphasis on community involvement is seen in the participation requirements of the Citizen Participation Plan and the consultation with public and private service providers. In the winter of 1999, HUD re-emphasized the importance of the involvement of the disability community in the ConPlan process through a memo from the HUD Secretary to all HUD Field Offices<sup>31</sup> that stated:

It is critical that persons with disabilities and their housing needs be fully considered in every jurisdiction we serve. To do so, we must reach out to persons with disabilities and their chosen advocates and hear their perspectives. I want to remind you that each jurisdiction is required to (1) include persons with disabilities in the Consolidated Plan development process and (2) include data regarding housing needs of persons with disabilities.

One of the first steps is to carefully analyze the Citizen Participation Plan since it describes the overall process for developing the ConPlan and is a key element for determining when, where, and how the mental health and homeless communities can be involved. First, contact officials in the housing or community development departments in your community and request a copy of the Citizen Participation Plan. This document should be readily available and a limited number of copies should be free of charge. Make sure that the copy of the Citizen Participation Plan is complete and does not just provide excerpts. Appendix 3 provides a Sample Citizen Participation Plan.

Second, review the Citizen Participation Plan to ensure that the ConPlan process is truly accessible to people with serious mental illnesses and other disabilities and is in accordance with the required timeline. For example, are public hearings broadly advertised? Are they held in wheelchair-accessible facilities and are interpreters available when needed? Is there an easy process for requesting a draft copy of the Consolidated Plan made available in different formats, such as in large print, if needed? If the Citizen Participation Plan does not describe a planning process that is **truly** accessible to people with disabilities, but rather one that barely meets minimum HUD requirements, arrange a meeting with local officials to discuss your concerns. At the meeting suggest specific reasonable accommodations that could be made to ensure more participation by the disability community. For example, the mental health community could require that written notice of all ConPlan activities be mailed to the community mental health centers and homeless providers.

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<sup>31</sup> A complete copy of the HUD Secretary's memo is included as Appendix 4.

### ***Obtain and Review Consolidated Plan Performance Reports***

As mentioned earlier, in addition to developing the actual ConPlan, HUD requires each jurisdiction to report annually on the progress it has made in carrying out the activities laid out in its strategic plan. These performance reports are submitted to HUD within 90 days after the close of the "program year." The performance report can help determine who is actually benefiting from the federal housing funding provided by HUD. The performance report for the ConPlan should indicate the number and types of families served by income level, including extremely low-income, low-income, moderate-income, and middle-income households.

People with serious mental illnesses, their advocates, and families should get a copy of recent ConPlan Performance Reports and ask for assistance, if necessary, in understanding the housing activities paid for with federal housing funds. This assistance is another type of reasonable accommodation that can be required. Pay close attention to the statistics included in the performance reports, particularly the information regarding extremely low-income households (i.e., households whose incomes are below 30% of median income), which includes virtually all individuals with disabilities who receive SSI benefits. These statistics can help determine whether the jurisdiction's federally funded housing activities are creating affordable housing opportunities for people with disabilities with very low incomes.

## **PARTICIPATE AND REACT**

Before the ConPlan can be finalized, the law requires that the community have a chance to review the draft plan and comment on it. A limited number of free copies of the draft Plan must be made available in public settings, such as libraries and government offices. Also, the law requires that the draft version of the plan be made available in locations and formats that are easily accessible by people with disabilities. Some examples of ways to ensure the draft ConPlan is accessible to people with disabilities include distributing copies in wheelchair-accessible buildings or making alternate versions of the draft Plan available, such as in Braille. After the public reviews the ConPlan draft they are given the opportunity to make public comments, both in writing and at a public hearing. HUD requires that each state and locality that completes a ConPlan describe in the Citizen Participation Plan the policies for receiving and processing written and oral comments from the public regarding: the content of the ConPlan, the overall ConPlan process, or the Annual Performance Report.

### ***Submit Written Comments***

HUD requirements say, at a minimum, every written complaint must be answered with a "timely" and meaningful written response, all comments must be "considered" by the officials, and a summary of all comments should be included as a part of the final submission to HUD. If the state or locality receives CDBG funds, then "timely" is defined as 15 working days. HUD leaves much discretion to the officials developing the ConPlan to define what a "meaningful" response is and how to deal with oral complaints. Don't be discouraged by this fact since HUD procedures emphasize the importance of **all** comments and complaints. In fact, HUD requires its Field Office staff to review a summary of all comments and complaints before determining whether the ConPlan is complete.



### ***Attend Public Hearings and Give Feedback***

In order to solicit feedback from the community regarding the content of the ConPlan, the process requires that the housing officials developing the plan hold public hearings. It is at these hearings that citizens from the community are given the opportunity to comment on the various parts of the ConPlan including its content or the planning process itself. These public hearings provide a critical opportunity to make an impact on public officials present since comments made during the public hearings are recorded and required to be submitted to HUD as part of the final plan.

The law regarding ConPlan public hearings is somewhat confusing. The law states that public hearings must be held throughout the ConPlan process. Specifically, the public must be able to provide information and comment on:

- the housing and community development needs in the community;
- the proposed activities to be funded with the ConPlan resources; and
- the performance of the state or locality using the ConPlan funds.

The regulations also allow the states and localities to limit the public hearings to only one (for states) or two (for localities) throughout the process.

Even though the regulations allow states and participating jurisdictions to limit the number of public hearings, these hearings provide a critical opportunity to give feedback and testimony regarding the housing crisis facing people who are homeless or at risk of homelessness and have serious mental illnesses. This is also an ideal time to comment on how state and local housing officials are addressing their needs. However, in practice, many officials lump together a public hearing on last year's performance with next year's activities. By doing this, the officials spend only a limited time on each topic and create so much confusion that the public is discouraged from participating. Thus, you need to try hard to convince the housing officials to provide additional public hearings at different stages in the planning process and to encourage a clear focus and agenda for each hearing.

Regardless of how many public hearings there are you should prepare for the hearings and plan to have a number of individuals speak. Specifically, make sure to:

- state the housing needs of people with serious mental illnesses clearly;
- comment on the past performance of the state or locality in funding activities that address these needs; and
- make specific recommendations for how to use ConPlan funds to expand housing for people with serious mental illnesses.

If you are unable to attend these public hearings, find out the process for submitting written comments including to whom they should be addressed and a deadline for submission.

### *Utilize the "Substantial Amendments" Requirement*

As described in Chapter 3, substantial amendments are those changes made to the ConPlan that are large enough in scope that they require public participation and comment before implementing. These amendments provide an invaluable opportunity to influence the content of the ConPlan even **after** it has been submitted and approved by HUD. Also discussed earlier was the latitude given to states and localities in defining which changes constitute "substantial" modifications, thus enabling them to limit the input from the public when making certain types of changes.

There are two ways that you can utilize the "substantial amendments" requirement of the ConPlan. First, encourage housing officials to use a broad definition when defining which changes to the ConPlan would be considered "substantial" enough to require community input. Some examples of substantial amendments that would help you influence the ConPlan<sup>32</sup> include:

- a change in the type of people benefiting from an activity including changes in income levels, race or ethnicity, or size of household;
- a decrease in the number of people with disabilities benefiting from ConPlan activities; or
- a decrease in the number of extremely low- or low-income people benefiting from ConPlan activities.

Second, request a substantial amendment to the ConPlan if it does not meet all the HUD requirements. For example, if a ConPlan does not provide any information on the housing needs of homeless people in the community, misrepresents the housing needs of people with disabilities, or otherwise discriminates against people with serious mental illnesses, **and** the ConPlan has already been finalized and approved by HUD, you should seek a substantial amendment to the ConPlan. To do this, meet with the officials who developed the ConPlan, present them with your complaints in writing, and provide ways the ConPlan could be modified. You may need to seek HUD's assistance if these officials are uncooperative and unwilling to make the necessary changes.

### *File Complaints with HUD*

Low income housing advocates and advocates for people with disabilities have been concerned that the ConPlan does not require local housing officials to address the most urgent housing needs in local communities and they have expressed these concerns to HUD and Congress.

Thus far, HUD officials have used their authority to disapprove a ConPlan only when strong evidence is produced as to why disapproval is necessary. It is important to review carefully the testimony given at the public hearings, the consultation process with public and private service agencies, and the responses provided by housing officials to citizens' comments that were **not** taken into consideration during the process. Review and document the jurisdiction's "track record" on housing for people with disabilities over several years, rather than for a one or even two-year period.

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<sup>32</sup> The Sample Citizen Participation Plan in Appendix 3 provides some further examples of substantial amendments.

If local housing officials consistently refuse to consider the housing needs of people with mental illness year after year, it is important to inform HUD. There is currently no formal process for filing a complaint regarding the ConPlan (or related documents) with HUD. Do not be afraid to raise these issues with HUD. Write to the HUD Secretary's Representative to express your concerns. Send a copy of the letter to the HUD Office of Fair Housing and the Senior Community Builder in the local HUD Field Office. Without your willingness to document and call attention to the problem, HUD will never know a problem exists.

## **DOCUMENT THE NEED**

The needs assessment is a critically important part of the ConPlan because it should determine which population groups will be given a high priority for housing assistance. The housing and homeless needs assessment section of the ConPlan describes the affordable housing needs within the jurisdiction. For the ConPlan, these estimates of need must be provided for several population groups, and be organized by income group.

As stated earlier, pay close attention to the data included in the ConPlan needs assessment, particularly the information regarding extremely low-income households below 30% of the area median income. Virtually all individuals with serious mental illnesses who receive SSI benefits, or have incomes lower than SSI, fit into this category. As discussed in Chapter 3, you also need to ensure that officials preparing the ConPlan do not assume that all people with serious mental illnesses are either homeless or in need of supportive housing. Check to make sure that these "mainstream" housing needs of people with serious mental illnesses (i.e., Section 8 and public housing) are not overlooked in the ConPlan narrative.

### ***Write an Effective Needs Statement***

Given the importance of the needs assessment section of the ConPlan, you should begin to gather data as soon as possible. Approach housing officials with a clear picture of the housing needs of people with serious mental illnesses. Take the lead in collecting and providing housing needs information to the appropriate officials, and ensure these data are included in the final ConPlan sent to HUD. To have the greatest impact, data on the housing needs of people with serious mental illnesses should be offered to staff preparing the ConPlan as early as possible in the process so that this information is factored into decisions about the ConPlan's priorities and housing strategies.

### ***Assess Capacity and Leadership to Collect and Analyze Data***

It is important that a person or agency take the lead in organizing the mental health and homeless communities and gathering needs data from various sources. Collecting and analyzing needs data is labor-intensive and time-consuming. Be realistic about who has the capacity to follow through and what methods would be least taxing on providers and the system, while at the same time yielding reasonably accurate data. Alternatively, there may be resources outside of the mental health or homeless systems that could be tapped. For example, universities or metropolitan planning councils often have the capacity and interest to assist in data collection and analysis, though their assistance may not be pro bono.

It is equally important to have some formal iterative process with providers and other key stakeholders regarding needs data. This "back and forth" process should include some discussion before and/or during data collection to solicit ideas for, and cooperation on, methods and sources. In addition, once the data are collected, there should be an opportunity to "reality-test" and fill out the information. The goal is to ensure that the facts collected are comprehensive and feasible, that providers and key stakeholders agree with the methodology and picture they present, and that any shortcomings in the data are agreed upon as acceptable.

### ***Select a Methodology for Collecting Needs Data***

There is no one correct way to assess need. Sources and methods employed by different communities vary depending on the size of the community, complexity of the populations, capacity of providers, and whether there are established mechanisms for collecting needs data. These established mechanisms could include activities associated with a community's Continuum of Care application and data from homeless and support service providers.

Decisions that will need to be made in deciding on a methodology for collecting needs data include the following:

- How will the data be analyzed and who will do it?
- How will the data be documented and the methodology described?
- How often will it be collected?
- How will point-in-time data be collected on who is homeless and what their housing and service needs are?
- Over time, how will changes in the data (demographics, numbers) be captured and used?

It is important that the needs statement describe the housing needs of all people with serious mental illnesses, including those people with serious mental illnesses who are homeless or in need of supportive housing. This is important because ConPlan regulations require there be a special section on the housing needs of these people. Good estimates of need are sufficient; however, be sure the data include all people with serious mental illnesses who are homeless, including those homeless people who are "hard to reach". The needs statement should also describe the needs of people with serious mental illnesses in residential settings, such as group homes, who may desire more independent housing options.

Since the homeless population is diverse, it is often difficult to gather accurate data. The possible sources of quantitative and qualitative data should include a wide range of providers and agencies that work with people with serious mental illnesses who are homeless, including those homeless people with co-occurring disabilities of mental illness and substance use and/or HIV/AIDS. In addition, there should be specific methods explored for capturing information on people who are homeless and are not engaged in any service or shelter system, such as people living on the street, in cars, in parks, or under bridges.

Utilize a variety of different sources and methods for gathering data regarding people with serious mental illnesses. The program information maintained by homeless and support service

providers in the community can be extremely useful, as well as any data gathered by outreach providers, such as Assertive Community Treatment teams.

Whenever possible, use existing sources to provide data regarding the housing needs of people with disabilities to the officials developing the ConPlan. For example, *Priced Out in 1998*, a publication of the Technical Assistance Collaborative (TAC) and the Consortium for Citizens with Disabilities (CCD) Housing Task Force, provides documentation of the extreme housing crisis which people with disabilities receiving SSI confront in communities across the nation. Other policy and research reports, including reports published by the Social Security Administration, contain data regarding the need for affordable housing for people with disabilities. Consult the local library and advocacy agencies, and use the Internet to find other existing data sources.

If accurate and significant data regarding the number of people with serious mental illnesses in the area are not easily gathered, you could utilize existing formulas for determining the prevalence of mental illnesses in your community and extrapolate from them. Data gathered by state or county mental health systems could also be helpful. You could utilize data from management information systems of service providers to document the need for housing among the people they serve. Useful information includes the number of people on the waiting list for residential services or PHA housing assistance (including public housing and Section 8). It also includes the number of people who are: living at home with aging parents, who are homeless, rent burdened, "doubled up", or the number living in substandard housing. Service providers should be asking these questions in order to develop comprehensive housing needs data.

Finally, you could hold focus groups with people who are homeless or at risk of homelessness and have serious mental illnesses to solicit information about their housing needs. This method of gathering information may be more labor-intensive and time-consuming, but the qualitative information received combined with the quantitative data from management information systems or other data sources provides a compelling picture of the housing crisis facing people with serious mental illnesses.

Appendix 5 provides a sample assessment of the housing needs of people with psychiatric and developmental disabilities, in an urban county in the Midwestern US. This assessment can be used as a model for developing a needs statement.

## **ANALYZE THE HOUSING MARKET**

Be sure that the housing market analysis included in the ConPlan points out the current factors that contribute to the housing crisis facing people with disabilities. **Of significant importance is the loss of federal housing available for people with disabilities due to the implementation of "elderly only" housing policies.** Recent federal data shows that over 50% of privately owned HUD assisted housing projects have adopted some preference for elderly people.<sup>33</sup> Due to these "elderly only" housing policies, TAC and the CCD Housing Task Force have estimated that

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<sup>33</sup> United States General Accounting Office. Assisted Housing Occupancy Restrictions on Persons with Disabilities. 1998.

approximately 273,000 apartments in federally subsidized elderly/disabled housing buildings will no longer be available to people with disabilities under age 62 by the year 2000.<sup>34</sup>

Other important housing market factors include:

7. the cost of housing as compared to the extremely low incomes of people with disabilities (people with disabilities living on SSI benefits often cannot afford even modestly priced rental housing unless they spend more than 50% of their income for rent and utilities; that level of housing expense is considered a "severe" rent burden by HUD);
8. the comparability of HUD's Fair Market Rent level<sup>35</sup> in the community compared to the income level of people with disabilities;
9. restrictive zoning that makes the development of affordable rental housing difficult;
10. the substandard conditions of much of the housing that is considered affordable; and
11. the location of affordable housing in unsafe or isolated neighborhoods.

### ***Document the Loss of Affordable Housing Due to "Elderly Only" Housing Designation***

You can **insist** that local officials preparing the ConPlan include a discussion of the designation of "elderly only" housing in the housing market analysis. HUD's ConPlan guidelines state that the community must include an assessment of whether any federally assisted units are *"expected to be lost from the assisted housing inventory for any reason"*<sup>36</sup> [emphasis added].

In responding to this requirement, housing officials preparing the ConPlan will focus attention on the physical loss of housing units, such as the demolition of public housing buildings, or on the loss of affordability, such as the expiration of project-based Section 8 contracts in some assisted housing developments. Staff preparing the ConPlan may not recognize that "elderly only" tenant selection policies in federal public and assisted housing constitute a real "loss" of units for people with disabilities.

To quantify the loss of federally funded public housing, contact the PHA or HUD to see if the PHA has a HUD-approved allocation plan to designate "elderly only" housing, or if the PHA has any plans to do so. If there is an approved allocation plan, the number of units that are now available exclusively to elderly households represents the loss of housing for people with disabilities. [NOTE: HUD has approved over 120 allocation plans thus far, with a loss of over 46,000 units nationally. You can review HUD data regarding these allocation plans at <http://www.hud.gov/pih/sac/sachome.html>].

Documenting the loss of privately owned HUD assisted housing is more difficult because HUD does not require owners of this housing to report this information. However, if there are any

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<sup>34</sup> Opening Doors: Recommendations for a Federal Policy to Address the Housing Needs of People with Disabilities, TAC and CCD

<sup>35</sup> Annually, HUD establishes the Fair Market Rent for every market area by reviewing the price of rents for efficiencies (i.e., studios), one-bedrooms, two-bedrooms, etc. in that county or metropolitan area. An apartment at the Fair Market Rent is meant to be modest, not luxurious, costing less than the typical apartment of that bedroom size in that city or county. Further information about HUD's Fair Market Rents can be found at <http://www.huduser.org/datasets/fmr.html>

<sup>36</sup> 24 CFR Section 91.210(b)(2)

HUD assisted housing developments that no longer accept applications from people with disabilities, or limit the number of units that are available, you should document this fact during the ConPlan process. If possible, organize a survey of all privately owned HUD assisted housing in the area to determine which properties are no longer available to people with disabilities and provide this information to the staff preparing the draft ConPlan. A list of these properties should be available through the local HUD Field Office.<sup>37</sup>

### ***Inventory Existing Resources***

The approach used during the ConPlan process to inventory existing resources will vary depending on the size and complexity of the housing system in the community. Ensure that the inventory included in the ConPlan is comprehensive and accurate. A comprehensive inventory of capacity and resources should include a look at resources that are outside the traditional housing system, such as those resources typically accessed by people with serious mental illnesses, including those people with serious mental illnesses that are homeless. These resources could include residential settings such as group homes. It should include "mainstream" affordable housing resources, such as conventional public housing, Section 8 and other rental subsidy programs, and other affordable housing and community development resources available in the community. Data available at HUD's web site<sup>38</sup> can provide a picture of how many people with disabilities are currently utilizing Section 8 subsidies or are residing in public housing in a particular community. Ensure that the information contained in the ConPlan inventory includes these data.

There may also be other planning processes underway (Ryan White Care Act, HOPWA, Empowerment or Enterprise Zones, or Neighborhood Revitalization planning efforts) that can provide information on available and current use of resources in areas such as health care, job training and placement, and child care.

## **IDENTIFY BARRIERS**

As stated earlier, there are two fundamental impediments to fair housing choice for people with disabilities: their extremely low incomes, and the discrimination they face in accessing affordable housing. Make sure that a state or locality's impediment analysis clearly documents these facts as significant barriers to the ability of people with serious mental illnesses to access housing in the community.

You should also make sure that the ConPlan identifies any ways in which people with serious mental illnesses are discriminated against in their attempts to access housing in the community. This discrimination may include:

- individual landlords refusing to rent to people with serious mental illnesses because of their disability;
- neighborhood opposition to the development of affordable housing for people with serious mental illnesses;

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<sup>37</sup> A list of HUD field offices is available on-line at <http://www.hud.gov/pih/aboutpih/fieldoffices/fidoffcs.html>

<sup>38</sup> Available at <http://www.hud.gov/pih/systems/mtes/pihmtcs.html>

- a lack of physically accessible housing; and
- the unwillingness of housing providers to make reasonable accommodations for people with disabilities including people with serious mental illnesses.

