

Draft Report

**State of Indiana
Consolidated Plan**

2010-2014 Strategic Plan
2010 Action Plan

Draft Report

April 9, 2010

**State of Indiana Consolidated Plan
2010-2014 Strategic Plan
2010 Action Plan**

Prepared for

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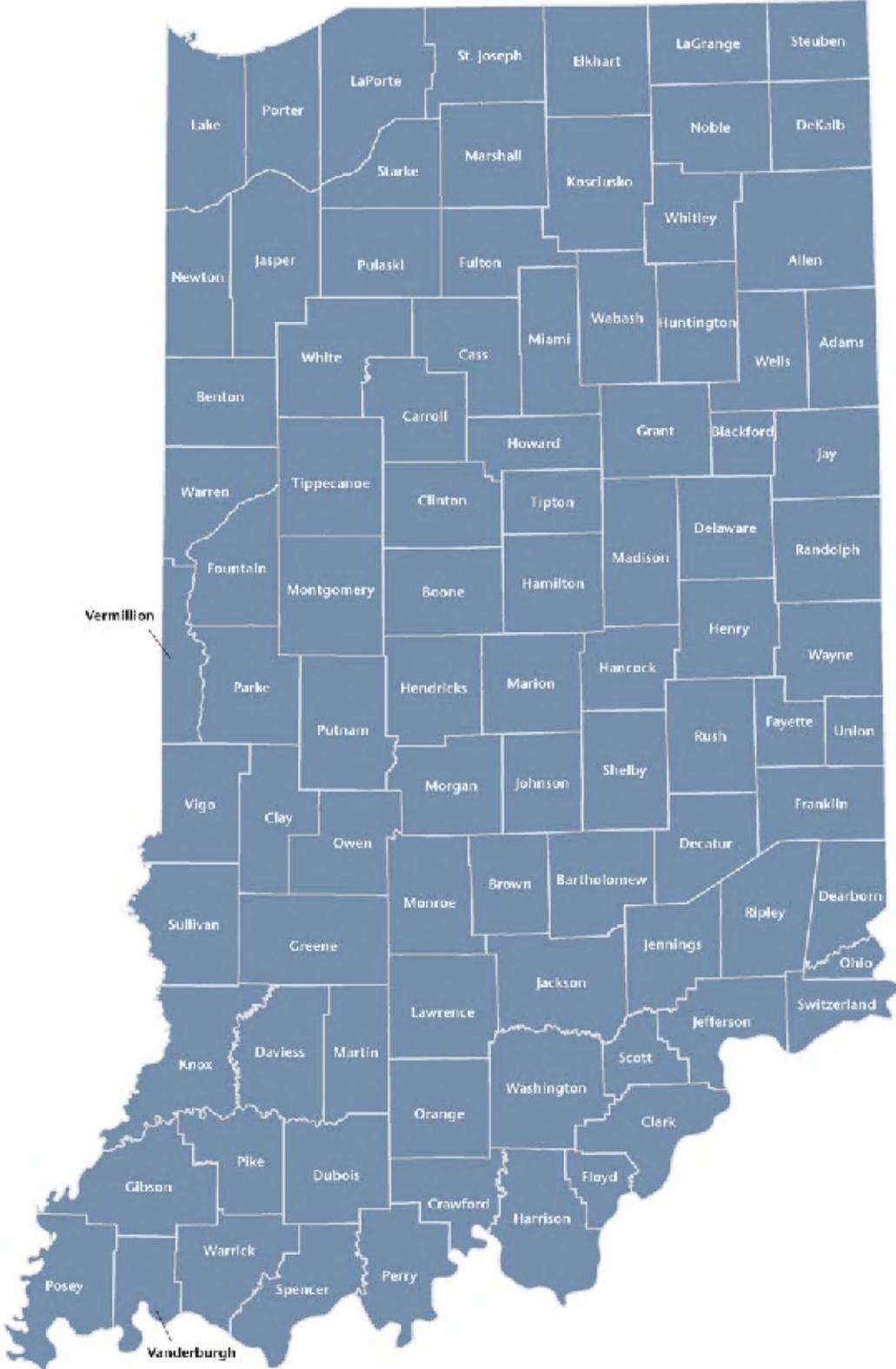
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MAP OF INDIANA COUNTIES



FREQUENTLY USED ACRONYMS

Acronym	Definition
AHP	Affordable Housing Program—a grant program through the Federal Home Loan Bank
BMIR	Below market interest rate
CAP	Community Action Program agency
CBDO	Community Based Development Organization—as defined by the CDBG regulations in 24 CFR 570.204(c)
CDBG	Community Development Block Grant (24 CFR Part 570)
CHDO	Community housing development organization—a special kind of not-for-profit organization that is certified by the Indiana Housing and Community Development Authority
CPD Notice	Community Planning and Development Notice—issued by the U.S. Department of Housing and Urban Development to provide further clarification on regulations associated with administering HUD grants
CoC	Continuum of Care—a federal program providing funding for homeless programs
ESG	Emergency Solutions Grant—operating grants for emergency shelters. Applied for through the IHCD. Formally the Emergency Shelter Grant.
FEMA	Federal Emergency Management Agency
FHLBI	Federal Home Loan Bank of Indianapolis
First Home	Single family mortgage program through IHCD that combines HOME dollars for down payment assistance with a below market interest rate mortgage
FMR	Fair market rents
FMV	Fair market value, generally of for-sale properties
FSP Memo	Federal and State Programs Memo—issued by IHCD to provide clarification or updated information regarding grant programs IHCD administers
FSSA	Family and Social Services Administration
GIM	Grant Implementation Manual—given to all IHCD grantees at the start-up training. It provides guidance on the requirements of administering IHCD grants
HOC/DPA	Homeownership Counseling/Down Payment Assistance
HOME	HOME Investment Partnerships Program (24 CFR Part 92)
HOPWA	Housing Opportunities for Persons With AIDS—grant program awarded by HUD and administered by the IHCD
HUD	U.S. Department of Housing and Urban Development
IDEM	Indiana Department of Environmental Management
IFA	Indiana Finance Authority
IHCD	Indiana Planning Council on the Homeless

FREQUENTLY USED ACRONYMS

Acronym	Definition
IPCH	Indiana Planning Council on the Homeless
LIHTF	Low Income Housing Trust Fund
MBE	Minority Business Enterprise—certified by the State Department of Administration
NAHA	National Affordable Housing Act of 1990—federal legislation that created the HOME Investment Partnerships Program
NC	New construction
NOFA	Notice of Funds Availability
OCRA	Indiana Office of Community and Rural Affairs
OOR	Owner-occupied rehabilitation
PITI	Principal, interest, taxes, and insurance—the four components that make up a typical mortgage payment
QCT	Qualified census tract
RFP	Request for Proposals
RHTC	Rental Housing Tax Credits (also called Low Income Housing Tax Credits or LIHTC)
S+C	Shelter Plus Care - part of the McKinney grant that is applied for directly to HUD through the SuperNOFA application
SHP	Supportive Housing Program - part of the McKinney grant that is applied for directly to HUD through the SuperNOFA application
SRO	Single room occupancy
SuperNOFA	Notice of Funds Availability issued by HUD for a number of grant programs. It is an annual awards competition. Shelter Plus Care and Supportive Housing Program and the Continuum of Care are some of the programs applied for through this application process.
TBRA	Tenant-Based Rental Assistance
TPC	Total project costs
URA	Uniform Relocation Act
WBE	Women Business Enterprise—certified by the State Department of Administration

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Each year the State of Indiana is eligible to receive grant funds from the U.S. Department of Housing and Urban Development (HUD) to help address housing and community development needs statewide. The dollars are primarily meant for investment in the State's less populated and rural areas, which do not receive such funds directly from HUD.

HUD requires that any state or local jurisdiction that receives block grant funds prepare a report called a Consolidated Plan every three to five years. The Consolidated Plan is a research document that identifies a state's, county's or city's housing and community development needs. It also contains a strategic plan to guide how the HUD block grants will be used during the Consolidated Planning period.

In addition to the Consolidated Plan, every year states and local jurisdictions must prepare two other documents related to the Consolidated Plan:

- **Annual Action Plan**—this document details how the HUD block grants are planned to be allocated to meet a state's/county's/city's housing and community development needs; and
- **Consolidated Annual Performance and Evaluation Report (CAPER)**—this document reports how each year's dollars were actually allocated and where the actual allocation varied from what was planned.

This report is the State of Indiana's Five Year Consolidated Plan. The State of Indiana's Five Year Consolidated Plan covers the years from 2010 through 2014. This report contains new information about demographic, economic and housing market trends in the State; an analysis of Statewide affordable housing needs; findings from the citizen participation process; and a current analysis of the needs of special populations. The report also contains a new Five Year Strategic Plan and 2010 Action Plan. The 2010 Action Plan report contains a plan for how the State proposes to allocate the CDBG, HOME, ESG and HOPWA during the 2010 program year, July 1, 2010 to June 30, 2011.

Five Year Goals, Objectives and Outcomes and 2010 Action Plan

The State of Indiana has established the following goals, objectives and outcomes to guide its Consolidated Plan for program years 2010 to 2014. The State of Indiana certifies that not less than seventy-percent (70 percent) of FY 2010 CDBG funds will be expended for activities principally benefiting low and moderate income persons, as prescribed by 24 CFR 570.484, et. seq.

Decent Housing:

Goal 1. Expand and preserve affordable housing opportunities throughout the housing continuum.

- **Objective DH-2.1 (Affordability):** Increase the supply and improve the quality of affordable rental housing.

DH-2.1 outcomes/goals:

- Support the production of **new affordable rental units** and the **rehabilitation** of existing affordable rental housing.
 - *Five year outcome/goal:* 675 housing units
 - *2010 outcome/goal:* 135 housing units; \$4,500,000
 - *Targeted to elderly and persons with disabilities:* 50 housing units

- **Objective DH-2.2 (Affordability):** Increase and improve affordable **homeownership opportunities** to low and moderate income families.

DH-2.2 outcomes/goals:

- Provide and support homebuyer assistance through **homebuyer educations and counseling and downpayment assistance**.
 - *Five year outcome/goal:* 2,500 households/housing units
 - *2010 outcome/goal:* 500 households/housing units; \$3,000,000
- Provide funds to organizations for the **development of owner occupied units**.
 - *Five year outcome/goal:* 125 housing units
 - *2010 outcome/goal:* 25 housing units; \$1,000,000
 - *Targeted to special needs populations:* 5 housing units
- Provide funds to organizations to complete **owner occupied rehabilitation**.
 - *Five year outcome/goal:* 1,500 housing units
 - *2010 outcome/goal:* 300 housing units; \$5,000,000
 - *Targeted to elderly and persons with disabilities:* 200 housing units

- **Objective DH-2.3 (Affordability):** Build capacity of affordable housing developers.

