



3-5 Year Strategic Plan

This document includes Narrative Responses to specific questions that grantees of the Community Development Block Grant, HOME Investment Partnership, Housing Opportunities for People with AIDS and Emergency Shelter Grants Programs must respond to in order to be compliant with the Consolidated Planning Regulations.

NAME OF JURISDICTION: CITY OF CHATTANOOGA, TENNESSEE

Consolidated Plan Time Period: FY 2010-2014

GENERAL

Executive Summary

The Executive Summary is required. The Summary must include the objectives and outcomes identified in the plan and an evaluation of past performance.

3-5 Year Strategic Plan Executive Summary:

In January 1995, the U.S. Department of Housing and Urban Development (HUD) required cities such as Chattanooga to develop a five-year Consolidated Plan in order to continue to receive entitlement funds. These funds include Community Development Block Grant (CDBG), Emergency Shelter Grant (ESG) and Home Investment Partnerships (HOME) funds.

This document is the Consolidated Plan for the next five-year period (2010-2014). It builds on the City of Chattanooga's success in accomplishing the objectives set out in the 2005 Consolidated Plan. The 2010 Consolidated Plan will become effective July 1, 2010 pending approval by the Chattanooga City Council, local citizens and the U.S. Department of Housing and Urban Development.

Citizen participation in setting goals and objectives was instrumental in developing the 2010-2014 Consolidated Plan. The key areas of focus for the expenditure of the funds are: housing, homelessness, impediments to fair housing, infrastructure, public facilities and economic development and planning. Based on a shared vision of the needs of low- to moderate-income people, the 2010-2014 Consolidated Plan describes housing and community development goals and programs for Chattanooga.

It contains:

- A housing and homeless needs assessment;
- A housing-market analysis, which lists inventories of housing and homeless facilities and services;
- A five year strategic plan, which lists housing, non-housing and public services objectives and activities;

- A one-year Action Plan, which describes the use of the City's fiscal year 2010-2011 Community Development Block Grant (CDBG), THDA-Emergency Shelter Grant (ESG) and the HOME Investment Partnerships Act (HOME) funds.

The jurisdiction consists of twenty (22) low to moderate income census tracts, out of 69 census tracts in Hamilton County, constituting the majority of the city's core, inner city neighborhoods.

Housing: Highlights of Needs Assessment and Market Analysis

Housing Market Overview:

- The City of Chattanooga has a denser residential development pattern than the county as a whole. 2000 Census figures indicate that there are 72,108 housing units in the city of Chattanooga, which represents 53.6% of the total housing units in the County situated on less than a quarter of the land area.
- Just over 54% of the occupied housing units in Chattanooga are homeowners versus 72% in the county. The rental occupied housing in the City is 45.1%.
- The housing units in the City are older. Over one half of the housing units in the City were built before 1970 versus just under half (46.2%) in the County outside the City.
- There is a definite tightening of the rental market, resulting in housing shortages and increased cost burdened conditions for very low-, low-income and special needs households. Units are available for rental and homeownership but may be substandard or out of the range of affordable to some low-to-moderate income citizens
- Census data indicates approximately 27,844 (17.9%) of local households live below the poverty level. In comparison, Hamilton County's poverty rate is about 8.9% and 13.5% for the Nation.
- Quality of life issues are inextricably linked to housing issues.

Housing Needs:

The 2009 Median Family Income (MFI) for Chattanooga is \$56,100. Of the households below 80% MFI in the City:

- Households with incomes 0-30% of MFI have greater housing needs than any other income group. An estimated 17% of all MFI households in the City are in this category.

- Households with incomes 31-50% of MFI are also struggling to meet their housing needs. An estimated 11% of all MFI households in the City are in this category.
- Households with incomes 51-80% of MFI have significantly fewer housing related problems. An estimated 19% of all MFI households in the City are in this category.
- Housing needs are also great for special populations, who may require housing with supportive services. There are estimated to be 9,459 of these MFI households in the City, with incomes ranging from 0-80% MFI.
- The waiting list for Housing Choice Vouchers (Section 8) as of December 2009 is 4,267 compared to 1,600 in the 2005 Consolidated Plan. CHA provides rental subsidies for approximately 2,771 families under Housing Choice Program.
- The occupancy rate for public housing units, as of December 2009, was 97%.
- CHA's HCVP waiting list has been closed since September 2008 as turnover is only approximately 250 per year.
- CHA has implemented a HCVP homeownership program at ten per year.
- The demand for assistance to homebuyers from Chattanooga Neighborhood Enterprise, Habitat and other non-profit housing organizations remains constant for households earning <=80% MFI.
- The demand for low-income owner occupied rehabilitation is expected to grow as the population ages. A majority of the customers served in and expected to be served by CNE's Home Improvement Program are low-income elderly.
- There is a need for both rental housing and homeownership opportunities for people with physical disabilities who require special modifications to housing. The same is true for the mentally ill.
- The "Blueprint to End Homelessness in the Chattanooga Region" indicates permanent housing, in contrast to transitional housing for the homeless, is the top priority with an objective to create 200 affordable units yearly by 2014, through the provision of rent subsidies, new housing developments and the preservation of existing affordable housing stock.
- Individuals with mobility impairments, who require a home that is wheel chair accessible, and hearing and vision-impaired people are among those needing specialized housing. Because so many of these people have no income other than disability income, the greatest need is for this housing to be affordable.

- CHA's current public housing stock, including housing stock at mixed income developments, includes 98 units suitable for occupancy by households or individuals with mobility or audio/visual impairments. Of these, 55 units meet modern federal standards for mobility accessibility, while 41 units do not meet current standards, but only meet prior standards at the time those units were renovated. Twenty-one (21) units meet standards for audio/visual impaired individuals.
- The greatest need, for those diagnosed with forms of mental illness that desire to live independently, is affordable single family housing units.

Housing Market Analysis/Inventory

- CHA manages nine developments and eight scattered sites with a total of 3,048 physical units. The organization also serves 2,771 HCVP (Section 8) clients.
- As of December 2009, there were a total of 3,048 physical dwelling units of which 2,905 units were utilized for tenant occupancy.
- There are 13 HUD assisted tax credit properties that provide 530 units of affordable rental and 15 THDA, State of Tennessee, tax credit properties that provide 1,723 units of affordable rental for a total of 1,967 units. The total number of affordable rental properties is about 6.6% of the total rental units (29,553) in the City.
- Projected demolition of up to 279 units of obsolete and structurally damaged public housing apartments will aggravate the shortage of affordable rental for low income citizens.
- CHA is converting 0 bedroom units into one bedroom units, and decreasing the number of 5 bedroom units since there is not a large demand for such units. However the demand for 1, 2 & 3 bedroom units has increased.
- There are a total of some 129 group homes providing supportive living accommodations for the elderly, transitional and emergency shelters, children and adolescent homes, HIV/AIDS, ex-offenders, mental illness, alcohol and drug treatment, and physical disabilities.
- The City of Chattanooga currently has some 32 or more group living facilities that have approximately 288 beds that provide supportive living for persons with mental illness, and, 32 beds that serve children and adolescents experiencing some form of mental illness.

- The state of Tennessee launched a “Creating Homes” initiative around 2002 to provide new or improved permanent housing options for households that contained individuals experiencing forms of mental illness.
- The state of Tennessee, working with local community housing developers and other stakeholders in partnership with seven Regional Housing Facilitators, the state’s program has leveraged to date more than \$101 million in federal, state, local, public, private, traditional and non-traditional funding sources and has successfully created more than 4,600 permanent, safe, affordable, quality, permanent housing options for Tennesseans diagnosed with mental illness and co-occurring disorders.
- The initiative currently will create 1,100 permanent housing options per year.
- There are 7 units of independent living for HIV positive individuals. The City subsidizes 25 units and other forms of assistance through the Shelter Plus Care program.

Homelessness: Highlights of Needs Assessment and Market Analysis

- Chattanooga has a well-developed system of services for the homeless. Coordination of services is achieved through the Chattanooga Homeless Coalition and the Homeless Blueprint Oversight Committee (HBOC) and its various subcommittees.
- The Chattanooga Homeless Coalition receives annual funding from the City of Chattanooga and surrounding county governments to prepare the annual Continuum of Care (CoC) Plan. The CoC for 2009 was prepared and submitted to HUD on December 4, 2009.
- The COC received \$2,063,792 in 2008 and \$2,068,564 in 2009.
- The Coalition conducted the HUD required **Point-in-Time Count** on January 25, 2009 (Point-in-Time Count is done every two years).
- More than 4,094 individuals experience homelessness annually in the Chattanooga region.
- Over one-third of the homeless are children. Some 1,091 children experience homelessness in the Chattanooga area. The average age is 5.3 years. Homeless children are much more likely to be male (60.1% male; 39.9% female).
- The homeless population is 48% white, 50% African-American and 2% Hispanic.

- The homeless population (61%) is between the ages of 30 to 54 years old; 3% of the homeless population is 60 years old or older and 24% consists of children 18 years of age or younger.
- About 10% of homeless individuals are employed
- Approximately 80% of all homeless grew up or have family ties in Chattanooga.

Five Year Housing and Community Development Objectives

The dollars will be focused in the low to moderate income communities in accordance with the designations described in the 2000 Census. Chattanooga has a total of 22 low to moderate income census tracts out of 69. These Census Tracts (1,2,3,4, 8,11,12,13,14,15,16,18,19, 20, 23, 24, 25, 26, 31,32, 109, 114,13) are designated low to moderate communities.

HOUSING RELATED AND NON-HOUSING OBJECTIVES

The key areas of focus for the expenditure of funds in the FY 2010-2014 Consolidated Plan are: housing, fair housing, infrastructure, public facilities, homelessness, public services, economic development and community planning.

Affordable Homeownership Objectives

Long Range Objectives (5 Years)

1. Help **250** first time LMI home purchasers with affordable mortgage financing and assistance with closing and down payment costs.
2. Facilitate in maintaining local private lender financing for LMI mortgages.
3. Expand homeowner education programs to reach 800 people over the next five years.

Affordable Rental Objectives

Long Range Objectives (5 Years)

1. Increase the stock of safe, affordable, decent rental units by **100 units**, particularly in low- and moderate-income areas.
2. Increase accessibility to affordable rental housing for very low and low income citizens through the provision of subsidies.

3. Provide systematic inspection of rental housing and enforcement of local codes to insure that rental units are safe and decent.
4. Increase the capacity of community-based organizations to develop affordable rental housing projects.

Homeowner Rehabilitation Objectives

Long Range Objectives (5 Years)

1. Rehabilitate **400** substandard low-income owner-occupied homes with low- to no-interest loans.
2. Rehabilitate **120** units of owner occupied housing in collaboration with faith-based organization.
3. Weatherize and render more energy efficient **500** units serving low-income families.

Public Facilities

Long Range Objectives (5 Years)

1. The City, through public-private partnerships, will develop the potential for Greenways in low-and moderate-income target neighborhoods.
2. Improve the general safety of neighborhoods with improved lighting, sidewalks and other infrastructure needs, including demolition or stabilization of substandard properties.
3. Improve playgrounds at public housing sites
4. Demolish dilapidated structures in neighborhoods

Infrastructure Improvements

Long Range Objectives (5 Years)

1. Meet federal, state and local standards regarding stormwater runoff and solid waste disposal.
2. Have no areas in the City under State of Tennessee sewer moratorium.
3. Continue to reduce the percentage of materials entering the City's landfill through aggressive recycling and alternate brush disposal efforts.
4. Improve neighborhood infrastructure such as sidewalks, greenways, street lighting, street improvements and landscaping as part of comprehensive neighborhood revitalization strategies.
5. Provide and maintain infrastructure expansion and improvements, such as street widening, traffic signals and bridge repair

Public Services

Long Range Objectives (5 Year)

1. Reduce crime and the fear of crime through prevention awareness and organized neighborhood watch systems.
2. Reduce vandalism and loitering among youths.
3. Increase educational opportunities for adults to become more economically self-sufficient.
4. Provide **1000** homeless households' permanent stable housing.
5. Education and job training for adults and youths.
6. Life skills training.
7. Improve and impact quality of life issues for elderly and special needs populations.
8. Increase opportunities for children to arrive at school healthy and ready to learn.
9. Provide foreclosure prevention counseling to homeowners to remain housed.

Fair Housing

Long Range Objectives (Five Years)

1. Increase community knowledge of fair housing standards and issues.
2. Decrease the likelihood that barriers exist to fair housing choice in the City.
3. Education and outreach in predatory lending practices.
4. Make referrals for services and for legal assistance, when necessary, in tenant-landlord disagreements

Economic Development

Long Range Objectives (5 Year)

1. Improve the quality of the local workforce.
2. Increase the availability of appropriate sites and buildings for commercial and retail development.
3. Redevelop abandoned industrial sites (Brownfields) in the City.
4. Improve access to capital for the creation or expansion of small businesses.
5. Build on the City's opportunity to develop into a regional center for environmental and technology oriented businesses.
6. Increase opportunities for retention and expansion of the existing businessbase through Renewal Community Initiative.
7. New business development and expansion.

Planning

Long Range Objectives (Five Years)

1. Continue efforts to attract new businesses to Chattanooga and maintain the image as a “livable mid-size city”.
2. Use existing neighborhood plans as a guide to develop comprehensive plan/strategy for all other neighborhoods.
3. Need for additional city staff to coordinate work within neighborhoods.

Lead-Based Paint

The City of Chattanooga went into compliance with the Lead Based Paint regulations in 2002. Currently, all homes and structures that use Community Development funds for affordable housing activities must comply to current HUD regulations and local requirements from the Chattanooga-Hamilton County Air Pollution Control Bureau.

Environmental Impact Assessment

The City of Chattanooga has developed a tiering site strategy for environmental review of housing related activities as well as for environmental review of infrastructure (street paving, sidewalk improvements, street lighting) related activities. Sites are evaluated using a site-specific review checklist. The site-specific review will be completed prior to committing federal funds.

In addition to the tiering strategy, the City of Chattanooga also has an agreement with the State Historic Preservation office which is renewed with the tiering strategy every five years. The City also developed an area-wide Eight Step Process for Floodplain Management in 2009. This plan is renewable every ten years. Both of these strategies cover housing and infrastructure activities.

Strategic Plan

Due every three, four, or five years (length of period is at the grantee's discretion) no less than 45 days prior to the start of the grantee's program year start date. HUD does not accept plans between August 15 and November 15.

Mission:

The City of Chattanooga has been a recipient of HUD funds as an Entitlement Community since 1974. Over the past 36 years, the city has implemented quality programs and projects that positively impacted the quality of life standards and experiences of the city's low to moderate income citizens, eventually, benefiting the

total populace of the city. The city benefited through the construction and rehabilitation of affordable housing, infrastructure improvements and the expansion of public facilities throughout various neighborhoods. The value of numerous public services and activities has positively enhanced the quality of case management and social services for the homeless population and other disenfranchised individuals.

This document represents the Fourth, FIVE-YEAR CONSOLIDATED PLAN for the City of Chattanooga. The Consolidated Plan outlines the five year plans of actions for the expenditure and distribution of CDBG and HOME Investment Act funds. The City of Chattanooga previously approved for Emergency Shelter Grant funds has not received those funds since 2008 because the city no longer meets the criteria for ESG funding based on HUD's distribution formula.

The 2010-2014 CONSOLIDATED PLAN becomes effective July 1, 2010 pending approval by the Chattanooga City Council, local citizens, and the U.S. Department of Housing and Urban Development (HUD). Annual Action Plan updates are required, with Census 2000 data and related updated material being used as the statistical basis. The 2010 census data will be added after December 2010 when it is made official and released.

Citizen participation in setting the goals and objectives and establishing community priorities produced the 2010-2014 FIVE-YEAR CONSOLIDATED PLAN. The information is based upon a shared vision of the needs of low to moderate income citizens. The key areas of focus for the expenditure of funds in the 2010-2014 Consolidated Plan are: housing, fair housing, infrastructure and public facilities, homelessness, public services, community and economic development, and community planning.

COMMUNITY BACKGROUND

The City of Chattanooga is located in Hamilton County in the southeastern part of the state of Tennessee. The City is strategically located on the Tennessee River, with its beauty and splendor, at the crossroads of three major interstates, two rail lines, and centrally located between the four major cities of Nashville, Knoxville, Atlanta, Georgia, and Birmingham, Alabama. In 2003, the City of Chattanooga's population was estimated at 154, 887, the largest of ten cities in the county (2003 estimate of the county's population was 309,510). Fifty percent of the county's population lives in the city.

The racial makeup of the city is 59.7 % white, 36.1% black, and, 3.5% other ethnic minorities. The Hispanic or Latino population makes up 2.1% of the ethnic minorities in the county and 4% of the population residing within the city limits.

The jurisdiction consists of twenty-two (22) low to moderate income census tracts, out of 69 census tracts in Hamilton County, constituting the majority of the city's core, inner city neighborhoods.

MANAGING THE PROCESS

Consultation 91.200(b)

1. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.
2. Identify agencies, groups, and organizations that participated in the process. This should reflect consultation requirements regarding the following:
 - **General** §91.100 (a)(1) - Consult with public and private agencies that provide health services, social and fair housing services (including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, homeless persons) during the preparation of the plan.
 - **Homeless strategy** §91.100 (a)(2) – Consult with public and private agencies that provide assisted housing, health services, and social services to determine what resources are available to address the needs of any persons that are chronically homeless.
 - **Lead lead-based paint hazards** §91.100 (a)(3) – Consult with State or local health and child welfare agencies and examine existing data related to lead-based paint hazards and poisonings.
 - **Adjacent governments** §91.100 (a)(4) -- Notify adjacent governments regarding priority non-housing community development needs.
 - **Metropolitan planning** §91.100 (a)(5) -- Consult with adjacent units of general local government, including local government agencies with metropolitan-wide planning responsibilities, particularly for problems and solutions that go beyond a single jurisdiction, i.e. transportation, workforce development, economic development, etc.
 - **HOPWA** §91.100 (b) -- Largest city in EMSA consult broadly to develop metropolitan-wide strategy for addressing needs of persons with HIV/AIDS and their families.
 - **Public housing** §91.100 (c) -- Consult with the local public housing agency concerning public housing needs, planned programs, and activities.

LEAD AGENCY

The City's lead office for developing the Consolidated Plan is the Department of Neighborhood Services and Community Development. The City has administered federal Entitlement Funds for some 36 years successfully addressing the needs of the

city's low to moderate income citizens and neighborhoods. The office is a major Department in city government and is responsible for a wide range of neighborhood services, code enforcement, planning and community development activities and administers the City's CDBG, and HOME Investment Act entitlement grants, Section 108 Loan Guarantee Fund, Shelter Plus Care Grant, and American Recovery and Reinvestment Act (ARRA) funds including HPRP, CDBG-R, NSP1, and, affordable housing funds from the Tennessee Housing Development Agency.

CONSULTATIONS

Beginning in September 2009, twenty-eight (28) area agencies and organizations rendering various types of services to the citizenry of Chattanooga were interviewed to gather input for the 2010-2014 Consolidated Plan. These organizations represent public and nonprofit agencies whose mission includes services to the elderly, the disabled, HIV/AIDS, alcohol and drug addition, homelessness, health and social welfare, financial and philanthropic foundations. Consultations were conducted during one-on-one interview sessions with organizational representatives to ascertain the focus, activities, and needs of these service providers during the course of the Consolidated Plan to ascertain adequate provision of services. Organizations consulted were:

- Alexian Brothers Senior Neighbors
- CADAS
- Chattanooga CARES
- Chattanooga Community Kitchen
- Chattanooga Endeavors
- Chattanooga-Hamilton County Health Department
- Chattanooga Housing Authority-YouthBuild
- Chattanooga Regional Homeless Coalition
- Church Koinonia Federal Credit Union
- City of Chattanooga Human Services Department
- Community Foundation
- Community Impact
- Eastside Taskforce-Weed and Seed
- Episcopal Metropolitan Ministry
- Front Porch Alliance
- Goodwill Industries, Inc.
- Habitat for Humanity
- Hamilton County Department of Education
- Homeless Health Care Center
- Hosanna Community
- Interfaith Homeless Network
- La Paz de Dios

- Lyndhurst Foundation
- Orange Grove Center
- Southeast Tennessee Development District—TN Career Center
- The Benwood Foundation
- TRAC
- YMCA

See Attachment A: Consultations

Contributing further to the development of the 2010-2014 Consolidated Plan were the City of Chattanooga's "Blueprint to End Homelessness in the Chattanooga Region" (Revised 2007) and the August 2009 Progress Report, the Chattanooga Housing Authority's Five Year & 2010 Agency Plan", the "Chattanooga Homeless Coalition's 2009 Continuum of Care Plan", and, "Chattanooga Neighborhood Enterprise (CNE) Strategic Plan".

The 2010-2014 Consolidated Plan has made full use of the valuable information, strategic plans, and the scope and strengths of these community assessment plans.

INSTITUTIONAL STRUCTURE

The City of Chattanooga traditionally works with a multitude of the city's nonprofit and for profit entities that include philanthropic foundations and other organizations to address critical community issues and needs. Whether through direct sponsorship, public/private partnerships, advisory support and participation, or direct financial assistance, the City has been fortunate to have maintained a holistic approach to address the needs of low-to-moderate income individuals and its neighborhoods.

The Chattanooga Housing Authority (CHA) and the City have a history of collaboration and coordination on affordable housing needs and objectives. The Chattanooga Housing Authority Board of Directors is appointed by the Mayor of the City and works independently to manage public housing properties and the Housing Choice Voucher Program (Section 8).

The Chattanooga Housing Authority's Executive Director serves on the Community Development Citizens Advisory Committee.

The City coordinates its community development housing activities with organizations that are public/private housing development agencies; Chattanooga Neighborhood Enterprise (CNE), 28th District Community Development Corporation, Chattanooga Community Housing Development Organization (CCHDO), Development Corporation of Orchard Knob, Habitat for Humanity, Hope for the Inner City and the Community Impact Fund. These organizations use a combination of both public and private dollars to produce and renovate affordable housing and market-rate housing opportunities in many of Chattanooga's socio-economic diverse neighborhoods.

Through the auspices of partnerships with several foundations, private housing developers, and, using a minimum of the City's general fund dollars, along with federal Community Development housing dollars, numerous housing, infrastructure improvements, public services, and community and economic development opportunities are made available and have benefited members of the general populace, as well as, low and moderate income individuals.

Safe and affordable housing is made available through new construction of housing for homeownership, homeowner rehabilitation of existing structures, and affordable rental rehabilitation projects.

The Department of Neighborhood Services and Community Development manages all phases of the institutional process when grant dollars are utilized to address specific community needs. In general, the City through its various offices and departments play a significant role in managing the development of local parks and playgrounds, public works activities and services, water management and resources, neighborhood services, demolition and clearance, social services, and infrastructure development and improvements. With the assistance of the members of the Community Development Citizens Advisory Committee, all proposals and requests for use of federal dollars are processed on a competitive basis. Annual announcements, workshops and technical assistance seminars and sessions allow prospective subrecipients to submit proposals for grant funding. The Advisory Committee review all proposals, conduct project reviews, and, make recommendations to the Mayor and City Council for expenditure of funds.

The Chattanooga City Council, an elected body of officials, and the Mayor of the city, have final approval of all requests for HUD funded programs, CDBG, HOME, Section 108 Loan Guarantee, and Shelter Plus Care. The City as an entity for completing certain projects must also ensure that implementation and monitoring of funded programs are conducted in accordance with HUD regulations. The Community Development staff manages all funded projects and maintains financial accounting and monitoring responsibility.

To carry out the goals and objectives of the Consolidated Plan, the City relies upon its Department of Neighborhood Services and Community Development to monitor and evaluate the effectiveness of the vehicles utilized for project implementation. The Department reports on a timely basis to HUD regarding accomplishments and achievements and takes the necessary corrective action required as necessary to make appropriate changes and acquire the technical assistance and staffing to meet the overall goals of each of its program foci.

Community Development staff members serve on the Board of Directors or as members of various agency Advisory Committees, participate in meetings, strategic planning activities, and provide technical assistance to organizations involved in implementation of various projects. Among the agencies are: Chattanooga Homeless Coalition, Habitat for Humanity, Chattanooga Neighborhood Enterprise, and the YMCA.

Citizen Participation 91.200 (b)

3. Based on the jurisdiction's current citizen participation plan, provide a summary of the citizen participation process used in the development of the consolidated plan. Include a description of actions taken to encourage participation of all its residents, including the following:
 - low- and moderate-income residents where housing and community development funds may be spent;
 - minorities and non-English speaking persons, as well as persons with disabilities;
 - local and regional institutions and other organizations (including businesses, developers, community and faith-based organizations);
 - residents of public and assisted housing developments and recipients of tenant- based assistance;
 - residents of targeted revitalization areas.
4. Provide a description of the process used to allow citizens to review and submit comments on the proposed consolidated plan, including how the plan (or a summary of the plan) was published for review; the dates, times and locations of a public hearing, or hearings; when and how notice was provided to citizens of the hearing(s); the dates of the 30 day citizen comment period, and if technical assistance was provided to groups developing proposals for funding assistance under the consolidated plan and how this assistance was provided.
5. Provide a summary of citizen comments or views received on the plan and explain any comments not accepted and reasons why these comments were not accepted.

*Please note that Citizen Comments and Responses may be included as additional files within the CPMP Tool.

PLAN DEVELOPMENT PROCESS

The City of Chattanooga's process to update its fourth, five-year Consolidated Plan for years 2010-2014 began in September 2009. The process included a series of public meetings (October 26, November 3, December 10, 2009 & January 28, 2010), three Roundtable Discussion Group sessions (October 19 & 20, 2009) that consisted of members of various citizen groups, professionals in the areas of social services, community and housing development, and economic development, citizen surveys, and, consultations with non profit and for profit organizations and agencies engaged in provision of various services and programs for residents, and, members of the Community Development Citizens Advisory Committee.

CITIZEN PARTICIPATION

Community planning and visioning processes that have been adopted and used in the city since the early 1980's have continued to ensure that a cooperative, public approach to community problem-solving is inclusive and is the standard operating procedure in Chattanooga.

A Community Development Citizens Advisory Committee develops and approves the Citizens Participation Plan, which provides for substantive input from the public into the design and expenditures in each of the Community Development program areas. The Advisory Committee members represent segments of the community and come from neighborhoods that are impacted by CDBG programs, representatives of local government, planning, as well as representatives from social services and economic development agencies. The Advisory Committee has been effective in advising on projects for funding, determining community priorities, and, providing assistance in evaluating the effectiveness of the success of projects and programs.

The Citizen's Participation Plan is in compliance with 24 CFR 91.05.

2010-2014 CONSOLIDATED PLAN - CITIZEN PARTICIPATION

Citizen participation for the preparation of the 2010-2014 Consolidated Plan included two public meetings, three Roundtable Discussion Group sessions in the areas of community and housing development, economic development, and Public/Social services. All meetings were held in accessible locations for the convenience of the participants.

- The City of Chattanooga and the diverse group of Neighborhood Associations, cooperate on various projects and program implementations. The presidents of 113 Neighborhood Associations and their members, City Council Members, and members of the Community Development Citizens Advisory Committee were invited to participate in the public meetings and all phases of the Consolidated Plan Process.
- A mail-out of letters to the city's nonprofit community, newspaper notices, and announcements on the City's website at www.chattanooga.gov invited the general public to attend the Consolidated Plan meetings which were conducted October 26, 2009 and January 28, 2010 in order to broaden the base of community input for the purpose of assembling the priorities for the future use of community development funding.
- The meetings were held at the Development Resource Center located in the central business district in downtown Chattanooga. The facility is accessible to the handicapped and is convenient via the public transportation system. The meetings began at 5:30 p.m. on the scheduled dates.

- The nominal group process was used during the public meetings to gather information, synthesize the data collection process, and to ascertain consensus of the priorities.
- Citizens that could not attend the meetings were encouraged to complete a survey form indicating their desires for improvements and uses of community development funding. This activity was made possible through the distribution of the surveys at the annual Neighborhood Conference which was held on October 22ND & 23RD, 2009.
- The jurisdiction received 79 citizen surveys.
- Three (3) Roundtable Discussion Group sessions consisted of registered participants who verbalized areas of concern and vocalized priorities for services in three focus areas; Community Development and Housing, Economic Development, and Public/Social Services. The Roundtable Groups met on October 19 and October 20, 2009 at the Development Resource Center.
- The organizational representatives participating in the Roundtable Discussion Group sessions were: RiverCity Development Corporation, Chamber of Commerce, Southeast Tennessee Planning Office, Community Foundation, Koinonia Faith Based Federal Credit Union, United Way of Chattanooga, Chattanooga Homeless Coalition, Enterprise Center, Hope for the Inner City, Chattanooga Neighborhood Enterprise, 28th District Community Development Corporation, Chattanooga Housing Authority, Hamilton County Health Department, Tennessee VIA Career Center, Girl Scouts Council, Homeless Coalition, YMCA, and Homeless Health Care, were among the organizational representatives attending the sessions.
- The organization La Pas de Dios that serves the local Hispanic community provided input during the consultation phase of the Consolidated Plan process.
- Local citizens were provided the opportunity to respond and submit ideas at two public meetings (October 26, 2009 & January 28, 2010), as well as, via a comprehensive survey instrument, identifying sets of priorities based on their vision of community needs and objectives.
- The final public meeting session (January 28, 2010) was conducted to allow for citizen input and provide a report back session for further identification of needs to enhance public participation input and, to clarify the priorities identified using the various approaches and processes.
- Nonprofit organizations were given an opportunity to submit proposals for funding of worthwhile projects through a public allocation process that began on

November 3, 2009 (3:00-6:00 p.m.) with a workshop on the application process for CDBG and HOME Investment Act Entitlement Funds and Emergency Shelter Grant funds under THDA.