If the state or locality has not identified any impediments and/or has not formulated a plan to overcome them, you can challenge the community's approach, and request that HUD instruct the responsible local officials to undertake a more comprehensive analysis of the impediments to fair housing choice.



## CHAPTER 5: STRATEGIES THAT WORK

In order to have the maximum impact on the ConPlan process, the mental health community and providers of homeless services targeted to people with severe mental illnesses should identify concrete housing and support services strategies and recommendations. They should also be prepared to present these recommendations to officials developing the ConPlan. It is important to use both "mainstream" ConPlan programs (e.g. HOME, CDBG, ESG, and HOPWA programs) as well as other resources which can be targeted to people with a mental illnesses who are homeless or in need of affordable housing. When developing these recommendations, keep in mind that most HUD housing programs are targeted to **all** people with disabilities, and not just people with serious mental illnesses. For this reason, partnerships and joint efforts with organizations that serve other disability populations are often helpful when trying to engage the housing officials that control the ConPlan process.

When developing strategies to obtain resources controlled by the ConPlan, it is necessary to understand exactly how HOME, CDBG, ESG and HOPWA funds can best be used to expand housing as well as how they cannot be used. For example, HOME funds can be used for tenant-based rent subsidies, but cannot be used for project-based rent subsidies or for project operating subsidies. After reviewing this guidebook, if you have questions about how HUD resources can be used, request technical assistance from the staff preparing the ConPlan or contact HUD Community Builder staff through the local HUD Field Office.

It is also important to develop strategies that are **feasible** and that can work in the current housing environment. For example, HOME funded tenant-based rental assistance resources will not be effective if there is very little rental housing in the area. Similarly, targeting HOME funds for the acquisition and rehabilitation of rental housing will be problematic unless there is an organization with the expertise and experience to "make the project happen." Remember to accomplish your goals, you must be able to demonstrate the capacity to carry out successfully a feasible project.

Below are some examples of creative strategies to address the housing needs of people with serious mental illnesses, including targeted to homeless people who are homeless or at risk of homelessness and have serious mental illnesses. These examples are designed to illustrate how resources controlled by the ConPlan can be used--frequently in combination with other HUD housing programs.

### **HELPING HOMELESS PEOPLE WITH SERIOUS MENTAL ILLNESSES**

Homeless people with serious mental illnesses face a particularly severe housing crisis yet they often do not benefit from the resources controlled by the ConPlan process. Homeless service providers and emergency shelters often do not have the staff expertise to meet the unique needs of people with serious mental illnesses. Fortunately, in some cities, homeless service providers have joined forces with the mental health community to engage housing officials in a discussion

around creative solutions to helping homeless people with serious mental illnesses. Following are some examples of these solutions.

*Example 1: Using ESG funds in partnership with PATH and HUD McKinney Supported Housing Program funds.*

An "entitlement city" (i.e., receives ConPlan funding directly from HUD) in the Northeast United States has developed a local McKinney Continuum of Care strategy to address the needs of homeless persons. The strategy's needs assessment documented a large number of people entering the city's emergency shelters shortly after being discharged from mental health facilities. Many of these individuals also needed substance abuse services and supports. The city's homeless service providers, community development staff, and staff from the community mental health center met to determine how best to address the needs of this emerging sub-population of recently homeless people with co-occurring disabilities. Working together, they developed a solution that targeted ESG resources controlled by the ConPlan, PATH funds, and HUD McKinney SHP funds.

Because of the state's mental health laws and discharge policies, HUD McKinney housing resources such as Shelter Plus Care could not be used to provide housing for people coming **directly** from mental health institutions. However, the city agreed to allocate ESG funding controlled by the ConPlan process to supplement discharge planning activities that would identify other housing options and prevent homelessness. ESG funds were also used to develop 8 new emergency shelter beds targeted to people recently released from mental health facilities. These ESG dollars were matched with PATH funding from the mental health system, and PATH workers were assigned directly to work with shelter staff to effectively engage homeless people with serious mental illnesses utilizing these shelter beds. A streamlined intake/discharge policy was developed at the shelter that linked the new emergency shelter beds to HUD McKinney SHP funded transitional housing for people with a co-occurring mental illness and substance use. These program linkages ensured a smooth transition for homeless people with a mental illness from the targeted emergency shelter beds to the transitional housing program.

*Example 2: HOME funds used jointly with PATH and ESG funds to house homeless people serious mental illnesses*

A small rural community experienced an increase in the number of homeless people with serious mental illnesses in its small transitional shelter. The community was unprepared for this increase, and was initially unable to find shelter for everyone. To address this emergency, the community requested help from the state-level Department of Mental Health. The department's PATH coordinator worked with the community to create a temporary shelter in a church basement until they could develop more permanent housing.

Because the community was covered by the State's Consolidated Plan, the state's PATH coordinator approached the State's Housing Department for help. The Housing Department was able to identify unused ESG funds that were targeted to pay for the cost of operating the church-based shelter. The PATH coordinator then advised the community mental health program in the area that she was working with staff from the state's housing department on its next State

ConPlan, which would be submitted to HUD during the next three months. The draft ConPlan included a strategy that would set-aside HOME tenant-based rental assistance funds for homeless people in rural areas. The PATH coordinator assisted the mental health program, in partnership with the local PHA, to apply for these HOME funds, when they became available through a Department of Housing Request for Proposals (RFP) process.

Once the HOME funds were received by the PHA, the PATH coordinator worked closely with both the PHA and the mental health program to help create a preference in the HOME funded program for homeless people with serious mental illnesses and other disabilities. One year later, the shelter in the church basement was able to close permanently. Former shelter residents received HOME funded tenant-based rent subsidies from the PHA as well as support from the mental health program in locating permanent housing.

*Example 3: HOPWA funds targeted to homeless people serious mental illnesses who also have HIV/AIDS.*

Occasionally, some homeless people with mental illnesses can benefit from HUD funds that are actually targeted to another group whose disability they share--in this instance, to people who have HIV/AIDS. Over the past two years, the federal government has steadily increased funding for the HOPWA program. This increase in funding has meant that new programs targeting people with HIV/AIDS are being developed in many cities across the country using the ConPlan process.

In a large mid-western city, the homeless service providers who participated in the HUD Continuum of Care process recognized that this increase in HOPWA funds could actually benefit other people with disabilities who were homeless--provided they also had HIV/AIDS. The local PATH provider organized an effort to collect data which documented that 50 percent of the homeless population with a dual diagnosis of mental illness and substance use also had tested HIV positive. The data also documented that these individuals were the most frequent users of the city's emergency shelters and typically remained in the shelter system twice as long as other groups. The lack of permanent supportive housing for this population was actually a major factor contributing to a "bottleneck" in the emergency shelter system.

Based on this information, the network of homeless service providers decided that a new permanent supportive housing program targeted to people with co-occurring mental illness and HIV/AIDS was needed. A working group was established to identify the housing and support services resources that would be needed to develop this type of housing. The group also began meeting with the city staff responsible for the development of the ConPlan. Working closely with these staff and a non-profit housing organization, a funding strategy was developed that included McKinney SHP capital and operating funds and HOME funds for the housing component. For the supportive services program, it was agreed that HOPWA funds could be used to provide one full-time equivalent position on-site. The PATH program agreed to provide outreach and housing support services for the project. Community mental health services would be made available through the local mental health authority.

Once the project's housing and support services financing strategy was developed, the work group began the long process of identifying a site and actually competing for the housing and support services resources. Because most of the resources for the project were controlled by the ConPlan process, the work group actively engaged city officials to convince them of the importance of this project. These advocacy efforts succeeded, and both HOPWA and HOME funds were committed to the project within 6 months. Once McKinney SHP funding was obtained through the local Continuum of Care process, the project proceeded into the construction phase. One year after breaking ground, the community's first permanent supportive housing project for homeless people with serious mental illnesses and HIV/AIDS was ready to welcome its first resident.

*Example 4: Using PATH funds and ConPlan resources to help create Safe Haven programs for homeless people with a mental illnesses.*

Many service providers working with the PATH program have also been active in the development of HUD funded Safe Haven programs for "hard to reach" homeless people with mental illnesses who are living on the streets. The federal government created the Safe Havens program specifically to serve this population, and funds Safe Havens projects using McKinney SHP resources. However, because of the extensive network of housing and supportive services needed to meet the needs of homeless people with mental illnesses, the development of successful Safe Havens programs often means the use of resources controlled by the Consolidated Plan.

Established by the Stewart B. McKinney Homeless Assistance Act, Safe Havens provide supportive housing for up to 24 "hard to reach" homeless people with serious mental illnesses. Depending on the size and structure of a Safe Haven, residents are afforded a modest degree of independence and privacy, and there is no limit on their length of stay. Residents are not required to receive support services; however, services are available (either on-site or in the community), if they are desired.<sup>39</sup>

In communities across the United States, Safe Havens are being developed using McKinney SHP capital grants of up to \$400,000 which can then be matched with ConPlan resources – typically CDBG funds that are used for the acquisition and/or rehabilitation of the Safe Haven program site. Because Safe Havens are considered supportive housing, HOME funds have also been targeted to provide the SHP "match". Without a commitment of either CDBG or HOME funds through the ConPlan process, many Safe Havens grantees will have difficulty obtaining all of the housing financing necessary for their project.

Many HUD-funded Safe Havens projects also rely on HUD SHP funds to provide some or all of the on-site services and supports. Another potential source of funding is the federal PATH program. PATH funds can be used to pay for the outreach and stabilization services needed in a Safe Haven. Another approach is to fund housing search activities for Safe Haven graduates using PATH resources. Also, PATH funded case managers can link on-site mental health

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<sup>39</sup> *Developing and Operating Safe Havens Programs*. Washington DC: The National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc. 1997.

services provided in the Safe Haven with essential community based supportive services needed for Safe Haven residents ready to move into more permanent supportive housing.

## **STRATEGIES FOR ENGAGING HOUSING OFFICIALS RESPONSIBLE FOR PREPARING THE CONPLAN**

Often state and local housing officials have had little meaningful experience engaging the mental health or homeless communities concerning the actual development of housing strategies. Unfortunately, some housing officials regard federal housing funds controlled by the ConPlan as "their" money--and are reluctant to change how they spend it. In these communities, you will have to work much harder to establish working partnerships with these officials. Examples of ways to engage state and local housing and community officials are described below.

### *Example 5: Requesting assistance from HUD*

Three years ago, the mental health community in a large city established a Housing Task Force and developed a list of funding strategies and priorities for using ConPlan resources for people with serious mental illnesses. After considering all of the options, the task force recommended that HOME funds be used to establish a rental assistance program for people with serious mental illnesses. Since the work group was created, members have provided oral testimony and submitted written comments each year during the ConPlan process, requesting that HOME funds be set-aside for this purpose. Two years ago, the work group expanded to include other disability organizations, including people with physical disabilities and people with HIV/AIDS.

Working together, these organizations have repeatedly requested that the community's HOME funds be used to provide rental assistance for people with disabilities. They have encouraged people with disabilities and their families to attend and speak out at ConPlan public hearings, and have met frequently with housing officials, including a meeting one year ago with the Director of the city's Housing Department.

After several years of frustration and no action from the city, the housing task force decided that it was time to get HUD involved. Carrying written proof of the city's history of ignoring the needs of people with disabilities when developing the ConPlan, the group met with HUD Community Builder staff and requested their assistance. Task force members were able to document to HUD that the city's ConPlan described the priority housing needs of people with disabilities, but made no investment in ConPlan resources to address these needs. HUD staff were impressed by the efforts of the Housing Task Force, and agreed to engage city officials in a dialogue.

City officials soon learned about the HUD meeting, and became concerned that their relationship with HUD officials might be affected. They invited the Housing Task Force to a meeting, and, after much discussion, agreed that a rental assistance strategy using HOME funds would greatly assist people with disabilities with their housing problems. It was also agreed that the PHA would be the appropriate agency to administer the program. During the preparation of the next ConPlan Annual Action Plan, city officials included a substantial amendment to the ConPlan, which created a HOME funded tenant-based rental assistance program. The program now

provides 25 people with disabilities--including 15 people with serious mental illnesses--with a two-year renewable rent subsidy.

*Example 6: Using the ConPlan process to influence the PHA Plan*

The county mental health authority has spent the past few years providing testimony at local ConPlan hearings and advocating for a "fair share" of resources for people with serious mental illnesses. The mental health authority has succeeded in getting accurate needs data included in the ConPlan, but has not been successful at getting housing resources targeted to people with serious mental illnesses. While attending a state housing conference, the staff from the PATH program learned about a new HUD planning process called the PHA Plan. In particular, they learned that the new PHA Plan would determine which low-income households would be given preference for assistance in the PHA's Section 8 program. PATH staff immediately informed the mental health authority Housing Specialist regarding this new housing policy that might impact people with serious mental illnesses.

Using the housing needs data developed for the ConPlan process, the mental health authority Housing Specialist met with the Director of the state PHA and, after much discussion, convinced the Director to conduct a review of the PHA's Section 8 and public housing programs. This review was to determine the number of people with disabilities being assisted in these programs. This review indicated that people with serious mental illnesses and other disabilities were probably being "steered" away from the PHAs public housing waiting lists by PHA staff. The PHA Director also was surprised to learn that 25 percent of the households on the Section 8 waiting list were people with disabilities. The mental health authority Housing Specialist then made two written recommendations regarding the PHA Plan to the PHA Director: (1) to establish a preference in its Section 8 program for people with disabilities and (2) to apply to HUD for the Section 8 Mainstream Program for People with Disabilities.

When the draft PHA Plan was published for public comment several months later, it included a strong housing needs assessment of people with disabilities which was taken primarily from the ConPlan information supplied by the mental health authority Housing Specialist. The PHA Plan, as drafted, did not include a proposal to create a preference on the Section 8 program for people with disabilities. However, the PHA Plan did specifically state the PHAs commitment to apply to HUD for up to 100 Section 8 vouchers under the Mainstream Program for People with Disabilities, and to engage in additional discussions regarding the use of HOME tenant-based rental assistance funds. All parties involved agreed that this was a good first step in creating a partnership between the mental health system and the PHA.

*Example 7: Building non-profit capacity using ConPlan resources*

The largest non-profit agency in the City serving people with psychiatric and developmental disabilities had recently decided to broaden its mission statement to include the goal of expanding housing opportunities for their consumers. This change was a result of a recent needs assessment conducted by the agency that documented that the top concern among people with psychiatric and developmental disabilities was finding decent and affordable housing. A key

factor in the non-profit agency's decision to take on housing activities was also the lack of capacity of the community's PHA, which was considered a "troubled" PHA by HUD.

The non-profit agency had a good track record administering HUD funds, but had very limited prior housing experience although they. For example, several years ago the agency had received CDBG funding to help renovate a mental health clubhouse program. They also administered a three year McKinney SHP grant to provide supportive services to homeless people with mental illnesses through HUD's Continuum of Care process. Recognizing their need to develop capacity for housing activities, the non-profit approached the City's community development agency that controls the ConPlan resources to ask for guidance and technical assistance. The community development officials were surprised that a mental health service provider was considering developing housing, but they were very cooperative and invited the agency to be an active participant in the development of the next ConPlan.

In addition, City staff informed the non-profit organization's senior staff that additional assistance might be available from HUD technical assistance providers. Jointly they approached HUD regarding this need, and learned that a "Housing 101" workshop was planned as part of HUD's technical assistance activities in that region. After attending the workshop, both the City and the non-profit agency agreed that a separate non-profit organization dedicated to housing--specifically a Community Housing Development Organization (CHDO)--should be created. Continuing to work together, they identified HOME funds in the ConPlan that could be used as a capacity grant for a new CHDO. They also identified a local philanthropic organization that was interested in expanding capacity in the non-profit housing sector. Using funds from the philanthropic organization, a CHDO was created and incorporated. City officials then issued a RFP for CHDO capacity development grants, and the new CHDO was successful in obtaining these funds. Currently, the CHDO is working on its first supportive housing project, which will include 10 units of housing for people with psychiatric and development disabilities, as well as 10 units of affordable housing for families living in the community.

## **PROTECTING AND EXPANDING HOUSING OPPORTUNITIES USING THE CONPLAN**

As stated earlier, in many communities across the nation it is impossible for people with serious mental illnesses to locate decent and safe housing without utilizing the resources controlled by the ConPlan, and its PHA counterpart, the PHA Plan. Specifically, people with serious mental illnesses receiving SSI benefits, on average, nationally, have to spend 69% of their income in order to rent a one-bedroom apartment. Without some sort of rental assistance, people with serious mental illness and people with disabilities are too poor to obtain decent and affordable housing, in general. The examples below outline ways to use ConPlan resources to expand rental assistance opportunities for people with disabilities.

### *Example 8: The link between the PHA Plan, the Consolidated Plan and "elderly only" housing*

Since 1996, non-profit agencies serving people with serious mental illnesses in a suburban community had been meeting monthly. In 1998, these meetings--which usually focused on information exchange--began to focus on the housing problems facing people with disabilities. In

particular, it was noted that some large HUD subsidized housing developments in the community that had implemented "elderly only" eligibility policies. It appeared that younger people with disabilities were no longer able to access these housing units, although staff at the housing complexes were not very forthcoming about the reasons why, except to say it was because of "a new HUD rule".

After calling HUD and several housing advocacy organizations, the group was able to piece together that, in fact, there was a new federal housing policy that could restrict housing previously available to people with disabilities to elderly households. They also learned that at least 200 units in the community had been converted to "elderly only" housing. They also learned that the local PHA was intending to create "elderly only" housing and "disabled only" housing, which was also permitted by the new HUD rule. Not surprisingly, the "disabled only" housing was to be located in the worst public housing project located in a run-down neighborhood with a high crime rate.

Armed with the data regarding the need for affordable housing among people with serious mental illnesses and the loss of available affordable housing units, the group requested a meeting with the Director of the PHA and the City's ConPlan staff. At this meeting, the group reviewed two critical policies. The first was that the PHA could not designate "elderly only" or "disabled only" housing unless that designation was consistent with the HUD-approved ConPlan. The second was that the most recent ConPlan had no discussion of creating "disabled only" housing, but rather emphasized housing programs for people with disabilities that were developed through a scattered site approach--specifically through the Section 8 and Shelter Plus Care tenant-based rental assistance programs. Faced with this information, and the strong opposition from the mental health community, the PHA agreed to modify its plans. While they still intend to move forward with the designation of "elderly only" public housing, they withdrew their proposal to create any "disabled only" housing. Instead they decided to seek HUD HOPE VI funds to re-develop the deteriorated public housing project, and to seek Section 8 vouchers to offset the loss of housing for people with disabilities that has occurred from the implementation of "elderly only" housing policies.

*Example 9: Accessing new housing developed with HOME funds controlled by the ConPlan process*

A woman with a serious mental illness lived at home with her mother for many years. After talking about it for sometime, the mother and daughter decided that it was time for the daughter to live independently on her own in the community. The daughter had a social worker whom she met with regularly who also felt that the daughter was more than ready to live in her own apartment. The major barrier to making this move seemed to be her lack of income to be able to afford a modest apartment. The daughter only received \$500 each month in SSI benefits and the mother was in no position to be able to financially assist her daughter. In fact, the loss of the daughter's income to the household would be a hardship for her mother, because the daughter regularly paid the heat and electric bills.

As the mother, daughter, and social worker begin to look for appropriate and affordable housing, the housing crisis facing people with serious mental illness became a reality for this family.



Many landlords in the private market were asking \$400 a month (or 76% of the daughter's income) for a small studio apartment!