DH-2.3 outcomes/goals:

- Provide funding for **predevelopment loans** to support affordable housing.
 - *Five year outcome/goal:* 25 housing units
 - *2010 outcome/goal:* 5 housing units; \$250,000

- Provide funding for **organizational capacity**.
 - *Five year outcome/goal:* 80 housing units
 - *2010 outcome/goal:* 16 housing units; \$800,000

Goal 2. Reduce homelessness and increase housing stability for special needs populations.

- **Objective DH-1.1 (Availability/Accessibility):** Improve the range of housing options for homeless and special needs populations.

DH-1.1 outcomes/goals:

- Support the construction and rehabilitation of **permanent supportive housing** units.
 - *Five year outcome/goal:*
 - *2010 outcome/goal:* 50 housing units; \$5,000,000 HOME
 - *Targeted to special needs populations:* 50 housing units
- Provide **tenant based rental assistance** to populations in need.
 - *Five year outcome/goal:* 1,000 housing units
 - *2010 outcome/goal:* 200 housing units; \$1,000,000 HOME
 - *Targeted to special needs populations:* 200 housing units

- **Objective DH-1.2 (Availability/Accessibility):** Support activities to improve the range of housing options for special needs populations and to end chronic homelessness through the **Emergency Solutions Grant (ESG)** program by providing operating support to shelters, homelessness prevention activities and case management to persons who are homeless and at risk of homelessness.

DH-1.2 outcomes/goals:

- Operating support—provide shelters with operating support funding.
 - *Five year outcome/goal:* 83 shelters receiving support; \$5,411,374 over next five years
 - *2010 outcome/goal:* 83 shelters annually; \$1,360,526
- Homelessness prevention activities—provide contractors with homelessness prevention activity funding.
 - *Five year outcome/goal:* 550 clients assisted; \$7,547,451 over next five years
 - *2010 outcome/goal:* 110 clients assisted; \$72,000

- Essential services—provide shelters with funding for essential services.
 - *Five year outcome/goal:* 53 shelters; \$2,136,078 over next five years.
 - *2010 outcome/goal:* 80 percent of clients will be provided with such services, for an estimated 16,000 clients assisted annually; \$400,000
- Anticipated match: Shelters match 100 percent of their rewards
- Anticipated number of counties assisted: 89 counties annually
- Anticipated number of clients served over next five years: 150,000 (unduplicated count) with 95,000 assisted with temporary emergency housing
- Other ESG activities:
 - Homeless Management Information System (HMIS)—Require the use of the HMIS for all residential shelter programs serving homeless individuals and families. HMIS is a secure, confidential electronic data collection system used to determine the nature and extent of homelessness and to report to HUD on an annual basis. This requirement will be met by only funding entities that either currently use HMIS system or commit to using it once awarded. The HMIS must be used on a regular and consistent basis. The ESG Coordinator will periodically check with the HMIS coordinator to monitor utilization. Claim reimbursement is contingent upon participation in and completeness of HMIS data records. Domestic violence shelters are excluded from this requirement in accordance with the Violence Against Women’s Act.
 - Require participation in annual, statewide homeless Point-in-Time Count and submission of this data to Indiana Housing and Community Development Authority.
 - Strongly encourage ESG grantees to attend their local Continuum of Care Meetings regularly. The ESG RFP inquires about attendance to and involvement in the regional Continuum of Care meetings. The response is heavily weighed upon evaluation of the RFP.
- **Objective DH-1.3 (Availability/Accessibility):** Improve the range of housing options for special needs populations through the **Housing Opportunities for Persons With AIDS (HOPWA)** program by providing recipients who assist persons with HIV/AIDS with funding for housing information, permanent housing placement and supportive services.

DH-1.3 outcomes/goals:

 - Housing information services.
 - *Five year outcome/goal:* 375 households
 - *2010 outcome/goal:* 75 households; \$30,000

- Permanent housing placement services.
 - *Five year outcome/goal:* 500 households
 - *2010 outcome/goal:* 100 households; \$70,000
- Supportive services.
 - *Five year outcome/goal:* 1,000 households
 - *2010 outcome/goal:* 200 households; \$65,000
- **Objective DH-2.4 (Affordability):** Improve the range of housing options for special needs populations through the **Housing Opportunities for Persons With AIDS (HOPWA)** program by providing recipients who assist persons with HIV/AIDS with funding for short term rental, mortgage, and utility assistance; tenant based rental assistance; facility based housing operations; and short term supportive housing.

DH-2.4 outcomes/goals:

- Tenant based rental assistance.
 - *Five year outcome/goal:* 1,000 households/units
 - *2010 outcome/goal:* 200 households/units; \$425,000
- Short-term rent, mortgage and utility assistance.
 - *Five year outcome/goal:* 1,500 households/units
 - *2010 outcome/goal:* 300 households/units; \$200,000
- Facility based housing operations support.
 - *Five year outcome/goal:* 35 units
 - *2010 outcome/goal:* 7 units; \$25,000
- Short term supportive housing.
 - *Five year outcome/goal:* 100 units
 - *2010 outcome/goal:* 21 units; \$45,000

Suitable Living Environment:

Goal 3. Promote livable communities and community revitalization through addressing unmet community development needs.

- **Objective SL-1.1 (Availability/Accessibility):** Improve the quality and/ or quantity of neighborhood services for low and moderate income persons by continuing to fund programs (such as OCRA's **Community Focus Fund**), which use CDBG dollars for community development projects ranging from environmental infrastructure improvements to development of community and senior centers.

SL-1.1 outcomes/goals:

- Construction of fire and/or Emergency Management Stations (EMS) stations.
 - *Five year outcome/goal:* 25-30 stations
 - *2010 outcome/goal:* 5-6 stations; projected allocation, \$2,550,000
- Purchase fire trucks.
 - *Five year outcome/goal:* 10-15 fire trucks
 - *2010 outcome/goal:* 2-3 fire trucks; projected allocation, \$450,000
- Construction of public facility projects (e.g. libraries, community centers, social service facilities, youth centers, etc.). Public facility projects also include health care facilities, public social service organizations that work with special needs populations, and shelter workshop facilities, in addition to modifications to make facilities accessible to persons with disabilities.
 - *Five year outcome/goal:* 30 public facility projects
 - *2010 outcome/goal:* 6 public facility projects (anticipate receiving 2-3 applications for projects benefiting special need populations); projected allocation, \$3,000,000
- Completion of downtown revitalization projects.
 - *Five year outcome/goal:* 10 downtown revitalization projects
 - *2010 outcome/goal:* 2 downtown revitalization projects; projected allocation, \$1,000,000
- Completion of historic preservation projects.
 - *Five year outcome/goal:* 10 historic preservation projects
 - *2010 outcome/goal:* 2 historic preservation projects; projected allocation, \$500,000
- Completion of brownfield/clearance projects.
 - *Five year outcome/goal:* 10-20 brownfield/clearance projects
 - *2010 outcome/goal:* 2-5 clearance projects; projected allocation, \$500,000
- Anticipated match for Community Focus Fund activities
 - *Five year outcome/goal:* Not applicable
 - *2010 outcome/goal:* \$6,745,382

- **Objective SL-3.1 (Sustainability):** Improve the quality and/or quantity of public improvements for low and moderate income persons by continuing to fund programs (such as OCRA's **Community Focus Fund**), which use CDBG dollars for community development projects ranging from environmental infrastructure improvements to development of community and senior centers.

SL-3.1 outcomes/goals:

 - Construction/rehabilitation of infrastructure improvements such as wastewater, water and storm water systems.
 - *Five year outcome/goal:* 120 infrastructure systems
 - *2010 outcome/goal:* 24 systems; projected allocation, \$14,638,347

- **Objective SL-3.2 (Sustainability):** Improve the quality and/or quantity of public improvements for low and moderate income persons by continuing the use of the planning and community development components that are part programs (such as OCRA's **Planning Fund and Foundations Program**) funded by CDBG and HOME dollars.

SL-3.2 outcomes/goals:

 - Provide planning grants to units of local governments and CHDOs to conduct market feasibility studies and needs assessments, as well as (for CHDOs only) predevelopment loan funding.
 - *Five year outcome/goal:* 145 planning grants
 - *2010 outcome/goal:* 29 planning grants; projected allocation, \$1,000,000; anticipated match, \$100,000

 - Foundation grants.
 - *Five year outcome/goal:* Funded on an as needed basis
 - *2010 outcome/goal:* Funded on an as needed basis

- **Objective SL-3.3 (Sustainability):** Improve the quality and/or quantity of public improvements for low and moderate income persons through programs (such as OCRA's **Flexible Funding Program**, newly created in 2010) offered by OCRA. OCRA recognizes that communities may be faced with important local concerns that require project support that does not fit within the parameters of its other funding programs. All projects in the Flexible Funding Program will meet one of the National Objectives of the Federal Act and requirements of 24 CFR 570.208 and 24 CFR 570.483 of applicable HUD regulations.

SL-3.3 outcomes/goals:

- Provide project support for community development projects.
 - *Five year outcome/goal:* 10-25 community development projects
 - *2010 outcome/goal:* 2-5 community development projects; projected allocation, \$2,000,000; anticipated match, \$2,000,000

Economic Opportunities:

Goal 4. Promote activities that enhance local economic development efforts.

- **Objective EO-3.1 (Sustainability):** Improve economic opportunities for low and moderate income persons by coordinating with private industry, businesses and developers to create jobs for low to moderate income populations in rural Indiana.

EO-3.1 outcomes:

- Continue the use of the OCRA's **Community Economic Development Fund (CEDF)**, which funds infrastructure improvements and job training in support of employment opportunities for low to moderate income persons.
 - *Five year outcome/goal:* 1,300 jobs
 - *2010 outcome/goal:* 275 jobs; projected allocation, \$2,500,000
- Fund training and micro-enterprise lending for low to moderate income persons through the **Micro-enterprise Assistance Program**.
 - *Five year outcome/goal:* Will be made available if there is demand
 - *2010 outcome/goal:* Due to low demand this program has been suspended for 2010

A matrix outlining the Consolidated Plan five year goals, objectives and outcomes and action items for program year 2010 is provided at the end of this Executive Summary.

Past Performance

Four goals were established to guide funding during the FY2005–2009 Consolidated Planning period:

- Goal 1.** Expand and preserve affordable housing opportunities throughout the housing continuum.
- Goal 2.** Reduce homelessness and increase housing stability for special-needs populations.
- Goal 3.** Promote livable communities and community revitalization through addressing unmet community development needs.
- Goal 4.** Promote activities that enhance local economic development efforts.

The following exhibits show the past performance of the four goals for the first four years of the 2005-2009 Consolidated Plan period. Data is collected on each goal and is reported annually in the Consolidated Annual Performance and Evaluation Report (CAPER). Each CAPER is made available on OCRA's Web site for a minimum of 14 days' public comment period before submission to HUD.

The State typically uses a competitive application process when awarding the grants. Therefore, the actual allocations and anticipated accomplishments may not equal the proposed funding goal. For example, the State may have a goal to build 10 units of rental housing and receives no applications proposing this goal. Therefore, the goal would not be met.