- A technical assistance workshop on all grants was held on December 10, 2009 at the Development Resource Center from 5:00 to 6:30 p.m.
- Applications for FY 2010-2011 funding were accepted up to December 18, 2009.
- The Community Development Citizens Advisory Committee members reviewed prospective applications for funding on January 11, 12 & 14, 2010 and approved the funding and revision of the 2010-2014 Citizens Participation Plan on January 21, 2010.
- The City Council Members and the Mayor reviewed and approved the 2010-2011 Action Plan in an open public meeting on February 16, 2010. And, approved the 2010-2014 Consolidated Plan on April 27, 2010 in an open public meeting.

See Attachment L: Resolution #26211-Approving FY 2010-2011 Allocations and Resolution # 26282-Approving 2010-2014 Consolidated Plan.

- The City made available the Consolidated Plan and Action Plan for citizens' comments regarding the contents of the Consolidated Plan and Action Plan. Copies of the Consolidated Plan are made available in the offices of the Department of Neighborhood Services and Community Development and to the public at a nominal charge. Copies of the Executive Summary are posted on the city's website at www.chattanooga.gov. Citizens were given from April 3, 2010 until May 3, 2010 to submit in writing any comments on the Consolidated Plan and Action Plan.

See Attachment B: Citizens Participation Plan 2010-2014

HOUSING AND HOMELESS NEEDS

Housing Needs 91.205

***If not using the CPMP Tool:** Complete and submit CHAS Table from:
<http://socds.huduser.org/scripts/odbc.exe/chas/index.htm>

***If using the CPMP Tool:** Complete and submit the Needs/Housing Table

6. In this narrative, describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with

HIV/AIDS and their families, single persons, large families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost- burden, substandard housing, and overcrowding (especially large families) and substandard conditions being experienced by extremely low-income, low-income, moderate-income, and middle-income renters and owners compare to the jurisdiction as a whole. The jurisdiction must define the terms "standard condition" and "substandard condition but suitable for rehabilitation."

7. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must provide an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

OVERVIEW OF LOCAL HOUSING MARKET NEEDS

Hamilton County features a combination of urban, suburban and rural-type housing. The following general statements can be made about local housing needs:

The City of Chattanooga has a denser residential development pattern than the county as a whole. In less than a quarter of the land area (24%), the City has a little over half of the population (50.6%), over half of the household housing units (52%) compared to the number of housing units in the county (47%), according to 2006-2008 American Community Survey 3-Year Estimates, US Census.

Just over 54% of the occupied housing units in the city of Chattanooga are homeowners versus over 72% in the county outside the City, according to the 2006-2008 American Community Survey 3-Year Estimates, US Census. The rental occupied housing in the City is 45.1%.

Census data indicates approximately 27,844 (17.9%) local households live below the poverty level. In comparison, Hamilton County's poverty rate is about 8.9% as compared to the State's rate of 13.5%.

The housing units in the City are older. Over half of the housing units in the City (59.8%) were built before 1970 versus less than half (46.2%) in the County outside the City.

There are 13 HUD assisted tax credit properties that provide 530 units of affordable rental and 15 THDA, State of Tennessee, tax credit properties that provide 1,723 units of affordable rental for a total of 1,967 units. The total number of affordable rental properties is about 6.6% of the total rental units (29,553) in the City.

There is a tightening of the rental market, resulting in housing shortages and increased cost burdened conditions for very low, low-income, and special needs households. The reduction in the number of available rental units within public housing and long waiting lists will continue to cause future shortages.

Chattanooga Housing Authority's current occupancy rate is at 97%, and the overall occupancy rate in the area is at 92%. Waiting lists for public housing units are maintained on a site by site basis, allowing prospective tenants to be on multiple lists.

As of December 2009, there were 1608 households on the waiting list for one or more sites. The average time on the waiting list before a unit is available average 607 days (over 18 months or more). Due to the slow turnover rate in public housing units and the limited number of units, waiting lists at two of nine sites have been closed.

The figures indicate that the rental market is tightening and strategies must be developed to address these shortages.

The "Blueprint to End Homelessness in the Chattanooga Region" indicates that permanent housing, in contrast to transitional housing for the homeless, is the top priority with an objective to create 200 affordable housing units per year by 2014, through the provision of rent subsidies, new housing developments and the preservation of existing affordable housing stock.

Quality of life issues are inextricably linked to housing issues. In particular, safety, access to services, and broader employment opportunities must be considered in any housing needs analysis or strategic plan for meeting housing needs.

ESTIMATED FIVE-YEAR HOUSING NEEDS

While it is difficult to accurately pinpoint the City's five-year housing needs, informed estimates can be made to help target activities and resources. These estimates are based on:

- The "Blueprint to End Homelessness in the Chattanooga Region";
- Data contained in the Chattanooga Housing Authority's 2010 Annual Agency Plan;
- Number of individuals/families on waiting lists for low income public housing units;
- Number of individuals/families on waiting lists for Housing Choice Voucher Program (Section 8);
- 2010-2014 Consolidated Plan citizen participation meetings; and,
- Consultations, Round Table Discussion Group input and Survey results.

1. GENERAL NEEDS IDENTIFIED

The Chattanooga Housing Authority currently serves 4,779 individuals in 2,905 units of public housing as of December 2009. The CHA manages a total of 3,048 physical dwelling units located throughout the city. The current occupancy rate is approximately 97%.

CHA also provides rental subsidies for approximately 2,771 households (7,047 individuals) under the Housing Choice Voucher Program (Section 8). There are 963 HCVP landlords.

See Attachment C: Chattanooga Public Housing Stock

CHA has implemented a Section 8 voucher homeownership program at ten per year.

The Spencer McCallie HOPE VI site constructed 125 housing units for homeownership that is affordable.

CHA's 2010 Agency Plan identified the production or rehabilitation of affordable rentals in the public and private sectors as a priority need. Additionally, there has been a dramatic increase in the demand for one-bedroom units due to homeless referrals, the eligibility of non elderly singles and increasing numbers of mentally and physically impaired individuals with few private sector accessible or managed environments.

Projected demolition of up to 279 units of obsolete and structurally damaged public housing apartments will further aggravate the shortage of affordable rental for low income citizens.

CHA is converting 0 bedroom units into one bedroom units, and decreasing the number of 5 bedroom units since there is not a large demand for such units. However the demand for 1, 2 & 3 bedroom units has increased.

Affordable housing needs in the community identified by CHA include:

- An increasing need for an expanded supply of one-, two- and three bedroom, non-elderly affordable units, both in public and private housing.
- Reconfigured public housing and expanded private housing units are needed to accommodate families and individuals with disabilities.
- A de-concentration of replacement housing for planned demolition activities.
- Leverage private or other public funds to create additional housing.
- Improve vacant unit turn-around time, initiate a preventive maintenance program and continue decentralization efforts.
- Enhance rental and ownership rehab programs targeted to neighborhood revitalization areas.

- Provide homeownership opportunities for a minimum of 150 families through the Housing Choice Voucher Program, a HOPE VI homeownership program and through the sale of single-family homes under a lease-to-purchase program and stepping stone housing.

The Department of Neighborhood Services and Community Development Citizen Participation Sessions (October 26, 2009 & January 28, 2010) identified the following as priority areas of investment:

- Housing (Improve and modernize public housing structures and quality of living, increase the supply of affordable housing, repair and maintenance programs for elderly and disabled homeowners, removal of dilapidated houses, special needs housing, overgrowth enforcement, building codes enforcement and response time for demolitions)
- Infrastructure (Improve playgrounds, school cross walks, adequate lighting along neighborhood streets and in areas of high crime, increase green spaces in neighborhoods, improve the quality of activities in recreation centers, increase number of computer training centers)
- Public/Social Services (develop quality after-school programs, education/job training/workplace development, life skills training, increase the number of emergency homeless shelters to house families, more transitional housing for the homeless, develop programs for the “almost homeless”, case management, crisis management, crime prevention, predatory lending practices)
- Economic Development (recruitment of urban service: grocery stores, gas stations, etc., revitalize LMI communities, technology development and access to broadband in inner city develop incentives for business development, access to jobs, access to capital for business development in the form of grants and loans)
- Planning (update/revise all neighborhood plans, comprehensive housing strategy, establish neighborhood planning and evaluate current plans)

The groups involved in the Department of Neighborhood Services and Community Development Consultations and Surveys (October-December 2009) identified the following as priority needs for the 2010-2014 Consolidated Plan:

- Housing (improved availability and access for low- to moderate-income households and the homeless, improve the stock of decent, safe and affordable housing, expand resources through new partnerships, education on how to avoid foreclosures)
- Quality of Life (improved community health, decrease the rising incidence of teen pregnancy, foster the growth of strong families and neighborhoods, quality

- nursing homecare, services to the elderly population, recreational parks and greenways, community gardening, preventive health resources)
- Infrastructure (vacant property, lack of bus services, traffic lights at intersections, green spaces, animal control, trash and brush collection, street maintenance, sidewalks, drains, lighting, speed bumps,
- Economic Development (improved job and skills training availability; recruitment and expansion of commercial and retail developments in immediate areas, asset building, capital for business ownership)
- Outreach to Hispanic community (jobs, language, culturalization, education, business development, safety, 2nd generation issues)
- Special Needs Population (community housing for dual diagnosed, stable housing for adolescents, skills building)
- Homeless Population (immediate needs, housing, jobs, health care, permanent housing

The Roundtable Sessions (October 19 & 20, 2009) consisted of participants that represented stakeholder organizations and agencies (Community Development and Housing, Public/Social Services, and Economic Development) that identified the following priority needs for the 2010-2014 Consolidated Plan:

- Housing (build wealth in low income neighborhoods, create plan/strategy for sustainability to prevent gentrification, revitalize neighborhoods, increase income to 120% of median income level for affordable housing eligibility, increase rental stock, develop lists of preferred landlords, raise housing expectations and hold landlords responsible)
- Homelessness (primary health care, discharge planning, more transitional housing, services for the “almost homeless”, more emergency shelters, homeless and runaway youth services, jobs, transportation services for job search)
- Social/Public Services (services for the elderly, services for aging ex-offenders, need for an anti-truancy center, improved youth recreation and services, operational support for youth centers, transportation assistance, more bilingual services).

2. CATEGORIES OF PERSONS AFFECTED

Below is a description of the housing needs of Chattanooga residents by income category. These figures are based on the 2000 Census (2010 Census results will not be available until 2011):

The 2009 Median Family Income (MFI) for Chattanooga is \$56,100, but was \$41,318 in 2000. The 2010 Consolidated Plan focuses on those households with less than 80% of the MFI. For clarity and purposes of this Consolidated Plan, the <80% MFI Households are referred to as ‘MFI households’ and are grouped into three categories: Very Low-Income (0-50% MFI), Low-Income (51-80% MFI), Special Populations. According to HUD’s State of Cities Data System (SOCDS) which provided the Comprehensive Housing Affordability Strategy (CHAS) Data of the 64,842 households in Chattanooga, approximately with problems 28.9% (18,739) consist of households with incomes <80% of the MFI.

Very Low Income: 0-50% MFI:

Very low-income households are households earning 50% or less of the area median household income (adjusted for family size). Given the area median household income for Chattanooga in 2000 was \$41,318; a family of four with a household income less than \$20,659 was considered very low income. Based on the 2009 MFI, a family of four earning less than \$28,050 is considered very low income. 2000 census data indicates that of 64,842 households in Chattanooga approximately 28.9% (18,739) earn less than \$20,659. Following are additional characteristics relevant to this segment of the population, as detailed in the CHAS Data Table:

• Renters with Incomes of 30% or Less of Median

1. Of the 29,245 renter households, approximately 27% have incomes 30% or less of MFI. In total 66.1% of households in this income category experience at least one housing problem. This compares to 66.7% for the state.

2. Large Related households make up 6.7% of all renter households and in total, approximately 39.1% experience housing problems. 72.3% of large related households (five or more persons), in this income category, experience one or more housing problems. Based on recent census data 1.7% of Chattanooga’s occupied units have 1.51 or more occupants per room, this compares favorably to 2.1% for the state and 5.8% nationally.

3. Elderly Household renters make up 6% of all renters. Of the Elderly households in the <30% income category, 46.5% experience one or more housing problems, versus 47.7% for all elderly renters.

4. Of the 29,245 renter households in Chattanooga 6,645 (22.4%) have one or more persons with a long-lasting condition that substantially limits one or more physical

activities. 2,575 (38.8%) of those renter households fall within this income bracket, 1,155 (45%) of which consist of Elderly and Extra Elderly. Of this population in this income range, 64.1% experience housing problems compared to 62% for the state.

- **Owners with Incomes 30% or less of Median**

1. Of the 35,597 owner households, approximately 19.1% have incomes 30% or less of MFI. In total 20.6% of owner households in this income category experience at least one housing problem. This compares to 21.1% for total owners.
2. Large Related households make up 7% of all owner households and in total, approximately 28.2% experience housing problems, 96.1% of large related households (five or more persons), in this income category, experience one or more housing problems.
3. Elderly Household Owners make up 32% of all owners. Of the Elderly households in this income category 68.9% experience one or more housing problems, versus 21.6% for all elderly owners.
4. Of the 35,597 owner households in Chattanooga 8,244 (23%) have one or more persons with a long-lasting condition that substantially limits one or more physical activity. 1,164 (14%) of those owners households fall within this income bracket, 724 (62%) of which consist of Elderly and Extra Elderly. Of this population in this income range, 72.2% experience housing problems compared to 27.9% for the all owners in this category.

- **Renters with Incomes Between 31% and 50% of Median**

1. Approximately 15% of renter households' fall in this income category, 66.1% of which experience one or more housing problems, compared to 39.1% for all renter households.
2. For Large Related households with income falling between 31% and 50% MFI, though they only make up 1% of total renter households, 85.5% have one or more housing problems.
3. Of Elderly households falling within this income category 52% experience housing problems. This population makes up 3.6% of total renters and 24% of the total 1,979 household renters in this income range.
4. Of the 6,645 households that have one or more persons with a long-lasting condition that substantially limits one or more physical activities 1,280 (19.3%) fall within this income bracket, 615 (48%) of which consist of Elderly and Extra Elderly. Of the population in this income range, that have mobility or self care limitations 59.8% experience housing problems compared to 47.6% for the for all renters.

- **Owners with Incomes Between 31% and 50% of Median**

1. Approximately 9% of owner households fall in this income category, 53.4% of which experience one or more housing problems.
2. For Large Related households with income falling between 31% and 50% MFI, make up less than 1% of total owner households, 46.2% have one or more housing problems.
3. Of Elderly households falling within this income category 27.4% experience housing problems. This population makes up 4% of total owners and 52% of the total 2,484 household owners in this income range.
4. Of the 8,244 owner households that have one or more persons with a long-lasting condition that substantially limits one or more physical activity 1,220 (14.7%) fall within this income bracket, 706 (57%) of which consist of Elderly and Extra Elderly. Of the population in this income range, that have mobility or self care limitations 45.5% experience housing problems compared to 27.9% for the for all owners in this category.

Low Income 51% <= 80% MFI:

Low-income households are households earning 80% or less of the area median household income (adjusted for family size). Given the area median household income for Chattanooga in 2000 was \$41,318; a family of four with a household income less than \$33,054 was considered low income. Based on the 2009 MFI, a family of four earning less than \$44,900 is considered low income. 2000 census data indicates that of 65,568 households in Chattanooga approximately 18% (12,296) fall in this income range.

- **Renters with Incomes > 50% and <= 80% of MFI**

1. Approximately 68% of renter households' fall in this income category, 66.1% of which experience one or more housing problems, compared to 39.1% for all renter households. The majority of renters in this income range are Small Related (2 to 4 members), 27% of whom experience housing problems.
2. For Large Related households with income falling between 51% and 80% MFI, though they only make up 8% of renters in this income bracket and 2% of total renter households, 54.7% have one or more housing problems.
3. Of the Elderly households falling within this income category 71.4% experience housing problems. This category of renters makes up 4% of total renters and 26% of the total 1,408 household renters in this income range.

4. Of the 6,645 households that have one or more persons with a long-lasting condition that substantially limits one or more physical activity 1,400 (21%) fall within this income bracket, 635 (45%) of which consist of Elderly and Extra Elderly. Of the population in this income range, that have mobility or self care limitations 37.9% experience housing problems compared to 47.6% for the for all renters.

- **Owners with Incomes > 50% and <= 80% of MFI**

1. Approximately 16% of owner households' fall in this income range, 30% of which experience one or more housing problems, compared to 7.9% for all owner households. 23.5% of owners in this income range are Elderly, 20.7% of who experience housing problems.
2. Small Related households with income falling between 51% and 80%MFI make up 33% of owners in the range. 37% of these households have one or more housing problems.
3. Of the 8,244 owner households that have one or more persons with a long lasting condition that substantially limits one or more physical activity 1,820 (22%) fall within this income bracket, 920 (50.6%) of which consist of Elderly and Extra Elderly. Of the population in this income range, that have mobility or self care limitations 29.4% experience housing problems compared to 27.9% for the for all owners with a disability.

Based on the data above, households with the greatest housing needs are Small Related and Other Renter Households earning <= 80% MFI, this is followed by Elderly Renter Households and Elderly Owner Households earning less than 30% MFI.

DISPROPORTIONATE RACIAL/ETHNIC NEED

Disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least 10 percentage points higher than the percentage of persons in the category as a whole. Analysis of the CHAS Data shows disproportionate need for the following African American households:

Renters - All Others; >30 <= 50% MFI
Owner - All Others; >30<=50% MFI
Owner - All Others; >50<= 80% MFI
Owner - Elderly; >50<= 80% MFI

See Attachment D: SOCDS-CHAS Data

ASSISTED HOUSING WAITING LISTS AND NEEDS OF OTHER GROUPS

Housing Choice Voucher Program

The Housing Choice Voucher Program (Section 8) waiting list as of December 2009 is 4,267:

- Households on the HCVP waiting list are assigned housing on a first-come, first-served basis, according to application date.
- HCVP waiting list is closed for a period of time due to the large numbers of residents applying for subsidized housing as a result of various economic factors.
- CHA's HCVP waiting list has been closed since September 2008 as turnover is only approximately 250 per year.
- The average time on the HCVP waiting list (as of December 2009) is three years.

The household income distribution for those currently served in the HCVP is shown below (shown as a percentage of the Area Median Income 2009-HUD AMI):

Chattanooga Housing Authority – HCVP Household Income, % of AMI

| Income Bracket | Number of Households | Percentage of Households |
|-----------------------|-----------------------------|---------------------------------|
| 0% AMI to 30% AMI | 2,055 | 74% |
| 30% AMI to 50% AMI | 609 | 22% |
| 50% AMI to 80% AMI | 102 | 4% |
| 80% AMI to 95% AMI | 4 | 0% |
| Greater than 95% AMI | 1 | 0% |

Chattanooga Housing Authority – HCVP Household Size

| Household Size | Number of Households | Percentage of Households |
|-----------------------|-----------------------------|---------------------------------|
| 1 | 941 | 34% |
| 2 | 552 | 20% |
| 3 | 574 | 21% |
| 4 | 410 | 15% |
| 5+ | 294 | 11% |

Chattanooga Housing Authority – HCVP Household Presence of Disabled Member

| Households with Disabled Member | Number of Households | Percentage of Households |
|--|-----------------------------|-------------------------------------|
| Yes | 1,121 | 40% |
| No | 1,650 | 60% |

CHA does not perform determinations of household income for waiting list households. However, the charts above reflect the income distribution of those currently served which is a proxy for those waiting for assistance and those who may apply in the future.

Low Income Public Housing

- CHA's waiting lists for low income public housing is maintained on a site-by-site basis. Households applying for assistance can elect to be placed on up to 3 site waiting lists.
- The waiting list for entrance into public housing as of December 2009, non-duplicated is 1608 for one or more sites, which represents a 62% increase over the figure (609) listed in the 2000 Consolidated Plan.
- Some 458 of the waiting list households had a primary applicant over age 65, 955 households reported a disabled member in their household, and 1,008 households were made up of a single individual.
- The composition of the waiting list is overwhelmingly for citizens who are very low income with incomes that equal to or less than 30%. The second group is those falling within the 30 to 50% income brackets.
- Zero bedrooms are no longer being requested, since, many of the elderly are two person households.
- The average time on the public housing waiting list (as of December 2009) is 607 days.
- Due to the limited number of units available, the waiting lists at two (2) of the 9 public housing sites (Greenwood and Scattered Sites) have been closed.
- A site-by-site analysis of occupancy and vacancy shows that the demand for public housing is higher for developments that are smaller, newer, sited in economically prosperous neighborhoods, and or/designated for elderly or mixed income populations.

- Demand is marginally lower for developments that are larger (over 400 units), older, and/or located in economically depressed neighborhoods.
- Overall, significant demand exists for all CHA's housing stock.

Chattanooga Housing Authority LIPH Waiting List

Chattanooga Housing Authority – LIPH Waiting List – Age of Applicant

| Age Range | Number of Applicants | Percentage of Applicants |
|------------------|-----------------------------|---------------------------------|
| < 20 | 184 | 12% |
| 20-29 | 649 | 43% |
| 30-39 | 260 | 17% |
| 40-49 | 195 | 13% |
| 50-59 | 160 | 11% |
| 60-69 | 44 | 3% |
| >70 | 17 | 1% |

Chattanooga Housing Authority – LIPH Waiting List – Sex of Applicant

| Sex of Applicant | Number of Applicants | Percentage of Applicants |
|-------------------------|-----------------------------|---------------------------------|
| Male | 246 | 16% |
| Female | 1,263 | 84% |

Chattanooga Housing Authority – LIPH Waiting List – Race of Applicant

| Race | Number of Applicants | Percentage of Applicants |
|--|-----------------------------|---------------------------------|
| Asian | 1 | 0% |
| American Indian/Alaska Native | 2 | 0% |
| Black/African American | 1,370 | 84% |
| Native Hawaiian/Other Pacific Islander | 1 | 0% |
| White | 132 | 8% |
| Not Identified | 132 | 7% |

Chattanooga Housing Authority – LIPH Waiting List – Ethnicity of Applicant

| Ethnicity of Applicant | Number of Applicants | Percentage of Applicants |
|-------------------------------|-----------------------------|---------------------------------|
| Hispanic or Latino | 22 | 1% |
| Not Hispanic or Latino | 1,486 | 99% |

The household income distribution for current CHA LIPH resident households in December 2009 using HUD AMI is:

Chattanooga Housing Authority – LIPH Household Income, % of AMI

| Income Bracket | Number of Households | Percentage of Households |
|----------------------|----------------------|--------------------------|
| 0% AMI to 30% AMI | 2,078 | 86% |
| 30% AMI to 50% AMI | 296 | 12% |
| 50% AMI to 80% AMI | 43 | 2% |
| 80% AMI to 95% AMI | 4 | 0% |
| Greater than 95% AMI | 4 | 0% |

Note: Total does not match 2,429 households served, as 4 households in database had no income information.

Other household demographics for the LIPH program may also inform the analysis of need. Tables for currently-served LIPH households showing household size and presence of at least one disabled person in the household are shown below.

Chattanooga Housing Authority – LIPH Household Size

| Household Size | Number of Households | Percentage of Households |
|----------------|----------------------|--------------------------|
| 1 | 1,263 | 52% |
| 2 | 497 | 20% |
| 3 | 349 | 14% |
| 4 | 195 | 8% |
| 5+ | 125 | 5% |

Chattanooga Housing Authority – LIPH Household Presence of Disabled Member

| Households with Disabled Member | Number of Households | Percentage of Households |
|---------------------------------|----------------------|--------------------------|
| Yes | 865 | 36% |
| No | 497 | 64% |

Note: Total number of disabled individuals served was 920 (several households had more than one disabled individual per household). See also note on income table above.

Housing Needs of Other Groups:

Special Needs Populations

According to the 2000 Census, it is estimated that the City of Chattanooga has a population of 20,556 adult citizens (23.2%) and 3,065 children (9.5%) counted as those experiencing some form of disability. There are a total of some 129 group

homes providing supportive living accommodations for the elderly, transitional and emergency shelters, children and adolescent homes, HIV/AIDS, ex-offenders, mental illness, alcohol and drug treatment, and physical disabilities. The breakdown is as follows:

| <u>Group Homes</u> | <u># of Residents</u> |
|------------------------|-----------------------|
| Alcohol/Drug | 1,233 |
| Mentally Ill | 817 |
| Mentally Retarded | 2,420 |
| Physically Handicapped | 550 |
| HIV/AIDS | 7 |

Physically Disabled

There is a need for both rental housing and homeownership opportunities for people with physical disabilities who require special modifications to housing.

Individuals with mobility impairments, who require a home that is wheel chair accessible, and hearing and vision-impaired people are among those needing specialized housing. Because so many of these people have no income other than disability income, the greatest need is for this housing to be affordable.

Disabled people need greater access to HCVP assistance, and, in areas that are near to service corridors, transportation, and social and medical facilities. This would provide greater choice of neighborhoods and the type of housing they would be able to select. Even if Housing Choice Vouchers were available for all those needing housing in this category, the tightening rental market would necessitate the construction of additional rental units to accommodate them.

CHA's current public housing stock, including housing stock at mixed income developments, includes 98 units suitable for occupancy by households or individuals with mobility or audio/visual impairments. Of these, 55 units meet modern federal standards for mobility accessibility, while 41 units do not meet current standards, but only meet prior standards at the time those units were renovated. Twenty-one (21) units meet standards for audio/visual impaired individuals.

These accessible units are located at 8 public housing sites. In the future, all newer developments and developments that are to be substantially renovated will meet the 5% mobility accessible and 2% audio/visual accessible HUD guidelines.

Tri-State Resource and Advocacy Corporation, Inc. (TRAC) served some 468 in 2009 building wheelchair ramps, providing advocacy for those with disabilities, and providing training in independent living. TRAC states that 85 percent of its clients with disabilities are seeking housing assistance of some sort. Ten percent of these

persons need long term assisted living, while 85 to 90 percent need affordable housing or adapted housing.

TRAC expects its service population to grow, getting more clients that are significantly disabled including physical disabilities, visually impaired, amputees, and other permanent disabilities. Their needs will be met by securing more funding and referring clients to other agencies in order to meet their needs.

There is a need for additional affordable and adapted housing in the community. However, determining the number of persons needing supportive housing in the community and targeting a population that can most benefit from a particular type of housing or living arrangement is an extremely difficult proposition.

Most physically handicapped persons are not affiliated with any particular group such as the Siskin Foundation, Arthritis Foundation, American Diabetes Association, and Multiple Sclerosis Society, etc. As a result, this population is somewhat invisible. Also, there is not one organization that tracks persons with physical disabilities, rather, persons with disabilities are divided among the agencies that provide specific services, and, there is neither interfacing nor sharing of information among the agencies.

Subsidized handicapped housing is available in group homes for disabled persons living with a caretaker. Some service providers have indicated that housing for married persons and particularly housing for handicapped persons with children is the most critical need. On the other hand, other service providers believe that adaptive housing for wheel chair persons is not as critical because most of the disabled population is ambulatory.

Hosanna Community is a nonprofit organization that offers residential housing, specifically for handicapped individuals that are single and live alone. Approximately half of the residents have mental deficiencies (not mental illness), usually as the result of accidents—lack of concentration, lack of some social skills, etc.). Fifty (50) % of the residents have had a traumatic brain or nervous system injury such as stroke, cerebral palsy, spinal bifida, or injury from car crash. The housing units are located in two buildings that offer the residents separate bedrooms, a common kitchen and living area, meals, and transportation services along with a variety of social activities.

Hosanna Community as of December 2009, serves some 16 clients, residing in two separate houses. Funding sources include individuals, churches, service clubs, corporations and two annual fundraisers. Current economic conditions have impacted the fundraising amounts in the past two years.

The cost of rent for these services has posed a problem for many persons whose social security benefits and disability income is not high enough to cover the monthly rent of approximately \$1,450. Over half of the clients are LMI. Even for those that are employed, their monthly wages, which are usually from low paying jobs, is not equivalent to manage the cost of housing at this facility.

Hosanna expects to house more military veterans in the future (Iraq and Afghanistan), also residents will become younger and younger due to vehicular crashes and other accidents from risky behaviors.

Service providers agree that there is a great need for rental subsidies for the handicapped. Currently, the Chattanooga Housing Authority does have Housing Choice Vouchers set aside for the handicapped, although, they must place their names on the waiting list and no preference is given for housing other than is accorded the general population. Additionally, it is difficult to persuade private landlords to make their units handicapped accessible while maintaining affordable rents.