After weeks of searching without success, the mother decided to call the City's housing department. After many phone calls and conversations, the mother learned that housing developed using certain types of federal funding controlled by the ConPlan process--particularly HOME funds--must have a percentage of affordable units. After calling the officials at the local housing department multiple times, the mother was finally able to get a list of some of those properties in the community that had been developed with HOME funds. They contacted these properties and were surprised to learn that studio units were renting for \$200 per month and that--because of their small size--there were very few people on the waiting list for these units. Within 6 months the daughter had moved into her own studio apartment.

During her many conversations with city housing staff, the mother had learned about the availability of HUD funds for emergency assistance for low-income people to pay heating bills during the winter months. This fact helped the mother develop a plan to apply for these funds for the following winter.

## **ACHIEVING HOMEOWNERSHIP THROUGH THE CONPLAN**

For many, owning a home is the ultimate goal in independent living. And for some people with serious mental illnesses, homeownership can be a realistic housing possibility. Many factors play a role in determining if homeownership is right for a person including income, availability of resources and support, the housing market, and the person's motivation. Some of the ConPlan resources can be used to expand homeownership opportunities. Outlined below is a specific example of how to use HOME and CDBG resources to move people with serious mental illnesses towards homeownership.

### *Example 10: Accessing HOME funds for downpayment assistance*

A non-profit housing counseling agency in a progressive suburb in a western state noticed that a significant increase in the number of people with serious mental illnesses seeking information about buying their first home. The housing market in the community has been particularly stable and there are homes, particularly condominiums, available for a modest price. In addition, there are several types of mortgages offered to accommodate the special needs of people with serious mental illnesses who have limited incomes. Despite these resources, the housing counseling agency has had a difficult time assisting the potential homebuyer to save enough money for a downpayment on a home--often due to federal restrictions on the amount of savings allowed for a person with disabilities receiving Social Security Income (SSI) benefits. The housing counseling agency decided to investigate ConPlan resources, specifically CDBG and HOME funds, which can be used for downpayment and closing cost assistance for first-time homebuyers.

Working with the officials who prepare the ConPlan, the housing counseling agency identified the lack of a downpayment as the primary obstacle for people with disabilities, including people with serious mental illnesses, who had sufficient income to afford a home of their own.

Recognizing that most people with SSI benefits could not afford the cost of a mortgage payment and property taxes, the parties agreed to target a higher income population with disabilities-- specifically those with incomes over \$800 per month--and to offer a down payment assistance program funded with HOME funds. The next ConPlan Action Plan developed by this community included a \$50,000 downpayment assistance program that was designed to facilitate homeownership for 10 people with disabilities. Each eligible household was permitted to receive up to \$5,000 in a deferred payment loan to cover 15% of the downpayment and all of the closing costs.

While the housing counseling agency was disappointed that many people with disabilities were unlikely to qualify for homeownership because of their extremely low income, they were pleased that their new homeownership initiative would have the resources to successfully assist at least 10 households with disabilities.

## CONCLUSION

Across the nation, people who are homeless or at risk of homelessness and have serious mental illnesses are facing a housing crisis. The combination of limited incomes, community discrimination, and the reduction in affordable housing units has made it virtually impossible for them to obtain safe and decent housing. In this day and age, the resources controlled by the ConPlan have become invaluable in expanding housing opportunities for homeless and non-homeless people with serious mental illnesses.

Since the creation of the ConPlan in the early 1990s, housing and disability advocates have struggled to decipher the planning process to access housing and community development funds. This guidebook provides the information and tools necessary to engage state and local housing officials in a meaningful discussion about addressing the affordable housing needs of people with serious mental illnesses.

With the development of the new five-year ConPlans, and the PHA Plans, during the year 2000 there is an opportunity to influence your state or locality's planning process. The best approach is to get involved early, join with others, become informed, and develop an overall strategy. Provide housing officials with accurate and comprehensive needs data and information about the current housing market in the state and locality. Develop specific strategies for using the ConPlan resources to expand housing opportunities for people who are homeless or at risk of homelessness and have serious mental illnesses. Inform local officials that you and your ConPlan partners take the ConPlan process seriously, that you will monitor their actions and responses carefully, and that you intend to take action if your recommendations are totally ignored.

## CITATIONS

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Other sources that were used to develop this guidebook include:

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# Appendix 1

## Fiscal Year 1999 ConPlan Allocations

Location	State	CDBG	HOME	HOPWA	ESG	Total
<b>Alabama</b>	<b>AL</b>					
ANNISTON	AL	793	0	0	0	793
BESSEMER	AL	937	0	0	0	937
BIRMINGHAM	AL	8226	2287	365	292	11170
DECATUR	AL	551	0	0	0	551
DOTHAN	AL	764	0	0	0	764
FLORENCE	AL	501	0	0	0	501
GADSDEN	AL	1380	0	0	0	1380
HOOVER	AL	253	0	0	0	253
HUNTSVILLE	AL	1768	720	0	0	2488
MOBILE	AL	3382	1530	0	120	5032
MONTGOMERY	AL	2868	1168	0	102	4138
TUSCALOOSA	AL	1400	709	0	0	2109
JEFFERSON COUNTY	AL	2745	1018	0	97	3860
ALABAMA STATE PROGRAM	AL	33435	15178	796	1479	50888
** Subtotal **	AL	59003	22610	1161	2090	84864
<b>Alaska</b>	<b>AK</b>					
ANCHORAGE	AK	2268	965	0	80	3313
ALASKA STATE PROGRAM	AK	3167	3000	0	112	6279
** Subtotal **	AK	5435	3965	0	192	9592
<b>Arizona</b>	<b>AZ</b>					
CHANDLER	AZ	1224	0	0	0	1224
FLAGSTAFF	AZ	732	0	0	0	732
GILBERT	AZ	371	0	0	0	371
GLENDALE	AZ	1995	0	0	0	1995
MESA	AZ	3432	0	0	122	3554
PEORIA CITY	AZ	572	0	0	0	572
PHOENIX	AZ	15306	5138	923	543	21910
SCOTTSDALE	AZ	1090	0	0	0	1090
TEMPE	AZ	1905	0	0	0	1905
TUCSON	AZ	7559	3683	0	268	11510
YUMA	AZ	976	0	0	0	976
MARICOPA COUNTY	AZ	3454	4328	0	123	7905
PIMA COUNTY	AZ	2904	0	0	106	3010
ARIZONA STATE PROGRAM	AZ	10577	6101	366	686	17730
** Subtotal **	AZ	52097	19250	1289	1848	74484
<b>Arkansas</b>	<b>AR</b>					
CONWAY	AR	348	0	0	0	348
FAYETTEVILLE	AR	631	0	0	0	631
FORT SMITH	AR	921	416	0	0	1337
JACKSONVILLE	AR	327	0	0	0	327
JONESBORO	AR	614	0	0	0	614
LITTLE ROCK	AR	2242	985	0	80	3307

Location	State	CDBG	HOME	HOPWA	ESG	Total
<b>California</b>	<b>CA</b>					
NORTH LITTLE ROCK	AR	871	388	0	0	1259
PINE BLUFF	AR	1163	478	0	0	1641
ROGERS	AR	266	0	0	0	266
SPRINGDALE	AR	322	0	0	0	322
TEXARKANA	AR	420	0	0	0	420
WEST MEMPHIS	AR	525	0	0	0	525
ARKANSAS STATE PROGRAM	AR	23620	11320	552	1062	36554
** Subtotal **	AR	32270	13587	552	1142	47551
<b>California</b>	<b>CA</b>					
ALAMEDA	CA	1338	0	0	0	1338
ALHAMBRA	CA	1889	724	0	0	2613
ANAHEIM	CA	4666	1559	0	166	6391
ANTIOCH	CA	707	0	0	0	707
APPLE VALLEY	CA	572	0	0	0	572
BAKERSFIELD	CA	2790	1189	0	99	4078
BALDWIN PARK	CA	1821	428	0	0	2249
BELLFLOWER	CA	1040	457	0	0	1497
BERKELEY	CA	3911	1077	0	139	5127
BUENA PARK	CA	1032	0	0	0	1032
BURBANK	CA	1341	671	0	0	2012
CAMARILLO	CA	447	0	0	0	447
CARLSBAD	CA	609	0	0	0	609
CARSON	CA	1392	0	0	0	1392
CERRITOS	CA	550	0	0	0	550
CHICO	CA	891	530	0	0	1421
CHINO	CA	704	0	0	0	704
CHULA VISTA	CA	2020	843	0	0	2863
COMPTON	CA	2883	881	0	102	3866
CONCORD	CA	1106	0	0	0	1106
CORONA	CA	1108	0	0	0	1108
COSTA MESA	CA	1381	603	0	0	1984
DALY	CA	1604	0	0	0	1604
DAVIS	CA	918	583	0	0	1501
DOWNNEY	CA	1321	475	0	0	1796
EL CAJON	CA	1353	693	0	0	2046
EL MONTE	CA	3429	1035	0	122	4586
ENCINITAS	CA	585	0	0	0	585
ESCONDIDO	CA	1660	670	0	0	2330
FAIRFIELD	CA	816	0	0	0	816
FONTANA	CA	1430	432	0	0	1862
FOUNTAIN VALLEY	CA	435	0	0	0	435
FREMONT	CA	1655	0	0	0	1655
FRESNO	CA	8274	3514	0	293	12081
FULLERTON	CA	1701	589	0	0	2290
GARDENA	CA	964	0	0	0	964
GARDEN GROVE	CA	2595	782	0	92	3469

Location	State	CDBG	HOME	HOPWA	ESG	Total
GILROY CITY	CA	542	0	0	0	542
GLENDALE	CA	4002	1739	0	142	5883
GLENDORA CITY	CA	435	0	0	0	435
HAWTHORNE	CA	1608	667	0	0	2275
HAYWARD	CA	1744	0	0	0	1744
HEMET	CA	587	0	0	0	587
HESPERIA	CA	735	0	0	0	735
HUNTINGTON BEACH	CA	1682	683	0	0	2365
HUNTINGTON PARK	CA	2157	740	0	77	2974
INGLEWOOD	CA	2750	1021	0	98	3869
IRVINE	CA	1084	0	0	0	1084
LAGUNA NIGUEL	CA	308	0	0	0	308
LA HABRA	CA	718	0	0	0	718
LAKE FOREST	CA	409	0	0	0	409
LAKEWOOD	CA	724	0	0	0	724
LA MESA	CA	590	0	0	0	590
LANCASTER	CA	1200	0	0	0	1200
LIVERMORE	CA	476	0	0	0	476
LOMPOC	CA	631	0	0	0	631
LONG BEACH	CA	9339	4208	0	331	13878
LOS ANGELES	CA	89999	35887	8769	3190	137845
LYNWOOD	CA	1999	629	0	0	2628
MADERA	CA	807	0	0	0	807
MERCED	CA	1422	611	0	0	2033
MILPITAS CITY	CA	682	0	0	0	682
MISSION VIEJO	CA	492	0	0	0	492
MODESTO	CA	2481	1050	0	88	3619
MONTEBELLO	CA	1326	503	0	0	1829
MONTEREY	CA	274	0	0	0	274
MONTEREY PARK	CA	1473	467	0	0	1940
MORENO VALLEY	CA	1487	413	0	0	1900
MOUNTAIN VIEW	CA	866	427	0	0	1293
NAPA CITY	CA	675	0	0	0	675
NATIONAL CITY	CA	1405	632	0	0	2037
NEWPORT BEACH	CA	495	0	0	0	495
NORWALK	CA	1749	417	0	0	2166
OAKLAND	CA	10223	4427	1670	363	16683
OCEANSIDE	CA	1873	699	0	0	2572
ONTARIO	CA	2490	770	0	88	3348
ORANGE	CA	1410	474	0	0	1884
OXNARD	CA	3028	876	0	107	4011
PALMDALE	CA	978	0	0	0	978
PALM SPRINGS	CA	625	0	0	0	625
PALO ALTO	CA	738	0	0	0	738
PARADISE	CA	280	0	0	0	280
PARAMOUNT CITY	CA	1333	420	0	0	1753
PASADENA	CA	2514	1152	0	89	3755
PETALUMA	CA	328	0	0	0	328
PICO RIVERA	CA	1232	0	0	0	1232
PITTSBURG	CA	712	0	0	0	712
PLEASANTON CITY	CA	294	0	0	0	294
POMONA	CA	3209	947	0	114	4270
PORTERVILLE	CA	731	0	0	0	731
RANCHO CUCAMONGA	CA	959	0	0	0	959
REDDING	CA	925	550	0	0	1475

Location	State	CDBG	HOME	HOPWA	ESG	Total
REDLANDS	CA	683	0	0	0	683
REDONDO BEACH	CA	552	0	0	0	552
REDWOOD CITY	CA	944	399	0	0	1343
RIALTO	CA	1134	0	0	0	1134
RICHMOND	CA	1553	743	0	0	2296
RIVERSIDE	CA	3531	1337	1372	125	6365
ROSEMEAD	CA	1517	503	0	0	2020
ROSEVILLE	CA	453	0	0	0	453
SACRAMENTO	CA	6497	3135	656	230	10518
SALINAS	CA	2455	898	0	87	3440
SAN BERNARDINO	CA	3884	1773	0	138	5795
SAN DIEGO	CA	18198	7781	2168	646	28793
SAN FRANCISCO	CA	25123	7077	8510	891	41601
SAN JOSE	CA	12559	3881	649	445	17534
SAN LEANDRO	CA	802	0	0	0	802
SAN MATEO	CA	972	474	0	0	1446
SANTA ANA	CA	8209	1968	1143	291	11611
SANTA BARBARA	CA	1431	742	0	0	2173
SANTA CLARA	CA	1167	480	0	0	1647
SANTA CLARITA	CA	929	0	0	0	929
SANTA CRUZ	CA	749	400	0	0	1149
SANTA MARIA	CA	1300	0	0	0	1300
SANTA MONICA	CA	1568	742	0	0	2310
SANTA ROSA	CA	1191	662	0	0	1853
SANTEE	CA	461	0	0	0	461
SEASIDE	CA	567	0	0	0	567
SIMI VALLEY	CA	809	0	0	0	809
SOUTH GATE	CA	2635	865	0	93	3593
SOUTH SAN FRANCISCO	CA	737	0	0	0	737
STOCKTON	CA	4957	1991	0	176	7124
SUNNYVALE	CA	1347	555	0	0	1902
THOUSAND OAKS	CA	802	0	0	0	802
TORRANCE	CA	1338	579	0	0	1917
TULARE	CA	711	0	0	0	711
TURLOCK	CA	691	0	0	0	691
TUSTIN	CA	712	0	0	0	712
UNION CITY	CA	753	0	0	0	753
UPLAND	CA	711	0	0	0	711
VACAVILLE	CA	638	0	0	0	638
VALLEJO	CA	1388	567	0	0	1955
SAN BUENAVENTURA	CA	977	0	0	0	977
VICTORVILLE	CA	770	0	0	0	770
VISALIA	CA	1345	549	0	0	1894
VISTA	CA	1141	0	0	0	1141
WALNUT CREEK	CA	391	0	0	0	391
WATSONVILLE	CA	762	0	0	0	762
WEST COVINA	CA	1361	0	0	0	1361
WESTMINSTER	CA	1343	408	0	0	1751
WHITTIER	CA	1014	427	0	0	1441
WOODLAND	CA	556	0	0	0	556
YORBA LINDA	CA	316	0	0	0	316
YUBA	CA	514	0	0	0	514
ALAMEDA COUNTY	CA	2050	3434	0	0	5484
CONTRA COSTA COUNTY	CA	3868	2643	0	137	6648
FRESNO COUNTY	CA	5821	1890	0	206	7917

Location	State	CDBG	HOME	HOPWA	ESG	Total
KERN COUNTY	CA	7230	2351	0	256	9837
LOS ANGELES COUNTY	CA	37598	11956	0	1334	50888
MARIN COUNTY	CA	1779	1020	0	0	2799
ORANGE COUNTY	CA	4827	1601	0	171	6599
RIVERSIDE COUNTY	CA	9995	2784	0	355	13134
SACRAMENTO COUNTY	CA	7750	3324	0	275	11349
SAN BERNARDINO COUNTY	CA	7965	4035	0	283	12283
SAN DIEGO COUNTY	CA	6452	3568	0	229	10249
SAN JOAQUIN COUNTY	CA	3818	1412	0	135	5365
SAN LUIS OBISPO COUNTY	CA	2562	1081	0	91	3734
SAN MATEO COUNTY	CA	3657	2027	0	130	5814
SANTA CLARA COUNTY	CA	2591	936	0	92	3619
SONOMA COUNTY	CA	2478	1028	0	88	3594
VENTURA COUNTY	CA	2435	1239	0	86	3760
CALIFORNIA STATE PROGRAM	CA	42906	43381	2427	5714	94428
CNSRT-SANTA BARBARA CO	CA	0	1450	0	0	1450
** Subtotal **	CA	519103	208240	27364	18404	773111

**Colorado**

ARVADA	680	0	0	0	680
AURORA	2070	845	0	0	2915
BOULDER	1173	614	0	0	1787
COLORADO SPRINGS	3171	1380	0	112	4663
DENVER	11576	3695	1164	410	16845
FORT COLLINS	1169	614	0	0	1783
GRAND JUNCTION	472	0	0	0	472
GREELEY	936	427	0	0	1363
LAKEWOOD	1080	468	0	0	1548
LONGMONT	486	0	0	0	486
LOVELAND	339	0	0	0	339
PUEBLO	2040	992	0	0	3032
WESTMINSTER	666	0	0	0	666
ADAMS COUNTY	1983	687	0	0	2670
ARAPAHOE COUNTY	1422	551	0	0	1973
JEFFERSON COUNTY	1277	447	0	0	1724
COLORADO STATE PROGRAM	10892	6962	0	943	18797
** Subtotal **	41432	17682	1164	1465	61743

**Connecticut**

BRIDGEPORT	4221	1649	0	150	6020
BRISTOL	645	0	0	0	645
DANBURY	661	0	0	0	661
EAST HARTFORD	639	0	0	0	639
FAIRFIELD	646	0	0	0	646
GREENWICH	1135	0	0	0	1135
HAMDEN TOWN	517	0	0	0	517
HARTFORD	4905	2248	1413	174	8740
MANCHESTER	695	0	0	0	695
MERIDEN	1062	0	0	0	1062
MIDDLETOWN	510	0	0	0	510
MILFORD TOWN	627	0	0	0	627
NEW BRITAIN	2237	675	0	79	2991
NEW HAVEN	4847	1709	1214	172	7942
NEW LONDON	1162	0	0	0	1162

Location	State	CDBG	HOME	HOPWA	ESG	Total
NORWALK		1143	0	0	0	1143
NORWICH		1218	0	0	0	1218
STAMFORD		1218	454	0	0	1672
STRATFORD		736	0	0	0	736
WATERBURY		2715	908	0	96	3719
WEST HARTFORD		1322	0	0	0	1322
WEST HAVEN		800	0	0	0	800
CONNECTICUT STATE PROG		14186	10007	920	1023	26136
** Subtotal **		47847	17650	3547	1694	70738

**Delaware**

DOVER	298	0	0	0	298
WILMINGTON	3012	643	485	109	4249
NEW CASTLE COUNTY	2615	939	0	93	3647
DELAWARE STATE PROGRAM	1914	3000	113	79	5106
** Subtotal **	7839	4582	598	281	13300

**District of Columbia**

WASHINGTON	23317	6924	6475	827	37543
** Subtotal **	23317	6924	6475	827	37543

**Florida**

BOCA RATON	469	0	0	0	469
BOYNTON BEACH	550	0	0	0	550
BRADENTON	556	0	0	0	556
CAPE CORAL	585	0	0	0	585
CLEARWATER	1005	463	0	0	1468
COCOA	324	0	0	0	324
CORAL SPRINGS	705	0	0	0	705
DAVIE	501	0	0	0	501
DAYTONA BEACH	1080	589	0	0	1669
DELRAY BEACH	624	0	0	0	624
FT LAUDERDALE	2687	1008	4186	95	7976
FT MYERS	858	0	0	0	858
FORT PIERCE	903	0	0	0	903
FORT WALTON BEACH	220	0	0	0	220
GAINESVILLE	1584	698	0	0	2282
HIALEAH	5408	1641	0	192	7241
HOLLYWOOD	1617	592	0	0	2209
JACKSONVILLE-DUVAL	8500	3263	983	301	13047
LAKELAND	894	425	0	0	1319
LARGO	527	0	0	0	527
LAUDERHILL	674	0	0	0	674
MARGATE	415	0	0	0	415
MELBOURNE	717	0	0	0	717
MIAMI	12731	4881	8418	452	26482
MIAMI BEACH	2773	1470	0	98	4341
NAPLES	146	0	0	0	146
NORTH MIAMI	1073	0	0	0	1073
OCALA	717	0	0	0	717
ORLANDO	2421	1119	1753	86	5379
PALM BAY	625	0	0	0	625
PANAMA CITY	540	0	0	0	540