Exhibit ES-1 through Exhibit ES-3 show the goals and accomplishment for program years 2005, 2006, 2007 and 2008.

**Exhibit ES-1.
Goal 1 Award Goals and Accomplishments, Program Years 2005 to 2008**

Goals	Funds	Activities	Indicator	Goals				Accomplishments				
				2005	2006	2007	2008	2005	2006	2007	2008	
1. Expand and preserve affordable housing opportunities throughout the housing continuum.	HOME and ADDI	Transitional Housing—Rehab & New Construction	Units	for Housing from Shelters	10	11	Housing from Shelters	for Housing from Shelters	35	4		
		Permanent Supportive Housing—Rehab & New Construction	Units	to Home-ownership, QAP, HOME	25	24	to Home-ownership, QAP, HOME	to Home-ownership, QAP, HOME		19	30	
		Rental Housing—Rehab & New Construction	Units	QAP, HOME	210	94	QAP, HOME	QAP, HOME	190	11	69	
		Homebuyer—Rehab & New Construction	Units	OOR = 370	40	36	OOR = 336	OOR = 272	41	19	9	
		Owner Occupied Rehabilitation	Units	units; for First Home = 500 units	30	0	First Home = 500 units	Home = 1,225 units; for ADDI = 154 units	0	0		
		Tenant-Based Rental Assistance (TBRA)	Units		0							
		CHDO Operating Support	Units		251	160						
		CHDO Predevelopment & Seed Money Loans	Units			427				472	794	167
		Downpayment Assistance	Units									
		CDBG	Emergency shelters	Units	For all CDBG (Housing) = 235 units		25		For all CDBG (Housing) = 1,077 beds	44		
		Youth shelters	Units									
		Transitional housing	Units									
		Migrant/seasonal farmworker housing	Units		172	33					18	
		Permanent supportive housing	Units									
	Rental housing	Units		6								
	Owner-occupied units	Units		285	418			67	53	424		
	Voluntary acquisition/demolition	Units										
	Feasibility studies	Studies		94				852				

Source: Indiana Office of Community and Rural Affairs and Indiana Housing and Community Development Authority.

**Exhibit ES-2.
Goal 2 Award Goals and Accomplishments, Program Years 2005 to 2008**

Goals	Funds	Activities	Indicator	Goals				Accomplishments				
				2005	2006	2007	2008	2005	2006	2007	2008	
2. Reduce homelessness and increase housing stability for special-needs populations.	HOME	See special-needs housing activities in Goal 1.										
	CDBG	See special-needs housing activities in Goal 1.										
	ESG	Operating support	Shelters	92	92	89	89	90	84	82	88	
		Homeless prevention	Shelters	37	37	25	22	32	22	22	21	
		Essential services	Shelters	59	56	51	54	56	54	53	52	
		Accessibility Rehab	Shelters		3	3	0			3	0	
		Administration	Shelters						89	85	87	
		For all ESG activates	Clients	34,250	47,259	47,259	28,000	47,259	28,386	30,012	26,123	
	HOPWA	Rental assistance	Households/Units	142	137	170	170	174	135	143	123	
		STRMU	Households/Units	464	420	300	300	522	180	329	332	
		Supportive services	Households	264	264	125	125	692	546	846	594	
		Housing information	Households	32	32	1,133	25			1,442	164	
		Project sponsor information										
	Acquisition, Rehabilitation & Conversion											
	Operating costs	Units	5	5	5	5	25		30	28		

Note: STRMU = Short-term rent, mortgage, utility assistance.

Source: Indiana Office of Community and Rural Affairs and Indiana Housing and Community Development Authority.

Exhibit ES-3.
Goals 3 and 4 Award Goals and Accomplishments, Program Years 2005 to 2008

Goals	Funds	Activities	Indicator	Goals				Accomplishments				
				2005	2006	2007	2008	2005	2006	2007	2008	
3. Promote livable communities and community revitalization through addressing unmet community development needs.	CDBG	Community Focus Fund:										
		Construction/rehab of wastewater, water & stormwater systems	Systems	26	26	26	26	31	35	32	27	
			Community development projects (Senior Centers, Youth Centers, Community Centers, Historic Preservation, Downtown Revitalization, ADA Accessibility, Fire Stations, Fire Trucks)	Projects	30	26	26	26	43	23	31	27
	CDBG	Planning/Feasibility Studies	Studies		34	33	29	46	45	40	59	
		Foundations	Projects					1	1			
		Brownfields	Grants			2	as needed	2		2		
4. Promote activities that enhance local economic development efforts.	CDBG	Community Economic Development Fund	Projects			2		2	2	0		
		Micro-enterprise Assistance Program	Projects			5			5	0		

Source: Indiana Office of Community and Rural Affairs and Indiana Housing and Community Development Authority.

Fair housing accomplishments. In conjunction with the 2005-2009 State Consolidated Plan, the State conducted a new Analysis of Impediments to Fair Housing Choice and developing a Fair Housing Action Plan. In addition to the new AI an annual update was completed in 2008.

The matrix on the following page summarizes the State’s Fair Housing Action Plan and reports the activities that were accomplished in 2006, 2007 and 2008 to minimize impediments.

**Exhibit ES-4.
Fair Housing Action Plan Matrix**

Task Description	Impediments Addressed	Activities	Goals				Accomplishments			
			2006	2007	2008	2009	2006	2007	2008	2009
1. Fair housing outreach and education.	<ul style="list-style-type: none"> Discrimination faced by Indiana residents. Lack of awareness. 	<ul style="list-style-type: none"> Grantees will be required to: <ol style="list-style-type: none"> Have an up-to-date affirmative marketing plan; Display a fair housing poster; Include the fair housing logo on all print materials. 	X	X	X	X	X	X	X	
2. Fair housing compliance and monitoring.	<ul style="list-style-type: none"> Discrimination faced by Indiana residents. 	<ul style="list-style-type: none"> Monitor HUD funds for compliance (grantees). IHCDA will refer compliance issues to HUD (as needed). 	40-50	40-50	40-50	40-50	45	35	48	
3. Fair housing training.	<ul style="list-style-type: none"> Discrimination faced by Indiana residents. Lack of awareness. 	<ul style="list-style-type: none"> CDBG grant administrators will be trained in fair housing. New IHCDA grantees will receive fair housing training. 	X	X	X	X	X	X	X	
4. Increase accessible housing.	<ul style="list-style-type: none"> Lack of affordable housing for special needs populations. 	<ul style="list-style-type: none"> Fund renovations to special needs housing (shelters). IHCDA will serve on the Indianapolis Partnership for Accessible Shelters 	X	X			5	NA	X	
5. Fair housing testing.	<ul style="list-style-type: none"> Discrimination faced by Indiana residents. Lack of quality, affordable housing. 	<ul style="list-style-type: none"> Work with ICRC to test IHCDA funded rental properties (properties). 	4	4	4	4	0	0	0	
6. ADA inspections.	<ul style="list-style-type: none"> Lack of affordable housing for special needs populations. 	<ul style="list-style-type: none"> Inspect IHCDA funded properties for ADA compliance (properties). 	100	100	100	100	85	85	120	
7. Public outreach and education.	<ul style="list-style-type: none"> Lack of awareness of fair housing. 	<ul style="list-style-type: none"> Expanding fair housing information on IHCDA website. <ol style="list-style-type: none"> Post ICRC information/complaint filing links; Promote fair housing month (April) and residents fair housing rights. 	X	X	X	X	X	X	X	
8. Reduce predatory lending and education.	<ul style="list-style-type: none"> Predatory lending and foreclosures. 	<ul style="list-style-type: none"> Provide foreclosure prevention and predatory lending education (trainings). Strengthen legislation to prevent predatory activities. IHCDA will oversee the Indiana Foreclosure Prevention Network. 	2-5	2-5	2-5	2-5	3	4		
9. Prevent discrimination.	<ul style="list-style-type: none"> Discrimination faced by Indiana residents. Lack of quality, affordable housing. 	<ul style="list-style-type: none"> Receive reports of complaints filed against property owners funded by IHCDA. 		X	X	X		X	X	

Source: Indiana Housing and Community Development Authority.

Citizen Participation Process

The State of Indiana dedicated extensive effort to gain public input on the Consolidated Plan. During the development of the five year Consolidated Plan, the State conducted a public participation process to obtain input regarding housing and community development needs. That process consisted of five major parts:

- A Housing and Community Development Needs Survey was made available to residents of Indiana during February and the beginning of March 2010. The survey was distributed to service providers and email lists throughout Indiana. An online version of the survey was also available on the State's website. The survey was available in English and Spanish.
- A survey targeted to elected officials across Indiana was distributed in February 2010.
- Four focus group meetings were held during the development of the Consolidated Plan;
- Thirty-two interviews with key persons or groups who are knowledgeable about housing and community development needs in the state were conducted; and
- Two public hearings will be conducted through video conferences with 6 Ivy Tech Community College of Indiana locations across Indiana.

The 30-day comment period began on April 9, 2010 and ended on May 9, 2010. The public was asked to provide written public comments about the draft Consolidated Plan and Action Plan. In addition, all focus group meeting participants who provided contact information were notified in writing or by email of the availability of the draft Plan and were encouraged to provide their comments. During the 30-day public comment period, two public hearings will be held on April 30, 2010. The State is working with Ivy Tech Community College of Indiana to do a video conference with 6 Ivy Tech locations. The presentation will be broadcast from Lawrence (Indianapolis) out to Evansville, Lafayette, Madison, Portland and Valparaiso.

During the sessions, executive summaries of the Plan will be distributed and instructions on how to submit comments will be given. A summary of the public hearing comments will be made available in Appendix B in the final Plan.

Summary of stakeholder and resident input. Public comments were received during the Consolidated Plans' citizen participation efforts as part of the Resident Survey, Elected Official Survey, stakeholder focus groups and key person interviews. Summary of meeting notes and public comments are provided in Appendix B of the Consolidated Plan.

The comments received during the public input process held for the Consolidated Plan are summarized below using the following categories: decent housing, suitable living environment and economic opportunities. Several community needs crossed into all categories and built off one another. For example, focus groups mentioned the need for comprehensive integrated housing and transportation planning to include jobs and amenities such as grocery stores, banks, parks, etc.

Decent housing. With respect to the housing needs of low to moderate income populations, top needs listed by Resident Survey respondents included affordable housing and other housing needs, such as shelter and services for the homeless and services and housing for persons with disabilities. Energy efficient improvements to housing and affordable rental housing were also important.

Key persons interviewed responded the greatest need for housing in their community was the need for affordable single-family rentals. The majority of respondents noted that the elderly, on a fixed income, were the group in greatest need of housing.

The focus groups of housing and special needs population professionals agreed that safe, accessible, affordable, subsidized, permanent housing with supportive services are the greatest housing needs statewide. Housing for the elderly, disabled, former inmates, large families, low income, and the chronically mentally ill were of particular concern for these professionals. The group members also requested flexibility of requirements for persons with a poor credit history, prior convictions and non-qualified immigrants. Additionally, emergency housing and supportive services especially in rural areas was mentioned frequently.