MENTALLY ILL:

The same assumptions are true for the mentally ill as for the physically disabled. Locally, HCVP is the logical solution for the stabilized mental health consumer, who is able to live independently. A consumer's ability to afford decent homeownership if SSI is his or her only income is very low. HCVP assistance would provide greater choice for the consumer which mental health professionals and consumers alike, contend is essential for optimal functioning.

The City of Chattanooga currently has some 32 or more group living facilities that have approximately 288 beds that provide supportive living for persons with mental illness, and, 32 beds that serve children and adolescents experiencing some form of mental illness.

The state of Tennessee launched a "Creating Homes" initiative around 2002 to provide new or improved permanent housing options for households that contained individuals experiencing forms of mental illness.

The state of Tennessee, working with local community housing developers and other stakeholders in partnership with seven Regional Housing Facilitators, the state's program has leveraged to date more than \$101 million in federal, state, local, public, private, traditional and non-traditional funding sources and has successfully created more than 4,600 permanent, safe, affordable, quality, permanent housing options for Tennesseans diagnosed with mental illness and co-occurring disorders.

The initiative currently will create 1,100 permanent housing options per year.

The greatest need for those diagnosed with forms of mental illness that desire to live independently is affordable single family housing units.

HIV/AIDS:

The number of persons living with HIV/AIDS in Hamilton County is 1,325 according to 2010 data from the Chattanooga-Hamilton County Health Department's "2010 Community Health Data Profile". In a 2009 study, the Center for Disease Control (CDC) indicates that the number of confirmed cases for any area can be multiplied ten times for an accurate count.

Chattanooga CARES is a nonprofit organization that provides education and outreach to the HIV/AIDS population and operates a primary care clinic that provides primary health care, mental health counseling, nutritional services, housing assistance, and adherence counseling.

Chattanooga CARES provides services in Hamilton County and 10 surrounding southeast counties.

CARES receives Housing Opportunities for People with HIV/AIDS (HOPWA) funding. The HUD dollars are used exclusively for people that are HIV positive. Over \$100,000 dollars are spent annually to provide short-term assistance with rent, utilities, food and transportation.

Chattanooga CARES does not provide housing, directly, but works with the Catholic Charities that operates a housing site that provides 7 units of independent living for HIV positive individuals who are battling this form of illness.

The City subsidizes 25 units and other forms of assistance through the Shelter Plus Care program.

HOMEBUYER ASSISTANCE AND HOME REHABILITATION ASSISTANCE

Despite the fluctuating interest rates, the demand for Chattanooga Neighborhood Enterprise's assistance to homebuyers has increased on an annual basis. This program provides down payment and closing costs assistance to very low, low and moderate-income individuals and families to help them become homeowners.

Between June 1, 2008-June 30, 2009, fifty-nine (59) households purchased homes. The homebuyers were approximately 58% (34) minorities; 26% (15) were female heads of households.

Research indicates that this market will remain consistent even when interest rates negatively impact higher income families.

The demand for low-income owner occupied rehabilitation is expected to grow as the population ages and due to the age of the existing housing stock in the City.

The majority of the customers served in CNE's Home Improvement Program are low-income elderly (43%) that receive zero interest rates for the rehabilitation of their homes.

Between July 1, 2008-June 30, 2009, 103 low-income owner-occupied homes were renovated at a cost of \$2,313,580. The average cost of the renovations is \$22,400.

75% were minority customers, with 53% in the below 50% LMI bracket.

Projected proposed cuts in government programs (CDBG and HOME), which support this activity locally, are of concern to the community.

Over one half of the homes in the City are more than 30 years old. Housing repairs to older homes are costly, and very low-income families cannot be served without some form of subsidy. The alternative to maintaining low-income elderly people in their own homes (institutionalization) is even more costly.

DISPROPORTIONATE NEED

The racial balance within the City limits is shifting with the white majority decreasing from 59% in 2000 to 57.1% in the 2007 Estimate. Between 2000 and 2007 Estimate, the percentage of the African-American population in the City increased from 34% to 37%. The African-American population in the County, outside the city limits, is 20.1%, showing a 2% increase over the ten year census reporting period.

This increase in the African-American population outside the City limits, in absolute numbers, demonstrates that these, as well as white families, have migrated outward from the City, presumably as they have been able to afford newer and better homes.

There is still a very high concentration of African-American households in the older, inner-city neighborhoods. As previously shown, the CHAS Data shows a disproportioned need for the following: African American Renter Households (All Other Households) with incomes >30 to =50% MFI, African American Owner Households (All Other Households) with incomes >30 to =50% MFI, Elderly Owner Households with incomes >50 to < = 80% MFI and All Other Elderly Household Owner Households in the same income bracket.

For planning purposes, the jurisdiction has identified census tracts with 51 percent or greater minority population as "areas of racial/ethnic minority concentration." "Areas of low-income concentration" are defined within the jurisdiction as tracts where the median household income is 80 percent or below the median household income for the entire jurisdiction.

Minority populations, other than African-American, are not numerically significant; two small exceptions are Asian and Hispanic.

- The Asian population is a small percent of low- and very low-income households, and a larger percent of more affluent households (above 95% MFI) than any other population group.
- The 2006-2008 American Community Survey 3 year Estimates data reflect that 4.1% or 6,537 individuals of Hispanic origin reside in the City of Chattanooga, compared to the 2000 census estimates that there were 3,281 Hispanic or Latino living within the City limits. Indications are that this population has increased by almost half since 2000.
- The members of the Hispanic population work at very low-paying jobs, and live in inner city neighborhoods that offer rundown rental properties at premium costs.
- It is anticipated by housing providers and social service providers alike, that additional services will be required to integrate them into the broader community. The Hispanic community faces various barriers that include language, access to health care and social services.
- Several organizations and faith-based entities (Salvation Army, La Paz de Dios, and Homeless Health Care) are providing education and outreach services to the Hispanic and Latino populations.

Homeless Needs 91.205 (c)

*Refer to the Homeless Needs Table 1A or the CPMP Tool's Needs.xls workbook

8. Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness and chronic homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered.
9. Describe, to the extent information is available, the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.

HOMELESS NEEDS

The Blueprint to End Chronic Homelessness in the Chattanooga Region in Ten Years was initially published and released to the public in March 2004. The Blueprint was revised in 2008.

The Homeless Blueprint Oversight Committee (HBOC) was established to ensure timely and effective implementation of the Blueprint. The HBOC promote consistent performance standards, provide a forum for community-wide collaboration and promote public awareness of homelessness. HBOC will ensure that data and research, guide support and justify all planning efforts and policy initiatives.

The Blueprint outlines strategies and actions that will be implemented over the next ten year period, using all sources of funding to accomplish the goal to end homelessness in the City and region. The Blueprint focuses on five key areas: Housing, Supportive Services, Prevention and Homelessness, Planning & Coordination, and Community Reintegration.

The strategies and actions as outlined in the Blueprint are:

A. Expand Customer-focused Paths to Permanent Housing

1. Expand Permanent Housing Opportunities

- a. Create 200 affordable housing units for homeless people per years through the provision of rent subsidies, new housing development and the preservation of affordable housing stock.
- b. Facilitate housing placements
- c. Implement exclusionary zoning ordinances to encourage the development of affordable housing as a percentage of other housing developments in the community.
- d. Provide incentives for developers to build affordable housing.
- e. Work with schools, employers and businesses moving to the community or developing new sites to include the purchase of land that can be developed for affordable workforce housing near the properties being developed for educational, industrial, business or commercial use.

2. Increase the availability of transitional shelter units that move people to permanent housing:

- a. Provide adequate transitional shelter space to provide safe, decent and sanitary shelters for homeless individuals, families and youth until adequate and appropriate permanent housing is available.
- b. Increase funding for emergency or short-term housing that fills the gap between becoming homeless and finding transitional or permanent housing.

3. Provide permanent special needs housing and alternatives
 - a. Ensure that adequate housing is available for those populations that need more intensive long term case management and supportive services
 - b. Develop housing policies that recognize that not all persons will choose to accept the supportive services, etc.
- B. Increase Access to Services and Supports
 4. Reconfigure case management to be assertive, coordinated and focused on placing and maintaining homeless people in permanent housing. Prioritize funding both for (1) case management to homeless people and (2) continuing case management and supportive services to formerly homeless people placed in permanent housing.
 - Improve and expand case management
 - a. Maximize current funding and seek additional funding for case management and supportive services
 - b. Appoint a lead agency to support Case Management Coordinator position
 - c. Develop and implement a system-wide standards and training program for case management to homeless people
 - d. Reduce average length of stay in shelters
 - e. Develop a community scorecard that links services providers
 - f. Create specialty Case titles for Case Managers
 - Create Additional Tools and Resources for Case Managers
 - g. Establish a four month to two year rental subsidy that will help employable homeless people move into permanent housing
 - h. Establish a four month to two year rental subsidy that will help employable homeless people to move into permanent housing immediately.
 - i. Create permanent supportive housing for formerly homeless or at-risk youth.
 - j. Solicit additional private funding and in-kind donations for flexible use by case managers for client moving costs, rents and deposits, back rent and other expenses associated with moving into permanent housing and other goals of case management service plans.
 - k. Support case management with links to other specialized services, such as money management, representative payee arrangements, credit counseling and budgeting assistance, medication management, legal services, job development and placement, and other programs.
5. Improve the effectiveness of outreach and engagement of homeless people living in public spaces.

Coordinate Outreach

- a. Re-deploy and coordinate existing outreach staff to focus outreach and case management activities on helping homeless people living in public spaces gain quick access to treatment, housing and employment.
- b. Evaluate outreach staffs training and supervision needs, hours of employment and pay scales.
- c. Coordinate outreach efforts with police.

Improve Access to Shelter and Housing

- d. Establish a drop-in center that provides a safe place for homeless people to go during the day.
- e. Prioritize funding for security and additional social services staff to allow two existing emergency shelters to accept unaccompanied homeless single adults directly from the streets.
- f. Develop a community collaborative approach and seek federal funding for adequate services to homeless youth, including transitional, respite and independent living programs.
- g. Increase access to permanent housing for homeless people living in public spaces.

Expedite Placements

- h. Expand and expedite homeless people's access to psychiatric evaluations, prescription medications and dentistry.
- i. Work with the Tennessee Department of Human Services to expedite the entitlement applications of homeless people, especially those living in public spaces.
- j. Create a fund to help transient homeless people from outside the Southeast Tennessee region return to stable placements in their home communities.

6. Link homeless and formerly homeless people to mainstream services and resources.

- a. Use Workforce Investment Act (WIA) funding and programs to train and place homeless and formerly homeless people into employment.
- b. Create job opportunities for homeless and formerly homeless individuals.
- c. Improve homeless people's access to transportation and day care.
- d. Transfer to other federal funding streams some substance abuse, mental health and other service programs for homeless people that are currently funded with federal McKinney-Vento Homeless Assistance Act and Continuum of Care homeless funds administered by HUD.
- e. Review the Chattanooga region's current array of inpatient and outpatient substance abuse and mental health treatment services to examine the adequacy of existing capacity, treatment modalities and aftercare supports.
- f. Expedite enrollment of homeless and formerly homeless families and individuals into TennCare and Food Stamps.
- g. Develop a plan and implementation strategy to expand homeless and formerly homeless peoples' access to Veterans Administration services.

- h. Improve homeless, at-risk and runaway youth's access to family counseling and other supports.

C. Prevent Homelessness

- 7. Establish an organization or give the responsibility to an existing organization for *Blueprint* implementation which will include promoting prevention of homelessness and providing quick assistance to families and individuals at risk of homelessness.
 - a. This agency will be charged to identify at-risk individuals and families, coordinate service response, educate and train service providers and advocate for the homeless.
 - b. An Operations Council can assist agency personnel in program development and will stress early intervention, case management, client responsibility, the sharing of best practices and appropriate use of data tracking software.
 - c. The lead agent will be customer focused and responsible for beginning a redesign of the service delivery system. The regional dialogue will be diverse and on-going, considering all sources of funding to provide services to the most vulnerable at-risk for homelessness in a customer focused way.
- 8. Help at-risk households remain stably housed by providing emergency assistance, maximizing their incomes and improving access to supportive services. The lead agent will be responsible for assisting at-risk households with emergency assistance, including brief case management and ultimate entry into the case management system for long-term planning.
 - a. Expand the availability of emergency assistance to prevent financial and personal emergencies from becoming destabilizing crises.
 - b. Reduce the gap between poor people's rents and incomes by expediting and expanding access to subsidies, entitlements and employment.
 - c. Offer at-risk households ongoing case management and supportive services to address the underlying causes of instability.
- 9. Prevent people from becoming homeless when they leave institutional care, such as jail, prison, shelter, hospitalization, treatment and foster care, by developing permanent housing plans prior to release and establishing clear responsibility in the community.
 - a. Expedite entitlement applications for individuals leaving institutional care.
 - b. Establish clear responsibility for implementing discharge plans in the community.
 - c. Provide access to alternative level of care transitional beds to provide a few days or weeks of respite care to disabled and medically frail individuals awaiting placement into permanent housing.
 - d. Work with the criminal justice system to facilitate individuals' reentry from

incarceration to community living and instead of incarceration, develop and implement pre-trial diversion as well as post trial alternatives for persons with mental illnesses to be placed in treatment and housing facilities in the community.

- e. Develop a resource guide and map to provide to people when they are discharged from institutional care.
- f. Institute a strong transition to adulthood program for youth leaving foster care to ensure comprehensive support, education and housing for as long as necessary to achieve independence.
- g. Establish emergency temporary housing opportunities for individuals and families that leave institutional care between 6 p.m. and 8 a.m. and on weekends.
- h. Provide structure and funding for low income persons traveling through our community who would otherwise be homeless. These persons must be on their way to gainful employment or appropriate living situations.

D. Develop a Mechanism for Planning and Coordination

10. Establish the Homeless Blueprint Oversight Committee (HBOC) to take the lead responsibility in performing or ensuring performance of the following tasks:
- a. Monitoring progress of *Blueprint* implementation and adherence to policies/standards as specified in the *Blueprint*
 - b. Increasing the number of service provider agencies certified by the lead agency as adopting and implementing best practices.
 - c. Providing a forum for increasing collaboration between for-profit, governmental, nonprofit and faith-based agencies to support implementation of the *Blueprint*.
 - d. Promoting public awareness of progress on the *Blueprint* implementation.

E. Community Reintegration

11. Develop a central intake point to start the process of linking a homeless/formerly homeless person to the case management and other assistance and follow-up support they need to become more self-sufficient.
- a. Develop a central intake point, accessible at all hours of every day, to access immediate needs and start a person on their way to housing.
 - b. Develop a model for casework, using the resources of the Human Services Department at the University of Tennessee at Chattanooga, and other models which focus on the short, mid, and long-term needs peculiar to the various segments of the homeless population.
 - c. Utilize more volunteers, particularly faith-based groups, to assist caseworkers in follow up and support, problem solve, and encourage newly housed persons access to Americorp volunteers.

- d. Develop improved follow up systems, able to trace housing placements through the first year of housing and prevent dropping through the cracks.
 - e. Increase use of Service Point or other data based information tools.
- 12. Make mainstream resources (food stamps, SSI, etc.), health services, Case management services and getting personal identification documents more accessible by either convenient location or available transportation.
 - a. Expand assistance and convenience to food stamp application, other documentation, driver's license or other picture ID, e.g. food stamp application at satellite locations, SS services at TN Career Center.
 - b. Close contact by case managers or volunteers regarding medical needs, prescriptions, and transportation to appointments to maintain and improve health.
 - c. Accessing assistance in areas of startup deposits, food, furniture, utility and rental assistance.
 - d. Better communication between service providers as to services provided, overlaps, gaps and coordination through the Chattanooga Regional Homeless Coalition to provide a seamless system.
- 13. Provide assistance in re-establishing a home
 - a. A centralized point of contact for housing resources with access to all available housing units and connections to casework charged with mentoring through the reintegration process, following along for six months to one year. Continue to expand web-based housing inventory programs, e.g. "Housing Within Reach" and "My Community Rents".
 - b. Coordination and collaboration of organizations providing immediate supports, e.g. furniture, financial assistance for rental and utility deposits. Database of organizations who maintain a furniture and household goods bank, e.g. First Centenary, UMC.
 - c. Apply Habitat principles of "sweat equity" to earn housing credit.
 - d. Continuous and early planning for the Continuum of Care grant to provide the most creative and broad housing programs, with concentration on the bottom line number of new units to come on line.
- 14. Connect homeless/formerly homeless people to community services/education that help them obtain, maintain and advance in employment to their fullest potential
 - a. Expand use of TN Career Center to obtain documentation, skills training and employment counseling.
 - b. Inclusion of employment preparation in discharge planning and care plans.
 - c. Emphasis on soft skill training in programs funded through the Continuum of Care and elsewhere.
 - d. Job coaching to smooth over workplace problems

See Attachment F: The Blueprint to End Homelessness in the Chattanooga Region and Progress Report-August 2009

NATURE AND EXTENT OF HOMELESSNESS

While the extent of homelessness is impossible to document with complete accuracy, informed estimates can be made to target activities and resources. These estimates are based on:

- Data contained in the Chattanooga Homeless Coalition's 2009 Chattanooga and Southeast Tennessee Regional Continuum of Care Homeless Assistance Program;
- Point-In-Time surveys of homeless individuals conducted January 2009;
- The Blueprint to End Homelessness in the Chattanooga Region in Ten Years and the Homeless Blueprint Oversight Committee's August 2009 Blueprint "Progress Report"; and,
- Consolidated Action Plan FY 2009-2010.

Chattanooga has a well-developed system of services for the homeless. Coordination of services is achieved through the Chattanooga Homeless Coalition and the Homeless Blueprint Oversight Committee (HBOC) and its various subcommittees.

The Chattanooga Homeless Coalition receives annual funding from the City of Chattanooga and surrounding county governments to prepare the annual Continuum of Care (CoC) Plan. The CoC for 2009 was prepared and submitted to HUD on December 4, 2009. The CoC was awarded \$2,068,574 for FY 2009 programs (January 2010-December 2010).

The Coalition conducted the HUD required Point-in-Time Count on January 25, 2009. The result is:

Households with Dependent Children-----47

- Unsheltered—14---(46 individuals)
- Sheltered ----15----(45 individuals)
- Transitional –18----(59 individuals)
- Total Individuals---150

Households without Dependent Children---363

- Unsheltered----161
- Sheltered -----139

- Transitional-----63
- Total Individuals-363

The Populations identified in the count were:

- Chronically Homeless-----162
- Severely Mentally Ill-----44
- Chronic Substance Abuse-----42
- Veterans-----43
- Persons with HIV/AIDS-----2
- Victims of Domestic Violence-----4

In comparison to the 2007 Point-in-Time Count (which is conducted every two years), the number of sheltered families increased due to an increase in the number of family shelter beds in the community inventory. There was a decrease in sheltered individuals due to the loss of 75 shelter beds. There was an overall decrease in homeless individuals due to a large number of homeless persons moved to permanent housing in the community.

Additionally, there was a decrease in the number of all sheltered subpopulations due to a community-wide effort to move persons, particularly chronically homeless persons with disabilities into permanent housing units. The “housing first” Initiative utilizes public housing units, Shelter Plus Care beds, and other opportunities in the community to place persons with challenges into safe, decent affordable housing units.

Chattanooga Housing Authority implemented a preference for homeless families in both public low income housing and Housing Choice Voucher Program (Section 8) which is allowing providers to easily house unsheltered families with dependent children as quickly as possible.

The number of unsheltered chronically homeless persons decreased dramatically because of the 2008 effort to provide permanent housing for homeless persons in public housing units and other affordable units. In addition, CHA’s Emergency Housing Program housed some 593 persons and the City of Chattanooga funded a HomeAgain initiative using about \$600,000 in HOME Partnership Investment Act funding.

The HomeAgain project created permanent housing solutions that ensure long term housing stability which entailed the following level of funding:

- Chattanooga Room In the Inn received \$159,741 to create 3 units of housing, serving three (3) homeless families;
- Everhart Affordable Development, Inc. and Ward & Associates received \$129,000 to renovate 2 homes to serve four (4) young adults who have aged out of foster care and have experienced homelessness;

- Hope for the Inner City received \$150,000 for the renovation of 2 housing units to serve families; and,
- Rosewood Supportive Services, Inc. in partnership with the Chattanooga Community Kitchen received \$90,000 to construction a house to serve 8 chronically homeless and disabled individuals.

The City of Chattanooga provided CDBG funding in 2009 to the Chattanooga Community Kitchen to renovate its facilities to house a Day Center, medical respite site, and housing for recent employed, previously homeless individuals. This Center is serving as a one-stop shop for homeless services and resulted in additional CDBG funding to the Coalition to develop a Central Intake Process.

The Interfaith Homeless Network opened a Day Center in September 2009 to serve the needs of homeless families and young children.

Because of the nature and extent of homelessness that still exists, the Chattanooga Homeless Coalition and the HBOC have reaffirmed its priorities for helping the homeless with a focus on ending homelessness instead of mitigating the discomfort of homeless people.

ESTIMATE OF THE NUMBER OF HOMELESS IN THE REGION

Chattanooga is the largest city in the region, which covers 16 counties in three states. These include Bledsoe, Bradley, Franklin, Grundy, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie, and Hamilton Counties in Southeast Tennessee; Catoosa, Dade, and Walker Counties in Northwest Georgia; and Dekalb and Jackson Counties in Northeast Alabama.

According to the revised 2008 Blue Print to End Homeless in the Chattanooga Region, Chattanooga's location in the Southeast Tennessee region has led to an influx of homeless people (including Hispanic immigrants, presenting unique cultural and linguistic challenges).

The demographic and social data for homeless individuals in the Chattanooga area are:

- More than 4,094 individuals experience homelessness annually in the Chattanooga region. This estimate comes from the Homeless Coalition's ServicePoint HMIS data base.
- Some 1,091 children experience homelessness.
- Over one-third of the homeless are children. The average age is 5.3 years. Homeless children are much more likely to be male (60.1% male; 39.9% female).
- Significantly more homeless children are African-American than white.
- Approximately 23% of homeless children are living with family and friends as compared to 42% of homeless adults.

- The Chattanooga region's adult homeless population is split fairly equally by gender with men slightly out numbering women.
- The homeless population is 48% white, 50% African-American and 2% Hispanic.
- The homeless population (61%) is between the ages of 30 to 54 years old; 3% of the homeless population is 60 years old or older and 24% consists of children 18 years of age or younger.
- Approximately 1/3 of the homeless self-report having a mental illness, as well as 1/3 having abused drugs or alcohol.
- 15-25% is veterans.
- 40% have experienced recent domestic violence.
- About 10% of homeless individuals are employed.
- Approximately 80% of all homeless grew up or have family ties in Chattanooga.

MARKET CONDITIONS AND LEGISLATIVE CHANGES IMPACTING HOMELESSNESS

Market conditions impacting an increase in homelessness include:

- The local rental housing market is tightening. Rental housing in all price ranges is becoming scarcer. This is due in part to the number of Housing Choice (Section 8) Vouchers that are being used by persons who have been displaced out of public housing.
- Vigorous efforts to clear dilapidated housing from inner-city neighborhoods and the supply of low-cost rental units and zoning obstacles are decreasing the supply.
- Nonprofit housing providers are unable to produce affordable rental housing units due to limited funds and costly management requirements of rental housing properties.
- Landlords, aware that they are in a buyer's market, have become more selective. Prospective tenants are screened carefully and are often rejected because their credit reports show bankruptcies or large outstanding debts, such as medical bills.
- Landlords are reluctant to accept HCVP (Section 8) tenants.
- The production of rental properties has not kept up with the current demand for safe, affordable housing.
- The Blueprint has placed emphasis on permanent housing for chronically homeless individuals, instead of transitional housing. This will decrease the tight supply of existing housing and require new housing developments to meet the demand.
- Parents are becoming less tolerant of teenagers and young adult children living at home. Shelters report seeing an increase in young people whose parents now refuse to allow them to live at home.

FACILITY NEEDS OF SHELTERED AND UNSHELTERED HOMELESS

The entire jurisdiction (City of Chattanooga) is urban, and therefore the number of rural homeless is not a factor. However, Chattanooga is a magnet for homeless people from rural areas in surrounding counties. Because there is a wide range of services available to this population in Chattanooga and services are nearly non-existent in rural areas, this community undoubtedly shelters the homeless of the surrounding counties. It is still common that many rural communities will transport homeless individuals to the Chattanooga area for homeless services, and encourage the individuals to remain in the city.

Homelessness is difficult to document and, as a result; the estimates from different sources vary. However, in Chattanooga, there are several organizations that attempt to document homelessness:

- The Chattanooga Regional Homeless Coalition and HMIS data;
- The Homeless Blueprint Oversight Committee (HBOC) which seeks to improve data collection and analysis, establish service standards, measure program performance, coordinate case management and establish annual numerical targets for the reduction of homelessness;
- The HBOC also ensure that data and research will guide, support and justify all planning efforts and policy initiatives; and,
- Homeless Service Providers.

There are a number of circumstances that occurred in the last year (2009) that impact the degree of needs for the homeless:

- The Salvation Army added 12 shelter beds for men;
- Union Gospel Mission closed 75 beds for men;
- 19 transitional beds operated by Partnership for Families, Children, and Adults were re-classified as permanent supportive housing;
- 19 units of permanent housing was added through the HomeAgain project;
- AIM Center's Oxford Place and Oxford Place East, housing for individuals with mental illness added 13 units;
- The City of Chattanooga's Shelter Plus Care added 6 units of permanent housing;
- The Veterans Administration Supportive Housing (VASH) Program awarded tenant based vouchers for up to 35 homeless veterans for permanent housing units;
- Chattanooga Housing Authority Shelter Plus Care increased units for individuals to 12 and 11 units for families;
- There are over 30 group homes, providing over 288 units for individuals;
- Independent Elderly group homes that provide some 50 units of housing; and,
- The 2009 ARRA funding under the Homeless Prevention and Rapid Re-housing Program (HPRP) is assisting those who are homeless and the near homeless to maintain their existing and/or affordable housing units.

OVERALL NEEDS

While Chattanooga has a well-networked service continuum, there are still significant gaps in services. These gaps exist because there is not enough of a particular service to meet the demand (e.g. emergency shelter for women and families) or the service is not in place (e.g. supportive drug-free housing to accommodate people recently released from treatment programs). The greatest unmet emergency shelter need is more space for women and children. The Family Shelter located at the Salvation Army and staffed by Partnership for Family, Children, and Adults is not adequately funded to operate at full capacity year round. Even if it were fully funded, there is not enough bed space to meet the current demand.

Non-homeless Special Needs 91.205 (d) including HOPWA

*Please also refer to the Non-homeless Special Needs Tables 1A & 1B or, in the CPMP Tool, the Needs.xls workbook.

10. Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, victims of domestic violence, public housing residents, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (Table 1B or Needs.xls in CPMP Tool) of their Consolidated Plan to help identify these needs.

*Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.

In the August 2001 study, "Housing Availability and Need for Low Income and Special Needs Populations in Hamilton County", sponsored by the Chattanooga Housing Authority, the inventory of needed services, indicated that in the Chattanooga area, 27,666 additional services were needed. The following statistics are provided:

NEEDED SERVICES

- | | |
|---|--------|
| • Homeless Supportive Service Slots | 5,149 |
| • Needed Housing Modifications for persons with Disabilities | 2,517 |
| • Needed Housing Modifications/Assistance for low/moderate income Population | 20,000 |

In areas that impact the elderly population, the total need for additional elderly housing is 2,182 beds/unit with an existing inventory of 4,897. The actual numbers are:

| | |
|---------------------------|-------|
| • Independent Living | 549 |
| • Assisted Living | 677 |
| • Licensed Boarding Homes | 271 |
| • Nursing Homes | 685 |
| Total | 2,182 |

Publicly funded housing for undefined disabilities indicates a need for 798 additional units/beds:

| | |
|-------------------------------------|-------|
| • Public Housing | 26 |
| • Section 8 | 772 |
| • HUD Assisted (disability/elderly) | --0-- |
| • USDA (disability/elderly) | --0-- |

Mentally ill individuals need various types of assistance, non-homeless:

| | |
|-------------------------|------|
| • Residential Treatment | --0— |
| • Transitional Housing | 50 |
| • Permanent Housing | 721 |

The Physical Disabled will require 360 beds/units as compared to the existing 16 and the Developmental Disabled will require 250 as compared to the existing 365.

Many of the housing modifications are not considered major and can reasonably be met by family, friends, neighbors, churches, and other service organizations.

In the Chattanooga-Hamilton County Health Department's study "2010 Community Health Data Profile", in 2007, there were 44 new HIV/AIDS infections in Hamilton County, the lowest since 2002. Cumulatively, there are 1,325 persons living with HIV/AIDS in Hamilton County through 2007.

There are 7 units of dedicated housing for single occupancy for HIV/AIDS patients. The Shelter Plus Care program provides additional housing for families.