Location	State	CDBG	HOME	HOPWA	ESG	Total
PEMBROKE PINES		615	0	0	0	615
PENSACOLA		1084	0	0	0	1084
PLANTATION		474	0	0	0	474
POMPANO BEACH		1232	397	0	0	1629
PORT ST LUCIE		469	0	0	0	469
PUNTA GORDA		99	0	0	0	99
ST PETERSBURG		2977	1379	0	106	4462
SARASOTA		650	800	0	0	1450
SUNRISE		601	0	0	0	601
TALLAHASSEE		2128	880	0	75	3083
TAMPA		4901	2088	1661	174	8824
TITUSVILLE		426	0	0	0	426
WEST PALM BEACH		1161	509	2635	0	4305
WINTERHAVEN		318	0	0	0	318
BREVARD COUNTY		1771	1342	0	0	3113
BROWARD COUNTY		6269	1915	0	222	8406
DADE COUNTY		22389	5862	0	794	29045
ESCAMBIA COUNTY		2760	1705	0	98	4563
HILLSBOROUGH COUNTY		6295	1856	0	223	8374
LEE COUNTY		2073	562	0	0	2635
ORANGE COUNTY		5628	1824	0	200	7652
PALM BEACH COUNTY		6641	2011	0	236	8888
PASCO COUNTY		3027	906	0	107	4040
PINELLAS COUNTY		3438	1466	0	120	5024
POLK COUNTY		4000	1179	0	142	5321
SARASOTA COUNTY		1606	0	0	0	1606
SEMINOLE COUNTY		2636	0	0	93	2729
VOLUSIA COUNTY		3104	1956	0	110	5170
FLORIDA STATE PROGRAM		33409	20461	3164	2265	59299
** Subtotal **		174610	65247	22800	6189	268846
<b>Georgia</b>						
ALBANY		1699	731	0	0	2430
ATHENS-CLARKE		1616	686	0	0	2302
ATLANTA		12205	3925	3407	433	19970
AUGUSTA		2836	1310	0	101	4247
COLUMBUS-MUSCOGEE		2749	1320	0	97	4166
MACON		2000	1021	0	0	3021
MARIETTA		573	0	0	0	573
ROSWELL		291	0	0	0	291
SAVANNAH		3289	1341	0	117	4747
WARNER ROBINS		515	0	0	0	515
CLAYTON COUNTY		1759	0	0	0	1759
COBB COUNTY		2928	3736	0	104	6768
DE KALB COUNTY		4996	1968	0	177	7141
FULTON COUNTY		2599	0	0	92	2691
GWINNETT COUNTY		2672	0	0	95	2767
GEORGIA STATE PROGRAM		43103	18759	1297	1821	64980
** Subtotal **		85830	34797	4704	3037	128368
<b>Hawaii</b>						
HONOLULU		13093	4246	364	464	18167
HAWAII STATE PROGRAM		4887	3000	132	173	8192
** Subtotal **		17980	7246	496	637	26359

Location	State	CDBG	HOME	HOPWA	ESG	Total
<b>Idaho</b>						
BOISE		1272	611	0	0	1883
NAMPA		484	0	0	0	484
POCATELLO		610	0	0	0	610
IDAHO STATE PROGRAM		9353	4486	0	414	14253
** Subtotal **		11719	5097	0	414	17230
<b>Illinois</b>						
ARLINGTON HTS		380	0	0	0	380
AURORA		1329	0	0	0	1329
BELLEVILLE		849	0	0	0	849
BERWYN		1738	0	0	0	1738
BLOOMINGTON		808	0	0	0	808
CHAMPAIGN		951	0	0	0	951
CHICAGO		110103	33537	4219	3903	151762
CHICAGO HEIGHTS		749	0	0	0	749
CICERO		1951	0	0	0	1951
DECATUR		1838	663	0	0	2501
DE KALB		526	0	0	0	526
DES PLAINES		314	0	0	0	314
DOWNERS GROVE		282	0	0	0	282
EAST ST LOUIS		2401	640	0	85	3126
ELGIN		991	0	0	0	991
EVANSTON		2363	451	0	84	2898
JOLIET		1149	464	0	0	1613
KANKAKEE		758	0	0	0	758
MOLINE		1003	0	0	0	1003
MOUNT PROSPECT		362	0	0	0	362
NAPERVILLE		430	0	0	0	430
NORMAL		513	0	0	0	513
NORTH CHICAGO		372	0	0	0	372
OAK LAWN		328	0	0	0	328
OAK PARK		2265	0	0	80	2345
PEKIN		527	0	0	0	527
PEORIA		2406	1049	0	85	3540
RANTOUL		425	0	0	0	425
ROCKFORD		2618	997	0	93	3708
ROCK ISLAND		1577	0	0	0	1577
SCHAUMBURG VILLAGE		388	0	0	0	388
SKOKIE		634	0	0	0	634
SPRINGFIELD		1578	689	0	0	2267
URBANA		528	931	0	0	1459
WAUKEGAN		908	0	0	0	908
WHEATON CITY		338	0	0	0	338
COOK COUNTY		12544	5743	0	445	18732
DU PAGE COUNTY		3635	2044	0	133	5812
KANE COUNTY		1134	0	0	0	1134
LAKE COUNTY		2784	1349	0	99	4232
MCHENRY COUNTY		1226	372	0	0	1598
MADISON COUNTY		3748	1318	0	133	5199
ST CLAIR COUNTY		2160	1078	0	77	3315
WILL COUNTY		1866	491	0	0	2357
ILLINOIS STATE PROGRAM		37664	22581	534	2347	63126



Location	State	CDBG	HOME	HOPWA	ESG	Total
** Subtotal **		213441	74397	4753	7564	300155
<b>Indiana</b>						
ANDERSON		1145	518	0	0	1663
BLOOMINGTON		1074	620	0	0	1694
EAST CHICAGO		1806	448	0	0	2254
ELKHART		925	0	0	0	925
EVANSVILLE		3641	896	0	129	4666
FORT WAYNE		3251	929	0	115	4295
GARY		4688	1305	0	166	6159
GOSHEN		328	0	0	0	328
HAMMOND		2863	643	0	102	3608
INDIANAPOLIS		11478	4530	579	407	16994
KOKOMO		1201	0	0	0	1201
LAFAYETTE		940	663	0	0	1603
MISHAWAKA		589	0	0	0	589
MUNCIE		1742	609	0	0	2351
NEW ALBANY		857	0	0	0	857
SOUTH BEND		3571	1010	0	127	4708
TERRE HAUTE		2414	464	0	86	2964
WEST LAFAYETTE		505	0	0	0	505
LAKE COUNTY		1672	599	0	0	2271
INDIANA STATE PROGRAM		36368	13852	636	1739	52595
CNSRT-ELKHART COUNTY		0	461	0	0	461
** Subtotal **		81058	27547	1215	2871	112691
<b>Iowa</b>						
CEDAR FALLS		393	0	0	0	393
CEDAR RAPIDS		1545	563	0	0	2108
COUNCIL BLUFFS		1286	0	0	0	1286
DAVENPORT		2120	729	0	75	2924
DES MOINES		5078	1281	0	180	6539
DUBUQUE		1419	0	0	0	1419
IOWA CITY		943	643	0	0	1586
SIOUX CITY		2353	636	0	83	3072
WATERLOO		1760	736	0	0	2496
IOWA STATE PROGRAM		29939	10094	0	1318	41351
** Subtotal **		46836	14682	0	1656	63174
<b>Kansas</b>						
KANSAS CITY	KS	3224	1041	0	114	4379
LAWRENCE	KS	1074	549	0	0	1623
LEAVENWORTH	KS	452	0	0	0	452
OVERLAND PARK	KS	634	0	0	0	634
TOPEKA	KS	2449	668	0	87	3204
WICHITA	KS	3759	1860	0	133	5752
JOHNSON COUNTY	KS	1545	777	0	0	2322
KANSAS STATE PROGRAM	KS	20268	7428	0	848	28544
** Total **	KS	33405	12323	0	1182	46910
<b>Kentucky</b>						
ASHLAND		839	0	0	0	839
COVINGTON		2182	556	0	77	2815

Location	State	CDBG	HOME	HOPWA	ESG	Total
HENDERSON		349	0	0	0	349
HOPKINSVILLE		491	0	0	0	491
LEXINGTON-FAYETTE		2670	1351	0	95	4116
LOUISVILLE		11893	2913	0	422	15228
OWENSBORO		770	406	0	0	1176
JEFFERSON COUNTY		3189	1159	0	113	4461
KENTUCKY STATE PROGRAM		33764	16630	561	1279	52234
** Subtotal **		56147	23015	561	1986	81709
<b>Louisiana</b>						
ALEXANDRIA		1033	437	0	0	1470
BATON ROUGE		5827	2189	0	207	8223
BOSSIER CITY		736	0	0	0	736
HOUMA-TERREBONNE		1973	547	0	0	2520
KENNER		999	0	0	0	999
LAFAYETTE		2459	845	0	87	3391
LAKE CHARLES		1281	527	0	0	1808
MONROE		1457	552	0	0	2009
NEW ORLEANS		19703	7154	2031	699	29587
SHREVEPORT		3833	1491	0	136	5460
SLIDELL		235	0	0	0	235
THIBODAU		328	0	0	0	328
JEFFERSON PARISH		5021	2334	0	178	7533
LOUISIANA STATE PROGRAM		36643	14719	1063	1580	54005
** Subtotal **		81528	30795	3094	2887	118304
<b>Maine</b>						
AUBURN	ME	749	0	0	0	749
BANGOR	ME	1252	0	0	0	1252
LEWISTON	ME	1266	0	0	0	1266
PORTLAND	ME	2487	610	0	88	3185
MAINE STATE PROGRAM	ME	16310	5961	0	692	22963
** Total **	ME	22064	6571	0	780	29415
<b>Maryland</b>						
ANNAPOLIS		415	0	0	0	415
BALTIMORE		29331	8156	4689	1040	43216
CUMBERLAND		1269	0	0	0	1269
FREDERICK		431	0	0	0	431
HAGERSTOWN		1112	0	0	0	1112
ANNE ARUNDEL COUNTY		2471	776	0	88	3335
BALTIMORE COUNTY		4850	2117	0	172	7139
HARFORD COUNTY		1304	487	0	0	1791
HOWARD COUNTY		1154	0	0	0	1154
MONTGOMERY COUNTY		5844	2098	0	207	8149
PRINCE GEORGES COUNTY		6708	2399	0	238	9345
MARYLAND STATE PROGRAM		9009	6772	0	519	16300
** Subtotal **		63898	22805	4689	2264	93656
<b>Massachusetts</b>						
ARLINGTON	MA	1466	0	0	0	1466
ATTLEBORO	MA	566	0	0	0	566
BARNSTABLE	MA	402	0	0	0	402
BOSTON	MA	24887	6776	1890	883	34436

Location	State	CDBG	HOME	HOPWA	ESG	Total
BROCKTON	MA	1749	843	0	0	2592
BROOKLINE	MA	1855	0	0	0	1855
CAMBRIDGE	MA	3893	792	0	138	4823
CHICOPEE	MA	1470	0	0	0	1470
FALL RIVER	MA	3538	1084	0	126	4748
FITCHBURG	MA	1367	571	0	0	1938
FRAMINGHAM	MA	626	0	0	0	626
GLOUCESTER	MA	876	0	0	0	876
HAVERHILL	MA	1290	0	0	0	1290
HOLYOKE	MA	1674	1055	0	0	2729
LAWRENCE	MA	2306	1240	0	82	3628
LEOMINSTER	MA	535	0	0	0	535
LOWELL	MA	2810	1131	0	100	4041
LYNN	MA	3283	918	0	116	4317
MALDEN	MA	1787	2154	0	0	3941
MEDFORD	MA	2107	0	0	75	2182
NEW BEDFORD	MA	3608	1241	0	128	4977
NEWTON	MA	2643	1049	0	94	3786
NORTHAMPTON	MA	877	0	0	0	877
PITTSFIELD	MA	1814	0	0	0	1814
QUINCY	MA	2442	692	0	87	3221
SALEM	MA	1392	0	0	0	1392
SOMERVILLE	MA	3609	753	0	128	4490
SPRINGFIELD	MA	5063	1878	0	180	7121
TAUNTON	MA	1003	0	0	0	1003
WALTHAM	MA	1227	0	0	0	1227
WESTFIELD	MA	508	0	0	0	508
WEYMOUTH	MA	822	0	0	0	822
WORCESTER	MA	5754	1596	0	204	7554
YARMOUTH	MA	202	0	0	0	202
MASSACHUSETTS STATE PROGRAM	MA	37621	13812	1111	2161	54705
CNSRT-PEABODY	MA	0	1978	0	0	1978
CNSRT-BARNSTABLE COUNTY	MA	0	706	0	0	706
** Total **	MA	127072	40269	3001	4502	174844
<b>Michigan</b>	<b>MI</b>					
ANN ARBOR	MI	1381	699	0	0	2080
BATTLE CREEK	MI	1689	470	0	0	2159
BAY CITY	MI	1849	398	0	0	2247
BENTON HARBOR	MI	675	0	0	0	675
CANTON TWP	MI	426	0	0	0	426
CLINTON TWP	MI	637	0	0	0	637
DEARBORN	MI	2499	0	0	89	2588
DEARBORN HEIGHTS	MI	1193	0	0	0	1193
DETROIT	MI	51284	16612	1526	1819	71241
EAST LANSING	MI	871	0	0	0	871
FARMINGTON HILLS	MI	420	0	0	0	420
FLINT	MI	5569	1933	0	198	7700
GRAND RAPIDS	MI	4734	1671	0	168	6573
HOLLAND	MI	422	0	0	0	422
JACKSON	MI	1852	477	0	0	2329
KALAMAZOO	MI	2290	912	0	81	3283
LANSING	MI	2413	1209	0	87	3709
LINCOLN PARK	MI	936	0	0	0	936

Location	State	CDBG	HOME	HOPWA	ESG	Total
LIVONIA	MI	524	0	0	0	524
MIDLAND	MI	333	0	0	0	333
MUSKEGON	MI	1342	514	0	0	1856
MUSKEGON HTS	MI	573	0	0	0	573
NORTON SHORES	MI	172	0	0	0	172
PONTIAC	MI	2053	845	0	0	2898
PORTAGE	MI	260	0	0	0	260
PORT HURON	MI	1111	438	0	0	1549
REDFORD	MI	1025	0	0	0	1025
ROCHESTER HILLS	MI	328	0	0	0	328
ROSEVILLE	MI	546	0	0	0	546
ROYAL OAK	MI	1525	0	0	0	1525
SAGINAW	MI	3290	1105	0	117	4512
ST CLAIR SHORES	MI	1063	0	0	0	1063
SOUTHFIELD	MI	590	0	0	0	590
STERLING HEIGHTS	MI	706	0	0	0	706
TAYLOR	MI	792	0	0	0	792
TROY CITY	MI	409	0	0	0	409
WARREN	MI	1138	437	0	0	1575
WATERFORD TOWNSHIP	MI	481	0	0	0	481
WESTLAND	MI	1086	407	0	0	1493
WYOMING	MI	546	0	0	0	546
GENESEE COUNTY	MI	2754	1132	0	98	3984
KENT COUNTY	MI	1671	0	0	0	1671
MACOMB COUNTY	MI	1943	612	0	0	2555
OAKLAND COUNTY	MI	4035	1329	0	143	5507
WAYNE COUNTY	MI	3667	1590	0	130	5387
MICHIGAN STATE PROGRAM	MI	43927	26844	677	2706	74154
** Total **	MI	159030	59634	2203	5636	226503
<b>Minnesota</b>						
BLOOMINGTON		514	0	0	0	514
DULUTH		3516	740	0	125	4381
MINNEAPOLIS		16937	3677	670	601	21885
MOORHEAD		454	0	0	0	454
PLYMOUTH		311	0	0	0	311
ROCHESTER		604	0	0	0	604
ST CLOUD		675	0	0	0	675
ST PAUL		9995	2321	0	354	12670
ANOKA COUNTY		1841	0	0	0	1841
DAKOTA COUNTY		2001	2103	0	0	4104
HENNEPIN COUNTY		3482	1723	0	124	5329
RAMSEY COUNTY		1431	0	0	0	1431
ST LOUIS COUNTY		3085	693	0	110	3888
MINNESOTA STATE PROGRAM		24986	9146	92	1160	35384
** Subtotal **		69832	20403	762	2474	93471
<b>Mississippi</b>						
BILOXI		753	0	0	0	753
GULFPORT		1010	0	0	0	1010
HATTIESBURG		1038	455	0	0	1493
JACKSON		3624	1429	0	129	5182
MOSS POINT		333	0	0	0	333
PASCAGOULA		430	0	0	0	430

Location	State	CDBG	HOME	HOPWA	ESG	Total
MISSISSIPPI STATE PROG		37247	14337	769	1443	53796
** Subtotal **		44435	16221	769	1572	62997
<b>Missouri</b>						
COLUMBIA		1038	536	0	0	1574
FLORISSANT		287	0	0	0	287
INDEPENDENCE		1049	488	0	0	1537
JOPLIN		951	0	0	0	951
KANSAS CITY		11394	2824	813	404	15435
LEES SUMMIT		348	0	0	0	348
ST CHARLES		410	0	0	0	410
ST JOSEPH		2351	524	0	83	2958
ST LOUIS		27671	5038	944	982	34635
SPRINGFIELD		1870	990	0	0	2860
ST LOUIS COUNTY		6497	2511	0	230	9238
MISSOURI STATE PROGRAM		28697	14693	396	1225	45011
** Subtotal **		82563	27604	2153	2924	115244
<b>Montana</b>						
BILLINGS		896	451	0	0	1347
GREAT FALLS		1028	420	0	0	1448
MISSOULA		684	0	0	0	684
MONTANA STATE PROGRAM		7767	4037	0	363	12167
** Subtotal **		10375	4908	0	363	15646
<b>Nebraska</b>						
LINCOLN		2164	1057	0	77	3298
OMAHA		6394	2462	0	227	9083
NEBRASKA STATE PROGRAM		14835	4661	0	524	20020
** Subtotal **		23393	8180	0	828	32401
<b>Nevada</b>						
HENDERSON		811	0	0	0	811
LAS VEGAS		3999	0	1308	142	5449
NORTH LAS VEGAS		1205	0	0	0	1205
RENO		1910	1242	0	0	3152
SPARKS		557	0	0	0	557
CLARK COUNTY		4549	3684	0	161	8394
NEVADA STATE PROGRAM		2842	3000	190	260	6292
CNSRT-LYON COUNTY		0	468	0	0	468
** Subtotal **		15873	8394	1498	563	26328
<b>New Hampshire</b>						
DOVER	NH	435	0	0	0	435
MANCHESTER	NH	2185	636	0	78	2899
NASHUA	NH	849	0	0	0	849
PORTSMOUTH	NH	708	0	0	0	708
ROCHESTER	NH	367	0	0	0	367
NEW HAMPSHIRE STATE PROGRAM	NH	9903	4008	0	433	14344
** Total **	NH	14447	4644	0	511	19602