Suitable living environment. Participants identified a range of infrastructure, community facility and community service needs in their communities and across the state. Elected Officials and Regional Planning Commissions responded infrastructure enhancements (including waste treatment, storm water control, street reconstruction, and sidewalks, etc.) were very important in their communities. Neighborhood rehabilitation (downtown development, etc.) also received high ranks among all respondents. According to a focus group a high priority community/economic development need is downtown and neighborhood revitalization including safe/affordable housing, housing rehabilitation, and housing preservation. Additional needs mentioned to create a suitable living environment is comprehensive community planning and government assistance including government cooperation, government consolidation, emergency services, adequate healthcare, education for local elected officials on grant funding and technical assistance.

Infrastructure needs. Elected Officials ranked storm water and water/sewer improvements as the two highest infrastructure needs and Resident Survey respondents identified sidewalk improvements. The community/economic development focus group recognized infrastructure as their top need. The group mentioned infrastructure including drinking water/waste water improvements, broadband access, local road/street improvements, public transportation and Brownfield clean up.

Community facilities. Resident Survey respondents ranked childcare centers and community centers as top community facility needs. Elected Officials gave emergency service facilities and fire stations and equipment the highest rank of all community facility needs.

Special needs population facilities. The need for homeless facilities followed by youth centers and facilities for abuse/neglected children were important facility needs for special needs populations among Resident Survey respondents. Youth centers received a high rank among Elected Officials.

Community services. Transportation service needs were frequently mentioned among all respondents. Resident Survey respondents top community service needs were transportation services followed by homeless services and self-sufficiency services. Elected Officials ranked youth services and senior services with the highest level of need.

Economic opportunities. Coinciding with the recent increasing unemployment rate nationwide the residents and elected officials of the State of Indiana ranked job creation/retention as the highest ranking of all needs listed for both the Resident and Elected Official Surveys. Specific needs included jobs that pay a living wage, the creation of new jobs and the need to retain jobs. Residents also identified the need for employment training and start-up business assistance. Elected Officials ranked

the need for start-up business assistance, small business improvements and small business loans as high. Focus groups and key persons interviewed noted that jobs and education including job creation and retention, job training, and more education funding are needed. Elected Officials also mentioned the need of commercial and industrial parks.

2010 Action Year and Five Year Goals Matrix

The following exhibit presents the Goals (both one and five year), objectives, outcomes and funding proposals together. This exhibit shows how the State of Indiana plans to allocate its FY2010 block grants to address its five year Consolidated Plan Goals.

**Exhibit ES-5.
FY 2010 Block Grants for Five Year Consolidated Plan Goals, State of Indiana**

Goal	Objectives	HUD Objective Code	2010 Activity	Indicator	Goal		Funding				
					Year One	Five Year	CDBG	HOME	ESG	HOPWA	
1. Expand and preserve affordable housing opportunities throughout the housing continuum.	• Rental housing.	DH-2.1	➢ Rehabilitation and new construction	Units	135	675	\$1,000,000	\$3,500,000			
				Households	500	2,500		\$3,000,000			
					Units	25	125		\$1,000,000		
	• Homeownership opportunities.	DH-2.2	➢ Homeownership education and counseling and downpayment assistance	Units	300	1,500	\$3,000,000	\$2,000,000			
				➢ Owner occupied rehabilitation							
	• Build capacity for affordable housing developers	DH-2.3	➢ Predevelopment loans	Units	5	25		\$250,000			
				➢ Organizational capacity	Units	16	80		\$800,000		
	2. Reduce homelessness and increase housing stability for special needs populations.	• Improve the range of housing options for homeless and special needs populations.	DH-1.1	➢ Permanent supportive housing	Units	50	250		\$5,000,000		
					➢ Rental assistance	Units	200	1,000		\$1,000,000	
• Support activities to improve the range of housing options for special needs populations and to end chronic homelessness.		DH-1.2	➢ Operating support	Shelters	83				\$1,360,526		
				➢ Homelessness prevention activities	Persons	110	550			\$72,000	
				➢ Essential services	Persons	16,000	80,000			\$400,000	
• Improve the rang of housing options for special needs populations living with HIV/AIDS.		DH-1.3	➢ Housing information services	Households	75	375				\$30,000	
				➢ Permanent housing placement services	Households	100	500				\$70,000
				➢ Supportive services	Households	200	1,000				\$65,000
				DH-2.4	➢ Tenant based rental assistance	Units	200	1,000			
➢ Short-term rent, mortgage and utility assistance		Units	300			1,500				\$200,000	
			➢ Facility based housing operations support	Units	7	35				\$25,000	
			➢ Short term supportive housing	Units	21	100				\$45,000	
3. Promote livable communities and community revitalization through addressing unmet community development needs.	• Improve the quality and/ or quantity of neighborhood services for low and moderate income persons.	SL-1.1	➢ Community Focus Fund	- Emergency stations	Stations	5-6	25-30	\$2,550,000			
				- Fire trucks	Vehicles	2-3	10-15	\$450,000			
				- Public facilities	Facilities	6	30	\$3,000,000			
				- Downtown revitalization projects	Projects	2	10	\$1,000,000			
				- Historic preservation projects	Projects	2	10	\$500,000			
				- Brownfield/clearance projects	Projects	2-5	10-25	\$500,000			
	• Improve the quality and/or quantity of public improvements for low and moderate income persons.	SL-3.1	➢ Community Focus Fund	- Infrastructure systems	Systems	24	120	\$14,638,347			
				SL-3.2	➢ Planning Fund	Grants	29	145	\$1,000,000		
SL-3.3	➢ Foundations Program	Grants									
		SL-3.3	➢ Flexible Funding Program	Projects	2-5	10-25	\$2,000,000				
4. Promote activities that enhance local economic development efforts.	• Coordinate with private industry, businesses and developers to create jobs for low to moderate income populations in rural Indiana.			EO-3.1	➢ Community Economic Development Fund	Jobs	275	1,300	\$2,500,000		
		➢ Micro-enterprise Assistance Program	Jobs			0	TBD	\$0			
Administrative and supportive services			➢ CDBG admin. (OCRA)				\$781,182				
			➢ HOME admin.					\$550,000			
			➢ HOPWA admin. (IHCD)						\$29,139		
			➢ ESG program admin.						\$96,557		
			➢ Tech. assist. set-aside (OCRA)				\$340,591				
			➢ HOPWA admin. (other)						\$67,992		
Total							\$32,260,120	\$17,100,000	\$1,929,083	\$957,131	

Source: BBC Research & Consulting, 2010.

SECTION I.
Introduction

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Introduction

Purpose of the Consolidated Plan

Beginning in fiscal year 1995, the U.S. Department of Housing and Urban Development (HUD) required local communities and states to prepare a Consolidated Plan in order to receive federal housing and community development funding. The Plan consolidates into a single document the previously separate planning and application requirements for Community Development Block Grants (CDBG), Emergency Shelter Grants (ESG), the HOME Investment Partnerships Program, Housing Opportunities for People with AIDS (HOPWA) funding and the Comprehensive Housing and Affordability Strategy (CHAS). Consolidated Plans are required to be prepared every three to five years; updates are required annually.

The purpose of the Consolidated Plan is:

1. To identify a City's or State's housing and community development (including neighborhood and economic development) needs, priorities, goals and strategies; and
2. To stipulate how funds will be allocated to housing and community development activities.

Annual Action Plan. In addition to the Consolidated Plan, cities and states receiving block grant funding must compete an annual Action Plan. The Action Plan designates how cities and states propose to spend the federal block grant funds in a given program year.

The 2010 Action Plan for the State of Indiana is included in Section V. of this Consolidated Plan. This is the first Action Plan in the State's five-year Consolidated Plan cycle for 2010-2014.

CAPER. The Consolidated Annual Performance and Evaluation Report (CAPER) is also required yearly. The CAPER reports on how funds were actually spent (v. proposed in the Action Plan), the households that benefitted from the block grants and how well the City/State met its annual goals for housing and community development activities.

Fair housing requirement. HUD requires that cities and states receiving block grant funding take actions to affirmatively further fair housing choice. Cities and states report on such activities by completing an Analysis of Impediments to Fair Housing Choice (AI) every three to five years. In general, the AI is a review of impediments to fair housing choice in the public and private sector.

The State of Indiana's Analysis of Impediments to Fair Housing Choice will be completed for 2010-2014 and submitted to HUD under a separate cover.

Compliance with Consolidated Plan Regulations

The State of Indiana's Five Year Consolidated Plan for 2010-2014 and 2010 Action Plan was prepared in accordance with Sections 91.300 through 91.330 of the U.S. Department of Housing and Urban Development's (HUD) Consolidated Plan regulations.

Lead and Participating Organizations

The lead agencies for completion of the State's 2010-2014 Consolidated Plan and 2010 Action Plan include:

- The Indiana Office of Community and Rural Affairs (OCRA), administer of CDBG;
- The Indiana Housing and Community Development Authority (IHCDA), which administers HOME, ESG and HOPWA.

The State of Indiana retained BBC Research & Consulting, Inc. (BBC), an economic research and consulting firm specializing in housing research, to assist in the preparation of the 2010-2014 Consolidated Plan, 2010 Action Plan and AI. In addition to BBC, the Indiana-based consulting firms Brilljent and Engaging Solutions, assisted with the focus groups, key person interviews, resident survey and elected official survey conducted in 2010.

Organization of the Report

The remaining sections of this report include:

- Section II—Citizen Participation Process and Input summarizes the public participation opportunities that were available and the public input gathered during development of the 2010-2014 Consolidated Plan and 2010 Action Plan.
- Section III—Information on socioeconomic and housing market conditions in Indiana.
- Section IV—The 2010-2014 Strategic Plan and 2010 Action Plan.
- Appendix A— Citizen Participation Plan that will govern the citizen participation process during the five-year Consolidated Planning period.
- Appendix B—Information about the public participation process and public hearings conducted for the 2010-2014 Consolidated Plan and 2010 Action Plan, and (for final version) public comments received during the 30-day comment period.
- Appendix C—discusses the housing and community development needs of the State's special needs populations. The appendix gives updated estimates of these populations, reports new programs and initiatives to serve them, and identifies remaining gaps.
- Appendix D—HUD required needs and projects tables.
- Appendix E—the 2010 Method of Distribution for CDBG.
- Appendix F—the 2010 Method of Distribution for IHCDA.

SECTION II.
Citizen Participation Process and Input

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Citizen Participation Process and Input

This section discusses Indiana's housing and community development needs, as identified by citizens, public service agencies and government officials through stakeholder consultation, focus group meetings, a survey of Indiana residents and a survey of elected officials. This section partially satisfies the requirements of Sections 91.305, 91.310, and 91.315 of the State Government's Consolidated Plan Regulations. A more comprehensive market analysis for the State and a discussion of the challenges of housing and supportive service needs for special needs populations are found in Section III and Appendix C of this report.