It is not considered a critical issue at present to provide additional housing units for HIV/AIDS positive clients and their families. Many are able to continue to reside with family and in their existing housing arrangements as they remain gainfully employed.

Additional Issues

Most people with disabilities prefer to live independently, rather than in a group home or some other form of assisted living. People with physical disabilities, the biggest challenge are in finding the resources to make their own homes more accessible.

While modifications are potentially expensive, keeping the disabled out of assisted living situations might offset rehab costs.

No central resource exists that catalogues the number of houses in the community that are handicapped accessible. Designating some organization to compile and update this list could assist service providers and potential renters.

Residential areas in Chattanooga are often hilly, presenting challenges particularly for people with mobility impairments.

Current state law does not allow for more than two group homes in a quarter mile area.

Current public policy encourages the use of Housing Choice Vouchers (Section 8) over public housing. However, it is still difficult for disabled persons to find a landlord willing to accept the vouchers. Existing Section 8 housing is sub-par for people with disabilities.

Lead-based Paint 91.205 (e)

11. Estimate the number of housing units* that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.

***If using the CPMP Tool**, this number can be provided on the Housing Needs Table in the *Needs.xls* file.

LEAD BASED PAINT

The City of Chattanooga is located in Hamilton County in southeastern Tennessee. In the City, the 2006-2008 American Community Survey, U.S. Census estimate that there is a total of 77,884 housing units, both homeowner and rental. The number of units that are considered to have a high risk of lead-based paint hazards is approximately 2% or 2,800 of the 22,000 housing units that were constructed prior to 1950. Of the total number of 22,000 units built prior to 1950, it is estimated that approximately 73% or 16,000 units are occupied by low income individuals. The number of children under the age of 5 living below poverty is 4,700 or 26%.

Lead-based paint is highly toxic, especially to young children, with excessive exposure causing reduced intelligence, impaired hearing, reduced stature, and many other adverse health effects. Lead-based paint poisoning occurs by ingesting paint chips or lead dust, or breathing lead-based paint dust particles typically generated through renovation work. Tennessee Childhood Lead Poisoning Prevention Program (CLPPP) is established in the 14 County Health Departments within the state to provide testing

and educational outreach services to residents for the protection of children that may be exposed to lead-based paint in their residencies. The goals of the CLPPP are:

- Monitor all blood levels of children before the age of 6
- Increase screening of children at high risk of lead exposure
- Proper follow up of children with elevated blood levels
- Increase public awareness of childhood poisoning and prevention

The Tennessee Department of Health provides educational materials in both English and Spanish because of the growth in population of Hispanic residents.

All children enrolled in Head Start and children served by the state's TN Care Program have a blood lead test.

The Health Department upon receipt of referrals of children with elevated blood levels, initiates a home visit to identify the lead source, provides the family with resource material on lead poisoning and is provided nutrition counseling.

The Chattanooga-Hamilton County Health Department provides public education outreach through health fairs, event attendance and workshops on lead based paint hazards.

The rates of lead poisoning in children is expected to fall due mainly to two factors: the housing stock is slowly getting newer (lead paint is not used anymore) and the fact that Chattanooga's economy is moving away from industry and toward information and service industries. It is possible that rates will increase, but will probably be due to more widespread screening and not more actual cases, per se.

The Tennessee Department of Health in partnership with HUD, Department of Environment and Conservation, and Middle Tennessee State University has the Tennessee Lead Elimination Program (TNLEAP) that is available to assist homeowners and landlords of homes built before 1978 with the identification and removal of lead hazards. Financial assistance is provided to qualified applicants to make homes "LEAD SAFE" by:

- Removing chipping, peeling, or flaking paint
- Repainting with approved paint or coating material
- Strip and repaint, replace or apply an encapsulated coating on all interior windowsills
- Repair or replace windows
- Ensure that kitchens and bathrooms have smooth, cleanable, water-resistant floors
- HEPA-vacuum and wash interiors with "lead safe" approved detergent
- All work is performed in accordance with safe practices by trained workers to avoid increasing lead exposure to occupants and workers
- Include clearance testing following lead hazard reduction work to ensure that lead levels are safe prior to a structure being re-occupied

- Include temporary occupant relocation or other measures to protect occupants from exposure to leaded dust produced by lead hazard control activities
- Relocate children permanently to lead-safe housing if necessary to reduce exposure

The City of Chattanooga went into compliance with the Lead Based Paint regulations in 2002. All of the affordable housing providers using federal funds comply with HUD's Lead-Safe Housing Regulations and lead hazard evaluation and reduction activities are included in all housing and improvement programs.

As part of the environmental review process, the Chattanooga-Hamilton County Air Pollution Control Bureau identifies project's potential lead hazards.

Housing operators assess projects undertaken to ensure lead dangers are corrected, abated, or avoided. All workers on site must have attended and completed a Lead Safe Work Practices Training (LSWP) course, and are certified to work on projects where less than \$25,000 of federal funds, per unit, is allocated. Above \$25,000, total abatement must occur, either totally removed or encapsulated to last for a period of at least 25 years, and thus, certified abatement contractors must be employed to complete the rehabilitation work.

See Attachment F: Score Card Pollution Ranking - Lead Hazard

HOUSING MARKET ANALYSIS

Housing Market Analysis 91.210

Refer to the Housing Market Analysis Table in the Needs.xls workbook

12. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families.
13. Provide an estimate; to the extent information is available, of the number of vacant or abandoned buildings and whether units in these buildings are suitable for rehabilitation.

Using the 2000 Census data, the City of Chattanooga has an inventory of 72,108 housing units in both homeownership and rental. Of this number, there are approximately 65,499 occupied year round households, with approximately 6,609 vacant units or a 10% vacancy rate. Of these numbers, pre-1970 housing units accounts for some 55,577 units. Since 1980, 16,529 units of housing have been

constructed. In 2000, the median value of owner-occupied housing units was \$83,500 compared to a state median rate of \$93,000. Rental rates in 2000 were at an average cost of \$479 monthly. Homeownership rate in the city is about 55% compared to the rental rate of 45%.

Chattanooga is typical of many mid-sized cities in that new housing construction is occurring in the outer areas away from the core central city, leaving the older housing which is in poor condition, abandoned, or in the hands of absentee landlords. Attention is now being focused on restoring abandoned and deteriorated properties and vacant properties into affordable housing opportunities for homeownership and affordable rental opportunities.

The Housing Needs Table and the Housing Market Analysis Table illustrate that this focus should continue. Housing (improved availability and access for low- to moderate-income households and the homeless, improve the stock of decent, safe and affordable housing, expand resources through new partnerships) was noted as a priority among the citizen participants. The tables show that the greatest need is for Elderly and Small Related Owners in income brackets from <30% <= 80 MFI, followed by Small and All Other Household Renters.

Affordable housing ranks as the most important community development goal for the City. Since the establishment of Chattanooga Neighborhood Enterprise in 1987 it has been the mission to ensure that citizens of Chattanooga have the opportunity to live in safe, decent and affordable housing. Between 45% and 60% of the City's annual CDBG and HOME allocations have been distributed to organizations that create affordable housing programs and opportunities. The City's affordable housing program has both direct and indirect benefits, and is the key component of the strategy to revitalize the heart of the City. Low-income homeowners, renters and homebuyers directly benefit. The City benefits from the incremental changes in the tax base, the stabilizing influences of homeowners on neighborhoods, the preservation of historic residential resources, the economic development impact of construction jobs within the community and the preservation and renewal of important urban neighborhoods.

Rehabilitation of the City's aging housing stock and new construction of housing to provide decent, safe, and affordable housing is the major objective to continue to maintain quality of life standards for the LMI residents. With the City's focus on neighborhood revitalization for inner core neighborhoods, housing and upgrading of existing housing stock is a high priority.

Various housing projects in the city have focused on new construction of affordable and market rate housing in inner city neighborhoods. Chattanooga Neighborhood Enterprise, the CCHDO, Habitat for Humanity, Development Corporation of Orchard Knob, the 28th District CDC, and Hope for the Inner City have focused on construction of new housing, rental property rehabilitation and homeowner rehabilitation projects in inner city neighborhoods to improve the quality of the housing stock and to increase the longevity of these properties. Without the efforts of these organizations, affordable

housing and market rate new construction of housing would not happen in the core city.

With the focused production of infill housing, rehabilitation and clearance of dilapidated properties, the core city is becoming an attractive and competitive place to live. Private developments and investment of private dollars in and around the central business district and riverfront development projects, downtown housing projects, and redevelopment projects are revitalizing the inner city neighborhoods in the City of Chattanooga. Hope VI demolition of some 600 units of housing for low to moderate income families, the demolition of 180 units of housing in Poss Homes and J. H. Johnson Apartments resulted in the need for additional rental and homeownership opportunities for low to moderate income households. Over the past five years, the development of new housing has opened opportunities for affordable home ownership and rental in the inner city.

Habitat for Humanity of Greater Chattanooga is a nonprofit, ecumenical Christian housing organization that has been building simple, decent and affordable homes in Chattanooga since 1986. Habitat for Humanity of Greater Chattanooga partners with volunteers and low income families to build affordable housing. In recent years, Habitat has produced infill housing units in various inner city neighborhoods where the houses are sold to these families at no profit and with no interest.

Habitat for Humanity is the major producer of housing for very low income individuals that have the desire for homeownership.

The median dollar value of housing stock in the city is \$130,200 as compared to \$145,900 in the county and \$192,400 in the US. Indications are that the housing stock in the city does not have equal value to those units outside of the inner core.

SUPPORTIVE HOUSING FOR PEOPLE WITH DISABILITIES

Chattanooga has a number of nonprofit organizations that provide an array of supportive services, education, and housing opportunities to adults and children with disabilities. It is estimated in the 2000 Census the number of citizens with a disability constitutes 4.4% of the population of citizens between the ages of 5 to 65 years of age and over. There are approximately 110 supportive/group homes serving the needs of these citizens. These housing arrangements include supportive housing for the aged, mentally ill, services for children and adults diagnosed with various physical handicaps, and, alcohol and drug treatment facilities and homes.

The state of Tennessee, in its Creating Homes Initiative and working with local community housing developers and other stakeholders in partnership with seven Regional Housing Facilitators have leveraged to date more than \$101 million in federal, state, local, public, private, traditional and non-traditional funding sources to create more than 4,600 of permanent, safe, affordable, quality, permanent housing

options for Tennesseans diagnosed with mental illness and co-occurring disorders. The initiative currently will create 1,100 permanent housing options per year.

In the Chattanooga area, there are some 30 group homes serving about 288 clients that are mentally or physically disabled but can live in independent environments.

The Housing within Reach Program provides an effective, consumer-directed, accessible housing resource system for Tennesseans diagnosed with mental illness or co-occurring disorders that will assist them in living in quality, safe, affordable, permanent housing. The Program also educates the public about the realities of mental illness, the stigma of mental illness and co-occurring disorders, and provides a more welcoming environment for residents of Tennessee neighborhoods.

Other projects and activities initiated in the community to serve the needs of persons with disabilities and special circumstances are the following:

The Tennessee Department of Mental Health and Developmental Disability Homeless Policy Academy: The goal is the promotion of discharge policies and practices for homeless and individuals at risk of becoming homeless for the purpose of connecting individuals to permanent housing prior to release;

- Expedite entitlement applications for individuals leaving institutional care;
- Establish clear responsibility for implementing discharge plans in the community;
- Establish a Community Discharge Coordination Committee to provide forums for homeless service providers and local hospitals and psychiatric facilities to share information, plan for and review discharges to the community;
- Provide access to “alternative level of care” transitional beds to provide a few days or weeks of respite care to disabled and medically frail individuals awaiting placement into permanent housing;
- Provide interim transitional placements to provide temporary lodging to recently discharged individuals while awaiting placement in transitional programs;
- Work with Tennessee Department of Corrections and Hamilton County Jail to facilitate recently released individuals’ transitions from incarceration to community living and divert people with mental illness from incarceration to alternative treatment arrangements; and,
- Ensure that youth leaving foster care are provided comprehensive support, services, and housing for as long as necessary to achieve independence.

Through the city’s “HomeAgain” Program, 19 units of permanent housing has been created to address housing needs for these special populations.

The implications of the expanded housing opportunities for the chronically homeless with forms of disabilities in regards to the City of Chattanooga’s Consolidated Plan, will be a concentrated effort to assist in the accomplishment of the goals and programs

established in the Blueprint within the frame work of the five year plan and subsequent funding, as available.

CADAS, a nonprofit organization, serves the needs of recovering alcohol and drug substance abusers, and, operates the Family Way Program which is a therapeutic, transitional living program that provides housing and supportive services for up to 24 months to newly sober homeless women with young children and expectant mothers who are eligible for housing through Chattanooga Housing Authority.

CADAS also provides the Oasis/Steady Steps Program that is a transitional living program for dually diagnosed individuals suffering from alcohol/drug addition and co-occurring mental disorders, who are newly sober men and women who are homeless, unemployed and in need of job and life skills training.

The City serves citizens that are HIV/AIDS diagnosed through its Shelter Plus Care tenant based rental assistance program.

Chattanooga CARES works with clients using about \$100,000 in HOPWA funds to provide case management, outreach and education, rental expenses, food purchases, assistance with utility costs, etc. and operates a clinic that provides medical services to its client population.

Catholic Charities provides seven (7) furnished units of housing for HIV/AIDS patients. The units are available to single men and women. It is fully equipped for the physically challenged. Each unit has a living room, bedroom, kitchenette, and private bath. The facility is an independent living facility.

Orange Grove Center provides residential services to mentally and physically handicapped individuals and children. The organization operates group homes, many of which were developed using HUD 811 funding.

The City of Chattanooga is the site of about 18 sites of affordable rental housing for the elderly.

Vacant or Abandoned Buildings

The City of Chattanooga is in the process of surveying specific census tracts to ascertain the number of vacant housing units in foreclosure and/or for sale and abandoned properties as part of the grant received through the Neighborhood Stabilization Program (NSP1).

Otherwise, the City through its Code Enforcement activities insures that dilapidated properties are demolished as quickly as possible for health and safety of the communities.

It is difficult if not impossible to provide an estimate of the number of available structures that would be suitable for conversion to housing units. Most structures in the inner city that are not in use are sold to the private investor, or, demolished for reuse, usually for business and commercial development.

There are not a lot of available buildings and structures in the city that would be suitable for conversion for the development of affordable rehabilitation. The abandoned industrial and commercial properties are too costly due to environmental issues and concerns.

Public and Assisted Housing 91.210 (b)

14. In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including

- the number of public housing units in the jurisdiction,
- the physical condition of such units,
- the restoration and revitalization needs of public housing projects within the jurisdiction,
- the number of families on public housing and tenant-based waiting lists and
- results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25).

The jurisdiction can use the optional Priority Public Housing Needs Table of the Consolidated Plan to identify priority public housing needs to assist in this process.

15. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).

In conducting this Needs Analysis for the 2010-2014 Consolidated Plan, the City of Chattanooga consulted with the Chattanooga Housing Authority (CHA) for the purpose of estimating the sizes and types of households in need of housing assistance through the Low-Income Public Housing (LIPH) and Housing Choice Voucher (HCV) Programs. In addition, CHA's Five Year and 2010 Agency Plan was also used to gather information.

As of December 2009, CHA was serving 2,429 households (4,779 individuals) in its LIPH program (another 235 households were served in the LIPH program in non-CHA-managed mixed-income sites).

The CHA currently manages 9 public housing developments and 8 scattered sites providing 2,429 households with decent and affordable housing.

Three (3) sites, located in the downtown area of the city, are designated for the elderly resident providing some 535 units (Mary Walker Towers, Boynton Terrace, and Gateway Tower).

CHA's current housing stock includes 98 units of suitable occupancy by households or individuals with mobility or audio/visual impairments. Of these, 55 units meet modern federal standards for mobility accessibility, while 41 do not meet current standards. Twenty-one units meet standards for audio/visual impaired individuals. The accessible units are located on 8 sites. Some developments have no accessible units, since they were developed prior to the requirement and have had no major renovations. Newer developments and those that are substantially renovated must have all met the 5% mobility accessible and 2% audio/visual accessibility HUD guidelines.

The remaining 1,159 physical units are for general family occupancy and are located in residential neighborhoods throughout the city.

The majority of the dwelling units in the public housing inventory are for smaller families, with 6% of the overall physical total being 0-bedrooms, 34% of the units being 1-bedrooms, and 39% of the units being 2-bedrooms. Over 1,300 of the total units are located in the three largest, densest, oldest sites, constructed in the early years of the public housing program.

The physical condition varies with developments, while some units are still rather solid and others are reaching the end of their usable life. The older developments exhibit a significant degree of market and functional obsolescence in electrical appliances and devices and lack of overall amenities expected in the modern marketplace.

Demand for public housing units has been seen to be consistently strong. The overall vacancy rate is at 8% of total physical public housing units, but the effective vacancy rate of units in normal operation is approximately 3.5%, if units intentionally held vacant due to active and anticipated renovation projects or offline due to poor conditions and limited resources were discounted.

CHA's LIPH waiting lists are maintained on a site-by-site basis. Households applying for assistance can elect to be placed on up to 3 site waiting lists. Due to the slow turnover in public housing unit occupancy and the limited number of units, waiting lists at 2 of 9 public housing sites have been closed. CHA indicated that if these waiting lists were to be opened up, they would grow quickly, as these sites are in high demand.

A non-duplicated count of households on CHA LIPH waiting lists as of December 2009 indicates that 1608 households are currently active on waiting lists for one or more sites.

Several tables showing the demographic characteristics of individuals currently on the LIPH waiting list, as of December 2009 can be found in the Attachments.

See Attachment G: CHA Waiting Lists

A site-by-site analysis of occupancy and vacancy shows that the demand for public housing is higher for developments that are smaller, newer, sited in economically prosperous neighborhoods, and/or designated for elderly or mixed income populations.

Demand is marginally lower for developments that are larger (over 400 units), older, and or located in economically depressed neighborhoods. Given the eligibility of extremely-low income households for public housing (minimum monthly rent is \$50), significant demand exists for all of CHA's housing stock.

Homeless Inventory 91.210 (c)

16. The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A or in the CPMP Tool Needs Table. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. This inventory of facilities should include (to the extent it is available to the jurisdiction) an estimate of the percentage or number of beds and supportive services programs that are serving people that are chronically homeless.

The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.

Homeless Services in Chattanooga

Chattanooga has a variety of nonprofit organizations and agencies that provide services specifically to remedy and prevent homelessness among individuals and particularly among families with dependent children.

The Chattanooga Regional Homeless Coalition receives McKinney-Vento funding to assist homeless service providers to track the incidence of homelessness in the community as well as operating programs in an attempt to alleviate homelessness in the region. The Coalition manages the ServicePoint Homeless Information Management System (HMIS). To date, all but two (2) homeless service providers input their contacts into the HMIS. Participation in the HMIS is required for all agencies that receive HUD funding. The Coalition continuously improves the quality

of data in the system and implements quality improvement activities on a regular basis.

The City of Chattanooga provides an annual CDBG allocation (\$59,000) to the Coalition to supplement the HMIS and Continuum of Care application, and, provided an additional \$86,000 in CDBG funding for the implementation of a centralized homeless intake process in FY 2009-2010.

In FY-2008, the Continuum of Care (CoC) received \$2,063,792 and received \$2,068,564 in FY 2009 to provide homeless services that included case management, outreach, and shelter beds and services for individuals and families. The Coalition has applied for another two million dollars of funding under the FY 2009 CoC.

To assist individuals and families moving into permanent housing, the City in collaboration with the United Way of Greater Chattanooga provided building space, renovations of the space and CDBG funding of \$32,000 to operate the "Chattanooga Furniture Bank" that provides essential household furnishings and items for the homeless to move into permanent housing arrangements.

The City of Chattanooga also provides on an annual basis some \$84,000 in Emergency Shelter Grant (ESG) funding to provide operational and essential services dollars, on average, to four to five shelters, serving women, children, families, victims of domestic violence, and emergency shelter for families.

The City of Chattanooga provided CDBG funds of \$29,300 in FY 2008-2009 to Southeast Tennessee Human Resources Agency (SETHRA) to provide a transportation hub for the transport of homeless individuals and families to improve their access to various medical, case management and social services. In FY 2010-2011, another \$29,000 is provided to further enhance the provision of door-to-door transportation services.

Emergency Services: The Chattanooga Community Kitchen, Interfaith Homeless Network and Homeless Health Care Center are located in close proximity in downtown Chattanooga and work collaboratively to provide an array of services to homeless individuals.

In 2009, the Community Kitchen provided over 171,001 meals to homeless people, offering four meals a day. It also meets other immediate needs of homeless people, such as clothing, showers, laundry facilities, and, case management services.

The Chattanooga Community Kitchen opened its Day Center, Medical Respite Care, and, temporary housing beds for the recently employed with the aid of \$250,000 in CDBG funds from the City.

The Interfaith Homeless Network which serves homeless families constructed a Family Day Center to meet the educational, social services, and outreach needs of families with children. The Center also provides a safe haven for women and children.

The Homeless Health Care Center provides primary health care service, medical, dental, psychiatric, drug and alcohol abuse counseling and extensive case management services to address urgent needs of the homeless individual and families. The organizations use referral sources to other local agencies including HELP II job training program, VIP intensive outpatient substance abuse recovery program, located on site, to ease the total number of clients being served at this location at any one time. The case managers also act as gatekeepers for several of the homeless shelters, faith based, and helps homeless people secure entitlements and resolve a host of other personal, economic and bureaucratic issues they face each day.

The health services provided through the Homeless Health Care Center is funded by county and federal governments, with some crucial additional assistance from the State and City. A full service on-site clinic as well as outreach teams that provide medical services in area shelters is comprehensive and accessible to homeless people.

Emergency Shelter: Homeless single adults have access to 18 beds at the Salvation Army shelter. These beds cost \$12.50 per night, with stays limited to a week or two to 30 days. About one hundred and seventeen (117) additional free emergency shelter beds are also available in various faith-based shelters. These are in very high demand, many requiring attendance at religious services. No shelter is available for single adults who do not have proper identification, are inebriated, and have serious mental illness that affects their behavior. There are limited beds for those who are employed and working night shifts.

As a result of a move to larger facilities, the Chattanooga Rescue Mission increased the number of individual beds to a capacity of 50 units for men and 16 for single women.

Homeless families who are victims of domestic violence may gain access to beds in emergency shelters set aside for the domestic violence population. If there is no domestic violence involved, families must compete for 122 beds at 7 emergency shelters and the Interfaith Homeless Network, a system of rotating church and synagogue-based shelters administered by volunteers.

Partnership for Families, Children and Adults received a federal grant for community based transitional housing "The Emergence Project" which will accommodate 20 victims of domestic abuse and their families and now provides 40 units of housing.

Emergency shelter housing is considerably less available, particularly for those who exhibit barriers to independent living.

Transitional Housing: Transitional housing programs in the Chattanooga region have relatively high eligibility standards, making it difficult for many homeless people

to get the help that is usually needed. Transitional housing programs only accept homeless families and individuals who are employed, looking for work, or enrolled in mental health or substance abuse treatment. Some transitional housing programs require family heads of households to be employed before they will be accepted for housing. Residents of transitional housing programs in the Chattanooga tend to stay longer in transitional housing than in most other localities, due mostly because of the intense level of services required by the individuals. In 2009, there were only 110 beds for families and 87 beds for individuals.

Three transitional housing programs offer substance abuse treatment to homeless persons; another is for homeless individuals with mental health issues. These require demonstrated sobriety at all times and consistent program attendance. They enforce a "zero tolerance policy" for those who relapse, discharging them from the programs. Another transitional housing program serves homeless youth in State custody. Four other transitional housing programs serve homeless families, including one that offers counseling and support in apartments to families and single women who are victims of domestic violence. These programs also enforce firm eligibility standards and require a high level of participation and program compliance.

"The Next Door" is a new program entering the Chattanooga community that provides transitional housing of women who have been previously incarcerated. The facility will provide 24 beds of transitional housing and related services for single women.

Transitional housing and treatment beds and permanent housing subsidies are difficult to secure because of the waiting periods required to get accepted in programs and housing.

Permanent Housing: The Blueprint to End Homelessness in Chattanooga placed a different level of importance on creating permanent housing solutions to end homelessness for individuals and families. In the plan, the community and its service providers committed to create 200 units of permanent housing annually alone with adopting a "housing first" philosophy. Based upon the data in the Permanent Housing Inventory, Chattanooga has a total of 134 units of housing for families and 274 for individuals.

The House of Refuge has changed its focus and now provides permanent housing to 24 single men recently released from incarceration.

The need for permanent housing among the homeless population is a high priority particularly for both families and individuals.

Outreach and Case Management: There is some limited street outreach services to homeless people living in public spaces, but, there is little shelter or housing to offer. There is no shelter available in which homeless people with active substance abuse issues can be engaged and convinced to enter treatment. Without this crucial step, it is difficult to draw homeless people into treatment.

Homeless people with mental illness face challenges that they must wait usually weeks for TennCare approval in order to receive prescribed psychotropic medication before they can gain access to shelter. Some homeless people with mental illness can obtain a few weeks 'medication and psychiatric care from programs operated by the State Mental Health Center and one of the local non profit mental health agencies. Case Management services that assist people with psychiatric disorders and disabilities remain stable are mostly directed to people who are already housed. The intensive day to day assistance that is required by many homeless people to become housed and address addictions, mental illness and other issues makes it difficult for most providers to offer case management to this population. Due to the demand for services, and, the lack of adequate case management services available to the mentally ill homeless population, the client primarily receives crisis intervention measures rather than ongoing case management.

Community Based Supportive Services: Homeless people with psychiatric disabilities can receive case management services from case managers funded through TennCare. These case managers provide effective support to hundreds of people with disabilities housed in the community.

People living with HIV/AIDS can receive comprehensive case management services, rent subsides and specialized medical care from Chattanooga Cares and receive medical and other health care services including case management services through the clinic that is operated by Chattanooga Cares.

HUD's 2007 Continuum of Care Homeless Assistance Program Housing Inventory Chart Report is a summary of the number of beds reported by the Continuum:

Chattanooga/Southeast Tennessee CoC

| | <u>Family Units</u> | <u>Family Beds</u> | <u>Indiv. Beds</u> | <u>Yr Round Beds</u> |
|------------------------------|---------------------|--------------------|--------------------|----------------------|
| Emergency & Transitional | 53 | 159 | 248 | 407 |
| Emergency Shelter | 27 | 83 | 192 | 275 |
| Transitional Housing | 26 | 76 | 56 | 132 |
| Permanent Supportive Housing | <u>147</u> | <u>350</u> | <u>364</u> | <u>714</u> |
| Total | 200 | 509 | 612 | 1,121 |

SEE ATTACHMENT H: Emergency/Transitional/Permanent Housing Inventory

Special Need Facilities and Services 91.210 (d)

17. Describe, to the extent information is available, the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring persons returning from mental and physical health institutions receive appropriate supportive housing.

According to the 2000 Census, it is estimated that the City of Chattanooga has a population of 20,556 adult citizens (23.2%) and 3,065 children (9.5%) counted as those experiencing some form of disability. There are a total of some 129 group homes providing supportive living accommodations for the elderly, transitional and emergency shelters, children and adolescent homes, HIV/AIDS, ex-offenders, mental illness, alcohol and drug treatment, and physical disabilities. The breakdown is as follows:

| <u>Group Home</u> | <u># of Residents</u> |
|------------------------|-----------------------|
| Alcohol/Drug | 1,233 |
| Mentally Ill | 817 |
| Mentally Retarded | 2,420 |
| Physically Handicapped | 550 |
| HIV/AIDS | 7 |

During the planning process for the Consolidated Plan, no objectives were developed to address the needs of specific special needs populations. With the city's network of service provider organizations in place, funding from the CDBG entitlement funds would not be used to support the needs of special populations that are not housing related. Because discrimination in housing of any type is not tolerated in the City, persons with special needs can secure housing that is decent and affordable.

The State of Tennessee's Department of Mental Health has several programs and projects in place in the city to construct supportive housing for the mentally ill, to develop independent and accessible living environments to prevent the occurrence of readmissions and for the decentralization of patients in the State's local mental institution.

The number of group homes, state operated institutions, elderly housing, assisted living facilities, and, nonprofit providers of services to these populations, is considered adequate to meet the current need.

In addition, the City does support private developers that seek tax credit investment opportunities when developing housing that is accessible and affordable to meet the future needs of the city's special populations.

Barriers to Affordable Housing 91.210 (e)

18. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.

HOUSING is one of the essential elements in building communities.

Affordable housing is impacted by various economic, environmental and social conditions. Chattanooga seeks to improve communities and, at the least, to increase the availability of affordable housing in neighborhoods throughout the City. This effort involves builders, realtors, developers, housing agencies and citizens in the creation of a variety of housing opportunities. This approach has proven to make for better neighborhoods and serves as a means of removal of barriers to the creation of affordable housing alternatives.

Enforcement of housing codes and standards is paramount in the reduction of dilapidated structures and the revitalization of older neighborhoods, and is essential in maintaining property standards in newer areas. The City's Code Enforcement and Community Services staff inspects properties throughout the City on a neighborhood-by-neighborhood basis and employs routine and complaint based approaches.