**New Jersey**

Location	State	CDBG	HOME	HOPWA	ESG	Total
ASBURY PARK		505	0	0	0	505
ATLANTIC CITY		1941	506	0	0	2447
BAYONNE		2245	0	0	80	2325
BLOOMFIELD		1511	0	0	0	1511
BRICK TOWNSHIP		411	0	0	0	411
BRIDGETON		622	0	0	0	622
CAMDEN		3720	1424	0	132	5276
CHERRY HILL		434	0	0	0	434
CLIFTON		1863	0	0	0	1863
DOVER TOWNSHIP		511	0	595	0	1106
EAST ORANGE		2036	915	0	0	2951
EDISON		624	0	0	0	624
ELIZABETH		2824	1303	0	100	4227
GLOUCESTER TWP		329	0	0	0	329
HAMILTON		641	0	0	0	641
IRVINGTON		1338	567	0	0	1905
JERSEY CITY		8683	2855	2271	308	14117
LONG BRANCH		678	0	0	0	678
MIDDLETOWN		356	0	0	0	356
MILLVILLE		383	0	0	0	383
NEWARK		11596	3965	5777	411	21749
NEW BRUNSWICK		961	409	0	0	1370
NORTH BERGEN TOWNSHIP		1026	0	0	0	1026
OLD BRIDGE TOWNSHIP		363	0	0	0	363
PARSIPPANY-TROYHILLS		279	0	0	0	279
PASSAIC		1450	811	0	0	2261
PATERSON		3296	1642	1160	117	6215
PERTH AMBOY		917	448	0	0	1365
SAYREVILLE		197	0	0	0	197
TRENTON		3834	880	0	136	4850
UNION CITY		1630	0	0	0	1630
UNION		837	0	0	0	837
VINELAND		655	730	0	0	1385
WAYNE TOWNSHIP		232	0	0	0	232
WOODBIDGE		686	0	671	0	1357
BERGEN COUNTY		12532	2596	0	444	15572
BURLINGTON COUNTY		2037	726	0	0	2763
CAMDEN COUNTY		2828	1129	0	100	4057
ESSEX COUNTY		7396	1168	0	262	8826
GLOUCESTER COUNTY		1823	706	0	0	2529
HUDSON COUNTY		5024	3097	0	178	8299
MIDDLESEX COUNTY		2000	1391	0	0	3391
MONMOUTH COUNTY		3697	1064	0	131	4892
MORRIS COUNTY		2591	778	0	92	3461
OCEAN COUNTY		2356	1170	0	84	3610
SOMERSET COUNTY		1540	491	0	0	2031
UNION COUNTY		6252	1279	0	222	7753
NEW JERSEY STATE PROGRAM		10924	7581	1430	1480	21415
CNSRT-MERCER COUNTY		0	531	0	0	531
CNSRT-ATLANTIC COUNTY		0	555	0	0	555
** Subtotal **		120614	40717	11904	4277	177512

Location	State	CDBG	HOME	HOPWA	ESG	Total
<b>New Mexico</b>						
ALBUQUERQUE		5343	2155	0	190	7688
LAS CRUCES		1200	470	0	0	1670
SANTA FE		735	0	0	0	735
NEW MEXICO STATE PROGRAM		15462	6171	391	615	22639
** Subtotal **		22740	8796	391	805	32732
<b>New York</b>						
ALBANY		4487	984	0	159	5630
AMHERST		698	981	0	0	1679
AUBURN		1250	0	0	0	1250
BABYLON TOWN		1538	592	0	0	2130
BINGHAMTON		2953	610	0	105	3668
BUFFALO		21171	5580	352	751	27854
CHEEKTOWAGA TOWN		862	0	0	0	862
CLAY TOWN		352	0	0	0	352
COLONIE TOWN		455	0	0	0	455
DUNKIRK		689	0	0	0	689
ELMIRA		1695	475	0	0	2170
GLENS FALLS		645	0	0	0	645
GREECE		512	0	0	0	512
HAMBURG TOWN		481	0	0	0	481
HUNTINGTON TOWN		1112	0	0	0	1112
IRONDEQUOIT		1042	0	0	0	1042
ISLIP TOWN		2324	724	1362	82	4492
JAMESTOWN		1654	435	0	0	2089
MIDDLETOWN		670	0	0	0	670
MOUNT VERNON		2219	684	0	79	2982
NEWBURGH		1061	0	0	0	1061
NEW ROCHELLE		1984	464	0	0	2448
NEW YORK CITY		221885	104240	48668	7868	382661
NIAGARA FALLS		3314	773	0	118	4205
POUGHKEEPSIE		1322	0	0	0	1322
ROCHESTER		11699	3535	542	415	16191
ROME		1363	0	0	0	1363
SARATOGA SPRINGS		448	0	0	0	448
SCHENECTADY		3173	1402	0	113	4688
SYRACUSE		7568	2052	0	268	9888
TONAWANDA TOWN		2040	0	0	0	2040
TROY		2479	0	0	88	2567
UNION TOWN		1639	0	0	0	1639
UTICA		3916	961	0	139	5016
WEST SENECA		300	0	0	0	300
WHITE PLAINS		1210	0	0	0	1210
YONKERS		4403	1746	0	156	6305
DUTCHESS COUNTY		1736	859	0	0	2595
ERIE COUNTY		3343	1166	0	119	4628
MONROE COUNTY		2026	1113	0	0	3139
NASSAU COUNTY		17536	2961	0	622	21119
ONONDAGA COUNTY		2222	730	0	79	3031
ORANGE COUNTY		1970	1171	0	0	3141
ROCKLAND COUNTY		2231	834	0	79	3144
SUFFOLK COUNTY		4185	1588	0	148	5921
WESTCHESTER COUNTY		6603	1496	0	234	8333

Location	State	CDBG	HOME	HOPWA	ESG	Total
<b>New York State Program</b>						
NEW YORK STATE PROGRAM		54655	29162	2218	3022	89057
CNSRT-JEFFERSON COUNTY		0	1262	0	0	1262
** Subtotal **		413120	168580	53142	14644	649486
<b>North Carolina</b>						
ASHEVILLE		1547	1140	0	0	2687
BURLINGTON		428	0	0	0	428
CHAPEL HILL		434	0	0	0	434
CHARLOTTE		4556	2082	397	162	7197
CONCORD		332	761	0	0	1093
DURHAM		1759	954	0	0	2713
FAYETTEVILLE		1123	581	0	0	1704
GASTONIA		697	517	0	0	1214
GOLDSBORO		596	339	0	0	935
GREENSBORO		1965	1766	0	0	3731
GREENVILLE		836	734	0	0	1570
HICKORY		301	0	0	0	301
HIGH POINT		809	0	0	0	809
JACKSONVILLE		537	0	0	0	537
KANNAPOLIS		515	0	0	0	515
LENOIR		201	873	0	0	1074
MORGANTON		139	0	0	0	139
RALEIGH		2336	1074	386	83	3879
ROCKY MOUNT		760	792	0	0	1552
SALISBURY		413	0	0	0	413
WILMINGTON		912	560	0	0	1472
WINSTON SALEM		1844	1152	0	0	2996
CUMBERLAND COUNTY		2255	844	0	80	3179
WAKE COUNTY		1699	452	0	0	2151
NORTH CAROLINA STA PROG		45107	16105	1212	2227	64651
CNSRT-SURRY COUNTY		0	530	0	0	530
CNSRT-ORANGE COUNTY		0	437	0	0	437
** Subtotal **		72101	31693	1995	2552	108341
<b>North Dakota</b>						
BISMARCK		454	0	0	0	454
FARGO		849	0	0	0	849
GRAND FORKS		562	0	0	0	562
NORTH DAKOTA STATE PROG		6207	3629	0	285	10121
** Subtotal **		8072	3629	0	285	11986
<b>Ohio</b>						
AKRON	OH	8461	2242	0	300	11003
ALLIANCE	OH	849	0	0	0	849
BARBERTON	OH	943	0	0	0	943
BOWLING GREEN	OH	416	0	0	0	416
CANTON	OH	3665	889	0	130	4684
CINCINNATI	OH	16672	4796	395	591	22454
CLEVELAND	OH	30433	8006	670	1079	40188
CLEVELAND HEIGHTS	OH	1908	0	0	0	1908
COLUMBUS	OH	8594	5022	458	305	14379
DAYTON	OH	8268	2334	0	293	10895
EAST CLEVELAND	OH	1299	562	0	0	1861
ELYRIA	OH	695	0	0	0	695

Location	State	CDBG	HOME	HOPWA	ESG	Total
EUCLID	OH	1201	0	0	0	1201
FAIRBORN	OH	433	0	0	0	433
HAMILTON CITY	OH	1831	591	0	0	2422
KENT	OH	435	0	0	0	435
KETTERING	OH	492	0	0	0	492
LAKEWOOD	OH	2560	0	0	91	2651
LANCASTER	OH	665	0	0	0	665
LIMA	OH	1480	444	0	0	1924
LORAIN	OH	1522	663	0	0	2185
MANSFIELD	OH	1087	475	0	0	1562
MARIETTA	OH	538	0	0	0	538
MASSILLON	OH	923	0	0	0	923
MENTOR	OH	245	0	0	0	245
MIDDLETOWN	OH	787	0	0	0	787
NEWARK	OH	1019	0	0	0	1019
PARMA	OH	974	0	0	0	974
SPRINGFIELD	OH	2507	747	0	89	3343
STEUBENVILLE	OH	1005	0	0	0	1005
TOLEDO	OH	9544	3078	0	338	12960
WARREN	OH	1609	986	0	0	2595
YOUNGSTOWN	OH	5548	1232	0	197	6977
BUTLER COUNTY	OH	1475	0	0	0	1475
CUYAHOGA COUNTY	OH	3280	2497	0	115	5892
FRANKLIN COUNTY	OH	2196	783	0	78	3057
HAMILTON COUNTY	OH	3483	1456	0	124	5063
LAKE COUNTY	OH	1527	498	0	0	2025
MONTGOMERY COUNTY	OH	2512	1238	0	89	3839
STARK COUNTY	OH	1668	1111	0	0	2779
SUMMIT COUNTY	OH	1675	608	0	0	2283
OHIO STATE PROGRAM	OH	54624	29624	822	2934	88004
** Total **	OH	191048	69882	2345	6753	270028
<b>Oklahoma</b>						
BROKEN ARROW		484	0	0	0	484
EDMOND		452	0	0	0	452
ENID		715	0	0	0	715
LAWTON		1132	511	0	0	1643
MIDWEST CITY		598	0	0	0	598
NORMAN		998	444	0	0	1442
OKLAHOMA CITY		6322	2598	0	224	9144
SHAWNEE		541	0	0	0	541
TULSA		4729	2078	0	168	6975
OKLAHOMA STATE PROGRAM		20668	10956	723	903	33250
CNSRT-TULSA COUNTY		0	1030	0	0	1030
** Subtotal **		36639	17617	723	1295	56274
<b>Oregon</b>						
ASHLAND		221	0	0	0	221
BEAVERTON		476	0	0	0	476
EUGENE		1543	1451	0	0	2994
GRESHAM		666	0	0	0	666
MEDFORD		631	0	0	0	631
PORTLAND		12157	4276	803	431	17667
SALEM		1403	849	0	0	2252

Location	State	CDBG	HOME	HOPWA	ESG	Total
SPRINGFIELD		680	0	0	0	680
CLACKAMAS COUNTY		2448	869	0	87	3404
MULTNOMAH COUNTY		378	0	0	0	378
WASHINGTON COUNTY		2355	1092	0	84	3531
OREGON STATE PROGRAM		15598	9766	0	764	26128
** Subtotal **		38556	18303	803	1366	59028
<b>Pennsylvania</b>						
ABINGTON		941	0	0	0	941
ALLENTOWN		3222	789	0	114	4125
ALTOONA		2544	499	0	90	3133
BENSALEM TOWNSHIP		425	0	0	0	425
BETHLEHEM		1948	517	0	0	2465
BRISTOL TOWNSHIP		675	0	0	0	675
CARLISLE		447	0	0	0	447
CHESTER		1914	461	0	0	2375
EASTON		1160	0	0	0	1160
ERIE		4431	1195	0	157	5783
HARRISBURG		2809	724	0	100	3633
HAVERFORD		1110	0	0	0	1110
HAZLETON		1150	0	0	0	1150
JOHNSTOWN		2110	387	0	75	2572
LANCASTER		2268	665	0	80	3013
LEBANON		1020	0	0	0	1020
LOWER MERION		1396	0	0	0	1396
MCKEESPORT		1619	0	0	0	1619
MILLCREEK TOWNSHIP		309	0	0	0	309
NORRISTOWN		1176	0	0	0	1176
PENN HILLS		736	0	0	0	736
PHILADELPHIA		68713	14601	3428	2437	89179
PITTSBURGH		21309	3957	491	756	26513
READING		3932	836	0	139	4907
SCRANTON		4134	699	0	147	4980
SHARON		813	0	0	0	813
STATE COLLEGE		963	388	0	0	1351
UPPER DARBY		2400	0	0	85	2485
WILKES-BARRE		2357	398	0	84	2839
WILLIAMSPORT		1655	428	0	0	2083
YORK		2064	519	0	0	2583
ALLEGHENY COUNTY		18686	4365	0	663	23714
BEAVER COUNTY		4669	1144	0	166	5979
BERKS COUNTY		3131	526	0	111	3768
BUCKS COUNTY		2641	1060	0	94	3795
CHESTER COUNTY		3206	912	0	114	4232
DELAWARE COUNTY		4586	1114	0	163	5863
LANCASTER COUNTY		3814	1064	0	135	5013
LUZERNE COUNTY		5979	1030	0	212	7221
MONTGOMERY COUNTY		4100	1159	0	145	5404
WASHINGTON COUNTY		5322	1099	0	189	6610
WESTMORELAND COUNTY		4901	1762	0	174	6837
YORK COUNTY		2884	666	0	102	3652
PENNSYLVANIA STATE PROG		57736	25569	1135	2803	87243
** Subtotal **		263405	68533	5054	9335	346327

Location	State	CDBG	HOME	HOPWA	ESG	Total
<b>Rhode Island</b>						
CRANSTON		1272	0	0	0	1272
EAST PROVIDENCE		866	0	0	0	866
PAWTUCKET		2511	580	0	89	3180
PROVIDENCE		7366	2098	424	261	10149
WARWICK		915	0	0	0	915
WOONSOCKET		1545	495	0	55	2095
RHODE ISLAND STATE PROG		5625	4017	0	307	9949
** Subtotal **		20100	7190	424	712	28426
<b>South Carolina</b>						
AIKEN		265	0	0	0	265
ANDERSON		934	0	0	0	934
CHARLESTON		1684	695	0	0	2379
COLUMBIA		1483	741	0	0	2224
FLORENCE		512	0	0	0	512
GREENVILLE		1368	395	0	0	1763
MYRTLE BEACH		265	0	0	0	265
ROCK HILL		599	0	0	0	599
SPARTANBURG		912	415	0	0	1327
SUMTER		603	0	0	0	603
CHARLESTON COUNTY		2835	1032	0	101	3968
GREENVILLE COUNTY		2569	884	0	91	3544
SPARTANBURG COUNTY		1548	0	0	0	1548
SOUTH CAROLINA STA PROG		29192	11420	1657	1392	43661
CNSRT-SUMTER COUNTY		0	1033	0	0	1033
** Subtotal **		44769	16615	1657	1584	64625
<b>South Dakota</b>						
RAPID CITY		661	0	0	0	661
SIOUX FALLS		979	506	0	0	1485
SOUTH DAKOTA STATE PROG		8103	3320	0	344	11767
** Subtotal **		9743	3826	0	344	13913
<b>Tennessee</b>						
BRISTOL		246	0	0	0	246
CHATTANOOGA		2467	1216	0	88	3771
CLARKSVILLE		929	391	0	0	1320
JACKSON		753	377	0	0	1130
JOHNSON CITY		629	0	0	0	629
KINGSPORT		516	0	0	0	516
KNOXVILLE		2485	1365	0	88	3938
MEMPHIS		11133	5065	538	395	17131
MURFREESBORO		581	0	0	0	581
NASHVILLE-DAVIDSON		5872	2781	479	208	9340
OAK RIDGE		263	0	0	0	263
KNOX COUNTY		1381	419	0	0	1800
SHELBY COUNTY		1598	462	0	0	2060
TENNESSEE STATE PROGRAM		29782	14589	525	1297	46193
** Subtotal **		58635	26665	1542	2076	88918
<b>Texas</b>						
ABILENE		1442	534	0	0	1976

Location	State	CDBG	HOME	HOPWA	ESG	Total
AMARILLO		2407	926	0	85	3418
ARLINGTON		2860	1007	0	101	3968
AUSTIN		8105	3137	767	288	12297
BAYTOWN CITY		1091	0	0	0	1091
BEAUMONT		2317	836	0	82	3235
BROWNSVILLE		4083	1153	0	145	5381
BRYAN		1054	400	0	0	1454
CARROLLTON		741	0	0	0	741
COLLEGE STATION		1186	535	0	0	1721
CONROE		529	0	0	0	529
CORPUS CHRISTI		4929	1787	0	175	6891
DALLAS		19161	6965	2505	680	29311
DENISON		470	0	0	0	470
DENTON		1066	520	0	0	1586
EDINBURG		920	0	0	0	920
EL PASO		12396	4252	0	440	17088
FORT WORTH		7677	2744	655	272	11348
GALVESTON		1822	607	0	0	2429
GARLAND		2003	595	0	0	2598
GRAND PRAIRIE		1345	414	0	0	1759
HARLINGEN		1338	403	0	0	1741
HOUSTON		35018	11821	6466	1242	54547
IRVING		2238	797	0	79	3114
KILLEEN		1037	397	0	0	1434
LAREDO		4299	1354	0	153	5806
LEWISVILLE		476	0	0	0	476
LONGVIEW		1034	414	0	0	1448
LUBBOCK		3183	1163	0	113	4459
MC ALLEN		2569	689	0	91	3349
MARSHALL		529	0	0	0	529
MESQUITE		1038	0	0	0	1038
MIDLAND		1314	0	0	0	1314
MISSION		980	0	0	0	980
MISSOURI CITY		310	0	0	0	310
NEW BRAUNFELS		438	0	0	0	438
NORTH RICHLAND HILLS		366	0	0	0	366
ODESSA		1632	447	0	0	2079
ORANGE		548	0	0	0	548
PASADENA		2046	618	0	0	2664
PHARR		1318	0	0	0	1318
PLANO		1019	0	0	0	1019
PORT ARTHUR		1851	509	0	0	2360
RICHARDSON		547	0	0	0	547
ROUND ROCK		413	0	0	0	413
SAN ANGELO		1386	482	0	0	1868
SAN ANTONIO		20100	7066	805	713	28684
SAN BENITO		679	0	0	0	679
SAN MARCOS		703	0	0	0	703
SHERMAN		421	0	0	0	421
TEMPLE		756	0	0	0	756
TEXARKANA		565	0	0	0	565
TEXAS CITY		633	0	0	0	633
TYLER		1277	561	0	0	1838
VICTORIA		977	0	0	0	977
WACO		2204	967	0	78	3249

Location	State	CDBG	HOME	HOPWA	ESG	Total
WICHITA FALLS		1795	561	0	0	2356
BEXAR COUNTY		2252	559	0	80	2891
BRAZORIA COUNTY		2010	516	0	0	2526
DALLAS COUNTY		1911	487	0	0	2398
FORT BEND COUNTY		2121	463	0	0	2584
HARRIS COUNTY		11372	2891	0	403	14666
HIDALGO COUNTY		8763	1906	0	311	10980
MONTGOMERY COUNTY		1763	0	0	0	1763
TARRANT COUNTY		3529	1087	0	125	4741
TEXAS STATE PROGRAM		84441	37060	2086	4721	128308
** Subtotal **		292803	99630	13284	10377	416094