Appendix A of this report provides the State of Indiana's Citizen Participation Plan and Appendix B provides the Housing and Community Development Needs Survey instruments for both the elected officials and the residents (both English and Spanish versions), the stakeholder focus group meeting notes and a summary of the key person interviews. To be included in the final Consolidated Plan included the public hearing materials, sign-in sheets and notes from the public hearings.

The State of Indiana conducted a citizen participation process to elicit input regarding housing and community development needs. That process consisted of five major parts:

- A Housing and Community Development Needs Survey was made available to residents of Indiana during February and the beginning of March 2010. The survey was distributed to service providers and email lists throughout Indiana. An online version of the survey was also available on the State's website. The survey was available in English and Spanish.
- A survey targeted to elected officials across Indiana was distributed in February 2010.
- Four focus group meetings were held during the development of the Consolidated Plan;
- Thirty-two interviews with key persons or groups who are knowledgeable about housing and community development needs in the state were conducted; and
- Two public hearings will be conducted through videoconferences with 6 Ivy Tech Community College of Indiana locations across Indiana.

The 30-day comment period began on April 9, 2010 and ended on May 10, 2010. The public was asked to provide written public comments about the draft Consolidated Plan and Action Plan. In addition, all focus group meeting participants who provided contact information were notified in writing or by email of the availability of the draft Plan and were encouraged to provide their comments. During the 30-day public comment period, two public hearings will be held on April 30, 2010. The State is working with Ivy Tech Community College of Indiana to do a videoconference with 6 Ivy Tech locations. The presentation will be broadcast from Lawrence (Indianapolis) out to Evansville, Lafayette, Madison, Portland and Valparaiso.

During the sessions, executive summaries of the Plan will be distributed and instructions on how to submit comments will be given. A summary of the public hearing comments will be made available in Appendix B in the final Plan.

Summary of Stakeholder and Resident Input

Public comments were received during the Consolidated Plans' citizen participation efforts as part of the Resident Survey, Elected Official Survey, stakeholder focus groups and key person interviews. Summary of meeting notes and public comments are provided in Appendix B of the Consolidated Plan.

The comments received during the public input process held for the Consolidated Plan are summarized below using the following categories: decent housing, suitable living environment and economic opportunities. Several community needs crossed into all categories and built off one another. For example, focus groups mentioned the need for comprehensive integrated housing and transportation planning to include jobs and amenities such as grocery stores, banks, parks, etc.

Decent housing. With respect to the housing needs of low to moderate income populations, top needs listed by Resident Survey respondents included affordable housing and other housing needs, such as shelter and services for the homeless and services and housing for persons with disabilities. Energy efficient improvements to housing and affordable rental housing were also important.

Key persons interviewed responded the greatest need for housing in their community was the need for affordable single-family rentals. The majority of respondents noted that the elderly, on a fixed income, were the group in greatest need of housing.

The focus groups of housing and special needs population professionals agreed that safe, accessible, affordable, subsidized, permanent housing with supportive services are the greatest housing needs statewide. Housing for the elderly, disabled, former inmates, large families, low income, and the chronically mentally ill were of particular concern for these professionals. The group members also requested flexibility of requirements for persons with a poor credit history, prior convictions and non-qualified immigrants. Additionally, emergency housing and supportive services especially in rural areas was mentioned frequently.

Suitable living environment. Participants identified a range of infrastructure, community facility and community service needs in their communities and across the state. Elected Officials and Regional Planning Commissions responded infrastructure enhancements (including waste treatment, storm water control, street reconstruction, and sidewalks, etc.) were very important in their communities. Neighborhood rehabilitation (downtown development, etc.) also received high ranks among all respondents. According to a focus group a high priority community/economic development need is downtown and neighborhood revitalization including safe/affordable housing, housing rehabilitation, and housing preservation. Additional needs mentioned to create a suitable living environment is comprehensive community planning and government assistance including government cooperation, government consolidation, emergency services, adequate healthcare, education for local elected officials on grant funding and technical assistance.

Infrastructure needs. Elected Officials ranked storm water and water/sewer improvements as the two highest infrastructure needs and Resident Survey respondents identified sidewalk improvements. The community/economic development focus group recognized infrastructure as their top need. The group mentioned infrastructure including drinking water/waste water improvements, broadband access, local road/street improvements, public transportation and Brownfield clean up.

Community facilities. Resident Survey respondents ranked childcare centers and community centers as top community facility needs. Elected Officials gave emergency service facilities and fire stations and equipment the highest rank of all community facility needs.

Special needs population facilities. The need for homeless facilities followed by youth centers and facilities for abuse/neglected children were important facility needs for special needs populations among Resident Survey respondents. Youth centers received a high rank among Elected Officials.

Community services. Transportation service needs were frequently mentioned among all respondents. Resident Survey respondents top community service needs were transportation services followed by homeless services and self-sufficiency services. Elected Officials ranked youth services and senior services with the highest level of need.

Economic opportunities. Coinciding with the recent increasing unemployment rate nationwide the residents and elected officials of the State of Indiana ranked job creation/retention as the highest ranking of all needs listed for both the Resident and Elected Official Surveys. Specific needs included jobs that pay a living wage, the creation of new jobs and the need to retain jobs. Residents also identified the need for employment training and start-up business assistance. Elected Officials ranked the need for start-up business assistance, small business improvements and small business loans as high. Focus groups and key persons interviewed noted that jobs and education including job creation and retention, job training, and more education funding are needed. Elected Officials also mentioned the need of commercial and industrial parks.

Housing and Community Development Surveys

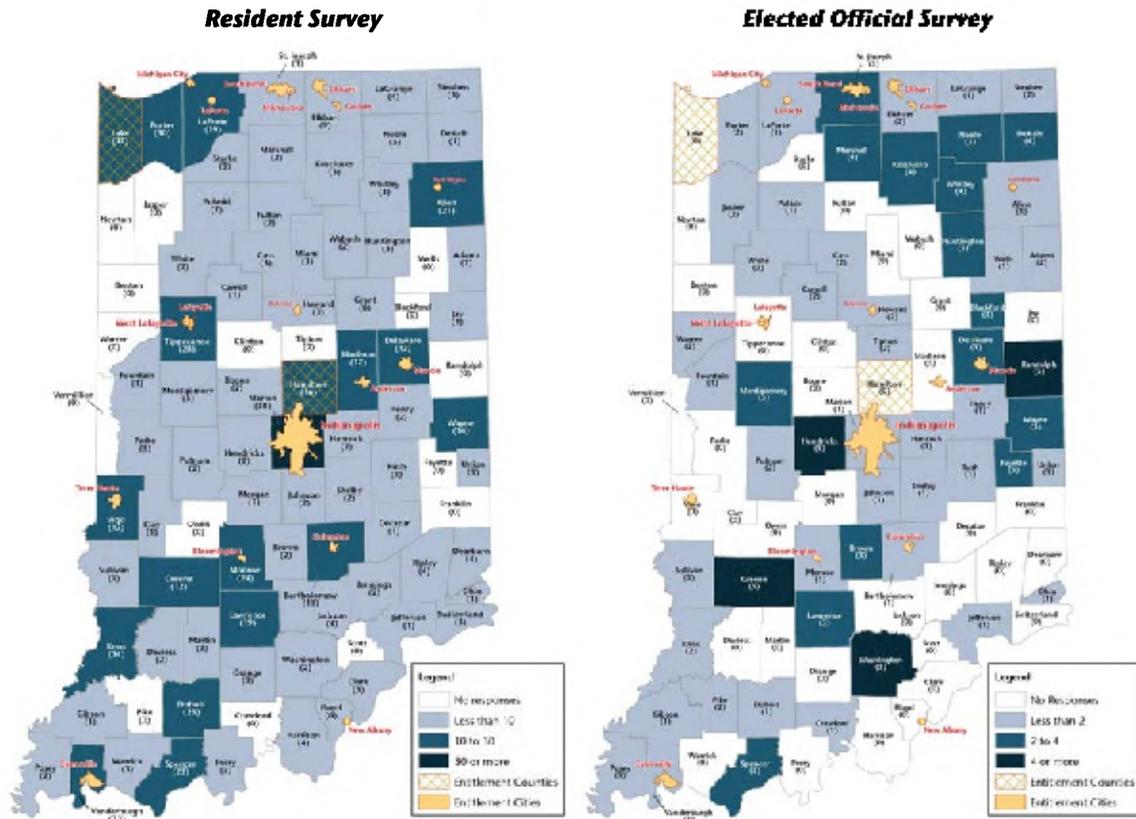
Two surveys were made available to residents and elected officials throughout the state in February 2010 to better understand housing and community development needs in rural areas. The resident survey was distributed to several housing and community development organizations, who were asked to complete the survey and to also distribute the survey to their clients to ensure input from people with low incomes, people who are homeless, persons with disabilities, at-risk youth, public housing clients and persons with special needs. The surveys were also available to complete electronically and the Resident Survey was available on OCRA's website.

Between February 8, 2010 and March 17, 2010, 570 respondents completed the Resident Survey and 122 elected officials completed the Elected Official Survey. The Resident Survey was offered in English and Spanish. There were no Spanish surveys completed. The majority of respondents (80 percent) completed the Resident Survey online and the remaining 20 percent completed a paper version of the survey. Copies of the two surveys are provided in Appendix B.

The respondents used the survey to indicate their local housing and community development needs. Categories of focus included: community facilities, special needs population facilities, infrastructure, community services, businesses and jobs, housing and housing for special needs populations. Survey respondents were asked to indicate need using a numbered ranking system; 1 indicating the lowest need and 4 indicating the highest need. Additionally survey respondents were asked to list the top community development, economic development and housing needs. The survey also asked respondents their perception of their community and for input on fair housing. Analysis of the fair housing questions is included in the Analysis of Impediments to Fair Housing Choice, published under a separate cover.

Respondents were asked to provide the county they reside in. As shown in the following map, responses for both surveys came from most counties across the state. Approximately 10 percent of the Resident Survey respondents answered they reside in Marion County, which includes Indianapolis. Many of these survey respondents replied their answers addressed the needs of Central Indiana.

**Exhibit II-1.
County of Residence for Survey Respondents**

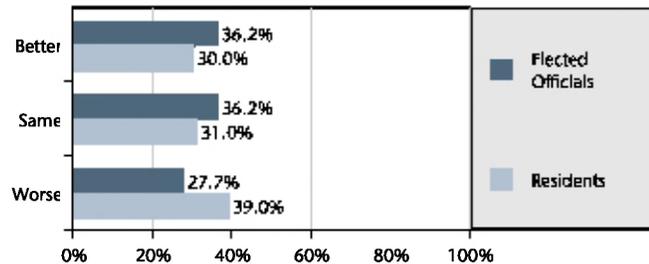


Source: 2010 Indiana Resident Housing and Community Development Survey, 2010 Elected Official Housing and Community Development Survey and BBC Research & Consulting

Perception of community. Resident survey and elected official survey respondents were asked if the perception of their community has gotten better, worse or has remained the same over the last 5 years. Almost 40 percent of Resident respondents replied their community was worse off than five years earlier, 30 percent responded their community was better, and the remaining 31 percent responded their community was the same. Elected Officials had a slightly more favorable view of their communities —36 percent responded their community was better, 36 percent responded it was the same, and 28 percent said their community has gotten worse over the last 5 years.