On average, over 60% of the City's Community Development Block Grant and HOME Investment Act money goes through local nonprofit housing development organizations to fund affordable housing projects and programs.

The Chattanooga Housing Authority (CHA) operates and manages over 2,905 units of low-rent public housing and provides 2,429 certificates of Housing Choice Vouchers (Section 8) in Tenant Based Assistance.

The development of affordable housing in the Chattanooga community is impacted wholly by the limited amount of federal, state, and local dollars to purchase the land and build affordable housing units. Each year, the amount of CDBG and HOME Investment Act dollars has decreased. The nonprofit housing developers do not have the financial resources to construct housing without other incentives that would allow those organizations to profit from the creation of such units in order to reinvest more dollars into the construction or renovation of units.

STRATEGIC PLAN

The strategic plan must describe how the jurisdiction plans to provide new or improved availability, affordability, and sustainability of decent housing, a suitable

living environment, and economic opportunity, principally for extremely low-, low-income, and moderate-income residents.

General Priority Needs Analysis and Strategies 91.215 (a)

19. In this narrative, describe the reasons for setting priorities for allocating investment among different activities and needs, as identified in tables* prescribed by HUD. 92.215(a)(1)

***If not using the CPMP Tool:** Complete and submit Table 1A Homeless and Special Needs Population; Table 1B Special Needs (Non-Homeless) Populations; Table 2A Priority Housing Needs/Investment Plan Table; and Table 2B Priority Community Development Needs.

***If using the CPMP Tool:** Complete and submit the Needs Table file: Needs.xls

20. Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.
21. If applicable, identify the census tracts for Neighborhood Revitalization Strategy Areas and/or any local targeted areas.
22. Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)).
23. If appropriate, the jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to Neighborhood Revitalization Strategy Areas and/or any local targeted areas.
24. Identify any obstacles to meeting underserved needs.

The priorities that are described in this Consolidated Plan was the result of public input provided through a series of meetings, consultations, surveys, and research of the existing state of housing and homelessness in the City of Chattanooga. The priorities were expressed by the citizens who are members of low to moderate income population, and by agency representatives that provide services to low to moderate income households.

The dollars will be focused in the low to moderate income communities in accordance with the designations described in the 2000 Census. Chattanooga has a total of 22 low to moderate income census tracts out of 69. These Census Tracts (1,2,3,4, 8,11,12,13,14,15,16,18,19, 20, 23, 24, 25, 26, 31,32, 109, 114,13)

See Attachment H: Low to Moderate Income Census Tracts

Specific Objectives 91.215 (a) (4)

25. Summarize priorities and specific objectives the jurisdiction intends to initiate and/or complete in accordance with the tables* prescribed by HUD. Outcomes must be categorized as providing either new or improved availability/accessibility, affordability, or sustainability of decent housing, a suitable living environment, and economic opportunity.

Goals and objectives to be carried out during the strategic plan period are indicated by placing a check in the following boxes.

| <input checked="" type="checkbox"/> | Objective Category Decent Housing Which includes: | <input checked="" type="checkbox"/> | Objective Category: Expanded Economic Opportunities Which includes: | <input checked="" type="checkbox"/> | Objective Category: Expanded Economic Opportunities Which includes: |
|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> | assisting homeless persons obtain affordable housing | <input checked="" type="checkbox"/> | improving the safety and livability of neighborhoods | <input checked="" type="checkbox"/> | job creation and retention |
| <input checked="" type="checkbox"/> | assisting persons at risk of becoming homeless | <input checked="" type="checkbox"/> | eliminating blighting influences and the deterioration of property and facilities | <input checked="" type="checkbox"/> | establishment, stabilization and expansion of small business (including micro-businesses) |
| <input checked="" type="checkbox"/> | retaining the affordable housing stock | <input checked="" type="checkbox"/> | increasing the access to quality public and private facilities | <input checked="" type="checkbox"/> | the provision of public services concerned with employment |
| <input checked="" type="checkbox"/> | increasing the availability of affordable permanent housing in standard condition to low-income and moderate-income families, particularly to members of disadvantaged minorities without discrimination on the basis of race, color, religion, sex, national origin, familial status, or disability | <input checked="" type="checkbox"/> | reducing the isolation of income groups within areas through spatial deconcentration of housing opportunities for lower income persons and the revitalization of deteriorating neighborhoods | <input checked="" type="checkbox"/> | the provision of jobs to low-income persons living in areas affected by those programs and activities under programs covered by the plan |
| <input checked="" type="checkbox"/> | increasing the supply of supportive housing which includes structural features and services to enable persons with special needs (including persons with HIV/AIDS) to live in dignity and independence | <input type="checkbox"/> | restoring and preserving properties of special historic, architectural, or aesthetic value | <input checked="" type="checkbox"/> | availability of mortgage financing for low income persons at reasonable rates using non-discriminatory lending practices |
| <input checked="" type="checkbox"/> | providing affordable housing that is accessible to job opportunities | <input checked="" type="checkbox"/> | conserving energy resources and use of renewable energy sources | <input type="checkbox"/> | access to capital and credit for development activities that promote the long-term economic social viability of the community |

Identify Specific Objectives and Proposed Outcomes by completing Table 1C or 2C – Summary of Specific Objectives

HOUSING

Priority Housing Needs

91.215 (b)

26. Describe the relationship between the allocation priorities and the extent of need given to each category specified in the Housing Needs Table (Table 2A or Needs.xls). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.
27. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category, particularly among extremely low-income, low-income, and moderate-income households.
Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.
28. Identify any obstacles to meeting underserved needs.

Specific Objectives/Affordable Housing 91.215 (b)

Note: Specific affordable housing objectives must specify the number of extremely low-income, low-income, and moderate-income households to whom the jurisdiction will provide affordable housing as defined in 24 CFR 92.252 for rental housing and 24 CFR 92.254 for homeownership. (24 CFR 91.215(b)(2)

29. Identify each specific housing objective by number (DH-1, DH-2, DH-2), proposed accomplishments and outcomes the jurisdiction hopes to achieve in quantitative terms over a specified time period, or in other measurable terms as identified and defined by the jurisdiction.

Complete and submit Table 1C Summary of Specific Objectives or, if using the CPMP Tool, the Summaries.xls file.

30. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.
31. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units.
32. If the jurisdiction intends to use HOME funds for tenant-based rental assistance, specify local market conditions that led to the choice of that option.

DH-1 Affordable Homeownership Objectives, Activities and Obstacles

The priorities shown in the Housing Needs Table relate to the housing needs and rehabilitation of housing for low- to moderate-income individuals and families. The table does not fully reflect the high priority which the Chattanooga community has placed on homeownership in its entire planning processes. CNE was founded with a primary goal of creating more opportunities for low- to moderate-income families to become homeowners. Not only does this activity create a sense of community and responsibility for the well-being in individual neighborhoods, it also adds to the City's tax base.

Homeownership is generally not an appropriate housing option for families with incomes below 50% MFI. These families do not have the resources needed to properly maintain a home, and homeownership in this income group all too often means creating an additional financial burden on these individuals. CNE's down payment assistance programs, coupled with education for homeownership, does enable many Chattanooga families with incomes between 50% and 115% MFI, who could not purchase using conventional financing, to own their own homes. CNE's mortgage financing is available citywide because of the City CDBG and HOME dollars used for down payment assistance for qualifying families. The local Habitat for Humanity, using volunteer labor and contributions, completes ten to twelve homes each year for purchase by very low-income families. Using CDBG and City dollars, the City is assisting Habitat for Humanity to develop property in target neighborhoods to increase the availability of housing for the very low-income families.

Long Range Objectives (5 Years)

1. Help **250** first time LMI home purchasers with affordable mortgage financing and assistance with closing and down payment costs.
2. Facilitate in maintaining local private lender financing for LMI mortgages.
3. Expand homeowner education programs to reach **800** people over the next five years.

Actions and Programs to Achieve Objectives

1. Homeownership opportunities for low- to moderate-income families will be provided through homebuyer programs operated Chattanooga Housing Authority, CNE, CHHDO, 28th District CDC, Hope for the Inner City and Habitat for Humanity. These programs will be supported with CDBG and HOME funds and help LMI homebuyers access the conventional mortgage market. CDBG and HOME funds are used to provide assistance with closing costs and down payment.
2. Homeownership education is provided by CNE and CHA to insure that owning a home will be a successful experience instead of a failure for low/moderate, first time home purchasers. CNE provides this service to prospective homebuyers with non-federal funds. Other organizations in the City that

provide home ownership education are: Chattanooga Housing Authority, 28th District CDC, Hope for the Inner City, and Habitat for Humanity.

See Attachment K: Resale Provisions for First Time Homebuyers Assistance

Obstacles

The number of qualifying low-income families who can be assisted with down payments is limited only by the funding available for this purpose. CNE uses HOME and City General Funds for this purpose. The HOME allocation is always depleted before the program period has ended. Limitations on this funding curtail the number of families who can be served. Local lenders cooperate fully with both CNE, CHA, 28th District CDC, CCHDO and Habitat. Access to local capital for mortgage lending is an obstacle due to restricted guidelines by lender and borrower must have very high credit scores and down payments.

1. The major obstacle is finding qualified individuals to participate in the program.
2. Competition from the private lending market.

The City of Chattanooga has developed a tiering strategy for environmental review of housing related activities. Sites are evaluated using a site-specific review checklist. The site specific review will be completed prior to committing federal funds.

In addition to the tiering strategy, the City of Chattanooga also has an agreement with the State Historic Preservation office which is renewed with the tiering strategy every five years. The City of Chattanooga also developed an Area-Wide Eight Step Process for Floodplain Management in 2009. Both of these strategies cover housing and infrastructure activities.

DH-2 Affordable Rental Objectives, Activities and Obstacles

Providing affordable housing for very low-income households (0-30% MFI) and (31-50% MFI) emerged in the planning process as the highest housing priority. Although many families with incomes of between 51% and 80% (low-income) of the area median family income are rent burdened or must live in housing that is not in safe and decent condition, this income group was not deemed as the highest priority.

The highest priority was placed on the development and maintenance of rental property that is affordable to very low-income families. The tightening of the rental market has resulted in dramatically escalating rents and a shortage of affordable rental units. Very low- and low-income families who cannot get into public housing, or do not qualify for a preference on the Housing Choice Voucher (Section 8) waiting list, have a critical need for rental housing.

Affordable rental development will be targeted in LMI neighborhoods. Over the past several years, several of the City's major inner-city neighborhoods have been in the process of developing and implementing neighborhood comprehensive strategic plans that encompass housing efforts and improvements. Among these neighborhoods are: M.L. King, South Chattanooga, Bushtown, Avondale, Alton Park, Orchard Knob, Churchville, Ridgedale and Highland Park. Specific neighborhoods within the core City will be targeted, as needs are identified, through opportunities such as HUD's Hope VI Initiatives, HomeAgain, HUD Section 108 Loan Guarantees for housing and through private-public partnerships, e.g., Community Impact Fund (CFI), CDFI and CCHDO.

Long Range Objectives (5 Years)

1. Increase the stock of safe, affordable, decent rental units by **100 units**, particularly in low- and moderate-income areas.
2. Increase accessibility to affordable rental housing for very low and low income citizens through the provision of subsidies.
3. Provide systematic inspection of rental housing and enforcement of local codes to insure that rental units are safe and decent.
4. Increase the capacity of community-based organizations to develop affordable rental housing projects.

Actions and Programs to Achieve Objectives

1. Using CDBG and HOME funds, the City will provide resources for private sector landlords to rehabilitate affordable rental property. These funds will be used as leverage to access private sector lending in order to maximize federal dollars.
2. The Department of Neighborhood Services and Community Development will continue its efforts to enforce code compliance in residential structures, particularly in target neighborhoods.
3. CDBG and HOME funds will be used for the initial cost of securing permanent housing for the homeless and chronically homeless.

Obstacles

Ideally, the market sector would participate in this activity fully, but the activity is not profitable. Keeping rents at an affordable level for low- and very low-income families requires a subsidy if the property is to have positive cash flow in the long run. Chattanooga Neighborhood Enterprises, Inc. that had been a major partner in developing rental housing as of August 2009 had only 20 units of rental property remaining in its inventory.

The City has operated a Rental Housing Rehabilitation Program for the past 6 years to accomplish the goal of adding to the City's inventory of affordable rental property.

Organizations are not willing to take on rental properties due to their financial incapacity to maintain properties and absorb the losses. The biggest obstacle is the

lack of subsidies that are designed specifically to infuse capital, which does not have to be repaid, into rental rehabilitation projects.

The ability of the City of Chattanooga to enforce code standards is limited by state and local laws protecting the rights of property owners. In many cases, these laws create obstacles for immediate remedies and the demolition of unsafe and otherwise dilapidated units.

Most properties have been off the market and/or vacant for a period of time and reintroducing rental units back on the market is often times difficult.

Many of the established neighborhood residents' and associations are resistant to any developments of rental properties.

Lead Based Paint regulations increase the cost of the rehabilitation and thus limit the number of property owners willing to rehabilitate properties.

DH-3 Homeowner Rehabilitation Objectives, Activities and Obstacles

This program activity was given a high priority for families with incomes of less than 30% MFI, and a high priority for families under 50% MFI. Also, there is a need to assist homeowners with moderately low-incomes (51% to 80% MFI). This group was given a medium priority. High priority significance was given to special populations that include the elderly and handicapped low to moderate-income families and individuals. In the consolidated plan input sessions, it was noted that the number of elderly citizens requiring assistance for rehabilitation of their homes increases annually. This increase is because of:

1. Increased life span of individuals;
2. The limited incomes and financial resources of elderly citizens in comparison to the escalating costs of rehabilitation to older homes and structures;
3. Second-generation families living in the homes and,
4. Aging housing stock built pre-1970.

Long Range Objectives (5 Years)

1. Rehabilitate **400** substandard low-income owner-occupied homes with low- to no- interest loans.
2. Rehabilitate **120** units of owner occupied housing in collaboration with faith-based organizations.
3. Weatherize and render more energy efficient **500** units serving low-income families.

Actions and Programs to Achieve Objectives

1. Provide a program under which LMI families, who are unable to get bank financing for needed home improvements, can access low- to no-interest loans to repair their homes and bring them up to local code standards. CNE's homeowner loan program for low-income families is available citywide, because much of its funding comes from the jurisdiction's CDBG and HOME allocations. The funding is focused in inner-city target neighborhoods, where the majority of low-income families reside.
2. Work in coordination with Chattanooga Human Services and Chattanooga Neighborhood Enterprises (CNE) to make units energy efficient.
3. In collaboration with faith-based organizations, provide financial support and assistance for home repair projects at no cost to eligible elderly and disabled LMI home owners.

Obstacles

The potential for drastic budget cuts in federal programs, which provide much of the support for this activity (i.e. CDBG and HOME).

CNE maximizes these federal dollars by lending them instead of granting low-interest loan pay back does not yield adequate return to make the program self supporting.

Many low-income elderly are reluctant to participate in the program because of the lien placed against their home to secure the debt.

Lead Based Paint regulations result in need for increased subsidies in property.

Public Housing Strategy 91.215 (c)

33. Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list).
34. Describe the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing.
35. Describe the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.

36. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))
37. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))

The Chattanooga Housing Authority currently owns a total of 3,048 physical dwelling units in public housing developments of which 2,905 units are used for tenant occupancy, as of December 2009. At most sites, one or more physical units is used for non-dwelling purposes such as resident service activities and maintenance storage, also in the mixed income (tax credit) developments only some of the total units in the development are operated under the public housing program, the remainder are solely assisted under the tax credit program; finally, some units in older public housing sites are offline due to more extensive maintenance issues.

Although the physical condition of the public housing sites varies, with some developments and units being solid and others reaching the end of their usable life, three developments (College Hill, East Lake, and Harriet Tubman) exhibit a significant degree of market and functional obsolescence, by virtue of their physical layouts, primitive and limited provision for electrical appliances and devices, and lack of overall amenities expected in the modern marketplace. Three sites, located in the downtown area, are designated for elderly residents, totaling 535 units (Mary Walker Towers, Boynton Terrance, and Gateway Tower). The remaining 1,159 physical units for general family occupancy are located in residential neighborhoods throughout Chattanooga.

CHA also provides public housing stock suitable for individuals with disabilities. CHA's currently provides 98 units for households with mobility or audio/visual impairments. Of these, 55 units meet modern federal standards for mobility accessibility, while 41 units do not meet current standards, but only met standards at the time those units were renovated. 21 units meet standards for audio/visual impaired individuals. The accessible units are located on 8 sites. Some developments have no accessible units, since they were developed prior to the requirements and have had no major renovations. Newer developments have all met the 5% mobility accessible and 2% audio/visual accessible HUD guidelines.

The physical condition and modernization/renovation needs for the Chattanooga public housing are based upon estimates prepared (Physical Needs Assessment Report) by licensed architectural firms, tasked with evaluating the renovations that would be necessary to renovate the site to a minimal "market rate" standard, and eliminate all deficiencies such that the property would be able to operate for 20 years with minimal additional capital investment.

Several of the sites' housing units are such that demolition is recommended to reduce the density of the site, achieve a more modern ratio of parking spaces per dwelling unit, or to achieve other objectives. The renovation needs of Chattanooga's public housing developments far exceed the available resources under the public housing Capital Funds program, which is the primary source of funding for the renovation of public housing.

Capital Funds grants are allocated to public housing agencies each year under a formula allocation; the specific amounts are determined by U.S. Congressional appropriation levels. The Chattanooga Housing Authority has in recent years received between \$4 and \$4.5 million in Capital Funds per year; down from nearly \$8 million per year early in the Capital Funds program. However a portion of the Capital Funds must be utilized to help fund basic operational expenses for the Authority, as those grant programs have also been reduced in recent years.

Although some small portion of the renovation costs might be avoided for certain developments if the standard of renovation were to be set at the most basic level, instead of the market rate standard, it would not be significant. The difficulty is that even market rate units at the affordable end of the spectrum seldom aim for much more than basic International Building Code compliance and any significant renovation of public housing must also achieve code compliance. In addition, it is often not cost-effective to try to perform minimal levels of superficial rehab on older buildings, since the superficial renovations either deteriorate or must then be repeatedly disturbed as electrical, plumbing and structural problems continue to occur and must be worked on. Ultimately, CHA's level of capital investment for the renovations of older units must be made, or large portions of the public housing stock will be lost. Some CHA developments may well be determined to have reached this breakpoint during the operative period of this 2010-2014 Consolidated Plan.

CHA provided information about units currently under Housing Assistance Payment (HAP) contracts, for project-based (Section 8) vouchers (PBV). As of December 2009, there were 11 housing developments in Chattanooga utilizing Project Based Vouchers, with a total of 209 assisted units. All PBV contracts are currently on a year-by-year renewal status. CHA is not aware of any contracts where the owners plan to remove the project from the program; however owners are free to make that choice with each year's renewal. Additionally, most projects will reach the end of their ability to renew for additional one year terms during the period of time covered by this Consolidated Plan. Typically Housing Assistance Program contracts are signed initially for a one-year term, with the possibility of 9 additional one-year renewals. Most of the existing contracts were executed in 2002-2003, so their ability to renew will come to the end in the 2012-2013 timeframe. CHA plans to solicit additional project based voucher applicants in coming years, and does not anticipate a significant net loss of project-based voucher units from the program within the 2010-2014 timeframe.

The Chattanooga Housing Authority's investments over the 2010-2014 time periods, by virtue of the nature of the funding that CHA receives, will be predominantly targeted toward its existing sites. As between those sites, investment will primarily be driven by factors that are non-geographic, such as the physical condition and viability of the specific sites involved. CHA does however have some funding streams and investment opportunities that are designated for the development of new affordable housing units, including new public housing units. For those programs, CHA does not anticipate that geographic targeting will be a large factor in its site selection process, although, all other factors being equal, CHA favors the placement of new affordable housing in areas without heavy concentration of poverty and/or racial or ethnic minorities, and areas with good access to high quality jobs, schools and services.

In the Housing Choice Voucher Program, CHA has recently adjusted its payment standards to 90% of HUD-determined Fair Market Rents, in order to maximize the number of families that can be assisted under the program. While not a specific geographic preference, this change could have an indirect geographic effect. During the time covered by this plan, CHA will consider soliciting for new participants under the project-based voucher program, which may also have a geographic effect.

CHA, by nature of its Low Income Public Housing Program and the Housing Choice Voucher Programs and funding, serves primarily households at 30% and less of the AMI. It is unlikely that this focus will change, unless federal guidelines applicable to its programs undergo significant changes. CHA regards income mixing in its developments as valuable for its tenants and will utilize flexibility provided under current programs to encourage clients of higher income bracket to continue residency.

CHA will also continue to encourage existing clients to attain economic self-sufficiency and prepare to make a transition to non-assisted rental housing or homeownership. In the LIPH program, CHA operates an upward mobility and Family Self Sufficiency (FSS) program. In the FSS, tenants are paired with case management services, and can accumulate monetary savings to achieve life goals such as education or homeownership.

DH-5 Needs of Public Housing

Long Range Objectives (5 Years)

1. Improve the housing mix and building configuration of public housing developments by demolishing selected developments through the demolition of non-viable units and replacement with scattered site developments.
2. Expand the supply of one, two, and three bedroom, non-elderly affordable units in both public and private housing.
3. Increase the stock of safe, affordable, decent rental units by **450** units in low and moderate income areas.

4. Rehabilitate **35** units at Boynton Terrace, **25** which will be handicapped accessible and **10** will be modified to be fully accessible for the audio/visual impaired.
5. Provide systematic inspection of rental housing and enforcement of local codes to insure that rental units are safe and decent.
6. Increase public safety at CHA's multi-family sites and insure that City services are at a level equal to or better than surrounding neighborhoods.
7. Expand the supply of assisted housing through the application of additional rental vouchers, reduction in public housing vacancies, leveraging of private and other public funds to create additional housing opportunities and acquisition or development of new units and projects.
8. CHA will outsource its physical inspections for the Housing Choice Voucher Program (HCVP) to improve quality of housing opportunities.
9. Expand opportunities for residents to become more self-sufficient and assure that at least **500** residents are given opportunities for training and employment with the CHA and its contractors.
10. Increase housing choices in the private rental market for LMI families in neighborhoods throughout the City.
11. Establish partnerships that result in increased quantity, quality and choices of housing and lifestyle.
12. Provide home ownership for **150** families through Housing Choice Voucher Program.
13. Decentralize operations to site based management.
14. Bring all properties up to market rate standards.
15. Manage a Truancy Prevention and educational program to ensure that children are educated.
16. Expand homeownership education programs to reach **1,000** over the next five years.

Actions and Programs to Achieve Objectives

1. A combination of Comprehensive Grant Funds, Tax Credits, ARRA and Modernization and HOPE VI Funds will be used by CHA to reconfigure public housing units.
2. Improve the quality of assisted housing by improving public housing management score, voucher management, increase in customer satisfaction, etc.
3. CHA will expand its Self Sufficiency Program that allows resident-operated self-sufficiency programs for job training, education and economic improvement.
4. CHA will expand Section 8 vouchers/certificates as needed to address the housing needs of low- to moderate-income families. CHA will apply for additional Section 8 vouchers and certificates as they become available.
5. Leverage private and public funds to create additional housing.

Obstacles

The CHA Board and administration are jointly committed to its goals and activities that enhance the quality of life of the residents of public housing. Implementation of these plans is seriously impacted by pending public policy and legislative changes and the status of HUD funding for public housing.

The tight local rental market has made it difficult for holders of Section 8 certificates/vouchers to find housing in a timely manner and in neighborhoods that are easily assessable to centers of employment.

Time that an individual client spends on the Waiting lists for Section 8 Housing Choice Vouchers is approximately 3 years. The turnover rate of existing vouchers is very low.

CHA is challenged to maintain the existing housing stock in a serviceable condition, develop new affordable housing and to better facilitate economic recovery and turnover of its clients, so that new clients needing service can be served.

CHA will work to develop new affordable housing, including public housing as resources allow. Obstacles include local opposition to new public housing, particularly in neighborhoods that would be desirable living environments for low income households.

Funding and financing for new developments are major obstacles, as the underwriting criteria for equity investment in Low Income Tax Credit marketplace have dramatically tightened since financial market upheaval of 2008-2009.

Locating appropriate sites in the Chattanooga area can be difficult, as much of the developable land was built on long ago, land assembly is costly, and the topography of available for-sale sites is often challenging.

CHA will need to change its culture in order to move to a tenant services-orientated outlook, rather than a housing operator-oriented outlook.

See Attachments C & G: Chattanooga Housing Authority Stock Pile, & Housing Needs of Families on the HCVP Tenant-Based Assistance Waiting List

The Chattanooga Housing Authority has recently been designated as one of HUD's "troubled" public housing agencies. The City of Chattanooga will work with the Housing Authority to ensure that it attains its goals and objectives to improve its management score and to continue to provide affordable quality housing to low and moderate income tenants.

The City of Chattanooga currently provides CDBG funding to assist CHA in providing downpayment assistance to its tenants to become new homeowners. This effort will continue as long as the goals of home ownership and homeowner education are being achieved. Since all funding under the CDBG and HOME Investment Act Funding is on a competitive basis, as long as CHA identify and make application for eligible projects, the Community Development Citizens Advisory Committee will evaluate each application on its merits and consider for funding.

HOMELESS

Priority Homeless Needs

*Refer to the Homeless Needs Table 1A or the CPMP Tool's Needs.xls workbook

38. Describe the jurisdiction's choice of priority needs and allocation priorities, based on reliable data meeting HUD standards and reflecting the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals.
39. Provide an analysis of how the needs of each category of residents (listed in question #38) provided the basis for determining the relative priority of each priority homeless need category.
40. Provide a brief narrative addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.
A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.

NATURE AND EXTENT OF HOMELESSNESS

While the extent of homelessness is impossible to document with complete accuracy, informed estimates can be made to help target activities and resources.

These estimates are based on:

- Data contained in the Chattanooga Homeless Coalition's 2009 Chattanooga and Southeast Tennessee Regional Continuum of Care;
- The Blueprint to End Chronic Homelessness in the Chattanooga in the Next Ten Years, Revised 2008;
- Consultations with homeless service providers; and
- The Point-In-Time homeless individual's count January 25, 2009, and Estimate of the Number of Homeless in the Region.

The Blueprint to End Chronic Homelessness in the Chattanooga Region in Ten Years was initially published and released to the public in March 2004. The Blueprint was revised in 2008.

The Blueprint outlines strategies and actions that will be implemented over the next ten year period, using all sources of funding to accomplish the goal to end homelessness in the City and region. The Blueprint focuses on five key areas: Housing, Supportive Services, Prevention and Homelessness, Planning & Coordination, and Community Reintegration.

The strategies and actions are:

A. Expand Customer-focused Paths to Permanent Housing

1. Expand Permanent Housing Opportunities
 - a. Create 200 affordable housing units for homeless people per years through the provision of rent subsidies, new housing development and the preservation of affordable housing stock.
 - b. Facilitate housing placements
 - c. Implement exclusionary zoning ordinances to encourage the development of affordable housing as a percentage of other housing developments in the community.
 - d. Provide incentives for developers to build affordable housing.
 - e. Work with schools, employers and businesses moving to the community or developing new sites to include the purchase of land that can be developed for affordable workforce housing near the properties being developed for educational, industrial, business or commercial use.
2. Increase the availability of transitional shelter units that move people to permanent housing:
 - a. Provide adequate transitional shelter space to provide safe, decent and sanitary shelters for homeless individuals, families and youth until adequate and appropriate permanent housing is available.
 - b. Increase funding for emergency or short-term housing that fills the gap between becoming homeless and finding transitional or permanent housing.
3. Provide permanent special needs housing and alternatives
 - a. Ensure that adequate housing is available for those populations that need more intensive long term case management and supportive services
 - b. Develop housing policies that recognize that not all persons will choose to accept the supportive services, etc.

B. Increase Access to Services and Supports

4. Reconfigure case management to be assertive, coordinated and focused on placing and maintaining homeless people in permanent housing. Prioritize funding both for (1) case management to homeless people and (2) continuing case management and supportive services to formerly homeless people placed in permanent housing.

Improve and expand case management

- a. Maximize current funding and seek additional funding for case management and supportive services
- b. Appoint a lead agency to support Case Management Coordinator position
- c. Develop and implement a system-wide standards and training program for case management to homeless people
- d. Reduce average length of stay in shelters
- e. Develop a community scorecard that links services providers
- f. Create specialty Case titles for Case Managers
 - Create Additional Tools and Resources for Case Managers
- g. Establish a four month to two year rental subsidy that will help employable homeless people move into permanent housing
- h. Establish a four month to two year rental subsidy that will help employable homeless people to move into permanent housing immediately.
- i. Create permanent supportive housing for formerly homeless or at-risk youth.
- j. Solicit additional private funding and in-kind donations for flexible use by case managers for client moving costs, rents and deposits, back rent and other expenses associated with moving into permanent housing and other goals of case management service plans.
- k. Support case management with links to other specialized services, such as money management, representative payee arrangements, credit counseling and budgeting assistance, medication management, legal services, job development and placement, and other programs.