**Utah**

CLEARFIELD		332	0	0	0	332
LAYTON		418	0	0	0	418
OGDEN		1614	485	0	0	2099
OREM		753	0	0	0	753
PROVO		2012	1532	0	0	3544
SALT LAKE CITY		4840	1209	0	172	6221
SANDY CITY		562	0	0	0	562
TAYLORSVILLE		467	0	0	0	467
WEST JORDAN		461	0	0	0	461
WEST VALLEY		1144	0	0	0	1144
SALT LAKE COUNTY		3148	1704	0	112	4964
UTAH STATE PROGRAM		7475	3000	368	540	11383
** Subtotal **		23226	7930	368	824	32348

**Vermont**

BURLINGTON	VT	1037	0	0	0	1037
VERMONT STATE PROGRAM	VT	8518	3635	0	338	12491
** Total **	VT	9555	3635	0	338	13528

**Virginia**

ALEXANDRIA		1213	602	0	0	1815
BRISTOL		337	0	0	0	337
CHARLOTTESVILLE		681	750	0	0	1431
CHESAPEAKE		1536	558	0	0	2094
COLONIAL HEIGHTS		110	0	0	0	110
DANVILLE		1200	478	0	0	1678
FREDERICKSBURG		245	0	0	0	245
HAMPTON		1382	686	0	0	2068
HOPEWELL		283	0	0	0	283
LYNCHBURG		951	419	0	0	1370
NEWPORT NEWS		2147	1157	0	76	3380
NORFOLK		6531	2074	0	232	8837
PETERSBURG		742	0	0	0	742
PORTSMOUTH		2193	928	0	78	3199
RICHMOND		5950	1817	492	211	8470
ROANOKE		2108	677	0	75	2860
SUFFOLK		754	534	0	0	1288
VIRGINIA BEACH		3063	1165	702	109	5039
ARLINGTON COUNTY		2303	983	0	82	3368
CHESTERFIELD COUNTY		1381	404	0	0	1785
FAIRFAX COUNTY		6118	1868	0	217	8203

Location	State	CDBG	HOME	HOPWA	ESG	Total
HENRICO COUNTY		1520	645	0	0	2165
PRINCE WILLIAM COUNTY		1674	544	0	0	2218
VIRGINIA STATE PROGRAM		23173	11812	463	1317	36765
** Subtotal **		67595	28101	1657	2397	99750

**Washington**

AUBURN		392	0	0	0	392
BELLEVUE		698	0	0	0	698
BELLINGHAM		891	417	0	0	1308
BREMERTON		580	0	0	0	580
EVERETT		932	0	0	0	932
FEDERAL WAY		575	0	0	0	575
KENNEWICK		585	0	0	0	585
OLYMPIA		412	0	0	0	412
PASCO		621	0	0	0	621
RICHLAND		289	645	0	0	934
SEATTLE		15029	3897	1401	533	20860
SPOKANE		4512	1619	0	160	6291
TACOMA		3344	1589	0	119	5052
VANCOUVER		755	0	0	0	755
YAKIMA		1015	547	0	0	1562
CLARK COUNTY		1837	1089	0	0	2926
KING COUNTY		6490	3255	0	230	9975
KITSAP COUNTY		1427	963	0	0	2390
PIERCE COUNTY		4359	1677	0	155	6191
SNOHOMISH COUNTY		3371	1645	0	120	5136
SPOKANE COUNTY		1906	696	0	0	2602
WASHINGTON STATE PROGRAM		15539	9554	487	1009	26589
CNSRT-LONGVIEW		0	468	0	0	468
** Subtotal **		65559	28061	1888	2326	97834

**West Virginia**

CHARLESTON		2423	918	0	86	3427
HUNTINGTON		2689	1018	0	95	3802
PARKERSBURG		1322	427	0	0	1749
WEIRTON		590	0	0	0	590
WHEELING		1903	601	0	0	2504
WEST VIRGINIA STATE PROG		20777	8704	0	870	30351
** Subtotal **		29704	11668	0	1051	42423

**Wisconsin**

APPLETON		720	0	0	0	720
BELOIT		810	0	0	0	810
EAU CLAIRE		905	480	0	0	1385
GREEN BAY		1206	710	0	0	1916
JANESVILLE		673	0	0	0	673
KENOSHA		1339	589	0	0	1928
LA CROSSE		1282	449	0	0	1731
MADISON		2516	1479	0	89	4084
MILWAUKEE		22092	8452	393	784	31721
NEENAH		254	0	0	0	254
OSHKOSH		1044	0	0	0	1044
RACINE		2543	898	0	90	3531
SHEBOYGAN		1201	0	0	0	1201

Location	State	CDBG	HOME	HOPWA	ESG	Total
SUPERIOR		1106	0	0	0	1106
WAUKESHA		491	0	0	0	491
WAUSAU		840	0	0	0	840
WAUWATOSA		1332	0	0	0	1332
WEST ALLIS		1571	0	0	0	1571
DANE COUNTY		1114	0	0	0	1114
MILWAUKEE COUNTY		1740	1056	0	0	2796
WAUKESHA COUNTY		1127	793	0	0	1920
WISCONSIN STATE PROGRAM		32713	14495	325	1824	49357
** Subtotal **		78619	29401	718	2787	111525
<b>Wyoming</b>						
CASPER		512	0	0	0	512
CHEYENNE		589	0	0	0	589
WYOMING STATE PROGRAM		3390	3500	0	159	7049
** Subtotal **		4491	3500	0	159	8150
<b>Puerto Rico</b>						
AGUADILLA MUNICIPIO		2516	493	0	89	3098
ARECIBO MUNICIPIO		3905	611	0	139	4655
BAYAMON MUNICIPIO		6575	1452	0	233	8260
CAGUAS MUNICIPIO		4780	889	0	170	5839
CANOVANAS MUNICIPIO		1732	0	0	0	1732
CAROLINA MUNICIPIO		5283	1305	0	187	6775
CAYEY MUNICIPIO		1940	0	0	0	1940
FAJARDO MUNICIPIO		1352	0	0	0	1352

Location	State	CDBG	HOME	HOPWA	ESG	Total
GUAYNABO MUNICIPIO		2707	570	0	96	3373
HUMACAO MUNICIPIO		2178	0	0	77	2255
MANATI MUNICIPIO		1657	0	0	0	1657
MAYAGUEZ MUNICIPIO		3915	1036	0	139	5090
PONCE MUNICIPIO		7926	1378	0	281	9585
RIO GRANDE MUNICIPIO		1840	0	0	0	1840
SAN JUAN MUNICIPIO		14371	5624	5891	510	26396
TOA ALTA MUNICIPIO		1792	0	0	0	1792
TOA BAJA MUNICIPIO		3096	404	0	110	3610
TRUJILLO ALTO MUNICIPIO		2037	0	0	0	2037
VEGA BAJA MUNICIPIO		2363	0	0	84	2447
PUERTO RICO STATE PROG		58762	13297	1841	2515	76415
** Subtotal **		130727	27059	7732	4630	170148
<b>Insular Areas</b>						
AMERICAN SAMOA		1005	288	0	43	1336
GUAM		2870	1335	0	123	4328
NORTHERN MARIANAS		931	368	0	40	1339
VIRGIN ISLANDS		2194	1209	0	94	3497
** Subtotal **		7000	3200	0	300	10500
<b>*** Total ***</b>		4232700	1553500	200475	150000	6136675



## APPENDIX 2

### FEDERAL HOUSING RESOURCE GUIDE

#### INTRODUCTION

Housing is generally the largest single expense low-income households face. According to the federal government, housing is "affordable" to a low-income family as long as the cost of housing (rent or mortgage/tax payments plus basic utilities) does not exceed 30 percent of household income. Consistent with this standard, households earning \$11,000/year or \$917/month (minimum wage) cannot afford to pay more than \$275/month for rent and utilities.

Annual Income	Affordable Monthly Housing Cost
\$ 6,000 (SSI)	\$ 150
\$ 11,000 (minimum wage)	\$ 275
\$ 15,000	\$ 375
\$ 20,000	\$ 500

People with disabilities who may be receiving Supplemental Security Income (SSI) or who work in low wage jobs find it very difficult to find housing that is affordable. This Federal Housing Resource Guide provides information on key federal programs and resources that can be used to assist low-income people with disabilities with their housing needs.

Most of these programs are funded by the U.S. Department of Housing and Urban Development (HUD). Though all of these programs are federally funded, some (as indicated) are administered and available through your state or city housing and community development offices.

#### CHANGING FEDERAL ENVIRONMENT

Currently, the federal government is experiencing significant changes in how housing programs are administered and at what level of funding these programs will continue. These changes will impact federal housing programs for years to come. Though at this time it is difficult to predict the outcome of this debate, the following changes are already underway:

- Potential cuts to many federal housing programs
- A "devolution" of program responsibility from the federal to state and local governments

- Greater focus on achieving mixed-income environments in most public and private affordable housing programs
- Less federal oversight and regulation

Throughout the Resource Guide, changes that are known or are very likely to occur are indicated in the program summaries.

## **FEDERAL HOUSING PROGRAMS**

Below are brief program summaries of commonly used federal housing programs. HUD funds most of these programs, though there are some noted exceptions. Though all of these programs are federally funded, some (as indicated) are administered and available through your state or city housing and community development offices. Often times when looking for resources the best place to start is the city and local level to find out how funds are being spent in your community.

### **I. Public Housing Agencies and the PHA Plan**

Public Housing Agencies (PHAs) were created by the Housing Act of 1937 to develop, own, and manage federal public housing under contract with HUD. PHAs are overseen by a Board of Commissioners or Director who are either elected or appointed by the city or town. PHAs administer federal public housing units as well as Section 8 tenant-based certificates and vouchers. Historically, PHAs have been highly regulated by HUD. However, recent federal legislation has given greater flexibility to PHAs to decide how to use federal housing resources to meet housing needs in local communities.

Federal public housing is developed, owned, and operated by PHAs. HUD provides an operating subsidy to pay for the costs of operating and managing the housing not covered by tenant rents. Public housing tenants typically pay a limited percentage (usually 30 percent) of their income as rent to the PHA.

The 1998 Quality Housing and Work Responsibility Act, commonly called the Public Housing Reform, made major changes in federal public housing and Section 8 programs. Highlights of the important changes to HUD's housing programs include income targeting and "deconcentrating" public housing.

- The complex provisions of this part of the legislation allow higher income targeting for public housing units and lower income targeting for the Section 8 rental assistance program. For example, Public Housing Agencies will be required to make not less than 75% of their Section 8 rental subsidies available to households whose incomes are less than 30% of the Area Median Income.
- Another change is the implementation of minimum rents. Under the new law, PHAs will be allowed to impose minimum rents of \$0 to \$50 a month for public and Section 8 assisted residents. Exemptions are permitted under certain circumstances.

- New Section 8 Homeownership provisions will permit PHAs to use Section 8 tenant based rental assistance to support homeownership for low-income households.

As mentioned, beginning in 2000, PHAs will be required to prepare and submit to HUD a five year Public Housing Agency Plan covering all aspects of a PHA's operations, including PHA income targeting and tenant selection preferences for federal public housing units and Section 8 rent subsidies. The PHA Plan must be developed in consultation with a Resident Advisory Board and be consistent with the housing needs and housing strategies described in the community's HUD mandated Consolidated Plan. (See section on Consolidated Plan below)

Through the PHA Plan, PHAs may establish tenant selection preferences for their public housing units. PHAs may also designate studio and one bedroom public housing units as "elderly only" housing—and reduce the supply of public housing units available to people with disabilities. However, PHAs can only designate "elderly only" housing if the PHA has a separate HUD-approved PHA allocation plan requesting the designation.

### ***Federal Public Housing Units***

Since the 1970s HUD has funded very few new units of public housing. Many PHAs are now competing for HUD's HOPE VI Public Housing Revitalization Program, which provides funding for the demolition and redevelopment of older and deteriorated public housing. In an effort to revitalize the image of public housing, public housing units developed under the HOPE VI program are frequently targeted to moderate income rather than low-income households.

In the next few years there is likely to be no new funding for public housing development, and cuts in operating and modernization funds. In addition, tenant selection policies are undergoing fundamental changes with the elimination of federal mandatory preferences (including those for people who are homeless or at risk of homelessness) and the proposed raising of public housing income limits. The primary goal of these changes is to create more mixed income housing developments.

Although federal mandatory preferences are no longer applicable, PHAs may choose to establish local preferences for tenant selection, and may adopt a preference for people with disabilities. PHAs have a good deal of latitude in selecting local preference categories, though these categories should be based on local needs (as indicated in the Consolidated Plan, the PHA Plan or other public planning processes). In the future, as noted above, PHAs are likely to have broader discretion over the administration of public housing.

### ***Section 8 Certificates and Vouchers***

The Section 8 tenant-based certificate and voucher programs were created by Congress as an alternative to public housing and privately owned subsidized housing developments with two goals in mind. These were to allow low-income households more choice in housing; and to reduce the concentration of low income households living in particular neighborhoods, especially in urban areas. The Section 8 program is administered by

PHAs and provides tenant-based rental subsidies that can be used in privately owned rental housing chosen by the program participant that meets Section 8 guidelines. The PHAs are responsible for tenant selection, managing the subsidy account, and inspecting apartments before they are rented. Under the Section 8 tenant-based program, PHAs provides a rental subsidy directly to landlords on behalf of eligible tenants who select housing that meets program guidelines. Tenants pay 30% of their income in rent and the PHA pays the difference between this and the rent charged for the unit. Rents must be "reasonable" and equal to or below a Fair Market Rent established by HUD based on the median rent for the area. Since 1974, this program has become the major form of federal housing assistance available to very low-income households.

Under new public housing reform legislation, the Section 8 certificate and voucher programs will be merged into the new Housing Choice Voucher Program. The Housing Choice Voucher program also provides a rent subsidy paid by the PHA on behalf of the program participant directly to the landlord. However, when new Section 8 participants receive a Housing Choice Voucher, they may pay no more than 40 percent of their income in rent. The amount of the Section 8 rent subsidy paid by the PHA is based on HUD Fair Market Rents for the area.

As mentioned above, until recently, PHAs were required to provide preference to very low-income families (income below 50% of median) who are homeless or at risk of homelessness. However, Congress recently eliminated these requirements. Under new federal laws, PHAs must target at least 75 percent of their Section 8 rent subsidies to households with incomes below 30 percent of the median income. PHAs may also establish other tenant selection preference categories that are consistent with local housing needs. For example, PHAs may adopt a local preference for people with disabilities, although there is no requirement that they must do so. There is usually a very long waiting list for Section 8 certificates and vouchers, and many PHAs open their Section 8 waiting lists for new applicants for very limited periods of time.

### ***The Section 8 Mainstream Program for People with Disabilities***

In 1997, 1998, and 1999, Congress appropriated several set-asides of Section 8 rent subsidies targeted exclusively for people with disabilities. During this three-year period, approximately 26,000 new Section 8 rent subsidies targeted to people with disabilities were made available by HUD to PHAs. These funds are available through PHAs that are awarded these subsidies under a Notice of Funding Availability (NOFA) issued by HUD. The NOFA is usually published in late winter or early spring.

Most of these rent subsidies were intended by Congress to replace the federal public and assisted housing units that are no longer available to people with disabilities because of the designation of "elderly only" housing. The Section 8 rent subsidies are usually referred to as the Section 8 Mainstream Program for People with Disabilities. Unfortunately, very few PHAs actually applied for Section 8 Mainstream funding.

To address this lack of interest on the part of PHAs, in 1999 Congress directed HUD to modify the Section 8 Mainstream program and permit non-profit disability organizations

as well as PHAs to apply and administer the program. Non-profit organizations are required to run the Section 8 program in the same manner as PHAs.

### ***Privately-Owned Federally Subsidized Rental Housing—Elderly Only Housing Policies***

Beginning in the early 1960s, Congress created a number of programs that encouraged the development of privately owned affordable housing. This was a move away from public housing and toward public/private partnerships where the federal government would provide incentives to private developers to keep all or some of their units in multi-family developments affordable to low income people. Privately owned affordable housing remains the largest source of affordable housing, exceeding both public housing and tenant-based rental subsidies, nationally.

During the 1970s, HUD stimulated the development of privately owned affordable housing through such programs as the Section 221(d)3 and Section 236 programs which combined long term mortgages with federal mortgage insurance. After Congress created the Section 8 program in the 1970s, many of these properties also received Section 8 project based rental assistance tied to some or all of the units. Until 1992, the one-bedroom units in these developments were available equally to elderly households (age 62 and older) and people with disabilities under age 62. However, since the mid-1990s, owners have the discretion to restrict or exclude people with disabilities from eligibility under "elderly only" designated housing policies.

In the 1970s and early 1980s, the Section 8 New Construction and Section 8 Substantial Rehabilitation program was also used to encourage new subsidized housing development. As an incentive to expand private subsidized housing production/rehabilitation activities, HUD made 15 year commitments of Section 8 rent subsidies to housing developers who were required to provide units to Section 8 eligible households, including people with disabilities. Developers used this Section 8 guarantee to obtain financing from other sources. Since 1992, these properties have also been permitted to adopt "elderly only" housing policies and limit the occupancy of units by people with disabilities under age 62.

The Washington D.C.-based Consortium for Citizens with Disabilities Housing Task Force and the Technical Assistance Collaborative, Inc. have estimated that by the year 2000, as many as 273,000 federally subsidized housing units may be converted to "elderly only" housing. Therefore they would no longer be available to people with disabilities under the age of 62. Most privately owned federally subsidized Section 8 developments in the United States are "at-risk" of conversion to market rate housing due to expiring HUD contracts and mortgage "pre-payment" options being exercised by the owners of these developments.

## **II. Subsidized Housing Programs to Expand the Supply of Affordable Housing**

### **The Consolidated Plan**

The Consolidated Plan (ConPlan) is a HUD mandated application and strategic planning document prepared by all states and certain local government jurisdictions every year. In

order to get the funds each eligible unit of government must submit a comprehensive strategic plan every 5 years with an annual update to that plan every year. The Consolidated Plan controls the use of four HUD programs administered by state and local housing officials and must be approved by HUD each year. These four HUD programs are: the HOME Program; the Community Development Block Grant Program; the Emergency Shelter Grant Program; and the Housing Opportunities for People with AIDS Program. (Each is detailed below.) These funds are allocated to units of local government based on a formula for need.

The ConPlan is intended to be a comprehensive, long range (5 year) planning document that describes housing needs and market conditions, housing strategies, and outlines an action plan for the investment of federal housing funds. The ConPlan is important to the disability community because it controls how federal housing funds will be used to expand affordable housing opportunities, and who will benefit from these affordable housing activities. The housing needs and housing strategies adopted in the Consolidated Plan are also intended to influence the development of other HUD mandated strategic plans – specifically the new Public Housing Agency Plan prepared by PHAs and the Continuum of Care Plan which guides the use of HUD McKinney Homeless Assistance Programs.

### ***HOME Program***

Congress created the HOME Investment Partnerships Program in 1990. The HOME program is a formula grant of federal housing funds to states and local jurisdictions. Local jurisdictions are larger cities and consortia of smaller communities (called "Participating Jurisdictions"). During 1999, Congress appropriated \$1.6 billion that was allocated by formula to approximately 500 communities and states. HOME funds can be used for the following uses:

- Rental housing production and rehabilitation loans and grants;
- First-time homebuyer assistance;
- Rehabilitation loans for homeowners;
- Tenant-based rental assistance (2 year renewable contracts).

All housing developed with HOME funds must serve low and very low income individuals and families. For rental housing, at least 90 percent of HOME funds must benefit families whose incomes are at or below 60 percent of area median income; the remaining 10 percent must benefit families with incomes at or below 80 percent of area median income. (Your state or participating jurisdiction may have even lower income targeting for their HOME funds) 15 percent of a state or local jurisdictions HOME funds must be set-aside for use by community based non-profit organizations (called "CHDOs").