Exhibit II-2.
Has the perception of your community gotten better or worse over the last 5 years?

Source:
 2010 Indiana Resident Housing and Community Development Survey and 2010 Elected Official Housing and Community Development Survey.



Better. Reasons why Resident respondents felt their community was *better* included improvements to their downtowns, along with other community redevelopment and improvements. Residents felt their communities care about one another and have worked together through the recent economic downturn. Other Resident respondents spoke favorably of their community government leaders and others mentioned they have seen more businesses. Elected Officials mentioned the building of new community facilities, improved sewer systems, active town councils and the involvement of its community members as reasons why their communities are better.

Worse. The majority of the reasons why Resident respondents felt their communities had gotten worse over the last five years concerned the poor economy. Many of the Residents cited the loss of jobs and businesses in their community. Elected Officials also mentioned the poor economy as reasons their community was worse. Additionally, Resident respondents mentioned there has been an increase in crime, poverty, foreclosure and homelessness, along with deteriorating infrastructure and homes in their communities.

Needs identification. The survey asked respondents to list their top needs and to rank—from no need to 1 to 4 (1 being lowest need and 4 being highest)—the greatest needs in their communities. These needs were organized into the following categories:

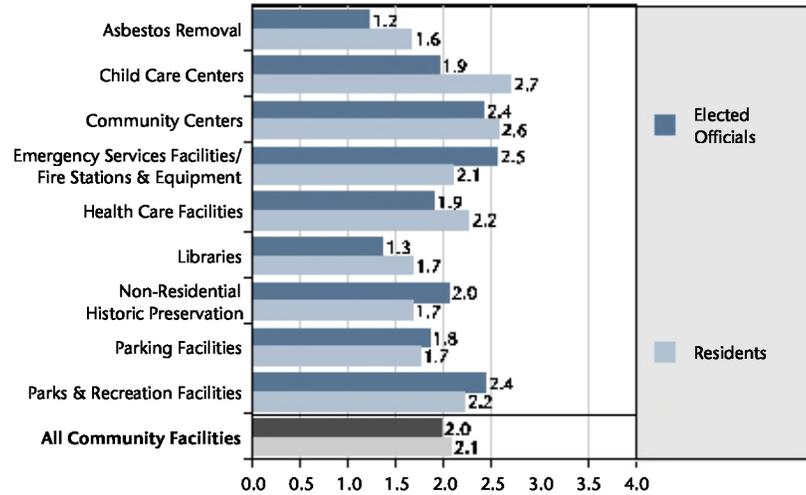
- ***Suitable living environment:***
 - Community facilities
 - Special needs population facilities
 - Infrastructure
 - Community services,
- ***Economic opportunities:***
 - Businesses and jobs
- ***Decent housing:***
 - Housing
 - Housing for special needs populations

Suitable living environment:

Community facility needs. Among all Resident Survey respondents, the average community facility needs ranking was 2.05. Elected Officials ranked community facilities overall slightly lower when compared to Resident Survey respondents at 1.95. Resident Survey respondents ranked child care centers with the highest level of need followed by community centers. Elected Officials gave emergency service facilities and fire stations and equipment the highest rank of all community facility needs. The lowest indicated need for both surveys was asbestos removal. Exhibit II-3 displays the average ranking for all community facilities by HUD category.

**Exhibit II-3.
Average Ranking for
Community Facility
Needs, 2010**

Source:
2010 Indiana Resident Housing and
Community Development Survey
and 2010 Elected Official Housing
and Community Development
Survey.

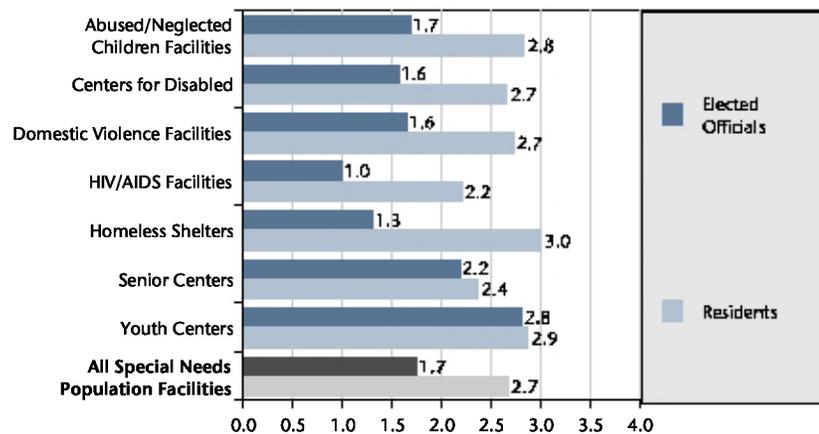


The average response rate¹ in the community facilities category was 96 percent for Resident Survey respondents and 79 percent for Elected Officials.

Special needs population facility needs. Resident Survey respondents reported an average ranking among facility needs for special needs populations of 2.66, while Elected Officials ranked these facilities much lower with an average ranking of 1.74. The highest ranked among residents was the need for homeless facilities followed by youth centers and facilities for abuse/neglected children. Youth centers received the highest average rank among Elected Officials. The lowest need was for HIV/AIDS facilities for both Resident and Elected Officials. Exhibit II-4 displays the average ranking for all facilities for special needs populations by HUD category.

**Exhibit II-4.
Average Ranking for
Special Needs
Population Facility
Needs, 2010**

Source:
2010 Indiana Resident Housing and
Community Development Survey
and 2010 Elected Official Housing
and Community Development
Survey.



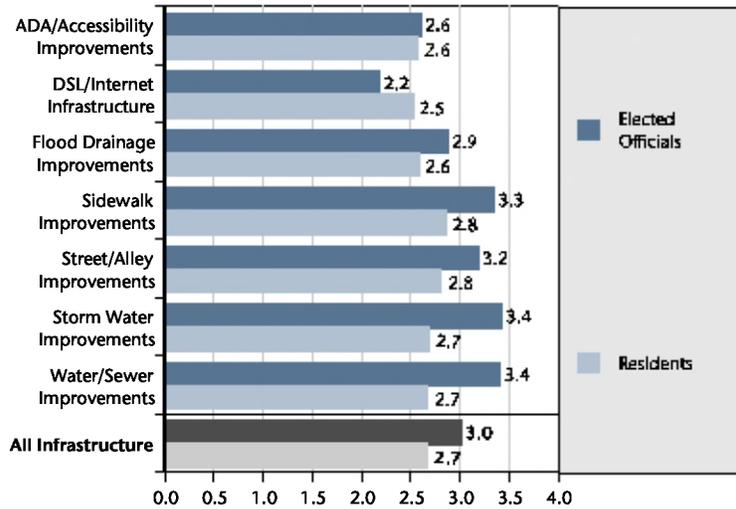
The average response rate among all Resident Survey respondents in the special needs population facilities category was 95 percent. Elected Official Survey respondents had an 81 percent average response rate.

¹ The reported response rates indicate the relative interest of respondents regarding the issues. One would assume that a higher response rate indicates a greater interest in the issues however; there is a trend among respondents to answer fewer questions as the survey progressed. In this instance, the survey respondents may not necessarily be less interested in the topics, only the length of the survey.

Infrastructure needs. Among all Resident Survey respondents, the average infrastructure need ranking was 2.66. Elected Officials gave infrastructure a higher average ranking of 3.00 when compared to residents (the highest indicated need among all categories for the Elected Official Survey). Elected Officials ranked storm water and water/sewer improvements as the highest two needs. Resident Survey respondents identified sidewalk improvements with the highest level of need. The lowest ranked need was for DSL/Internet infrastructure for both Elected Officials and Residents. Exhibit II-5 displays the average ranking for all infrastructure improvements by HUD category.

**Exhibit II-5.
Average Ranking for
Infrastructure Needs,
2010**

Source:
2010 Indiana Resident Housing and
Community Development Survey and 2010
Elected Official Housing and Community
Development Survey.

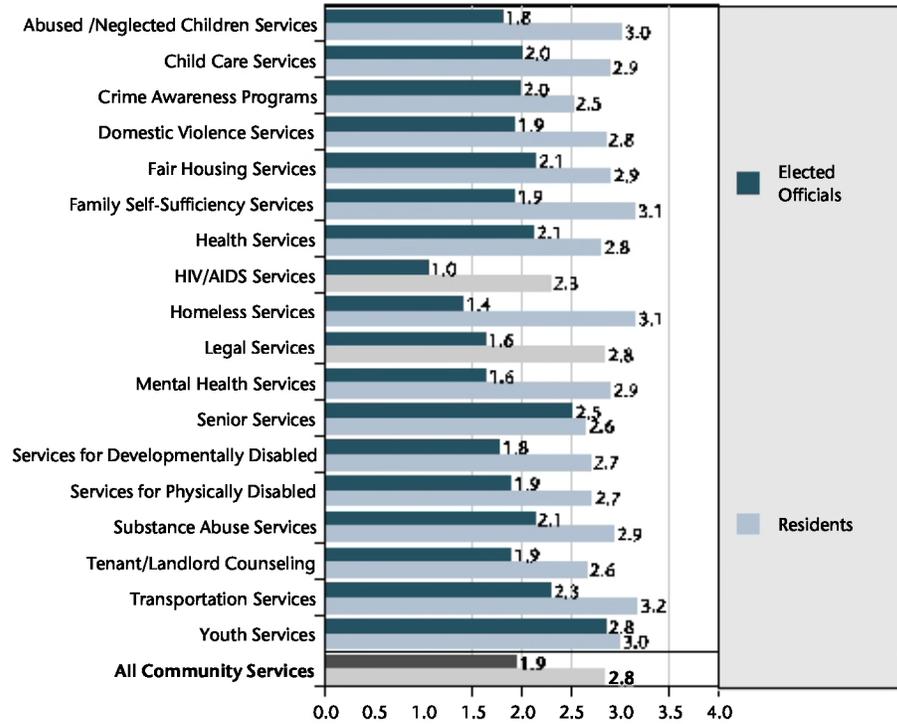


The average response rate among all Resident Survey respondents in the infrastructure category was 94 percent. All items had similar response rates, ranging from 94 percent to 95 percent. An average of 81 percent of Elected Officials answered the infrastructure questions.

Community service needs. Resident Survey respondents reported an average ranking among community services of 2.82, while Elected Officials average ranking was 1.92. The item with the highest reported need for Resident respondents was transportation services followed by homeless services and self-sufficiency services. Elected Officials ranked youth services and senior services with the highest level of need. The lowest ranked need was for HIV/AIDS services for both Resident and Elected Officials. Exhibit II-6 displays the average ranking for all community services by HUD category.