5. Improve the effectiveness of outreach and engagement of homeless people living in public spaces.

Coordinate Outreach

- a. Re-deploy and coordinate existing outreach staff to focus outreach and case management activities on helping homeless people living in public spaces gain quick access to treatment, housing and employment.
- b. Evaluate outreach staffs training and supervision needs, hours of employment and pay scales.
- c. Coordinate outreach efforts with police.
- d. Establish a drop-in center that provides a safe place for homeless people to go during the day.
 - Improve Access to Shelter and Housing

- e. Prioritize funding for security and additional social services staff to allow two existing emergency shelters to accept unaccompanied homeless single adults directly from the streets.
- f. Develop a community collaborative approach and seek federal funding for adequate services to homeless youth, including transitional, respite and independent living programs.
- g. Increase access to permanent housing for homeless people living in public spaces.

Expedite Placements

- h. Expand and expedite homeless people's access to psychiatric evaluations, prescription medications and dentistry.
- i. Work with the Tennessee Department of Human Services to expedite the entitlement applications of homeless people, especially those living in public spaces.
- j. Create a fund to help transient homeless people from outside the Southeast Tennessee region return to stable placements in their home communities.

- 6 Link homeless and formerly homeless people to mainstream services and resources.
 - a. Use Workforce Investment Act (WIA) funding and programs to train and place homeless and formerly homeless people into employment.
 - b. Create job opportunities for homeless and formerly homeless individuals.
 - c. Improve homeless people's access to transportation and day care.
 - d. Transfer to other federal funding streams some substance abuse, mental health and other service programs for homeless people that are currently funded with federal McKinney-Vento Homeless Assistance Act and Continuum of Care homeless funds administered by HUD.
 - e. Review the Chattanooga region's current array of inpatient and outpatient substance abuse and mental health treatment services to examine the adequacy of existing capacity, treatment modalities and aftercare supports.
 - f. Expedite enrollment of homeless and formerly homeless families and individuals into TennCare and Food Stamps.
 - g. Develop a plan and implementation strategy to expand homeless and formerly homeless peoples' access to Veterans Administration services.
 - h. Improve homeless, at-risk and runaway youth's access to family counseling and other supports.

C. Prevent Homelessness

- 7. Establish an organization or give the responsibility to an existing organization for *Blueprint* implementation which will include promoting prevention of homelessness and providing quick assistance to families and individuals at risk of homelessness.

- a. This agency will be charged to identify at-risk individuals and families, coordinate service response, educate and train service providers and advocate for the homeless.
 - b. An Operations Council can assist agency personnel in program development and will stress early intervention, case management, client responsibility, the sharing of best practices and appropriate use of data tracking software.
 - c. The lead agent will be customer focused and responsible for beginning a redesign of the service delivery system. The regional dialogue will be diverse and on-going, considering all sources of funding to provide services to the most vulnerable at-risk for homelessness in a customer focused way.
8. Help at-risk households remain stably housed by providing emergency assistance, maximizing their incomes and improving access to supportive services. The lead agent will be responsible for assisting at-risk households with emergency assistance, including brief case management and ultimate entry into the case management system for long-term planning.
- a. Expand the availability of emergency assistance to prevent financial and personal emergencies from becoming destabilizing crises.
 - b. Reduce the gap between poor people's rents and incomes by expediting and expanding access to subsidies, entitlements and employment.
 - c. Offer at-risk households ongoing case management and supportive services to address the underlying causes of instability.
9. Prevent people from becoming homeless when they leave institutional care, such as jail, prison, shelter, hospitalization, treatment and foster care, by developing permanent housing plans prior to release and establishing clear responsibility in the community.
- a. Expedite entitlement applications for individuals leaving institutional care.
 - b. Establish clear responsibility for implementing discharge plans in the community.
 - c. Provide access to alternative level of care transitional beds to provide a few days or weeks of respite care to disabled and medically frail individuals awaiting placement into permanent housing.
 - d. Work with the criminal justice system to facilitate individuals' reentry from incarceration to community living and instead of incarceration, develop and implement pre-trial diversion as well as post trial alternatives for persons with mental illnesses to be placed in treatment and housing facilities in the community.
 - e. Develop a resource guide and map to provide to people when they are discharged from institutional care.
 - f. Institute a strong transition to adulthood program for youth leaving foster care to ensure comprehensive support, education and housing for as long as necessary to achieve independence.

- g. Establish emergency temporary housing opportunities for individuals and families that leave institutional care between 6 p.m. and 8 a.m. and on weekends.
- h. Provide structure and funding for low income persons traveling through our community who would otherwise be homeless. These persons must be on their way to gainful employment or appropriate living situations.

D. Develop a Mechanism for Planning and Coordination

10. Establish the Homeless Blueprint Oversight Committee (HBOC) to take the lead responsibility in performing or ensuring performance of the following tasks:
- a. Monitoring progress of *Blueprint* implementation and adherence to policies/standards as specified in the *Blueprint*
 - b. Increasing the number of service provider agencies certified by the lead agency as adopting and implementing best practices.
 - c. Providing a forum for increasing collaboration between for-profit, governmental, nonprofit and faith-based agencies to support implementation of the *Blueprint*.
 - d. Promoting public awareness of progress on the *Blueprint* implementation.

E. Community Reintegration

11. Develop a central intake point to start the process of linking a homeless/formerly homeless person to the case management and other assistance and follow-up support they need to become more self-sufficient.
- a. Develop a central intake point, accessible at all hours of every day, to access immediate needs and start a person on their way to housing.
 - b. Develop a model for casework, using the resources of the Human Services Department at the University of Tennessee at Chattanooga, and other models which focus on the short, mid, and long-term needs peculiar to the various segments of the homeless population.
 - c. Utilize more volunteers, particularly faith-based groups, to assist caseworkers in follow up and support, problem solve, and encourage newly housed persons access to Americorp volunteers.
 - d. Develop improved follow up systems, able to trace housing placements through the first year of housing and prevent dropping through the cracks.
 - e. Increase use of Service Point or other data based information tools.
12. Make mainstream resources (food stamps, SSI, etc.), health services, case management services and getting personal identification documents more accessible by either convenient location or available transportation.
- a. Expand assistance and convenience to food stamp application, other

- documentation, driver's license or other picture ID, e.g. food stamp application at satellite locations, SS services at TN Career Center.
 - b. Close contact by case managers or volunteers regarding medical needs, prescriptions, and transportation to appointments to maintain and improve health.
 - c. Accessing assistance in areas of startup deposits, food, furniture, utility and rental assistance.
 - d. Better communication between service providers as to services provided, overlaps, gaps and coordination through the Chattanooga Regional Homeless Coalition to provide a seamless system.
13. Provide assistance in re-establishing a home
- a. A centralized point of contact for housing resources with access to all available housing units and connections to casework charged with mentoring through the reintegration process, following along for six months to one year. Continue to expand web-based housing inventory programs, e.g. "Housing Within Reach" and "My Community Rents".
 - b. Coordination and collaboration of organizations providing immediate supports, e.g. furniture, financial assistance for rental and utility deposits. Database of organizations who maintain a furniture and household goods bank, e.g. First Centenary, UMC.
 - c. Apply Habitat principles of "sweat equity" to earn housing credit.
 - d. Continuous and early planning for the Continuum of Care grant to provide the most creative and broad housing programs, with concentration on the bottom line number of new units to come on line.
14. Connect homeless/formerly homeless people to community services/education that help them obtain, maintain and advance in employment to their fullest potential
- a. Expand use of TN Career Center to obtain documentation, skills training and employment counseling.
 - b. Inclusion of employment preparation in discharge planning and care plans.
 - c. Emphasis on soft skill training in programs funded through the Continuum of Care and elsewhere.
 - d. Job coaching to smooth over workplace problems

See Attachment E: The Blueprint to End Homelessness in the Chattanooga Region.

Chattanooga has a well-developed system of services for the homeless. Coordination of services is achieved through the Chattanooga Homeless Coalition and the Homeless Blueprint Oversight Committee (HBOC) and its various subcommittees.

The Chattanooga Homeless Coalition receives annual funding from the City of Chattanooga and surrounding county governments to prepare the annual Continuum of Care (CoC) Plan. The CoC for 2009 was prepared and submitted to HUD on December 4, 2009. The CoC was awarded \$2,068,564 for FY 2009.

The Coalition conducted the HUD required **Point-in-Time Count** on January 25, 2009. The result was:

Households with Dependent Children-----47

- Unsheltered—14---(46 individuals)
- Sheltered ---- 15----(45 individuals)
- Transitional –18----(59 individuals)
- Total Individuals---150

Households without Dependent Children---363

- Unsheltered---161
- Sheltered ----- 139
- Transitional-----63
- Total Individuals—363

The Populations identified in the count were:

- Chronically Homeless-----162
- Severely Mentally Ill-----44
- Chronic Substance Abuse-----42
- Veterans-----43
- Persons with HIV/AIDS-----2
- Victims of Domestic Violence-----4

In comparison to the 2007 Point-in-Time Count (conducted every two years), the number of sheltered families increased due to an increase in the number of family shelter beds in the community inventory. There was a decrease in sheltered individuals due to the loss of 75 shelter beds. There was an overall decrease in homeless individuals due to a large number of homeless persons moved to permanent housing in the community.

Additionally, there was a decrease in the number of all sheltered subpopulations due to a community-wide effort to move persons, particularly chronically homeless persons with disabilities into permanent housing units. The “housing first” Initiative utilizes public housing units, Shelter Plus Care beds, and other opportunities in the community to place persons with challenges into safe, decent affordable housing units.

Chattanooga Housing Authority implemented a preference for homeless families in both public low income housing and Housing Choice Voucher Program (Section 8) which is allowing providers to easily house unsheltered families with dependent children as quickly as possible.

The number of unsheltered chronically homeless persons decreased dramatically because of the 2008 effort to provide permanent housing for homeless persons in public housing units and other affordable units. In addition, CHA's Emergency Housing Program housed some 593 persons and the City of Chattanooga funded a HomeAgain initiative using about \$600,000 in HOME Partnership Investment Act funding.

The HomeAgain project created permanent housing solutions that ensure long term housing stability which entailed the following level of funding:

- Chattanooga Room In the Inn received \$159,741 to create 3 units of housing, serving three (3) homeless families;
- Everhart Affordable Development, Inc. and Ward & Associates received \$129,000 to renovate 2 homes to serve four (4) young adults who have aged out of foster care and have experienced homelessness;
- Hope for the Inner City received \$150,000 for the renovation of 2 housing units to serve families; and,
- Rosewood Supportive Services, Inc. in partnership with the Chattanooga Community Kitchen received \$90,000 to construction a house to serve 8 chronically homeless and disabled individuals.

The City of Chattanooga provided CDBG funding in 2009 to the Chattanooga Community Kitchen to renovate its facilities to house a Day Center, medical respite site, and housing for recent employed, previously homeless individuals. This Center is serving as a one-stop shop for homeless services and resulted in additional CDBG funding to the Coalition to develop a Central Intake Process.

The Interfaith Homeless Network opened a Day Center in September 2009 to serve the needs of homeless families and young children.

Because of the nature and extent of homelessness that still exists, the Chattanooga Homeless Coalition and the HBOC have reaffirmed its priorities for helping the homeless with a focus on ending homelessness instead of mitigating the discomfort of homeless people.

ESTIMATE OF THE NUMBER OF HOMELESS IN THE REGION

Chattanooga is the largest city in the region, which covers 16 counties in three states. These include Bledsoe, Bradley, Franklin, Grundy, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie, and Hamilton Counties in Southeast Tennessee; Catoosa, Dade, and Walker Counties in Northwest Georgia; and Dekalb and Jackson Counties in Northeast Alabama.

According to the revised 2008 Blue Print to End Homeless in the Chattanooga Region, Chattanooga's location in the Southeast Tennessee region has led to an influx of

homeless people (including Hispanic immigrants, presenting unique cultural and linguistic challenges).

The demographic and social data for homeless individuals in the Chattanooga area are:

- More than 4,094 individuals experience homelessness annually in the Chattanooga region. This estimate comes from the Homeless Coalition's ServicePoint HMIS data base
- Some 1,091 children experience homelessness
- Over one-third of the homeless are children. The average age is 5.3 years. Homeless children are much more likely to be male (60.1% male; 39.9% female).
- Significantly more homeless children are African-American than white.
- Approximately 23% of homeless children are living with family and friends as compared to 42% of homeless adults.
- The Chattanooga region's adult homeless population is split fairly equally by gender with men slightly out numbering women.
- The homeless population is 48% white, 50% African-American and 2% Hispanic.
- The homeless population (61%) is between the ages of 30 to 54 years old; 3% of the homeless population is 60 years old or older and 24% consists of children 18 years of age or younger.
- Approximately 1/3 of the homeless self-report having a mental illness, as well as 1/3 having abused drugs or alcohol.
- 15-25% are veterans
- 40% have experienced recent domestic violence
- About 10% of homeless individuals are employed
- Approximately 80% of all homeless grew up or have family ties in Chattanooga.

MARKET CONDITIONS AND LEGISLATIVE CHANGES IMPACTING HOMELESSNESS

Market conditions impacting an increase in homelessness include:

- The local rental housing market is tightening. Rental housing in all price ranges is becoming scarcer. This is due in part to the number of Housing Choice (Section 8) Vouchers that are being used by persons who have been displaced out of public housing.
- Vigorous efforts to clear dilapidated housing from inner-city neighborhoods and the supply of low-cost rental units and zoning obstacles are decreasing the supply
- Nonprofit housing providers are unable to produce affordable rental housing units due to limited funds and costly management requirements of rental housing properties

- Landlords, aware that they are in a buyer's market, have become more selective. Prospective tenants are screened carefully and are often rejected because their credit reports show bankruptcies or large outstanding debts, such as medical bills
- Landlords are reluctant to accept HCVP (Section 8) tenants.
- The production of rental properties has not kept up with the current demand for safe, affordable housing.
- The Blueprint has placed emphasis on permanent housing for chronically homeless individuals, instead of transitional housing. This will decrease the tight supply of existing housing and require new housing developments to meet the demand.
- Parents are becoming less tolerant of teenagers and young adult children living at home. Shelters report seeing an increase in young people whose parents now refuse to allow them to live at home.

FACILITY NEEDS OF SHELTERED AND UNSHELTERED HOMELESS

The entire jurisdiction (City of Chattanooga) is urban, and therefore the number of rural homeless is not a factor. However, Chattanooga is a magnet for homeless people from rural areas in surrounding counties. Because there is a wide range of services available to this population in Chattanooga and services are nearly non-existent in rural areas, this community undoubtedly shelters the homeless of the surrounding counties. It is still common that many rural communities will transport homeless individuals to the Chattanooga area for homeless services, and encourage the individuals to remain in the city.

Homelessness is difficult to document and, as a result; the estimates from different sources vary. However, in Chattanooga, there are several organizations that attempt to document homelessness:

- The Chattanooga Regional Homeless Coalition and HMIS data;
- The Homeless Blueprint Oversight Committee (HBOC) which seeks to improve data collection and analysis, establish service standards, measure program performance, coordinate case management and establish annual numerical targets for the reduction of homelessness;
- The HBOC also ensure that data and research will guide, support and justify all planning efforts and policy initiatives; and,
- Homeless Service Providers.

There are a number of circumstances that occurred in the last year (2009) that impact the degree of needs for the homeless:

- The Salvation Army added 12 shelter beds for men;
- Union Gospel Mission closed 75 beds for men;

- 19 transitional beds operated by Partnership for Families, Children, and Adults were re-classified as permanent supportive housing;
- 19 units of permanent housing was added through the HomeAgain project;
- AIM Center's Oxford Place and Oxford Place East, housing for individuals with mental illness added 13 units;
- The City of Chattanooga's Shelter Plus Care added 6 units of permanent housing;
- The Veterans Administration Supportive Housing (VASH) Program awarded tenant based vouchers for up to 35 homeless veterans for permanent housing units in public housing;
- Chattanooga Housing Authority Shelter Plus Care increased units for individuals to 12 and 11 units for families;
- There are over 30 group homes, providing over 288 units for individuals;
- Independent Elderly group homes that provide some 50 units of housing; and
- The 2009 ARRA funding under the Homeless Prevention and Rapid Re-housing Program (HPRP) is assisting those who are homeless and the near homeless to maintain their existing and/or affordable housing units.

Overall Needs and Gaps

While Chattanooga has a well-networked service continuum, there are still significant gaps in services. These gaps exist because there is not enough of a particular service to meet the demand (e.g. emergency shelter for women and families) or the service is not in place (e.g. supportive drug-free housing to accommodate people recently released from treatment programs). The greatest unmet emergency shelter need is more space for women and children. The Family Shelter located at the Salvation Army and staffed by Partnership for Family, Children, and Adults is not adequately funded to operate at full capacity year round. Even if it were fully funded, there is not enough bed space to meet the current demand.

The Next Door is a shelter for women recently released from incarceration. The project has facilities in metropolitan cities in the state but will open a facility in Chattanooga by spring 2010. The Next Door is in the process of renovating a building for its operations and securing additional private and public funding to operate the shelter. This will fill a gap for women leaving prison which will provide units of housing that currently does not exist on a broad scale.

See Attachment I: Emergency, Transitional, and Permanent Housing Inventory

Homeless Strategy

91.215 (d)

Homelessness

41. Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living.
42. Describe the jurisdiction's strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.

HOMELESSNESS

The City of Chattanooga worked concretely since 2003 with representatives from the broad based community, including service providers, governmental entities, agencies, homeless individuals, and organizations that work in tandem with the community to develop strategies for community health and well being. As a result, the City was one of a few of its size to develop a plan to end homelessness before 2012. The "Blueprint to End Chronic Homelessness in the Chattanooga Region in Ten Years" was published in March 2004, and, all efforts were directed to the accomplishment of the strategies that were defined. Working with every department of City government, State, and federal agencies, the City embarked upon a nine-point strategy for ending homelessness in the City of Chattanooga community.

Then in 2008, under a new administration, the Blueprint was revised to reflect changes in the original document to upgrade the strategies and improve on the reporting mechanism. The "Blueprint to End Homelessness in the Chattanooga Region" was published and included the appointment of the Homeless Blueprint Oversight Committee (HBOC). The HBOC updated the progress that is being made toward implementing the Blueprint and monitoring its improvements.

See Attachment H: Blueprint to End Homelessness in the Chattanooga Region

The City of Chattanooga provides funding through CDBG, HOME Investment Act and Emergency Shelter Funds in collaboration with Tennessee Housing Development Agency (THDA) to assist the local shelters and other homeless service providers to provide an array of services to prevent homelessness and people residing on the streets. Although the funding does not always seem to eliminate the problem, efforts are made to house those found in shelters into permanent housing arrangements as soon as possible.

The City works in concert with the Chattanooga Regional Homeless Coalition to maintain the HMIS, make application for McKinney-Vento federal funding under the CoC, and since 2008 provides funding for a centralized intake and case management

system. In FY 2008-2009, the City spent over \$1,000,000 in CDBG, HOME and ESG funding to provide housing and services for homeless individuals and families.

In addition, the City of Chattanooga provides general revenue funding to promote the "Art of Change Program". The Art of Change is a program of the City of Chattanooga specifically designed to address the panhandling issue.

Throughout the most affected areas, special "parking meters" are available to deposit the change that might ordinarily be given directly to a panhandler. In most cases, well-intentioned donations further enable and encourage a dangerous lifestyle.

Depositing spare change into the special "Art of Change" meters provides a way for all of the proceeds will be directed to agencies that provide a better way to help comprehensive services for those who are truly in need.

Organizations and firms can sponsor Art of Change meters as a way of showing support for a more effective way to help those in our community who are homeless or at risk of becoming homeless. The \$500 meter sponsorship goes directly to the fund which provides small grants to agencies that provide services to our community's most vulnerable citizens.

There are currently 20 meters located throughout the downtown and north shore areas of the City.

The Art of Change program has funds available as a result of meter sponsors and change deposited into the Art of Change meters which will, in turn, be used to help those in our community who are in real need.

Chronic Homelessness

43. Describe the jurisdiction's strategy for eliminating chronic homelessness. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented in Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness.
44. Describe the efforts to increase coordination between housing providers, health, and service agencies in addressing the needs of persons that are chronically homeless.(91.215(l))

CHRONIC HOMELESSNESS

In the "Blueprint to End Homelessness in the Chattanooga Region" specific principals are outlined to end homelessness. They are:

1. Assure access to affordable housing with appropriate supportive services;
2. Track and analyze data concerning homeless across different systems as a basis for program/service evaluation, agency and public policy, and funding decisions;
3. Identify the major reasons for homelessness and design "systems of intervention" to eliminate homelessness;
4. Develop strategy to centralize and integrate outreach, intake, and case management;
5. Review policies and operating procedures of all programs to ensure a focus on moving homeless individuals and families to employment and permanent housing;
6. Ensures linkage to Transitional/Permanent housing in all discharge plans;
7. Ensures service linkage to mainstream resources in all case planning;
8. Ensures access to affordable housing with appropriate supportive services as a number one priority;
9. Review discharge/termination policies of those agencies whose clients become homeless after exiting the system;
10. Develop intervention strategies for those neighborhoods with high rates of homeless and/or at-risk households to prevent the occurrence of homelessness;
11. Clearly and decisively target resources to programs that either prevent homelessness or ensure the return of homeless individuals and families to permanent housing and self-sufficiency; and,
12. Evaluate and redefine the roles of existing agencies in impacting and eliminating homelessness.

The "Blueprint to End Homelessness in the Chattanooga Region" was prepared through the planning efforts of a number of organizations, service providers, members of the homeless community, state, local and federal representatives to include a cross section of the broad based community to put into place a strategy that the community could and would embrace to end homelessness, not just for those experiencing "chronic homelessness", but, rather for any individual or families that have been homelessness at one time or another. Because of this broad based approach, the strategy that was developed allowed for the collaboration and cooperation of the many service providers, case management systems and other local entities. As a result, the development of the City of Chattanooga's Consolidated Plan relied heavily on the work of the committee that was formed to revise the Blueprint, as well as, on the development of the Continuum of Care Plan.

The Blueprint focuses on five key areas: Housing, Supportive Services, Prevention of Homelessness, Planning/Coordination, and Community Reintegration.

The City of Chattanooga will place as one of its priorities to eliminating homelessness and will as feasible, direct its entitlement funding in CDBG, HOME Investment Act and Emergency Shelter Grant to fund and support activities that are designed to carryout the homelessness strategy.

These efforts will be developed in supporting permanent housing alternatives, decent and affordable rental housing programs, administration and planning activities, technical assistance, and, public infrastructure improvements. Additionally, the City provides funding and is the major player in the Homeless Blueprint Oversight Committee which is providing the administrative, planning, and technical assistance to monitor the progress of the Blueprint to establish the milestones for success.

Homelessness Prevention

45. Describe the jurisdiction's strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.

All program activities designed to assist homeless individuals are designed with families in mind. It is the intent of all funding activities to benefit families with young children and who are in imminent danger of becoming homeless. The City intends to continue to provide support in the form of ESG and CDBG dollars to provide emergency shelter funds for individuals experiencing domestic violence and must be removed from the immediate living quarters to a safer and violence free environment. The City concurrently provides funding for emergency shelter services for families through two shelter operators in the City, along with additional dollars for essential services.

Institutional Structure

46. Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.

The "Blueprint to End Homelessness in the Chattanooga Region" outlines the institutional structure for carrying out the homelessness strategy. The HBOC will serve to expand the capacity for data collection and analysis; establish baseline statistics on the extent and nature of homelessness; and set clear policy goals, timeframes, and numerical targets for homelessness reduction; determine funding priorities for homelessness reduction and advice on spending for homeless reduction efforts for ending homelessness in the Chattanooga region. The HBOC will also establish and maintain standards for service delivery and case management and increase collaboration between for profit, governmental, nonprofit and faith based agencies.

Most mainstream organizations serving the homeless population are members of the Chattanooga Regional Homeless Coalition and plan and collaborate with other service providers to insure that no gaps in services exist in the community.

Unfortunately, due to reductions in federal, state, and local government funding, most organizations must conduct independent fund-raising activities in addition to the city-wide “Grateful Gobblers” fundraiser held every Thanksgiving Day, each organization must conduct a separate fundraising activity either through mail or telephone solicitations. Fundraising requires a lot of time and volunteer staffing to solicit from the general public which also includes businesses and industries.

Discharge Coordination Policy

47. Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include “policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.” The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

In cooperation with the Tennessee Department of Mental Health and Developmental Disabilities, the Chattanooga region actively participates in the Homeless Policy Academy. The goal of the Academy is the “Promotion of exemplary discharge planning practices for homeless and individuals at risk of becoming homeless for the purpose of connecting individuals to permanent housing and other community-based resources. The current strategy has three major components:

1. Development of a uniform discharge planning policy with implementation through Executive Order of the Governor;
2. Ongoing assessment and analysis of the extent of the problem; and,
3. The Development and implementation of training curriculum for policy execution.

In addition, the “Blueprint to End Homelessness in the Chattanooga Region” calls for an aggressive effort to review the discharge policies of publicly funded institutions and systems of care. Specific actions called for in the Blueprint are:

- a) Expedite entitlement applications for individuals leaving institutional care. Every effort will be made to work with the Tennessee Department of Human Services to expedite discharged individuals’ applications for TennCare, Food Stamps, and other entitlements so that they do not experience gaps in coverage that can cause medical, psychiatric or financial crises and homelessness.

- b) Establish clear responsibility for implementing discharge plans in the community. Institutions may develop a realistic discharge plan for an individual, but no community based agency has been identified to implement the plan. Or there may be a gap of a few days before a discharged individual is linked to a community-based provider. In the critical days after discharge, a gap can be the difference between a successful housing placement and homelessness. To ensure that the transition from institutional care to community living is successful, a referral system will be created so that a case manager from a community based agency will be assigned to and will meet before or at discharge any individual deemed at risk of homelessness.
- c) Establish a Community Discharge Coordination Committee to provide forums for homeless service providers and local hospitals and psychiatric facilities to share information, plan for and review discharges to the community. The Community Discharge Coordination Committee will allow frontline staff of community based service providers to homeless people to meet regularly with social work staffs of hospitals and psychiatric facilities to discuss future and past discharges. This will improve the capacity of these institutions and community based providers to respond to the needs of low income people leaving institutional care.
- d) Provide access to “alternative level of care” transitional beds to provide a few days or weeks of respite care to disabled and medically frail individuals awaiting placement into permanent housing. A small number of disabled and medically frail individuals need 24 hour assistance for a few days or weeks after discharge. But, do not require placement in skilled nursing care facilities and existing shelters and transitional housing resources can not offer this level of care.
- e) Provide interim transitional placements to provide a few days lodging to recently discharged individuals while they await placement in transitional programs or permanent housing. Some recently discharged individuals can not be placed in permanent housing, immediately. Access to interim apartments can help providers provide recently discharged stable housing for up to thirty days while permanent housing is being secured. The interim housing apartments can also be used to provide temporary shelter to members of underserved populations who may be at risk or unable to gain access to emergency shelters, such as the elderly, the gay-lesbian-transgender community, intact families and others.
- f) Work with Tennessee Department of Corrections and Hamilton County Jail to facilitate recently released individuals’ transitions from incarceration to community living, and, diverts people with mental illness from incarceration to alternative treatment arrangements. Individuals released from State and federal prisons have few supports in place. This increases their chances of failing and returning to prison. New efforts will be made to increase sharing

between prisons and parole departments, securing entitlements before release, and helping recently released individuals to enroll in sobriety and employment programs as soon as they return to the community, rather than waiting for crises to occur. Chattanooga will work with the corrections departments to identify and divert from the criminal justice system and into treatment individuals with mental illness who are arrested for misdemeanors.

- g) Ensure that youth leaving foster care are provided comprehensive support, services, and housing for as long as necessary to achieve independence. Participation in foster care is a strong predictor of future homelessness. Youth become homeless during transition into independence between the ages of 18 to 21. Chattanooga will work with the State Department of Children's Services to increase the number of youth aging out of foster care who continue to receive case management, housing subsidies and employment training and placement assistance until they reach the age of 21.

Specific Objectives/Homeless (91.215)

48. Identify specific objectives that the jurisdiction intends to initiate and/or complete in accordance with the tables* prescribed by HUD, and how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan. For each specific objective, identify proposed accomplishments and outcomes the jurisdiction hopes to achieve in quantitative terms over a specified time period (one, two, three or more years) or in other measurable terms as defined by the jurisdiction.

Complete and submit Table 1C Summary of Specific Objectives or, if using the CPMP Tool, the Summaries.xls worksheets.

The “Blueprint to End Homelessness in the Chattanooga Region” focuses on five key areas: Housing, Supportive Services, Prevention of Homelessness, Planning/Coordination, and Community Reintegration.

The City of Chattanooga will place as one of its priorities to eliminating homelessness and will as feasible, direct its entitlement funding in CDBG, HOME Investment Act and Emergency Shelter Grant to fund and support activities that are designed to carryout the homelessness strategy.