### ***Community Development Block Grant***

The Community Development Block Grant (CDBG) program is a federal grant provided to CDBG "entitlement communities" (typically municipalities with populations over 50,000 and urban counties with populations over 200,000) and to all states. States may use CDBG funds only in non-entitlement communities, including rural areas. During 1999, Congress appropriated \$4.75 billion for the CDBG program. At least 70 percent of CDBG funds must be used to benefit low and moderate-income people by providing decent housing and a suitable living environment, and by expanding economic opportunities. CDBG can be spent on any of the following activities:

- Housing rehabilitation (loans and grants to homeowners, landlords, non-profits, developers);
- New housing construction (only if completed by non-profit groups);
- Purchasing land and buildings;
- Construction of public facilities such as shelters for the homeless;
- Construction of neighborhood service centers or community buildings;
- Code enforcement, demolition, and relocation funds for people displaced because of CDBG projects;
- Making buildings accessible to the elderly and handicapped; and
- Public services (capped at 15 percent of a jurisdiction's CDBG funds) such as employment services and health and child care.

Jurisdictions must certify that their use of CDBG gives maximum feasible priority to activities that will benefit low and moderate-income people or aid in the prevention or elimination of slums or blight. Interpretation of these goals has often led to conflict between community groups and the state and city housing or community development offices responsible for administering the grant.

### ***Emergency Shelter Grant (ESG)***

Created with the authorization of the Stewart B. McKinney Homeless Assistance Act in 1987, the ESG program provides federal (HUD) grants to states and localities based on the formula used for the CDBG program. Program funds are awarded to grantees in proportion to their last year's CDBG allocation (see above). If localities do not meet minimum grant standards, their funds are added to their State's allocation. Each year since 1996 HUD has allocated \$115 million in Emergency Shelter Grants. Eligible activities for use of ESG include:

- Renovation, major rehabilitation, or conversion of buildings for use as emergency shelter;

- Up to 30% on essential services for the homeless;
- Up to 30% on homeless prevention efforts;
- Shelter operating costs, such as maintenance, insurance, utilities, rent, and furnishings (no more than 10% for operating staff costs).

***Housing Opportunities for People with AIDS program (HOPWA)***

HOPWA is a HUD program that funds housing and services for people with AIDS. It is available as a block grant to states and larger metropolitan areas based on the incidence of AIDS in these areas. Approximately \$225 million was appropriated for HOPWA in FY '99. Eligible activities under the program include:

- Housing information and coordination services;
- Acquisition, rehabilitation and leasing of property;
- Project-based or tenant-based rental assistance;
- Homeless prevention activities;
- Supportive services;
- Housing operating costs;
- Technical assistance;
- Administrative expenses.

***Low Income Housing Tax Credit (LIHTC)***

The federal government created the LIHTC program in 1986 in order to create incentives for investment in low-income housing development by giving federal tax credits to investors in affordable low-income housing. Private investors (such as banks, corporations) buy the tax credits from the affordable housing developer. The affordable housing developer then uses these proceeds called equity (usually in combination with other financing) to construct or rehabilitate affordable housing. Investors receive a federal tax credit over a 10-year term.

Because developers of affordable housing must often piece together various forms of financing, the LIHTC has become a critical piece of overall project financing. State Housing Finance Agencies develop plans, called Qualified allocation plans (QAP), describing how the credits will be allocated to projects (setting priorities and scoring for projects). Developers should review the plans to see what the state and local priorities are before submitting an application. Developers should be aware that the process is very competitive. Additionally many states have now created state tax credit programs that operate much like the federal program and provides another source of funds for housing development.



The federal government sets basic long-term affordability requirements on projects. Under LIHTC, at least 20% of the units must be reserved for households earning less than 50% of the area median income or at least 40% of the units must be reserved for households earning up to 60% of area median income. LIHTC projects are required to by federal rules to accept applications from households with Section 8 certificates or vouchers, provided the household meets other tenant screening criteria.

### ***Federal Home Loan Bank***

Federal law requires each of the twelve District Federal Home Loan Banks to establish an Affordable Housing Program (AHP) under which the District Bank provides low-cost funds to member saving institutions for below-market loans or grants for affordable housing activities. Member banks then provide grants and below market loans to organizations for the purchase, construction, and/or rehabilitation of rental housing. At least 20% of the units must be occupied and affordable to very low income households. Member banks file applications with the FHLB on behalf of community organizations in April and October. The AHP is funded by 10 percent of the Federal Home Loan Bank's net income or \$100 million, whichever is greater.

In addition, the Federal Home Loan Bank offers a loan program called the Community Investment Program (CIP). This provides long term funding at fixed rates to develop rental housing (including acquisition, rehabilitation, and construction) or finance first-time home purchases for families and individuals with incomes up to 115% of the area's median income. Fixed rate loans are available at favorable rates for up to a term of 20 years, and are available continuously.

### ***McKinney Continuum of Care***

Since the mid 1990s, HUD's homeless programs have been made available through the Continuum of Care approach – that is a local or state network or system designed to coordinate efforts to address homelessness. The Continuum of Care approach is intended to help communities develop the capacity to envision, organize and plan comprehensive and long-term solutions to addressing the problem of homelessness in their community. This comprehensive approach encourages communities to prioritize gaps in the housing and services available for homeless people and develop long term strategies and action plans to address these gaps using HUD McKinney funds as well as other housing and service resources. There are three HUD McKinney programs (SHP, S+C and S8 Mod Rehab SRO) available through the McKinney Homeless Assistance national competition announced each year in HUD's Notice of Funding Availability (SuperNOFA).

It should be noted that legislation is now pending in the Congress to convert HUD funded homeless programs (SHP, Shelter Plus Care, ESG, Moderate Rehab SRO) into a block grant that would be awarded by formula to eligible cities and states.

### ***The Supportive Housing Program (SHP)***

The SHP program provides supportive housing and/or supportive services to homeless persons. The SHP awards grants through a national competition ("SuperNOFA") to government entities and non-profit organizations. SHP funding can be used to create

transitional housing (temporary housing and services for up to 24 months); create permanent supportive housing for people with disabilities; or provide supportive services not in conjunction with SHP-funded housing. Eligible activities for use of SHP funds include:

- Acquisition of structures for supportive housing or to provide supportive services;
- Rehabilitation of structures for supportive housing or to provide supportive services;
- New construction of buildings for supportive housing where there is a lack of appropriate units that could be rehabilitated or the new construction costs substantially less than rehabilitation;
- Leasing of structures for supportive housing or to provide supportive services;
- Operating costs of supportive housing;
- Supportive services.

### ***Shelter Plus Care***

The Shelter Plus Care program provides rental assistance funding for homeless persons with disabilities, primarily those with mental illness, chronic problems with alcohol and/or drugs, and AIDS or related diseases. Only government agencies and PHAs are eligible to apply through the SuperNOFA national competition. The funds provided for rental assistance must be matched dollar-for-dollar by in kind services to help participants maintain their housing. S+C funds four types of rental assistance:

- Tenant-based rental assistance (TRA) provides grant funding for a five-year contract term. Participants reside in housing of their choice though grant recipients may require participants to live in a specific area in order to facilitate coordination of supportive services.
- Sponsor-based rental assistance (SRA) provides grant funding for a term of five years through contracts between a grant recipient and a sponsor organization. Sponsors may be a non-profit organization or community mental health agency established as a public non-profit. Participants reside in housing owned or leased by the project sponsor.
- Project-based rental assistance (PRA) provides grants for a term of either five or ten years through contracts between grant recipients and owners of existing structures with units that will be leased to participants. Rental assistance grants are for 10 years only if the owner agrees to complete rehabilitation on the units to be leased within 12 months of the grant agreement.

- Single Room Occupancy Dwellings (SRO) provides grants for rental assistance for a contract term of ten years in connection with moderate rehabilitation of single room occupancy housing units.

Like the SHP program, in the future S+C may be blended into a federal homeless assistance block grant allocated to cities and states.

***The Section 8 Moderate Rehabilitation Program for Single Room Occupancy (SRO) Dwellings for Homeless Individuals***

The Section 8 SRO program provides public housing authorities and non-profit organizations rental assistance in the development of Single Room Occupancy Dwellings (SROs) for homeless individuals. SRO projects are awarded Section 8 project-based rent subsidies for up to 10 years--a long term commitment which helps the project sponsor obtain other financing necessary to develop the project. SRO projects must select tenants who qualify as homeless under HUD rules. Other Section 8 tenant selection rules also apply to the Section 8 SRO program. Funds are awarded through periodic national competitions. Private non-profits must contract with a PHA to administer the subsidy.

***Section 811***

The Section 811 Program (formerly the Section 202 program for the elderly and disabled) was authorized as a separate program for people with disabilities in the early 1990s. Section 811 provides capital grants and project rental assistance contracts to non-profit-sponsored housing developments for people with disabilities. Section 811 provides 100% of the development costs that do not have to be repaid if the project remains available to very low-income people with disabilities for 40 years. Funds can be used to acquire, rehabilitate, or construct new housing. Developers can use a variety of structure types, including multifamily housing complexes, condominiums, cooperatives, and group homes. Each HUD region receives an allocation of Section 811 funds annually, which are made available to nonprofit organizations through a national competition announced in a HUD Notice of Funding Availability. Because of limited funding (\$194 million in FY '99), the Section 811 program is extremely competitive.

***Projects for Transition from Homelessness (PATH)***

This federally funded program is administered by the federal Center for Mental Health Services through grants to state mental health agencies. These state agencies provide PATH funded services to homeless people with mental illness primarily through local or regional mental health service providers. PATH funds can be used for outreach, screening, diagnostic treatment, habilitation, rehabilitation, community mental health services, case management, supportive and supervisory services in residential settings, and other housing-related services.

## ***Rural Housing Programs***

The Rural Housing Programs are administered by the US Department of Agriculture and make federal money available in an effort to increase both the amount and the quality of housing in rural areas of the country. Rural areas are places and towns with a population of 50,000 or less.

### ***Section 502 Program***

County offices administer section 502 funds. This program finances the purchase, construction or rehabilitation of owner-occupied single-family homes. Eligible houses must be modest in cost, size, and design, and can include mobile homes. Eligible applicants must meet low or very-low income criteria. The 1999 budget from the USDA allocated \$965 million to this program.

### ***Section 504 Program***

The Section 504 program provides loans or grants to rural elderly or disabled very low-income homeowners. Grants must be used for emergency repairs to water and sanitary sewer systems, wiring, structural supports, and roofs. Unlike grants, loans may be used for cosmetic repairs. There was \$22 million for the low-income home repair grants in 1999, leaving \$32.4 million to the loan part of the program.

### ***Section 515 Program***

Section 515 funds are federal funds available through the Rural Housing and Community Development Services and allocated to states on a formula basis and awarded competitively. The Section 515 program provides low interest loans to finance affordable multifamily housing or congregate housing for families, elders, and people with disabilities who have very low, low or moderate incomes. It can only be used in RHCDs-eligible communities--generally communities with populations of up to 10,000 or in non-urban communities with populations up to 20,000. Section 515 received \$114.3 million was allocated from the USDA (for Section 515) in 1999.

**REFERENCE CHARTS**

*Federal Program Activities At-A-Glance:*

<i>Program</i>	<i>ACTIVITY</i>							
	New Construction	Acquisitions	Rehabilitation	Rental Assistance	Support Services	Leasing Property	Operating Costs	Homeless
CDBG	✓	✓	✓		✓		✓	✓
HOME	✓	✓	✓	✓				✓
LIHTC	✓	✓	✓				✓	
FHLB	✓	✓	✓					
Section 515	✓	✓	✓					
Section 502	✓	✓	✓					
ESG			✓		✓		✓	✓
SHP	✓	✓	✓	✓	✓	✓	✓	
SRO				✓				
S+C				✓				
HOPWA	✓	✓	✓	✓	✓	✓	✓	✓
Section 811	✓	✓	✓				✓	

***Federal Programs Organized in a Housing Continuum:***

**Emergency Housing Shelter**  
Short term emergency housing linked with supportive service.  
ESG, HOPWA, HOME, CDBG



**Transitional Housing**  
Housing linked with supportive services tailored to assist people in transition from homelessness or institutionalization to independent living. Short-term housing (less than 24 months) and affordable rents.  
SHP, HOPWA, HOME, CDBG



**Permanent Housing**  
Housing linked with supportive services tailored to assist people to live as independently as possible. This includes permanent housing and affordable rents.  
Section 811, Shelter Plus Care, SHP, HOPWA, Section 8 Certificates & Vouchers, Public Housing, HOME, CDBG, LIHTC, FHLB



**Housing-Related Services**  
Outreach, prevention, counseling, and referral activities.  
HOPWA, PATH, CDBG

## APPENDIX 3

### SAMPLE CITIZEN PARTICIPATION PLAN<sup>40</sup>

This sample is based on the current CDBG and CHAS laws and regulations for formula jurisdictions. It is also enriched by the experiences of low-income people over the last 23 years from cities large and small across the country.

Text in regular type face is rooted in the laws or regulations. *Text in italics consists of suggestions that go beyond what is minimally required by law or regulation, but which can be very helpful in preventing problems and in fostering genuine public participation and accountability.*

## INTRODUCTION

The City of \_\_\_\_\_ is required by law to have a detailed Citizen Participation Plan which contains the City's policies and procedures for public involvement in the Consolidated Plan process and the use of CDBG, HOME, ESG and HOPWA money. This Citizen Participation Plan must be available to the public.

### **Encouraging Public Participation**

The law requires that our Citizen Participation Plan both provide for and encourage public participation, emphasizing involvement by low and moderate income people--especially those living in low and moderate income neighborhoods. Also, the U.S. Department of Housing and Urban Development (HUD) expects \_\_\_\_\_ (City) to take whatever actions are appropriate to encourage participation of minorities, people who do not speak English, and people with disabilities.

*Copies of this Citizen Participation Plan, as well as summaries of basic information about CDBG, HOME, ESG, HOPWA, and the Consolidated Planning process are available in the languages of residents who comprise a significant portion of the low and moderate income population. Currently, \_\_\_\_\_ (City) has materials in Spanish, Mandarin, and Vietnamese. Residents needing materials in other languages are encouraged to contact City staff.*

### ***The Role of Low Income People***

The law declares that the primary purpose of the programs covered by this Citizen Participation Plan is to improve communities by providing: decent housing, a suitable living environment, and growing economic opportunities--all principally for low and moderate income people.

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<sup>40</sup> Excerpted with permission from Gramlich, Ed. *HUD's Consolidated Plan: An Action Guide for Involving Low Income Communities*. Washington DC: Center for Community Change, 1998.

*Because the amount of federal CDBG, HOME, ESG, and HOPWA money \_\_\_\_\_(City)\_\_\_\_\_ gets each year is mostly based upon the severity of both poverty and substandard housing conditions in \_\_\_\_\_(City)\_\_\_\_\_, it is necessary that public participation genuinely involve low income residents who experience these conditions.*

Genuine involvement by low income people must take place at all stages of the process, including:

- Identifying needs.
- Setting priorities among these needs, deciding how much money should be allocated to each high-priority need, and suggesting the types of programs to meet high-priority needs.
- Overseeing the way in which programs are carried out.

### ***The Various Stages of the Consolidated Plan Process***

The policies and procedures in this Citizen Participation Plan relate to several stages of action mentioned in law or regulation. In general, these stages or events include:

1. Identification of housing and community development needs.
2. Preparation of a draft use of funds for the upcoming year, called the proposed Annual Action Plan. Sometimes there might also be the development of a proposed new Five-Year Strategic Plan.
3. Formal approval by elected officials of a final Annual Action Plan or Five-Year Strategic Plan.
4. On occasion during the year, it might be necessary to change the use of the money already budgeted in an Annual Action Plan, or to change the priorities established in the Five- Year Strategic Plan. In that case, a formal Substantial Amendment will be proposed, considered, and acted upon.
5. After a "program year" is complete, an Annual Performance Report must be drafted for public review and comment and then sent to HUD.

### ***The Program Year***

The "program year" chosen by \_\_\_\_\_(City)\_\_\_\_\_ is Month x through Month y.

## **PUBLIC NOTICE**

### ***Items Covered by the Public Notice Requirement***

There shall be advanced public notice once a federally required document is available, such as the Proposed Annual Action Plan or Five-Year Consolidated Plan, any proposed Substantial Amendment to the Action Plan or Consolidated Plan, and the Annual Performance Report.



In addition, there shall be advanced public notice of all public hearings *and all public meetings such as Community Advisory Committee meetings or City Council Subcommittee meetings* relating to the funds or planning process covered by this Citizen Participation Plan.

### ***"Adequate" Public Notice***

Adequate advance notice is "timely"; it is given with enough lead time for the public to take informed action. The amount of lead time can vary, depending on the event. Specific amounts of time are given for different events later in this Citizen Participation Plan. The content of notices will give residents a clear understanding of the event being announced.

### ***Forms of Public Notice***

1. a. Public notices will be published in the "Major Newspaper(s) of the City" as display advertisements in a non-legal section of the newspaper(s). *[Editorial Note: Some jurisdictions might be required by local law to also place a formal notice in the legal section of the newspaper.][Editorial Note: Technically, the regulations only require non-legal section notice for public hearings, but the spirit of "adequate notice " and "encouraging " public participation in the regulations suggests that "small print notices " buried in the legal pages of the newspaper would not be "adequate " for notices related to other (nonpublic hearing) parts of the Consolidated Plan process.]*

b. In addition, press releases will be sent to the newspaper(s).

2. Display ads and press releases will also be placed in:

"Neighborhood Newspaper X," "Neighborhood Newspaper Y," "The African-American Herald," "El Tiempo," and "The Asian Argus."

3. Public Service Announcements and press releases will be distributed to local radio and television stations.
4. Notice will also be given through letters to neighborhood organizations, public housing resident groups, religious organizations in lower income neighborhoods, and agencies providing services to lower income people.
5. Notice will be sent to any person or organization requesting to be on a mailing list.

## **PUBLIC ACCESS TO INFORMATION**

As required by law, \_\_\_\_\_(City)\_\_\_\_\_ will provide the public with reasonable and timely access to information and records relating to the data or content of the Consolidated Plan, as well as the proposed, actual, and past use of funds covered by this Citizen Participation Plan. Regarding the past use of funds, the law requires reasonable public access to records about any uses of these funds during the previous five years.

Also, as required by law, \_\_\_\_\_(City)\_\_\_\_\_ will provide the public with reasonable and timely access to local meetings relating to the proposed or actual use of funds (*such as Community Advisory Committee meetings, Planning Commission meetings, City Council subcommittee meetings, etc.*).

### ***Standard Documents***

Standard documents include:

- The proposed and final Annual Action Plans.
- The proposed and final Five-Year Strategic Plan (the "Consolidated Plan").
- Proposed and final Substantial Amendments to either an Annual Action Plan or the Five-Year Strategic Plan.
- Annual Performance Reports.
- The Citizen Participation Plan.

### ***Availability of Standard Documents***

In the spirit of encouraging public participation, copies of standard documents will be provided to the public at no cost and within two working days of a request.

These materials will be available in a form accessible to persons with disabilities, when requested.

### ***Places Where Standard Documents Are Available***

Standard documents will be available at: the Central Library and the Library Branches in \_\_\_\_\_(names of low income neighborhoods), the offices of Neighborhood Organization x, Neighborhood Organization y, and Neighborhood Organization z; as well as the offices of the City Department that administers CDBG.

## **PUBLIC HEARINGS**

Public hearings are required by law in order to obtain the public's views and to provide the public with the City's responses to public questions and proposals. The law requires public hearings at all stages of the process, including at least a hearing about community needs, a public hearing to review proposed uses of funds, and a public hearing to assess how funds were spent during the previous program year. (More about these specific hearings is in the sections of this Citizen Participation Plan relating to each of the "stages.")

### ***Access to Public Hearings***

Public hearings will be held only after there has been adequate notice as described in the Public Notice part of this Citizen Participation Plan, including a display advertisement in the non-legal section of the newspaper 14 days prior to the public hearing.