**Exhibit II-6.
Average Ranking
for Community
Service Needs,
2010**

Source:
2010 Indiana Resident
Housing and Community
Development Survey and
2010 Elected Official
Housing and Community
Development Survey.



The average response rate among all Resident Survey respondents in the community services category was 94 percent and 79 percent for Elected Officials.

Most important community development needs. The survey asked respondents to list the top community development needs in their community. Top needs listed by Resident Survey respondents included affordable housing and other housing needs, shelter and services for the homeless and services and housing for persons with disabilities. Infrastructure improvements (i.e., streets, sidewalks, stormwater and sewer systems and general infrastructure), transportation and community improvement needs were also frequently mentioned as top needs by respondents. Elected Officials listed infrastructure needs as their top community development needs. Infrastructure needs include water, wastewater, stormwater, sidewalk and road improvements.

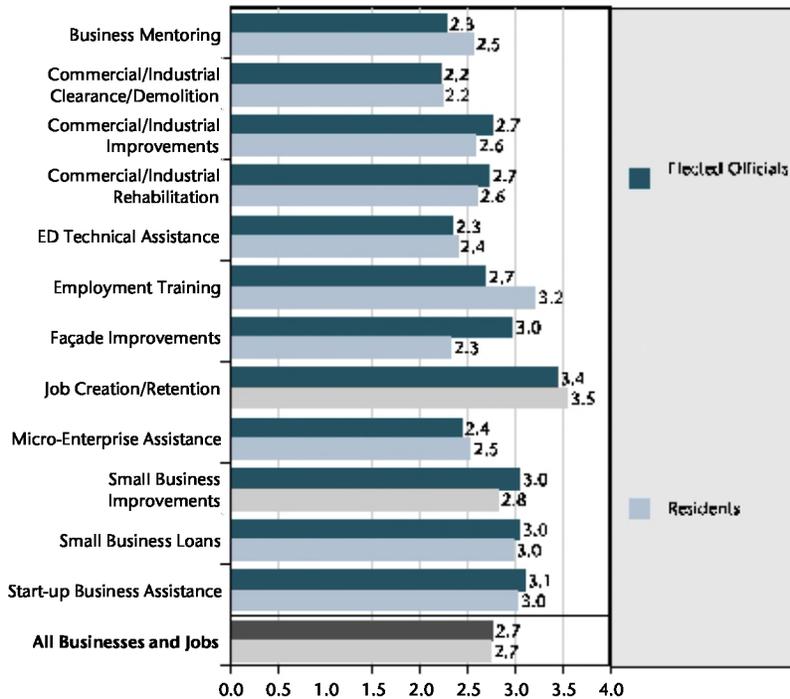
Economic opportunities:

Business and jobs needs. Among all Resident Survey respondents, the average business and jobs needs ranking was 2.72, which was very similar to the 2.74 average ranking given by the Elected Officials. Job creation/retention received the highest ranking of all needs listed for both the Resident and Elected Official Surveys. In fact, 69 percent of the Resident responses and 65 percent of Elected Official responses to this question rated this need as *high* (4).

The Residents second greatest identified need was for employment training followed by start-up business assistance. Elected Officials second ranked need was for start-up business assistance followed by small business improvements and small business loans. The item with the lowest indicated need for both surveys was commercial/industrial clearance and/or demolition. Exhibit II-7 displays the average ranking for all businesses and jobs needs by HUD category.

**Exhibit II-7.
Average Ranking for
Business and Job Needs,
2010**

Source:
2010 Indiana Resident Housing and
Community Development Survey and 2010
Elected Official Housing and Community
Development Survey.



The average response rate among all Resident Survey respondents in the businesses and jobs category was 87 percent and 79 percent among the Elected Officials.

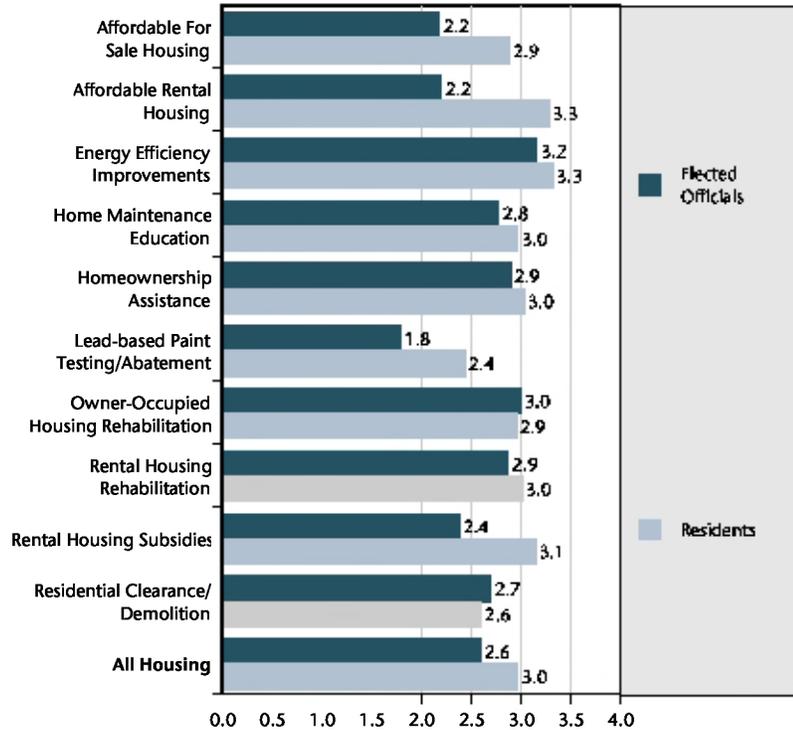
Most important economic development needs. The overwhelming economic development need stated by Resident and Elected Official Survey respondents was the need for jobs. Respondents top needs included jobs that pay a living wage, the creation of new jobs and the need to retain jobs. The need to attract, keep and assist businesses of all types (e.g., small businesses, new business) were other important needs. Job training and educational opportunities were other top needs given by respondents. Elected Officials also mentioned the need of commercial and industrial parks.

Decent housing:

Housing needs. The average housing needs ranking among all Resident Survey respondents was 2.96 (the highest indicated need among all categories for the Resident Survey). Elected Officials average ranking for housing needs was 2.59. Housing items with the greatest reported need was energy efficiency improvements for both the Elected Officials and Residents. In fact, over half (53 percent) of the Resident responses and 48 percent of Elected Official responses to this question rated this need as *high* (4). The need for affordable rental housing and rental housing subsidies were the second and third highest rated needs for Resident respondents, while Elected Officials ranked owner and homebuyer needs above rental needs. The item ranked the lowest for both the Resident and Elected Official Surveys was lead-based paint abatement. Exhibit II-8 displays the average ranking for all housing needs by HUD category.

**Exhibit II-8.
Average Ranking for
Housing Needs, 2010**

Source:
2010 Indiana Resident Housing and
Community Development Survey and 2010
Elected Official Housing and Community
Development Survey.

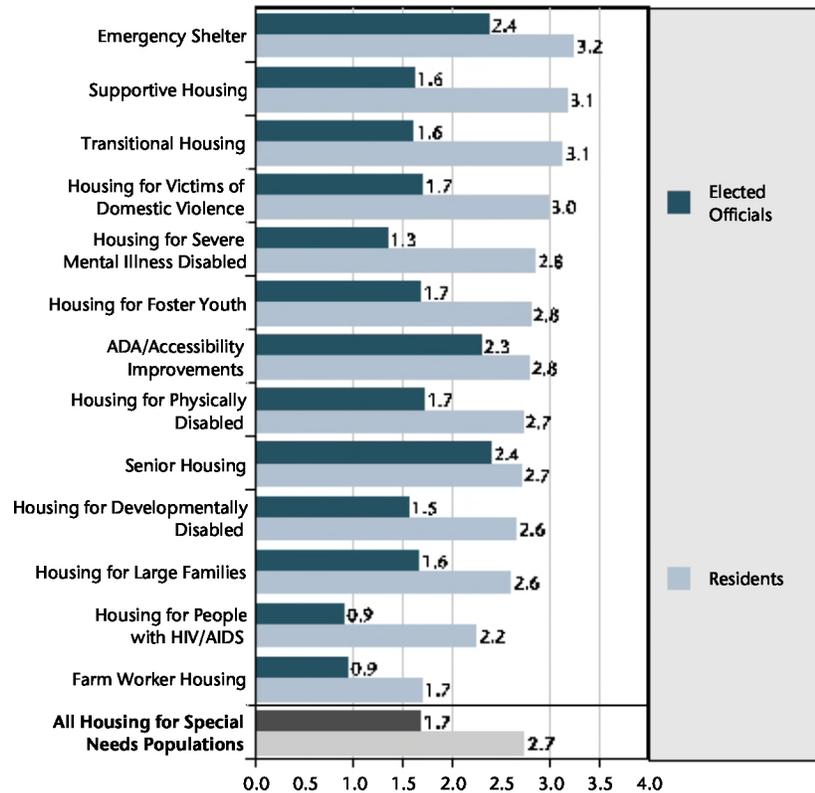


The average response rate among Resident Survey respondents in the housing needs category was 90 percent and 80 percent among Elected Officials. The item with the highest response rate of housing items was affordable rental housing (92 percent) among Resident Survey respondents.

Housing needs for special needs populations. Resident Survey respondents reported an average ranking among all housing needs for special needs populations of 2.72, while Elected Officials gave an average ranking of 1.66 to housing needs for special needs populations. Housing for homeless populations (e.g., emergency shelter, supportive housing and transitional housing) were the highest ranked needs of the Resident Survey respondents. Elected Officials ranked senior housing, emergency shelter and ADA/accessibility improvements as their top needs. Farm worker housing and housing for people with HIV/AIDS ranked low for both Resident and Elected Official Survey respondents. Exhibit II-9 displays the average ranking for all housing needs for special needs populations by HUD category.

**Exhibit II-9.
Average Ranking for
Housing Needs for
Special Needs
Populations, 2010**

Source:
2010 Indiana Resident Housing and
Community Development Survey
and 2010 Elected Official Housing
and Community Development
Survey.



The housing needs for special needs populations average response rate for Resident Survey respondents was 88 percent and 79 percent for the Elected Official Survey.