The specific objectives are:

1. Continue to provide funding to the Chattanooga Regional Homeless Coalition to develop the Continuum of Care (CoC) application for McKinney-Vento funds.
 2. Provide the Match Funds for the HMIS.

3. Provide Emergency Shelter Grant (ESG) to local shelters to support operations and essential services.
4. Secure Set-Aside ESG funding from the Tennessee Housing Development Agency (THDA).
5. Use CDBG and HOME Investment Act funds to provide affordable housing units and social services to prevent homelessness.
6. Increase as feasible, the amount of Shelter Plus Care dollars that are managed by the City of Chattanooga.

Actions and Programs to Achieve Objectives:
(Proposed Accomplishments and Outcomes)

1. The Chattanooga Regional Homeless Coalition continue to receive at least \$2.1 million annually in funding under the McKinney-Vento Act for Continuum of Care (CoC) dollars that provide an array of services to the homeless shelter providers.
2. The City will continue to make application to THDA yearly for at least \$84,000 in ESG funding in order to provide operations dollars and essential services to homeless shelters.
3. Decrease the number of children that are homeless by providing essential services to shelters.
4. Using HOME Investment Act dollars continue to provide permanent housing units for homeless or near homeless individuals and families.
5. Using CDBG dollars for public services activities to provide transportation, case management and other eligible assistance services to homeless providers to meet the needs of homeless or near homeless individuals and families.

NON-HOMELESS SPECIAL NEEDS

*Refer to Table 1B Non-Homeless Special Needs or the CPMP Tool's Needs.xls workbook

Priority Non-Homeless Needs 91.215 (e)

49. Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.
50. Describe the basis for assigning the priority given to each category of priority needs.
51. Identify any obstacles to meeting underserved needs.
52. To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and

programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.

53. If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.

Non Homeless Needs

According to the 2000 Census, it is estimated that the City of Chattanooga has a population of 20,556 adult citizens (23.2%) and 3,065 children (9.5%) counted as those experiencing some form of disability. There are a total of some 129 group homes providing supportive living accommodations for the elderly, transitional and emergency shelters, children and adolescent homes, HIV/AIDS, ex-offenders, mental illness, alcohol and drug treatment, and physical disabilities. The breakdown is as follows:

| <u>Group Home</u> | <u># of Residents</u> |
|------------------------|-----------------------|
| Alcohol/Drug | 1,233 |
| Mentally Ill | 817 |
| Mentally Retarded | 2,420 |
| Physically Handicapped | 550 |
| HIV/AIDS | 7 |

During the planning process for the Consolidated Plan, no objectives were developed to address the needs of specific special needs populations. With the city's network of service provider organizations in place, funding from the CDBG entitlement funds would not be used to support the needs of special populations that are not housing related. Because discrimination in housing of any type is not tolerated in the City, persons with special needs can secure housing that is decent and affordable. The number of group homes, state operated institutions, elderly housing, assisted living facilities, and, nonprofit providers of services to these populations, it is considered adequate to meet the current need.

Recently, the State awarded funding to two private for profit organizations in the city to construct supportive housing for the mentally ill, to develop independent and accessible living environments to prevent the occurrence of readmissions and due to the decentralization of patients in the State's local mental institution.

In addition, the City does support private developers that seek tax credit investment opportunities when developing housing that is accessible and affordable to meet the future needs of the city's special populations.

Using HOME Investment Act funding, the City is assisting several agencies in the provision of permanent housing for homeless families, individuals, and children aging out of custody.

A number of faith-based organizations provide housing and recovery programs for individuals experiencing bouts with drug and alcohol abuse.

In the Blueprint to End Chronic Homelessness, a number of projects are proposed that will address the ex-offender, and, youth leaving foster care.

CDBG Entitlement funding will not be used to address these non-housing specific needs due to the complexity of the need, and, the necessary case management required to provide secure and adequate programming.

Specific Special Needs Objectives

91.215 (e)

54. Identify each specific objective developed to address a priority need by number and contain proposed accomplishments and outcomes the jurisdiction expects to achieve in quantitative terms through related activities over a specified time period (i.e. one, two, three or more years), or in other measurable terms as identified and defined by the jurisdiction.

The jurisdiction may satisfy this requirement by using Table 1C or, if using the CPMP Tool, the Projects.xls worksheets

55. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

Special Needs

In the August 2001 study, "Housing Availability and Need for Low Income and Special Needs Populations in Hamilton County", sponsored by the Chattanooga Housing Authority, the inventory of needed services, indicated that in the Chattanooga area, 27,666 additional services were needed. The following statistics are provided:

NEEDED SERVICES

- | | |
|---|--------|
| • Homeless Supportive Service Slots | 5,149 |
| • Needed Housing Modifications for persons with Disabilities | 2,517 |
| • Needed Housing Modifications/Assistance for low/moderate income Population | 20,000 |

In areas that impact the elderly population, the total need for additional elderly housing is 2,182 beds/unit with an existing inventory of 4,897. The actual numbers are:

| | |
|---------------------------|-------|
| • Independent Living | 549 |
| • Assisted Living | 677 |
| • Licensed Boarding Homes | 271 |
| • Nursing Homes | 685 |
| Total | 2,182 |

Publicly funded housing for undefined disabilities indicates a need for 798 additional units/beds:

| | |
|-------------------------------------|-------|
| • Public Housing | 26 |
| • Section 8 | 772 |
| • HUD Assisted (disability/elderly) | --0-- |
| • USDA (disability/elderly) | --0-- |

Mentally ill individuals need various types of assistance, non-homeless:

| | |
|-------------------------|------|
| • Residential Treatment | --0— |
| • Transitional Housing | 50 |
| • Permanent Housing | 721 |

The Physical Disabled will require 360 beds/units as compared to the existing 16 and the Developmental Disabled will require 250 as compared to the existing 365.

Many of the housing modifications are not considered major and can reasonably be met by family, friends, neighbors, churches, and other service organizations.

Additional Issues

Most people with disabilities prefer to live independently, rather than in a group home or some other form of assisted living. People with physical disabilities, the biggest challenge are in finding the resources to make their own homes more accessible. While modifications are potentially expensive, keeping the disabled out of assisted living situations might offset rehab costs.

No central resource exists that catalogues the number of houses in the community that are handicapped accessible. Designating some organization to compile and update this list could assist service providers and potential renters.

Residential areas in Chattanooga are often hilly, presenting challenges particularly for people with mobility impairments.

Current state law does not allow for more than two group homes in a quarter mile area.

Current public policy encourages the use of Section 8 vouchers over public housing. However, it is still difficult for disabled persons to find a landlord willing to accept the vouchers. Existing Section 8 housing is sub-par for people with disabilities.

COMMUNITY DEVELOPMENT

Priority Community Development Needs 91.215 (f)

*Refers to Table 2B or to the Community Development Table in the Needs.xls workbook

56. Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table* – i.e., public facilities, public improvements, public services and economic development.
57. Describe the basis for assigning the priority given to each category of priority needs provided on Table 2B or the Community Development Table in the CPMP Tool's Needs.xls worksheet.
58. Identify any obstacles to meeting underserved needs.

COMMUNITY DEVELOPMENT

NON-HOUSING

The non-housing goals and priorities also reflect an integrated approach to community needs and concerns, and result from extensive citizen involvement in planning processes. They represent a balance between neighborhood revitalization initiatives and concerns for people with special needs, such as the homeless and the elderly. While the strategies are sensitive to geographic distribution of resources, the City pursues a neighborhood-based strategy for maximum impact. Targeted neighborhoods are all located within LMI-eligible census tracts, and are chosen based on factors relative to community revitalization potential, such as land use patterns, strength of resident organizations and opportunities for housing revitalization.

Members of the Community Development Citizens Advisory Committee, representatives from various agencies and organizations throughout the city were engaged in Roundtable Sessions, and public meetings held during, October, November, December 2009 and January 2010, to make recommendations on housing and non-housing priority needs in the community. Priorities were established as based on the input of these citizens during the public planning process. The citizen groups reviewed more than 100 goals and objectives, and categorized non-housing

needs into four areas: public facility improvements, public or social services, economic development, and planning. Every effort was made to be consistent with Community Development Needs Table as applicable to the local situation.

The common objective expressed by the citizens was; to improve the quality life for citizens in the area by building a sustainable community in which people choose to live, work, and raise their families. This includes:

1. Create homeownership opportunities, coupled with affordable home maintenance and rental programs;
2. Clear the inner city of badly deteriorated housing;
3. Improve neighborhood playgrounds for children; and,
4. Improve and install infrastructure to enhance community.

PUBLIC FACILITIES OBJECTIVES, ACTIVITIES AND OBSTACLES

In low- and moderate-income areas of the City, there is low priority for improvements to neighborhood-based facilities such as recreation centers and childcare centers. But, the priority is high for improving neighborhood playgrounds. As well a high priority was placed on improving the general safety of neighborhoods with improving lighting, sidewalks and other infrastructure needs, including the elimination of substandard structures.

The City's Parks and Recreation Department recognizes the need to improve access to adequate public facilities in all communities. As a direct result, the Department undertook its "Recreate 2008" planning process in 1999 that included broad based community input and planning activities.

In the past ten years, many of the public facilities including recreation centers and new public park systems have undergone various levels of renovations, additions and improvements and the construction of five new mega recreation centers to serve the needs of LMI neighborhoods.

Currently, Chattanooga has 64 public parks, 15 community recreation centers, 2 public golf courses, 4 public swimming pools, a Zoo, fitness center, a skate park, 2 dog parks, 20 soft ball fields and over 70 tennis courts.

Identified in the planning processes, was the primary importance of the family. The family is the basic economic and social unit of the community, and every effort should be made to strengthen the family's ability to be self-sufficient, to raise healthy children, and to invest in the future of the community as a whole. This local planning process clearly indicated the need for multipurpose facilities in target neighborhoods where coordinated services are provided.

The process resulted in significant involvement by area residents in the design and locations for facilities and services. Consequently, the department changed its name to reflect what area citizens saw as one of the needs - clarity of the purpose of the centers and the department's role in the neighborhood. The Parks and Recreation Department divided into two separate Departments: Parks and Recreation and Education, Arts and Culture.

"Recreate 2008" identified needed improvements to existing facilities plus the need to construct five new mega facilities. These mega facilities are the site of a wide range of community activities to include health programs for the elderly, tutoring programs for youth, computer literacy classes, accommodations for neighborhood meetings, GED classes, parenting classes, and community-based policing activities and outreach units. Although specific activities have site requirements such as childcare centers or medical clinics, and police precincts wherever possible, these kinds of activities have been incorporated into a neighborhood-based facility design.

A low priority in Community Development Needs Table is given to youth centers, childcare centers and parks and recreation facilities. A low priority is given to parking facilities and neighborhood facilities. The low priority ranking given to senior centers and health facilities is primarily due to the strength of certain local organizations - such as Senior Neighbors, Inc. in the provision of elderly services; and, in the health area, the Dodson Avenue, Alton Park, and the Homeless Health Care clinics and the Hamilton County Health Department.

A high priority is given to improving playgrounds in neighborhoods, particularly those located inside of public housing developments. At one time, the City was responsible for maintaining all playgrounds throughout the city. However, over time, the maintenance was returned to the Housing Authority that does not have the excess funds necessary to equip and maintain playground equipment.

Long Range Objectives (5 Years)

1. The City, through public-private partnerships, will develop the potential for Greenways in low- and moderate-income target neighborhoods.
2. Improving the general safety of neighborhoods with improved lighting, sidewalks and other infrastructure needs, including demolition or stabilization of substandard properties.
3. Improve playgrounds at public housing sites.
4. Demolition of dilapidated structures in neighborhoods.

Actions and Programs to Achieve Objectives

1. Make capital improvements to public facilities serving the public with private dollars and potential CDBG funding.
2. Assist in the planning and implementation of Greenways in low-income neighborhoods using public funds to leverage private dollars to maintain these properties.

4. Reclaim and clean up Brownfields for public use as greenways and centers for public recreation use.
5. Improve general safety of neighborhoods with demolition or stabilization approximately 25 substandard structures each year.

Obstacles

1. Lack of adequate funds for providing materials, supplies, and maintenance of playground equipment at multiple sites.
2. Potential environmental and liability problems at sites located on or near the source of hazardous materials.
3. Potential declining state and federal funding sources for projects.
4. Continued movement of residents of the urban core to outer city areas.

Infrastructure Improvements Objectives, Activities and Obstacles

Because of their public nature, infrastructure improvements were categorized jointly with public facilities improvements during the consolidated planning process. Projects, such as flood drain improvements and sewer improvements are large and very expensive projects. Over the past twenty years, the City has invested significant amounts of local and federal funds for such improvements in downtown and in low-and moderate-income neighborhoods. With the City's CDBG allocation averaging less than 2.3 million dollars in recent years, such projects are beyond the scope of CDBG funding, and must be done primarily with local dollars.

In the Housing and Community Development Activities Table, flood drain, street improvements and sidewalks were rated as low priorities. Connector sidewalks will be constructed in low- to moderate-income neighborhoods for the safety of children and pedestrians linking them to new housing developments, other public improvement sites, and to neighborhoods and centers of commercial and retail developments in those areas. A combination of CDBG and City general funds will be used to complete the projects.

A combination of new construction and repaving of streets, when necessary, will complement new construction of housing in low- to moderate-income neighborhoods and surrounding communities. The City's Department of Public Works maintains a schedule of improvements to streets, sidewalks and other systems that are planned over the next five-year period. Planning processes found basic infrastructure to be sound.

The City of Chattanooga has 1,027 miles of streets, about one third of which will need improvements in any one year. The City, for the most part, funds street repairs with general fund dollars, and much of the street work is in low-income neighborhoods. In target neighborhoods, CDBG funds are sometimes used for street and sidewalk improvements to complement housing and other infrastructure work. Sidewalk

construction and improvements will be prioritized to the maximum benefit of residential areas near schools, recreation sites, public housing, bus stops and neighborhood commercial districts.

The City has effectively managed and instituted a process within all neighborhoods to deal with issues of solid waste disposal. An ambitious residential recycling program was extended to all areas of the City in early 1995, with the aim of reducing the strain on local landfill resources. The City began operations of a new landfill in 1998 to address the needs for the 21st Century.

Asbestos removal was rated as a low priority, because it is generally only undertaken as a part of a demolition or renovation project. All building demolition or renovation work must be permitted through the City and the local Air Pollution Control Bureau, which monitors asbestos removal and disposal. The cost of asbestos removal is figured into the overall costs of demolition and renovation. A significant number of older buildings, especially residential units when renovated or demolished, must adhere to asbestos abatement regulations and policies, thus raising the overall cost of the project.

Long Range Objectives (5 Years)

1. Meet federal, state and local standards regarding stormwater runoff and solid waste disposal.
2. Have no areas in the City under State of Tennessee sewer moratorium.
3. Continue to reduce the percentage of materials entering the City's landfill through aggressive recycling and alternate brush disposal efforts.
4. Improve neighborhood infrastructure such as sidewalks, greenways, street lighting, street improvements and landscaping as part of comprehensive neighborhood revitalization strategies.
5. Provide and maintain infrastructure expansion and improvements, such as street widening, traffic signals and bridge repair.

Actions and Programs to Achieve Objectives

1. Make necessary improvements to sewer and wastewater treatment system.
2. Implement annual street improvements through capital budget expenditures, specifically projects around schools, including sidewalks and street crossings.
3. Perform streetscape improvements.
4. Replace traffic equipment as necessary.
5. Make curb, gutter and sidewalk improvements.
6. Implement neighborhood infrastructure improvements in conjunction with housing revitalization strategies in target neighborhoods, including the demolition of substandard structures.
7. Continue trash collection and recycling programs.

Obstacles

1. High cost of infrastructure projects.
2. Stringent regulations regarding environmental protection.
3. Decreasing state and federal assistance for infrastructure projects.
4. Aging infrastructure.
5. Local zoning ordinances.
6. Local landscape requirement.
7. City ordinances.
8. Existing rights-of-way.
9. Coordination and implementation of projects.
10. Establishment of priorities.
11. Lack of adequate funds.

The City of Chattanooga has developed a tiering strategy for environmental review of infrastructure (street paving, sidewalk improvements, street lighting) related activities. Sites are evaluated using a site-specific review checklist. The site-specific review will be completed prior to committing federal funds.

In addition to the tiering strategy, the City of Chattanooga also has an agreement with the State Historic Preservation office which is renewed with the tiering strategy every five years. The City of Chattanooga also developed an Area-Wide Eight Step Process for Floodplain Management in 2009. Both of these strategies cover housing and infrastructure activities.

PUBLIC OR SOCIAL SERVICES STRATEGIES

Chattanooga has a long and distinguished history of social service delivery. The City consistently ranks near the top nationally in United Way giving. Churches and other informal groups also contribute significantly to the local services mix. Some efforts are relatively new and were created to meet changing community needs, such as the spread of AIDS and the growing number of homeless families.

However, even with the considerable local investment in social services, there are concentrations of poverty in the community and well-entrenched social problems. Situations of the most pressing concern include high rates of substance abuse, growing numbers of homeless, increasing youth and violent crime rates and a high dropout rate in schools, elderly services, service needs of ex-offenders, legal needs for low income individuals, and life skills training in public schools, childcare and respite care facilities for the homeless.

While local planning processes have identified many short- and long-range objectives for social services, a number of general, broad themes help to guide the development of local strategies.

1. *Communities can solve their own problems.* Any efforts to help those in need will be fruitless unless those same people are involved in the process of developing and delivering services. The desires and wishes of those being served should be heeded and emphasized when developing services.
2. *Prevention is almost always easier, more effective and less expensive than trying to fix problems after they are already out of hand.* The up-front investment in primary prevention should become one of the driving forces of efforts to improve the community.
3. *Services should be located (or relocated) where the people in need are.* Access lessens the burden of those in need regarding transportation, childcare and the confusion involved of traveling back and forth among agencies located in various parts of town. Furthermore, it fosters the awareness that a person's own neighborhood is the place for problem solving.
4. *Planning for and developing services should begin with coordination including the possibility of co-location and consolidation.* Since people with one need often have others, co-location of services is desirable. However, when co-location is not possible, coordination and partnership-building are all the more important to improve efficiency, to eliminate duplication, and to increase accessibility.
5. *Economic development and social development cannot be addressed separately.* Put simply, business and industry will not enter the community with good paying jobs if they are not assured of a first class work force, but a community will have little reason to invest in a first class work force if jobs are not available. Efforts at alleviating social need must be goal oriented with a view toward increasing economic opportunity and educational attainment for all in the community.
6. *Just as neighborhoods are the building blocks of any local community, so families are the building blocks of any neighborhood and children are the focus of families.* Accordingly, any services directed at the community, neighborhood, or family levels should have these final goals in mind: the highest possible levels of self-sufficiency and better lives today for our children.
7. *Services, if they are to support problem solving, must be delivered, not simply on the basis of eligibility, but also to assist individuals, families and communities in pursuit of their own objectives.* Service providers should work with consumers to clarify their personal objectives and design service plans with the mutual participation and concurrence of clients. The plans should provide supports that enable clients to do what they themselves are committed to do to achieve their highest levels of self-sufficiency. The provider should make a further commitment to follow up with clients frequently to evaluate the decree to which services are assisting them in this personal problem solving process.
8. *Services should promote the optimal level of independence for clients.* In some instances, as with people who have permanent disabilities, lifelong services may be required; in other instances, services generally should have a beginning and an end. In any case, services should be designed with the optimum functioning of people in mind.

9. *Proposed new programs should demonstrate their necessity, be able to measure effectiveness, and show that they will be part of a cooperative service delivery system.*

Public Services Objectives, Activities & Obstacles

Based on priorities established in recent planning processes, the public service needs rated high in the Community Development Needs Table were youth services, employment training, crime awareness and prevention, transportation services, and foreclosure prevention and counseling. Rated of medium need were senior services, handicapped services and health services. The difference between a medium and a high rating has to do with the strength of local resources relative to addressing community needs. Needs rated high indicate that, while some needs are being met, the community is losing ground in attempts to provide adequate services that meet the increasing needs of specific population segments and are located in low- to moderate-income neighborhoods.

Long Range Objectives (5 Year)

1. Reduce crime and the fear of crime through prevention awareness and organized neighborhood watch systems.
2. Reduce vandalism and loitering among youths.
3. Increase educational opportunities for adults to become more economically self-sufficient.
4. Provide **1000** homeless households' permanent stable housing.
5. Education and job training for adults and youths.
6. Life skills training.
7. Improve and impact quality of life issues for elderly and special needs populations.
8. Increase opportunities for children to arrive at school healthy and ready to learn.
9. Provide counseling to homeowners to remain housed.

Actions and Programs to Achieve Objectives

While most activities listed below are CDBG eligible, other funding sources, both public and private, are available to undertake public service activities. Major sources include Workforce Investment Act funds, McKinney-Vento Act funds, state dollars allocated to health programs, local government funds and philanthropic dollars.

1. Continue and expand initiatives that develop plans and mobilize support for early childhood achievements.
2. Assist families to greater self-sufficiency through the establishment of comprehensive community services centers.

3. Collaborate and support Chattanooga's Homeless Continuum of Care Plan.
4. Develop community-based policing programs in target areas.
5. Develop programs to improve school performance and self-esteem of at-risk youth in the community.
6. Intensify the police presence in neighborhoods and large public housing developments.
7. Implement effective substance abuse prevention programs in LMI areas and increase substance abuse treatment and follow-up services options.
8. Ensure that all recreation centers have good recreational programming.

Obstacles

1. Lack of adequate funds to undertake new or increased levels of activities, including anticipated decreases in federal spending levels.
2. Lack of general understanding about the nature of certain problems.
3. Lack of coordination among service and resource providers.
4. Lack of emphasis on preventing problems before they arise.
5. Weakness of a need based philosophy rather than a resource based philosophy.
6. Affordability and availability of services.
7. Lack of positive reinforcement for pre-school and school-age children.
8. Standards for services to the elderly and special need populations.

ACCESSIBILITY NEEDS

Housing accessibility needs are discussed in the housing needs and strategic plan sections. Non-housing accessibility needs are of local concern, because many public buildings and facilities were constructed prior to recent accessibility standards. Whenever significant renovations are performed on public buildings or facilities, efforts are made to incorporate accessibility standards into improvements. Accessibility standards will be met when CDBG funds are likewise used for renovations to public buildings and facilities.

RESIDENTIAL AND NON-RESIDENTIAL HISTORIC PRESERVATION NEEDS

As an activity eligible for CDBG funding, residential and non-residential historic preservation needs received a low priority ranking. In accordance with federal laws and regulations, the City entered into a Programmatic Agreement with the State Historic Preservation Office at the Tennessee Historical Commission and the Advisory Council on Historic Preservation in Washington, D.C. regarding the use of HUD funds to ensure that historic properties are treated appropriately. A copy of this agreement is on file in the Community Development Office.

Through the City's Programmatic Agreement, historic resources are protected in cases in which HUD funds are used by the City. Historic preservation, while sometimes performed in conjunction with building rehabilitation projects, is not undertaken with CDBG funds as an exclusive activity.

ECONOMIC DEVELOPMENT OBJECTIVES, ACTIVITIES AND OBSTACLES

Based on local planning processes, major economic development objectives must focus on workforce development, reclamation of abandoned industrial sites, and access to capital for small business, expansion and start-up assistance, development of adequate buildings and sites for economic development. The City has coordinated technical assistance to new, existing, and prospective employers.

Importance is still given to providing well-paying jobs and access for local residents to jobs is paramount to the City's overall growth and well being. The most destructive force in a community is the lack of work and disenfranchised citizens. This force acts against the basic building block of any community or its economy.

Following are examples of Chattanooga's efforts to strengthen the economic position of low/moderate income citizens:

- In 2001 the designation of the City as a Renewal Community provided and will continue to provide through 2010, additional opportunities for community and economic development and employment growth for businesses within twelve (12) of the city's LMI Census Tracts. The designation is instrumental in the recruitment of new business and industries for the creation of new jobs, growth and expansion of existing businesses and for the retention of jobs for low income residents. The City of Chattanooga's Renewal Community (RC) includes census tracts: 2, 3, 4, 8, 10, 15, 16, 19, 20, 23, 26 and 31.
- Since 2002, the City has awarded over \$90 million dollars in CRD's to local companies.
- In FY 2008-2009, there were 22 applicants requesting \$32 million in Commercial Revitalization Deductions (CRD) federal tax savings for the construction or renovation of commercial buildings in the RC. CRD's were awarded to eleven (11) firms for a total of 12 million dollars.
- Every year, Chattanooga has \$12M to award to businesses for accelerated depreciation of expenses associated with capital costs of qualifying building projects. Recipients can take up to 50% deduction allowed in the first year a building is placed into service, or 10% per year for 10 years can be taken from qualified expenses related to acquisition and/or improvement to properties located in the RC Zone that will be used for commercial or business purposes.

- The 2009 CRD Selection Committee on December 4, awarded four businesses the CRD federal tax credits
- The Southeast Career Center is a collaboration of the Tennessee Departments of Labor, Employment Security and Human Services. It is a one-stop-shop designed to provide employers and job seekers with easy to use and easy to find employment and training services. Coordinated job-match services and accessible training opportunities are provided. At every point of contact, customers are offered information and choices. Assistance through the Center allows citizens to identify, secure and maintain meaningful employment opportunities, provide a highly skilled workforce for employers, and ensure continued economic viability for Tennessee and local communities.
- The Tennessee Multicultural Chamber of Commerce continues to directly seek and assist minority owned businesses to develop and expand while addressing a need to provide technical assistance services in financing, entrepreneur and neighborhood-based business start-ups.
- To address issues in business financing and access to capital, utilizing CDBG funds and technical assistance, assistance is provided to the Bethlehem Community Development Credit Union.
- The Chattanooga Opportunity Fund (COF) is a financial fund designed to provide small loans ranging from \$35,000 to \$150,000 to small start-up businesses, women owned businesses and minority owned businesses.
- The City and County joined forces and attracted the Volkswagen Auto plant that will open in 2011 and create some 2,000 jobs directly and some 15,000 indirect jobs.
- The City is developing and reclaiming properties designated as Brownfields, located within the inner city using Section 108 Loan Guarantees and EPA Brownfield Grants.

Listed as a high priority, by local citizens participating in the public Consolidated Plan Process meetings, were; the need for increased job opportunities, the creation and rehabilitation of retail and commercial shopping centers within neighborhoods, and, job training for youths and adults. Technical assistance to small and minority-owned businesses and the need for micro-business loan funds to promote small business growth and expansions and entrepreneurship were also listed as a high priority.

Long Range Objectives (5 Year)

1. Improve the quality of the local workforce.

2. Increase the availability of appropriate sites and buildings for commercial and retail development.
3. Redevelop abandoned industrial sites (Brownfields) in the City.
4. Improve access to capital for the creation or expansion of small businesses.
5. Build on the City's opportunity to develop into a regional center for environmental and technology oriented businesses.
6. Increase opportunities for retention and expansion of the existing business base through Renewal Community initiative.
7. New business development and expansion.

Actions and Programs to Achieve Objectives

The objectives discussed above and the actions listed below are not exclusive to low-and moderate-income areas or individuals, hence, CDBG funding eligibility will have to be determined on a case-by-case basis. Also, not all needed activities, are eligible CDBG activities. The overall picture of the City's economic development efforts is presented here, nonetheless, because of the necessary interrelatedness of the activities and goals.

1. Create a joint venture among key community players to improve the educational attainment levels of students, and better prepare them for college or effective employment upon graduation.
2. Continue to market the tax incentives available in the Renewal Community initiative to encourage business expansion and development, hiring of residents and improving access to goods and services.
3. Support a workforce training incentive program for relocating and expanding companies.
4. Provide adult education and employment and training opportunities, particularly for the structurally unemployed and recipients of public assistance, through Workforce Investment Act funds.
5. Stimulate rehabilitation of commercial and retail spaces through a commercial façade improvement program and Commercial Revitalization Tax Credits.
6. Provide access to capital for the creation and expansion of small businesses - particularly for minority- and women-owned businesses - through the Chattanooga Business Connection, a partnership among local lenders, local government, the Small Business Administration.
7. Work with state and federal Environmental Protection Agency, TDEC and developers to redevelop Brownfield sites.
8. Identify projects that stimulate economic development involvement within neighborhoods using HUD's Section 108 Loan Guarantee to promote industrial and business recruitment and retention.
9. Development of retail and commercial centers within neighborhoods to promote entrepreneurship and growth and expansion of business.
10. Create a micro-enterprise loan fund.
11. Create 1,000 new jobs in the Renewal Community census tracts over the next five years.

12. Provide \$12 million per year in Commercial Revitalization Deductions to qualified businesses in the RC Zone.

Obstacles

1. Liability and cost attached to sites with environmental problems.
2. High cost of environmental remediation.
3. Inefficient support mechanisms for youth and adults in job training programs.
4. Lack of vision to provide services to businesses.

PLANNING

Many strategic plans have been developed to address the future desires and needs of neighborhoods, nonprofit agencies and various city departments. A coordination of these plans is needed to provide an overall roadmap in the city to prevent duplication of services and to encourage efficient use of the limited resources.