Public hearings will be held at x:00, a time convenient to most people who might benefit from the use of funds. *[Editorial Note. Generally this time should be an evening hour that gives people who work typical jobs a chance to get off of work, perhaps deal with child care, and then get to the location of the hearing. For some, an occasional weekend time is often welcome. Hearings at times such as 9:00 a.m. or 3:00 p.m. are not good; it is difficult for many members of the public to make daytime meetings.]*

Public hearings will be held at places accessible by bus and otherwise convenient and not *intimidating* to most people who might benefit from the use of funds. *Public hearings will be held at Community Center x, School y, and Library z. The public hearing to approve the final Annual Action Plan or final Five-Year Strategy will be conducted at City Hall.*

### ***Public Hearings and Populations with Unique Needs***

All public hearings will be held at locations accessible to people with disabilities, and provisions will be made for people with disabilities *when requests are made at least five working days prior to a hearing. Translators will be provided for people who do not speak English when requests are made at least five working days prior to a hearing.*

### ***The Conduct of Public Hearings***

To ensure that public hearings are meaningful to residents, each public hearing will be conducted in the presence of the Mayor and City Council. Also, each resident choosing to speak will be allowed a minimum of five? seven? ten? minutes to make a verbal presentation. *[Editorial Note. In some cases it might be ok if public hearings about "needs" are not held with elected officials present; you decide what is needed in your community.]*

## **THE STAGES IN THE PROCESS**

### **A. Identifying Needs**

Because the housing and community development needs of low and moderate income people are so great and so diverse, priorities must be set in order to decide which needs should get more attention and more resources than other needs. This is the basic reason the Consolidated Plan exists.

The laws and regulations require a public hearing each year to obtain residents' opinions about needs, and what priority those needs have. *In order to encourage public involvement, 3? 5? n? public hearings will be held in different neighborhoods [accessible by bus?] to determine the specific needs and priorities identified by low and moderate income people. [Editorial Note. As indicated above, it might be ok if these "needs" hearings are conducted with city staff, not elected officials. Perhaps one "needs" hearing should be held in front of at least a subcommittee of the City Council if not the full City Council.]*

Public hearings about needs will be completed *30 days? 45 days? 60 days?* before a draft Annual Action Plan is published for comment, so that the needs identified can be considered by the City and addressed in the draft Annual Action Plan.

## **B. The "Proposed" Annual Action Plan (and/or Five-Year Strategy)**

The law providing the funds covered by this Citizen Participation Plan calls for improved accountability of jurisdictions to the public. In that spirit and in compliance with the terms of the law, \_\_\_\_\_(City)\_\_\_\_\_ will use the following procedures.

### **General Information**

At the beginning of this stage, \_\_\_\_\_(City)\_\_\_\_\_ will provide the public with an estimate of the amount of CDBG, HOME, ESG, and HOPWA funds it expects to receive in the upcoming year, along with a description of the range of types of activities that can be funded with these resources. Also, the public will be given an estimate of the amount of these funds which will be used in ways that will benefit low and moderate income people.

The plans of \_\_\_\_\_(City)\_\_\_\_\_ to minimize the extent to which low and moderate income people will have to leave their homes as a result of the use of these federal dollars (called "displacement") will also be available at this time. This "anti-displacement plan" will also describe how \_\_\_\_\_(City)\_\_\_\_\_ will compensate people who are actually displaced as a result of the use of these funds, specifying the type and amount of compensation.

### **Technical Assistance**

City staff will work with organizations and individuals representative of low and moderate income people who are interested in submitting a proposal to obtain funding for an activity. All potential applicants for funding are encouraged to contact City staff for technical assistance before completing a proposal form.

### **Availability of a Proposed Annual Action Plan**

Thirty days? forty-five days? sixty days? after the last public hearing about housing and community development needs, \_\_\_\_\_(City)\_\_\_\_\_ will notify the public that a Proposed Annual Action Plan is available. The of "notice " described earlier in the section on "Public Notice " will be used

Also, the date the Proposed Annual Action Plan is available to the public will be at least 60 days? 75 days? 90 days? prior to the date a Final Annual Action Plan is approved by the Mayor and City Council so that low and moderate income people will have a reasonable opportunity to examine it and to submit comments. [Editorial Note: The regulations only require a 30-day period.]

Copies of the Proposed Annual Action Plan will be made available to the public for free and without delay. In addition, copies will be available at the locations specified above in the section,

"Public Access to Information." A summary of the Proposed Annual Action Plan will also be written and provided free of charge to those requesting it.

So that low and moderate income people can determine the degree to which they might be affected, they will be provided complete copies of the Proposed Annual Action Plan, containing: all HUD-required sections, the HUD-required Priorities Table, and a written description of all proposed uses of CDBG, HOME, ESG, and HOPWA. At a minimum, this description shall include the type of activity, its location, and the amount of federal money to be allocated to it.

### **Public Hearing and Further Action**

A public hearing [*Editorial Note: Should there be more than one?*] about the Proposed Annual Action

Plan will be conducted by the Mayor and City Council 30 days? 45 days? 60 days? after it is available to the public. In addition, this public hearing will be held so that there are another 30 days? 15 days? before a Final Annual Action Plan is approved by the Mayor and City Council so that the elected officials can consider the public's comments from the public hearing.

In preparing a Final Annual Action Plan, careful consideration will be given to all comments and views expressed by the public, whether given as verbal testimony at the public hearing or submitted in writing during the review and comment period. The Final Annual Action Plan will have a section that presents all comments and explains why any comments were not accepted.

### **C. The "Final" Annual Action Plan (and/or Five-Year Strategy)**

Copies of the Final Annual Action Plan and a summary of it will be made available to the public for free and *within two days of a request*. In addition, copies will be available at the locations specified above in the section, "Public Access to Information."

### **D. "Amendments" to the Annual Action Plan (and/or Five-Year Strategy)**

The Final Annual Action Plan will be amended any time there is: a change in one of the Priorities presented on the HUD-required Priority Table; a change in the use of money to an activity not mentioned in the Final Annual Action Plan; or, a change in the purpose, location, scope, or beneficiaries of an activity (described more fully later). The public will be notified whenever there is an amendment.

### **"Substantial" Amendments**

The following will be considered "substantial" amendments:

1. A change in the use of CDBG money from one activity to another.
2. A change in the use of HOME, ESG, or HOPWA money from one activity to another.

3. The elimination of an activity originally described in the Annual Action Plan.
4. The addition of an activity not originally described in the Annual Action Plan.
5. A change in the purpose of an activity, such as a change in the type of activity or its ultimate objective--for example, a change in a construction project from housing to commercial.
6. A meaningful change in the location of an activity.
7. A change in the type or characteristics of people benefiting from an activity. Among the "characteristics" are:
  - a. The HUD-recognized income levels of: 0-30 percent of area median income; between 31 percent and 50 percent of AMI, and between 51 percent and 80 percent of AMI.
  - b. Race or ethnicity.
  - c. Renter or homeowner
  - d. Single households, small ones (two to four persons), large ones (five or more persons).
8. *A 10 percent? 15 percent? 20 percent? decrease in the number of low or moderate income people benefiting from an activity.*
9. *A change in the scope of an activity, such that there is a 10 percent? 15 percent? 20 percent? increase or decrease in the amount of money allocated to the activity.*

### **Public Notice and Public Hearing for Substantial Amendments**

There must be reasonable notice of a proposed Substantial Amendment so that residents will have an opportunity to review it and comment on it. Notice will be made according to the procedures described earlier in this Citizen Participation Plan, with the addition of the following procedures specifically for Substantial Amendments:

1. There will be 30 days advance notice of and availability of a proposed Substantial Amendment before there is a public hearing about it.
2. A detailed written description of the proposed Substantial Amendment will be made available to the public at no cost within two working days of a request. Also, copies will be available at the locations indicated earlier in this Citizen Participation Plan under "Public Access to Information."
3. There will be a public hearing regarding the proposed Substantial Amendment conducted by the Mayor and City Council This public hearing will not take place until the public has had 30 days to review the proposed Substantial Amendment.
4. The public hearing will be held no sooner than two weeks prior to submission to HUD.

5. In preparing a Final Substantial Amendment, careful consideration will be given to all comments and views expressed by the public, whether given as verbal testimony at the public hearing or submitted in writing during the review and comment period. The Final Substantial Amendment will have a section that presents all comments and explains why any comments were not accepted.

### **E. The Annual Performance Report**

Every year, \_\_\_\_\_ (City) \_\_\_\_\_ must send into HUD an Annual Performance Report within 90 days of the close of the program year. In general, the Annual Performance Report must describe how funds were actually used and the extent to which these funds were used for activities that benefited low and moderate income people.

### **Public Notice and Public Hearing for Annual Performance Report**

There must be reasonable notice that an Annual Performance Report is available so that residents will have an opportunity to review it and comment on it. Notice will be made according to the procedures described earlier in this Citizen Participation Plan, with the addition of the following procedures specifically for Annual Performance Reports:

1. There will be 30 days? 45 days? 60 days? advance notice of and availability of an Annual Performance Report before there is a public hearing about it.
2. A complete copy of the Annual Performance Report will be made available to the public at no cost within two working days of a request. Copies will be available at the locations indicated earlier in this Citizen Participation Plan under "Public Access to Information."
3. There will be a public hearing regarding the Annual Performance Report. [Editorial Note: Although the law clearly calls for a public hearing at this stage, HUD's regs do not explicitly require one at this point. However, in the spirit of "enhanced public accountability " (also in the law), a public hearing at this stage is very important.]
4. This public hearing will be conducted by the Mayor and City Council, in the interest of public accountability. It will not take place until the public has had 30 days? 45 days? 60 days? to review the Annual Performance Report.
5. In preparing an Annual Performance Report for submission to HUD, careful consideration will be given to all comments and views expressed by the public, whether given as verbal testimony at the public hearing or submitted in writing. The Annual Performance Report sent to HUD will have a section that presents all comments and explains why any comments were not accepted.

### **Contents of the Annual Performance Report**

The Annual Performance Report presented to the public will contain at least as much detail as was required by HUD for CDBG Grantee Performance Reports. The Annual Performance Report

will have an accounting for each activity in any Action Plan, until an activity is officially "closed-out " with HUD by the jurisdiction. For each activity the details presented will include, but not be limited to:

1. Activity Number from the Action Plan.
2. Name of the Activity plus its HUD "Activity Title" with regulation reference.
3. A description of the activity that is in enough detail for the public to have a clear understanding of the nature of the activity.
4. The name of the entity carrying out the activity.
5. The location of the activity.
  - a. Generally, this will be a street address or some other information showing specifically where the activity was (or is) being carried out.
  - b. For public facility activities such as street reconstruction not located at a specific street address, the beginning and ending points of the activity will be indicated.
  - c. For activities claiming to meet the "areawide benefit test," the location will also include the census tracts and/or block groups making up the service area of the activity. Also, the percentage of low/mod income persons in the service area will be indicated.
  - d. For multi-family housing activities, the address of each building and the number of units in the building both before and after assistance will be given.
6. The description of economic development activities will include the amount of the loan, the interest rate, and the length of the loan. It will also indicate the number of permanent, full-time jobs to be created or retained, with the number of such jobs to be held by or available to low/mod income people indicated in parentheses. The same information will be provided for part-time jobs, stating the number of hours per week the part-time jobs offer.
7. "Float Loan Funded" activities and "Section 108 Loan Guaranteed" activities should be clearly identified as such.
8. The date the activity was initially funded.
9. The "national objective" the activity claims to meet.
10. The status of an activity, such as whether it is completed, underway, or canceled.
11. The amount of CPD dollars "budgeted" and the amount "spent." The amount "spent" shall be given for the year, and separately for the life of the activity to date.



12. For public service activities, the amount of money which meets HUD's definition of "unliquidated obligation " will be reported.
13. If "program income " dollars and/or "revolving loan fund" dollars are being used for an activity, this will be indicated.
14. The accomplishments for the activity will be a description of what was actually done, including numerical measures when appropriate, such as number of units of housing rehabbed and number of individuals or households served. For economic development activities, the report will show the total number of jobs created or retained, plus the number of these held by or available to low/mod income people. For part-time jobs, the report will include the number of hours worked per week, and separately indicate the total number of "full-time-equivalent" jobs.
15. For activities that provide a direct benefit to individuals or households, the report will show: the number of individuals or households served, the number which were "moderate" income; the number which were "low" income; and, the number which were White, Black, Latino, or Asian.

## **COMPLAINT PROCEDURES**

Written complaints from the public will receive a meaningful, written reply within 15 working days.

## **CHANGING THE CITIZEN PARTICIPATION PLAN**

This Citizen Participation Plan can be changed only after the public has been notified of an intent to modify it, and only after the public has had a reasonable chance to review and comment on proposed substantial changes to it.

## **THE COMMUNITY ADVISORY COMMITTEE**

      (City)       has created a Community Advisory Committee (CAC) in the spirit of the law, which calls for increased accountability to the public, as well as the encouragement of active participation by low and moderate income people.

The CAC is a 25?, 15?-member body that contributes to public participation by helping to: identify housing and community development needs; establish priorities relating to those needs; propose activities and projects to address high-priority needs; and, suggest the amount of federal, state, and local monies to be allocated to those activities.

At any given time, no less than 70 percent of the CAC membership shall be comprised of individuals representing low income people and/or organizations which serve low income people. At least 50 percent of these members shall actually be low-income people.

All CAC meetings are open to the public and are advertised as described above in the "Public Notice" section of this Citizen Participation Plan.

All CAC meetings will be held at neighborhood sites, such as the Smith Community Center, the meeting hall at Kennedy Towers Seniors Residence, the Fish School, or the West Side Branch library, All facilities are accessible to people with disabilities.

All CAC meetings will be held at times convenient for lower income people, so that as many people can participate as possible. In general, meetings will be held after 6:00 p.m.

The Chair and/or Vice-Chair will establish the agenda of CAC meetings, in cooperation with City staff. Only the Chair or Vice-Chair can cancel or reschedule a CAC meeting.

The CAC will receive monthly performance updates that shall also be available to the public. Performance updates will be provided to the CAC seven days prior to a monthly meeting.

The CAC will recommend to the Mayor and City Council how to allocate all CDBG, HOME, ESG, and HOPWA funds, including "program income" associated with these, monies left unspent and unobligated from the previous program year, and any additional (not previously anticipated) federal fund allotments. In no event shall CDBG, HOME, ESG, or HOPWA funds be allocated without review by the CAC.

**APPENDIX 4**  
**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**  
**THE SECRETARY**  
**WASHINGTON, D.C. 20410-001**

February 23, 1999

**MEMORANDUM TO SEC REPS AND FIELD STAFF**

**FROM:** Andrew Cuomo, Secretary

**SUBJECT:** Consolidated Plan and the Involvement of Persons with Disabilities and Advocates

Department regulations for citizen participation in development of the Consolidated Plan calls for jurisdictions to include data regarding the housing needs of people with disabilities. While the regulations clearly define persons with disabilities as those with physical, mental, and emotional impairments and require their participation, it comes to our attention that persons with all types of disabilities and their housing needs are not always included.

Many jurisdictions have already made efforts to reach out to persons with disabilities and to advisory boards, task forces, and advocacy organizations. Those efforts have resulted in a fuller understanding of not only the needs, but the contributions of persons with disabilities to our communities.

It is critical that persons with disabilities and their housing needs be fully considered in every jurisdiction we serve. To do so, we must reach out to persons with disabilities and their chosen advocates and hear their perspectives. I want to remind you that each jurisdiction is required to (1) include persons with disabilities in the Consolidated Plan development process and (2) include data regarding housing needs of persons with disabilities.

We are committed to addressing the housing needs of communities through a holistic approach, which includes persons with disabilities: physical, mental and emotional. Thank you in advance for ensuring that the needs of this population are given full consideration and attention in the Consolidated Plans of the communities you serve.

## **APPENDIX 5**

### **A SAMPLE HOUSING NEEDS STATEMENT FOR PEOPLE WITH PSYCHIATRIC AND DEVELOPMENTAL DISABILITIES**

People with psychiatric and developmental disabilities share a common need for safe and affordable permanent housing. The challenge for many of these individuals is that their disability limits or precludes competitive employment, leaving them on fixed or very limited incomes--usually social security (SSI) or social security disability (SSDI) benefits. This means that in addition to living with a disability, people with disabilities often struggle with the stresses of acute poverty, including the inability to afford decent and safe housing of their own choosing in the community.

Income data collected indicates that approximately 60 percent of people with a psychiatric disability receiving services from the county are on SSI, SSDI, or other forms of public assistance, receiving around \$500/month. 75 percent of these individuals have incomes below \$10,000/year. The crisis facing people with developmental disabilities is equally as severe with close to 90 percent of consumers living on some form of public assistance, and 80 percent of these adults living on incomes of less than \$10,000 a year. In a community with a median household income of \$43,407, these individuals are extremely low income (between 13% and 20% of median area income) and have little or no buying power in the housing market. Median rents in the lower cost areas are between \$450-500 a month--a rental expense that would consume the majority, if not all, of the monthly income of an individual with a disability living alone. Consequently, permanent, affordable housing alternatives in the community are close to non-existent.

In addition, waiting lists for long term residential alternatives are long. Currently, there are approximately 800 adults with developmental disabilities waiting for housing and residential services, and this number continues to grow. As a consequence, many adults with developmental disabilities are unable to move out of quasi-institutional settings, or continue to live at home with family when they are unable to get the supports they would need to live in a more independent setting.

The majority of people with psychiatric or developmental disabilities experience housing problems or housing need in some form: rent burden; overcrowding; substandard housing; inability to move out of an institutional or residential treatment setting beyond the period of need; and homelessness. The costs to both individuals and the service system are great. It is now known that housing stability and housing satisfaction correlate with lower service utilization, particularly inpatient hospitalization days, and rehabilitation. Furthermore, the availability of affordable housing alternatives for people with disabilities reduces reliance on expensive institutional and congregate alternatives beyond the period of individual need.

## **Homeless**

There are currently about 150 homeless individuals with a major mental illness or developmental disability residing within the community. These individuals are living in emergency shelters, in abandoned buildings, or in places not suitable for human habitation. Based on data from outreach programs, approximately 80 percent of these individuals are homeless for the first time, and the remaining 20 percent are chronically homeless, recycling through overcrowded/doubled up housing situations, in-patient facilities, jails, and other temporary accommodations. These homeless people with disabilities have lost all meaningful ties with family, and approximately 70 percent have no previous history with the mental health or developmental disability system. Approximately 40 percent have a secondary diagnosis of episodic or chronic substance abuse. All of these individuals are very low income, relying on entitlements such as SSI or SSDI or are without any stable source of income.

## **Group Homes, Adult Foster Care, or Board and Care Homes**

There are currently 500 people with psychiatric or developmental disabilities residing in large government-funded group homes, adult foster care or board and care homes. Though a formal assessment has not been conducted, it is likely that many of these adults would choose to, and certainly could, live in housing alternatives if affordable housing and consumer-centered support alternatives were available to them. For some, a lack of safe and affordable housing forces consumers to remain in expensive institutional settings beyond the period of need or preference.

## **Living Dependently with Family and/or Friends**

There are 1,500 adults with psychiatric or developmental disabilities receiving services through the county mental health and mental retardation systems who are living dependently with family or friends. The majority is living as adult dependents with parents, siblings, or other relatives, though many would choose to live independently if other housing options were affordable. As pointed out earlier, because the majority of these adults have incomes of \$10,000 or less, finding safe, affordable housing options in the community is elusive if not impossible. In addition, there is the growing problem of adults with developmental disabilities whose parents are aging and may not be able to care for their children in the future.

## **Adults Living Alone or Independently**

There are approximately 2,000 adults with psychiatric or developmental disabilities who are living alone or independently with family or friends. Though hard numbers are not available, anecdotal evidence suggests that many of these adults experience housing problems. The most common housing problems experienced by consumers are excessive rent burden, with many consumers paying over 50 percent of their income in rent, and/or living in substandard housing, especially unlicensed boarding homes.

## **Conclusion**

These sobering statistics document the severity of the housing crisis facing people with disabilities in the community. Simply put, people with disabilities are too poor to obtain decent and affordable housing unless they have some type of housing assistance. Without affordable housing, people with disabilities continue to live at home with aging parents, in crowded homeless shelters, in "transitional" residential settings such as group homes or board and care homes, in institutions, or are forced to choose between seriously substandard housing or paying most of their monthly income towards rent.