During the public participation process of the Consolidated Plan, citizens expressed the need for revision to all existing Neighborhood Plans and comprehensive, City-wide plans for all other neighborhoods that provides a coordinated direction for the overall growth of the community which would benefit all the citizens of the city.

The objectives that were delineated during the public process are:

Long Range Objectives (Five Years)

1. Continue efforts to attract new businesses to Chattanooga and maintain the image as a "livable mid-size city".
2. Use existing neighborhood plans as a guide develop comprehensive plan/strategy for all other neighborhoods.
3. Need for additional city staffs to coordinate work within neighborhoods.

Actions to Achieve Objectives

Engage all individuals, representatives of organizations, neighborhoods, etc. that were involved in the myriad of planning charrette's that were conducted to design collaborative efforts and ways to deal with and decrease city wide problems such as crime, education, employment opportunities, and neighborhood revitalization.

Coordinate and facilitate meetings designed to gather input from various entities.

Ensure availability of CDBG funds to carryout the combined planning activities.

Obstacles

1. Limited amount of available funding resources for revitalization and redevelopment.
2. Getting all groups involved to reach a consensus in regard to prioritizing problems/concerns and solutions.

Neighborhood Revitalization Strategy Areas 91.215(g)

59. If the jurisdiction has one or more approved Neighborhood Revitalization Strategy Areas, the jurisdiction must provide, with the submission of a new Consolidated Plan, either: the prior HUD-approved strategy, or strategies, with a statement that there has been no change in the strategy (in which case, HUD approval for the existing strategy is not needed a second time) or submit a new or amended neighborhood revitalization strategy, or strategies, (for which separate HUD approval would be required).

The City of Chattanooga is not a HUD approved Neighborhood Revitalization Community.

Barriers to Affordable Housing 91.215 (h)

60. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.

Affordable housing is impacted by various economic, environmental and social conditions. In Chattanooga, attempts are being made to improve communities and, at the least, to increase the availability of affordable housing in neighborhoods throughout the City. This effort involves builders, realtors, developers, housing agencies and citizens in the creation of a variety of housing opportunities. This approach makes for better neighborhoods and serves as a means of removal of barriers to the creation of affordable housing alternatives.

Enforcement of housing codes and standards is paramount in the reduction of dilapidated structures and the revitalization of older neighborhoods, and is essential in maintaining property standards in newer areas. The City's Code Enforcement and Community Services office systematically inspects properties throughout the City on a

neighborhood-by-neighborhood basis and employs routine and complaint based approaches.

On average, over 60% of the City's Community Development Block Grant and HOME money goes through CNE and other housing development organizations to fund affordable housing programs.

The Chattanooga Housing Authority (CHA) operates and manages 3,048 units of low-rent public housing and provides 2,771 certificates of Housing Choice Vouchers (Section 8) in Tenant Based Assistance.

FAIR HOUSING OBJECTIVES, ACTIVITIES AND OBSTACLES

Long Range Objectives (Five Years)

As a recipient of Community Development Block Grant and HOME Investment Partnership Act funds, the City is required to develop an affirmative fair housing plan with specific actions and strategies that will have a significant impact on preventing, reducing or eliminating housing discrimination and other barriers to equal housing choice based on race, color, religion, sex, handicap or national origin.

To address barriers to fair housing, the City conducted an impediment study in 1996, 2005, and the current study in 2010 as part of the Consolidated Plan for 2010-2014. The study identified barriers to fair housing and recommend initiatives to overcome conditions that limit fair housing choice. Efforts are focused to promote fair housing policies within the City and to assist the residents in fair housing counseling and assistance. The City has worked with the Info-Line under the management of CNE to channel complaints and assist local citizens who are experiencing some fair housing issues. The Info-Line operates a 24 hour hotline for citizens to file their concerns and discuss issues pertaining to fair housing. The mission of the Info-Line is:

1. Increase community knowledge of fair housing standards and issues.
2. Decrease the likelihood that barriers exist to fair housing choice in the City.
3. Education and outreach in predatory lending practices.
4. Make referrals for services and for legal assistance, when necessary, in tenant-landlord disagreements.

Actions and Programs to Achieve Objectives

1. Distribute information and materials to the public about fair housing to all sectors of the local housing market.
2. Support organizations that promote fair housing activities and require all recipients of CDBG, HOME and THDA-ESG funds to adhere to the law.

Obstacles

1. Lack of good information about housing transactions that could have a bearing on fair housing issues.
2. Strong link between minority status and poverty level that further limits fair housing choice.

See Attachment J: Analysis to Impediments to Fair Housing

Lead-based Paint 91.215 (i)

61. Describe the jurisdiction's plan to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs, and how the plan for the reduction of lead-based hazards is related to the extent of lead poisoning and hazards.

LEAD BASED PAINT

The 2006-2008 American Community Survey, U.S. Census estimate that there is a total of 77,884 housing units, both homeowner and rental. The number of units that are considered to have a high risk of lead-based paint hazards is approximately 2% or 2,800 of the 22,000 housing units that were constructed prior to 1950. Of the total number of 22,000 units built prior to 1950, it is estimated that approximately 73% or 16,000 units are occupied by low income individuals. The number of children under the age of 5 living below poverty is 4,700 or 26%.

Lead-based paint is highly toxic, especially to young children, with excessive exposure causing reduced intelligence, impaired hearing, reduced stature, and many other adverse health effects. Lead-based paint poisoning occurs by ingesting paint chips or lead dust, or breathing lead-based paint dust particles typically generated through renovation work. Tennessee Childhood Poisoning Prevention Program (CLPPP) is established in the 14 County Health Departments within the state to provide testing and educational outreach services to residents for the protection of children that may be exposed to lead-based paint in their residencies. The goals of the CLPPP are:

- Monitor all blood levels of children before the age of 6
- Increase screening of children at high risk of lead exposure
- Proper follow up of children with elevated blood levels
- Increase public awareness of childhood poisoning and prevention

The Tennessee Department of Health provides educational materials in both English and Spanish because of the growth in population of Hispanic residents. All children enrolled in Head Start and children served by the state's TN Care Program have a blood lead test.

The Health Department upon receipt of referrals of children with elevated blood levels, initiates a home visit to identify the lead source, provides the family with resource material on lead poisoning and is provided nutrition counseling.

The Chattanooga-Hamilton County Health Department provides public education outreach through health fairs, event attendance and workshops on lead based paint hazards.

The rates of lead poisoning in children is expected to fall due mainly to two factors: the housing stock is slowly getting newer (lead paint is not used anymore) and the fact that Chattanooga's economy is moving away from industry and toward information and service industries. It is possible that rates will increase, but will probably be due to more widespread screening and not more actual cases, per se.

The Tennessee Department of Health in partnership with HUD, Department of Environment and Conservation, and Middle Tennessee State University has the Tennessee Lead Elimination Program (TNLEAP) that is available to assist homeowners and landlords of homes built before 1978 with the identification and removal of lead hazards. Financial assistance is provided to qualified applicants to make homes "LEAD SAFE" by:

- Removing chipping, peeling, or flaking paint;
- Repainting with approved paint or coating material;
- Strip and repaint, replace or apply an encapsulated coating on all interior windowsills;
- Repair or replace windows;
- Ensure that kitchens and bathrooms have smooth, cleanable, water-resistant floors;
- HEPA-vacuum and wash interiors with "lead safe" approved detergent;
- All work is performed in accordance with safe practices by trained workers to avoid increasing lead exposure to occupants and workers;
- Include clearance testing following lead hazard reduction work to ensure that lead levels are safe prior to a structure being re-occupied;
- Include temporary occupant relocation or other measures to protect occupants from exposure to leaded dust produced by lead hazard control activities; and,
- Relocate children permanently to lead-safe housing if necessary to reduce exposure.

The City of Chattanooga went into compliance with the Lead Based Paint regulations in 2002. All of the affordable housing providers using federal funds comply with HUD's Lead-Safe Housing Regulations and lead hazard evaluation and reduction activities are included in all housing and improvement programs.

As part of the environmental review process, the Chattanooga-Hamilton County Air Pollution Control Bureau identifies project's potential lead hazards.

Housing operators assess projects undertaken to ensure lead dangers are corrected, abated, or avoided. All workers on site must have attended and completed a Lead Safe Work Practices Training (LSWP) course, and are certified to work on projects where less than \$25,000 of federal funds, per unit, is allocated. Above \$25,000, total abatement must occur, either totally removed or encapsulated to last for a period of at least 25 years, and thus, certified abatement contractors must be employed to complete the rehabilitation work.

See Attachment F: Score Card Pollution Ranking - Lead Hazard

Antipoverty Strategy 91.215 (j)

62. Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually)
63. Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.

Poverty is defined in terms of threshold income levels, based on family type, size, age and number of related children. As communities seek solutions to solve problems of poverty and address the needs of its residents who fall into this category, on a national scale, there is no clear-cut means of eradicating poverty. The provision of economic growth and opportunities to increase personal income levels of individuals that are classified in this category appears to be the only measure that decreases the overall population.

In the City of Chattanooga, it is estimated that the poverty level is 11.2% compared to the national rate of 12.7%, according to the 2003 U.S. Census American Community Survey Data Profile. A total of some 33,627 individuals are living below the poverty level in Hamilton County.

CHA is providing opportunities for technology education and skill training at other public housing sites located across the city. Programs that are designed to combat the impact of poverty are:

1. The City of Chattanooga works in collaboration with organizations and agencies throughout the community to reduce the number of households in poverty through increased economic development opportunities, job training and placement, affordable housing, and the availability of basic human services.

The provision of basic human services is the crucial element that creates an overall environment for individual self-sufficiency and economic independence.

The City's general funds, CDBG, and other federal funds are vigorously targeted toward projects and activities that fight poverty.

Various projects are underway through the Chattanooga Housing Authority site projects, the local Chamber of Commerce, the University of Tennessee at Chattanooga, Chattanooga Area Urban League, Community Impact Fund (CIF), and local private and public foundations to stimulate the development of anti-poverty initiatives that have a positive impact on job training and creation to influence the economic well being of individuals and their families within the Chattanooga community.

The YouthBuild offers education and training to public housing residents between the ages of 18 to 24, without a high school education, to learn job skills in the construction industry and work toward completion of their high school equivalent (GED) diploma, recognizing that poverty and education attainment levels have a direct correlation that results in either negative or positive career options.

2. Self-Sufficiency programs managed by the CHA which serves the largest number of persons falling below the 30% income bracket. Families and its members are given priority for public housing vacancies that are employed and/or participants in self-sufficiency development activities.
3. Truancy Prevention Program is designed to keep children between 1-12 grade levels in school. As household residents of public housing, parents are encouraged to motivate their children to participate in school attendance, and, summer camp programs that provide positive educational experiences for children and their parents.
4. Available job opportunities that exist in public housing are open to residents at all public housing sites, including HOPE VI projects.
5. Technology Centers are strategically located on or near public housing sites to allow access to internet and computer training opportunities to increase job search and placement opportunities.
6. The Resident Opportunities and Self-Sufficiency (ROSS) program at one of its housing sites, provides basic computer training, adult literacy classed, after school tutoring and homework assistance, and summer enrichment activities.
7. CHA receives funding through Wells Fargo to assist with homebuyer education.
8. Chattanooga's Renewal Community (RC) Initiative is designated in twelve census tracts in the core city. The RC's strategy is to work to attract and create new business, manufacturing, and commercial/retain opportunities in

neighborhoods that are low to moderate income and provide various tax incentives to business owners to develop new job opening and employment options for residents. Residents that are afforded opportunities to participate can be the unemployed, underemployed, TANF, Welfare-to-Work, or youth living in these census tracts.

9. The Chattanooga Small Business Incubator and the Small Business Development Center, operated by the Small Business Administration, provides the citizens in all economic and financial brackets, entrepreneurial education and opportunities.
10. Enterprise South, the city's premier Industrial Park, is providing acreage for industrial and manufacturing firms that are creating needed job opportunities for low to moderate income citizens. Enterprise South can provide land in small parcels to mega-sites for the location of large manufacturers.
11. Volkswagen Group of America is building an automotive manufacturing facility on over 1300 acres at Enterprise South Industrial Park, creating over 2,000 new jobs with an investment of over \$1 billion being infused in the local economy. Construction began in July 2008 and is scheduled to be completed in early 2011.
12. The City is providing matching funds for the development of a \$6 million advanced manufacturing training center at Enterprise South Industrial Park which will create additional jobs. The training center will provide space for workers to be trained on machinery for existing manufacturers and for companies moving to Enterprise South. Chattanooga State Community College will operate the facility.
13. In FY 2008-2009, the Chamber of Commerce announced that a total of 42 businesses and manufacturers; 10 new, 31 expansions and 1 retention will create 2,515 new jobs in the Chattanooga area with an investment of over \$132,430,000 and retain 300 existing jobs.

Institutional Structure 91.215 (k)

64. Provide a concise summary of the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, community and faith-based organizations, and public institutions.
65. Provide an assessment of the strengths and gaps in the delivery system.
66. Describe efforts to enhance coordination with private industry, businesses, developers, and social service agencies, particularly with regard to the development of the jurisdiction's economic development strategy. (91.215(l))

INSTITUTIONAL STRUCTURE

The City of Chattanooga traditionally works with a multitude of the city's nonprofit and for profit entities that include philanthropic foundations and other organizations to address critical community issues and needs. Whether through direct sponsorship, public/private partnerships, advisory support and participation, or direct financial assistance, the City has been fortunate to have maintained a holistic approach to address the needs of low-to-moderate income individuals and its neighborhoods.

The Chattanooga Housing Authority (CHA) and the City have a history of collaboration and coordination on affordable housing needs and objectives. The Chattanooga Housing Authority's Board of Directors is appointed by the Mayor of the City, works independently to manage public housing properties and the Housing Choice Voucher Program (Section 8).

The City coordinates its community development housing activities with organizations that are public/private housing development agencies; Chattanooga Neighborhood Enterprise (CNE), 28th District Community Development Corporation, Chattanooga Community Housing Development Organization (CCHDO), Development Corporation of Orchard Knob, Habitat for Humanity, Hope for the Inner City and the Community Impact Fund. These organizations use a combination of both public and private dollars to produce and renovate affordable housing and market-rate housing opportunities in many of Chattanooga's socio-economic diverse neighborhoods. Through the auspices of partnerships with several foundations, private housing developers, and, using a minimum of the City's general fund dollars, along with federal Community Development housing dollars, numerous housing, infrastructure improvements, public services, and community and economic development opportunities are made available and have benefited members of the general populace, as well as, low and moderate income individuals.

Safe and affordable housing is made available through new construction of housing for homeownership, homeowner rehabilitation of existing structures, and affordable rental rehabilitation projects.

The Department of Neighborhood Services and Community Development manages all phases of the institutional process when grant dollars are utilized to address specific community needs. In general, the City through its various offices and departments play a significant role in managing the development of local parks and playgrounds, public works activities and services, water management and resources, neighborhood services, demolition and clearance, social services, and infrastructure development and improvements.

With the assistance of the members of the Community Development Citizens Advisory Committee, all proposals and requests for use of federal dollars are processed on a competitive basis. Annual announcements, workshops and technical assistance

seminars and sessions allow prospective subrecipients to submit proposals for grant funding. The Advisory Committee review all proposals, conduct project reviews, and, make recommendations to the Mayor and City Council for expenditure of funds.

The Chattanooga City Council, an elected body of officials, and the Mayor of the city, have final approval of all requests for HUD funded programs, CDBG, HOME, Section 108 Loan Guarantee, and Shelter Plus Care. The City as an entity for completing certain projects must also ensure that implementation and monitoring of funded programs are conducted in accordance with HUD regulations. The Community Development staff manages all funded projects and maintains financial accounting and monitoring responsibility.

To carry out the goals and objectives of the Consolidated Plan, the City relies upon its Department of Neighborhood Services and Community Development to monitor and evaluate the effectiveness of the vehicles utilized for project implementation. The Department report on a timely basis to HUD regarding accomplishments and achievements and take the necessary corrective action required as necessary to make appropriate changes and acquire the technical assistance and staffing to meet the overall goals of each of its program foci.

Community Development staff members serve on the Board of Directors or as members of various agency Advisory Committees, participate in meetings, strategic planning activities, and provide technical assistance to organizations involved in implementation of various projects. Among the agencies are: Chattanooga Homeless Coalition, Habitat for Humanity, Chattanooga Neighborhood Enterprise, and the YMCA.

The current delivery system has been in existence for over 30 years and works without very much difficulty. The City has not experienced any adverse actions by HUD due to its implementation and delivery of any of its programs and projects. Because of the limited funds received annually, the amount of administrative and planning funds have also decreased proportionately. This does not allow for development of new avenues for a diversity of funding opportunities to operate specific programs and limits the number of staff and man hours required to be dedicated to specific programming activities.

Coordination 91.215 (I)

67. Describe the efforts to enhance coordination between public and assisted housing providers and governmental health, mental health, and service agencies.
68. Describe efforts in addressing the needs of persons that are chronically homeless with respect to the preparation of the homeless strategy.

69. Describe the means of cooperation and coordination among the state and any units of general local government in the metropolitan area in the implementation of the plan.
70. Describe efforts to enhance coordination with private industry, businesses, developers, and social service agencies, particularly with regard to the development of the jurisdiction's economic development strategy.
71. Describe the jurisdiction's efforts to coordinate its housing strategy with local and regional transportation planning strategies to ensure to the extent practicable that residents of affordable housing have access to public transportation.

The City of Chattanooga in preparations of its Consolidated Plan, Action Plan and the Consolidated Annual Performance and Evaluation Report (CAPER) collaborates with all subrecipients that receive funding through CDBG and HOME Investment Act and the Community Development Citizens Advisory Committee.

Since losing the ESG funding under HUD entitlement funds, the City has received funding to continue to support the city's local homeless shelters under the State of Tennessee Set-Aside funds. This has made our relationship with the state stronger and allows the City to continue to assist the homeless population.

The City has a strong relationship with the local public housing authority of which the City Mayor appoints its Board Members. Over the years, the City has maintained a positive relationship with the local county government and often works on mutual projects of interest, in particular the attraction of Volkswagen to the city which will create new job opportunities for all citizens.

CARTA is the public transportation system which operates fixed route transit services in Chattanooga and Hamilton County. CARTA operates transportation services for people with disabilities, a Downtown Shuttle and parking system, and the Lookout Mountain Railway. All buses are wheelchair accessible and are equipped with bike racks. CARTA operates 16 fixed routes that are accessible to all low income census tracks and outlying areas where employment opportunities exist. The price for transportation services is \$1.50 for adults, 75 cents for the disabled and students, and discounts for persons 65 and older.

The Section 108 Loan Guarantee program has enhanced the city's capacity to work with businesses and industries. Through the Section 108 programs, Brownfield properties are being reclaimed, micro-business loans are assisting small businesses to grow, and, the city in cooperation with the local electric distributor, Electric Power Board, made a loan to install "Fiber to the Home" network in low to moderate income communities.

Monitoring 91.230

72. Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.

The City of Chattanooga receives two entitlement grants under the Consolidated Plan for which the Department of Neighborhood Services and Community Development is responsible for managing. The grants include; Community Development Block Grant and HOME Investment Partnership Program funds. Occasionally, other grants or initiatives from HUD, other federal departments and the State also are placed under the management and oversight of the Department of Neighborhood Services and Community Development Office.

The Office maintains a monitoring system that provides the Community Development Office staff with tools, guidance, forms and a format for monitoring grants.

The level or scope of monitoring for an activity or program is determined by several factors, including but not limited to; the type of activity funded, the amount of funding provided, the size or capacity of the recipient organization, the role or responsibility being assumed by various parties, the scope of the last monitoring, time lapse since that monitoring, and the results of the last monitoring.

A level of monitoring is built into the office's overall grant management delivery system and is performed throughout the year. This involves examination of vouchers, reviewing quarterly status reports, reviewing independent audit reports, reading newspaper articles, attending meetings or events sponsored by funded organizations, and making on-site visits to the project, just to name a few. Many times these routines enable the monitor to assess performance and identify any compliance problems prior to on-site monitoring.

However, some activities (high risk or inexperienced sub-recipients) require continuous oversight or monitoring while others require less. Certain programs or grants, like the HOME program areas or organizations require in-depth monitoring each year. Risk factors such as the following are also used to assist in determining the level or scope of monitoring to be performed.

Effective monitoring is not a one-time event, but an ongoing process of planning, implementation, communication, and follow-up. As a result, a monitoring of grant activities is distributed throughout the life of the project or program year. The monitoring involves people from inside and outside and requires detailed information, reports, meetings, and documentation. Not only do we monitor organizations that have been entrusted with grant funds, but we also conduct internal monitoring to ensure that we are administering the grants correctly.

The monitoring efforts of the CD Staff are guided by both the responsibilities under the grants and the goals established for the community through the use of these funds. The monitoring efforts include, but are not limited to:

- Identifying and tracking program and project results;
- Identifying technical assistance needs of City, organizations, recipients, and Subrecipient staff;
- Ensuring timely expenditure of funds;
- Documenting compliance with program rules;
- Preventing fraud and abuse; and
- Identifying innovative tools and techniques that support community goals.

To organize monitoring efforts, an annual monitoring schedule is developed. The CD staff reviews the list with management and from the list develop a plan that outlines the strategy and scope needed to conduct a thorough review to determine that all activities are properly monitored and meeting regulatory requirements. The monitoring plan consists of the following:

Monitoring Objectives and Strategy:

The plan identifies the monitoring goals and strategies, highlighting areas to which staff should pay special attention during the monitoring visit and throughout the funding of the activity.

Ongoing Monitoring:

The plan identifies the check-points that ensure a minimum level of review for all activities during the year and the scope and frequency of those reviews. This component identifies specific reports to be generated and reviews to be conducted, as well as establishing the frequency and timing of such reviews.

Monitoring Staff and Schedule:

The plan indicates when monitoring reviews will be performed and by whom. The monitoring plan is updated annually and distributed to staff.

Housing Opportunities for People with AIDS (HOPWA)

*Refers to the HOPWA Table in the Needs.xls workbook.

73. Describe the activities to be undertaken with HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons who are homeless in order to help homeless persons make the transition to permanent housing and independent

living.

74. Identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.
75. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.
76. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).
77. Provide an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.
78. Describe the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.

Specific HOPWA Objectives

79. Identify specific objectives that the jurisdiction intends to initiate and/or complete in accordance with the tables* prescribed by HUD.
Complete and submit Table 1C Summary of Specific Objectives or, if using the CPMP Tool, the Summaries.xls worksheets.
80. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

The City of Chattanooga does not receive HOPWA Funds.

OTHER NARRATIVES AND ATTACHMENTS

81. Include any Strategic Plan information that was not covered by a narrative in any other section. If optional tables are not used, provide comparable information that is required by consolidated plan regulations.

Affirmatively Furthering Fair Housing

The City of Chattanooga's Office of Multicultural Affairs operate as the City's main artery for developing programs to address various issues within the community that impact minority residents that is inclusive of the Latino community which is approximately 2.8% of the population and growing in the county and 4% within the city limits, according to the 2007 Census Community Survey. The Office of Multicultural Affairs was assigned, by the Mayor, the responsibility of handling Fair Housing issues. The Office of Multicultural Affairs sponsors various activities that includes an annual Fair Housing Observance Luncheon, the City's Human Rights Committee, and conducts various informational workshops and seminars for the city's business community revolving around diversity and equal treatment among the citizenry.

April is observed as National Fair Housing month.

The Fifth Annual Fair Housing Month Seminar and Luncheon was held on April 13, 2010 to encourage understanding and goodwill, to promote justice, and to eliminate discriminatory practices between and among citizens of the community because of race, religion, age, gender, national origin, disability or ethnicity. This year's luncheon included two 2-hour Fair Housing Seminars for housing organizations, housing advocates and the general public designed to promote better understanding and awareness of the Fair Housing Act, Tennessee Human Rights Act and a general overview of fair housing trends in the region.

The booklet "Rent Wise" was revised in 2008 and is distributed upon request to tenants and landlords. Rent Wise spells out in easy to understand terms the rights of tenants and landlords governing their responsibilities in the tenant-landlord relationships.

The City continues its support to provide housing counseling services, referrals, landlord and tenant's rights, foreclosure preventions and workshops to low income citizens.

A 24 hour Housing Info-Line will continue during FY 2010-2011 that allow citizens to have readily available answers to pertinent questions concerning their Fair Housing rights and to voice various complaints regarding housing issues.

82. Section 108 Loan Guarantee

If the jurisdiction has an open Section 108 project, provide a summary of the project. The summary should include the Project Name, a short description of the project and the current status of the project, the amount of the Section 108 loan, whether you have an EDI or BEDI grant and the amount of this grant, the total amount of CDBG assistance provided for the project, the national objective(s) codes for the project, the Matrix Codes, if the activity is complete, if the national objective has been met, the most current number of beneficiaries (jobs created/retained, number of FTE jobs held by/made available to LMI persons, number of housing units assisted, number of units occupied by LMI households, etc.)

The City's Section 108 Loan Guarantee is designed to use a portion of the funds to include financial assistance in the form of a loan to the Electric Power Board's "Fiber to the Home" (FTTH) project designated for homes, commercial, industrial and retail businesses, and health and educational institutions located in the low to moderate income neighborhoods in Census Tracts 19, 20 and 23. The FTTH allows the Electric Power Board (EPB) to wire each house and other structures to provide telephone, data/internet and cable television service to these neighborhoods. The FTTH will increase efficiency of services through off-site meter reading and monitoring electrical usage and set demand time pricing which will further reduce the customer electric costs. In addition, the quality of data/internet service will be substantially increased.

There is a Brownfield and Community Development Loan Fund available to both nonprofit and for profit entities. The loans meet at least one of the national objectives of eliminating slums and blight, providing housing opportunities for at least 51% low and moderate income persons or creating job opportunities for at least 51% low and moderate income persons. The funds are to be used for housing rehabilitation, loans to small businesses, for public facilities improvements, and to assist in the cost of cleanup and redevelopment of environmentally contaminated properties for the creation of new business ventures and creation of jobs.

Additionally, a portion of the funds was used to pay off a Fannie Mae loan used for support of the infrastructure for the HOPE VI project.

The uses of the funds are as follows:

| | |
|----------------------------------|------------------|
| Paid Off Fannie Mae Loan | \$2,252,555 |
| Revolving Loan Fund | 2,300,000 |
| Electric Power Board FTH Project | <u>5,447,445</u> |
| Total | \$10,000,000 |

The City must pledge its future CDBG funds and other collateral as security for the Section 108 Loan Guarantee. The loan can be repaid over a twenty year period. The

City proposes to use future CDBG allocations to repay the \$2,252,555 related to the Fannie Mae pay off and the \$2,300,000 for the revolving loan. The total debt of \$4,552,555 will be amortized and paid off over a twenty year period. It is estimated that the annual payment from CDBG funds will be approximately \$400,000.

The \$5,447,445 for the Electric Power Board's "Fiber to Home" project is structured as a loan to EPB with terms and payments to cover the repayment of this debt over a maximum of fifteen years.

As of December 2009, no loans had been made under the Brownfields and Community Development Revolving Loan Funds.

Several industrial properties (Brownfields) have been purchased by private entities for clean-up and redevelopment.

83. Regional Connections

Describe how the jurisdiction's strategic plan connects its actions to the larger strategies for the metropolitan region. Does the plan reference the plans of other agencies that have responsibilities for metropolitan transportation, economic development, and workforce investment?

The City of Chattanooga's Consolidated Plan for FY 2010-2014 process and development is an intensive research and analysis process in which all activities are undertaken with exactness to identify the systems and institutions that exist in the area to address critical needs and provide quality of life services in the community.

In the preparations of the Plan, all nonprofit, for profit, and private foundations and organizations and agencies, located in the city, are made aware of the process and their input is requested. Many of the organizations consulted during the information gathering process for the Plan have a regional focus, covering ten surrounding counties, though located in the city. Among those consulted are: The Tennessee Housing Development Agency (THDA), Chattanooga Housing Authority, Chattanooga Regional Homeless Coalition, Ochs Center for Metropolitan Research, Housing and Urban Development (HUD), U.S. Census Bureau, Chattanooga-Hamilton County Regional Planning Agency; Tennessee Career Center; Southeast Tennessee Development District, City of Chattanooga Departments of Government-Public Works, Parks and Recreation, Human Services, Code Enforcement-, Hamilton County Board of Education, etc.

During the preparations of the written responses to HUD, various documents of a regional, local, state, and federal nature are read, reviewed, and documented to support the data and ultimate conclusions found in the final version of the Consolidated Plan. The City takes seriously the input provided by local citizens and organizations that provided data through the surveys, consultations and the public meetings which is reflected in the Consolidated Plan. The documents that were cited

specifically in the preparations of the documents can be found in the Attachment section of the Plan.

On-going communications and coordination between these entities in collaboration with the City of Chattanooga assists in the provision and use of HUD dollars and other federal dollars that come into the city to improve the quality of life of low to moderate income individuals, as well as, the community-at-large.