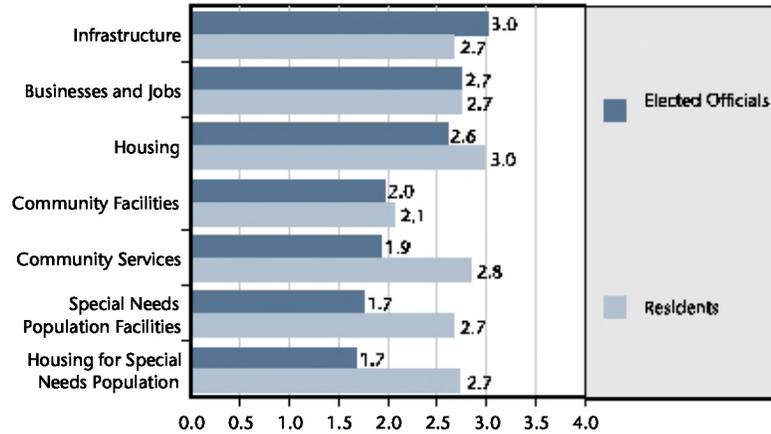
Most important housing needs. Both surveys asked respondents to list the top housing needs in their community. Affordability was a common theme in many of the responses for both surveys. Resident and Elected Official respondents mentioned the need for affordable housing including rental and owner occupied units. Resident Survey respondents mentioned affordable housing for the disabled and other special needs populations, while Elected Officials mentioned housing for seniors. Home rehabilitation for both owner and renter occupied units was another top need for both Elected Official and Resident Survey respondents. Housing for homeless populations and those at-risk of homelessness were also mentioned frequently among Resident Survey respondents. Homeless housing needs include the need for emergency, transitional and permanent supportive housing.

Respondents were also asked which groups of people in their community have the greatest unmet housing needs. People who were described as being low income, poor or living below the poverty level were mentioned the most. Other populations with unmet housing needs included persons with disabilities, seniors, the homeless and single parents.

Summary of needs. Infrastructure needs appear to be the most of the housing and community development needs categories to Elected Officials, while Residents ranked housing the highest. The business and jobs needs categories also ranked high among both surveys, as show in the following exhibit.

**Exhibit II-10.
Average Ranking of
Housing and Community
Development Need
Categories, 2010**

Source:
2010 Indiana Resident Housing and
Community Development Survey and 2010
Elected Official Housing and Community
Development Survey.



Resident survey top needs. Coinciding with the recent increasing unemployment rate nationwide the residents of the State of Indiana identified job creation and retention as the highest ranked need of all the listed needs. Energy efficient improvements to housing was the second highest and affordable rental housing was third. The following exhibit lists the highest ranked needs for all housing and community development categories.

**Exhibit II-11.
Resident Survey Top 25 Ranked Housing and Community Development Needs, 2010**

Need	Category	Average Response Rank
Job Creation/Retention	Businesses and Jobs	3.54
Energy Efficiency Improvements	Housing	3.31
Affordable Rental Housing	Housing	3.27
Emergency Shelter	Housing for Special Needs Population	3.22
Employment Training	Businesses and Jobs	3.20
Transportation Services	Community Services	3.16
Supportive Housing	Housing for Special Needs Population	3.15
Rental Housing Subsidies	Housing	3.14
Homeless Services	Community Services	3.14
Family Self-Sufficiency Services	Community Services	3.14
Transitional Housing	Housing for Special Needs Population	3.11
Homeownership Assistance	Housing	3.03
Start-up Business Assistance	Businesses and Jobs	3.01
Rental Housing Rehabilitation	Housing	3.00
Abused/Neglected Children Services	Community Services	3.00
Homeless Shelters	Special Needs Population Facilities	2.99
Youth Services	Community Services	2.98
Small Business Loans	Businesses and Jobs	2.96
Home Maintenance Education	Housing	2.96
Housing for Victims of Domestic Violence	Housing for Special Needs Population	2.96
Owner-Occupied Housing Rehabilitation	Housing	2.94
Substance Abuse Services	Community Services	2.92
Fair Housing Services	Community Services	2.89
Mental Health Services	Community Services	2.88
Affordable For Sale Housing	Housing	2.88

Source: 2010 Indiana Resident Housing and Community Development Survey.

Besides job creation and retention, employment training, start-up business assistance and small business loans were ranked high overall. Housing for special needs populations identified the need for emergency, transitional and supportive housing. Needs targeted to rental housing, including affordable rental housing and rental housing subsidies, also ranked high. Transportation, homeless and family self-sufficiency services are community services that ranked high overall as well.

Elected official top needs. Business and jobs and infrastructure needs dominated the top 10 ranked housing and community development needs of the Elected Official Survey. Job creation and retention was the highest ranked need followed closely by storm water, water/sewer, sidewalk and street improvements.

**Exhibit II-12.
Elected Official Survey Top 25 Ranked Housing and Community Development Needs, 2010**

Need	Category	Average Response Rank
Job Creation/Retention	Businesses and Jobs	3.42
Storm Water Improvements	Infrastructure	3.42
Water/Sewer Improvements	Infrastructure	3.40
Sidewalk Improvements	Infrastructure	3.34
Street/Alley Improvements	Infrastructure	3.18
Energy Efficiency Improvements	Housing	3.15
Start-up Business Assistance	Businesses and Jobs	3.09
Small Business Improvements	Businesses and Jobs	3.03
Small Business Loans	Businesses and Jobs	3.03
Owner-Occupied Housing Rehabilitation	Housing	2.99
Façade Improvements	Businesses and Jobs	2.96
Homeownership Assistance	Housing	2.89
Flood Drainage Improvements	Infrastructure	2.87
Rental Housing Rehabilitation	Housing	2.86
Youth Services	Community Services	2.83
Youth Centers	Special Needs Population Facilities	2.81
Home Maintenance Education	Housing	2.77
Commercial/Industrial Improvements	Businesses and Jobs	2.74
Commercial/Industrial Rehabilitation	Businesses and Jobs	2.71
Residential Clearance/Demolition	Housing	2.69
Employment Training	Businesses and Jobs	2.68
ADA/Accessibility Improvements	Infrastructure	2.59
Emergency Services Facilities/Fire Stations & Equipment	Community Facilities	2.54
Senior Services	Community Services	2.50
Micro-Enterprise Assistance	Businesses and Jobs	2.42

Source: 2010 Elected Official Housing and Community Development Survey.

Housing needs also ranked high among the Elected Officials. These included energy efficiency improvements, owner occupied rehabilitation and homeownership assistance.

Stakeholder Input

To collect additional information from key informants about Indiana's housing and community development needs: interviews and focus groups were conducted during February and March 2010 with key persons who are knowledgeable about these needs in the State. The input from this comprehensive key informant effort was considered during development of the five year Consolidated Plan. Additionally, a survey was conducted of elected officials across the state. These survey results are included in the Housing and Community Development Surveys section below.

These key persons included economic development organizations, local government representatives, housing providers, community service providers, advocates and others. The stakeholders provided information about the housing market in general, local economies and about the top housing and community development needs in the State.

The following exhibit is a list of organizations and agencies that participated in the planning process as part of key person interviews and focus groups. Their input was very welcome and their thoughts much appreciated.

**Exhibit II-13
Stakeholder Focus Groups and Key Person Interview Organizations/Agencies Consulted**

Organization/Agencies	Organization/Agencies
AARP Indiana	Indiana University
Affordable Housing Corporation of Grant County	Indianapolis Resource Center for Independent Living (IRCIL)
Anchor House	Kankakee Iraquois Regional Planning Commission
Association of Indiana Counties	League for the Blind and Disabled
ATTIC, Inc	Main Street
Back Home in Indiana Alliance	Martindale Brightwood CDC
Center for Urban Policy and the Environment	Meridian Services
Center on Aging and Community, Indiana University	Midtown Mental Health
Children's Bureau	Near North Development Corporation
City of Logansport, Mayor and Deputy Mayor	Neighborhood Development Associates
Coburn Place Safe Haven	Northwestern Indiana Regional Planning Commission (NIRPC)
Community Action of Greater Indianapolis	Office of Family and Consumer Affairs
Community Action Program of Western Indiana	Paralyzed Hoosier Veterans (PHV)
Community Mental Health Center of Batesville	Pathfinder Services
Dayspring Center	Providence Housing Corporation
Eastern Indiana Development District	Providence Self-Sufficiency Ministries
Economic Development Coalition of Southwest Indiana	Quality L Solutions
Federal Home Loan Bank of Indianapolis	Randolph County Economic Development
Future Choices Inc.	Region III-A Economic Development District & RPC
Grant County Economic Development Council	River Hills Economic Development District & RPC
Hannum Wagle and Cline	Rural Rental Housing Association
Heart of the Tree City	Self Harvesting Capabilities
Holy Family Shelter	Southeastern Indiana Regional Planning Commission
Horizon House	Southern Indiana Development Commission
Housing Partnerships	Tangram Reshaping the Idea of Disability
Independent Living Center of Eastern Indiana	The Julian Center, Inc.
Indiana 15 Regional Planning Commission	The WILL Center
Indiana Association for Community Economic Development	Tikijan Associates
Indiana Association of Cities & Towns	USDA Rural Development
Indiana Association of Rehabilitation Facilities (INARF)	Volunteers of America
Indiana Association of United Ways	West Central Indiana Economic Development District
Indiana Civil Rights Commission	Workforce Inc.
Indiana Community Action Association	YMCA of Muncie
Indiana Council on Independent Living	YWCA of Muncie, Residential Program
Indiana Office of Tourism Development	

Source: 2010 Stakeholder Focus Groups and Key Person Interviews.

Focus groups. To gather information on housing and community development needs of the State, four focus groups were held with Regional Planning Commissions; Human Rights Councils and Continuum of Cares; Indiana Association of Rehabilitation Services, Facilities, Community Mental Health Centers and Indiana Council on Independent Living Representatives; and Back Home in Indiana, Governors Council for People with Disabilities and persons with disabilities. The following exhibit lists the four focus groups and the number of participants at each focus group.

**Exhibit II-14.
Stakeholder Focus
Groups**

Stakeholder Focus Groups		Participants
2/17/10	Continuum of Care and Human Rights Councils	15
2/22/10	Back Home/Governors Council for People with Disabilities	11
2/22/10	Indiana Association of Rehabilitation Services Facilities, Community Mental Health Centers and Indiana Council on Independent Living Representatives	18
3/4/10	Regional Planning Commissions	12
Total Participants		56

The following is a summary of these focus groups broken into two summaries. The first summarizes the responses from the Regional Planning Commissions, who focus was on community and economic development issues. The second summary focuses on issues concerning housing and special needs populations discussed by the Human Rights Councils, Continuum of Care professionals, Indiana Association of Rehabilitation Services, Facilities, Community Mental Health Centers, Indiana Council on Independent Living Representatives, Back Home in Indiana and Governors Council for People with Disabilities. The input is organized into four areas: 1) Needs, 2) Process and Policies, 3) Resources, and 4) Communication.

Community and economic development professionals focus group. On March 4, 2010 a focus group of community and economic development professionals was held to discuss community and economic development needs, and the processes and use of resources by the Office of Community and Rural Affairs (OCRA). A summary of the feedback received during the focus group meetings is included below.

Needs. The focus group of community and economic development professionals chose its top community and/or economic development needs. The first priority community/economic development need according to the focus group is infrastructure. The group mentioned infrastructure including drinking water/waste water improvements, broadband access, local road/street improvements, public transportation and Brownfield clean-up.

According to the focus group the second priority community/economic development need is downtown and neighborhood revitalization including safe/affordable housing, housing rehabilitation, and housing preservation.

Finally, the third need is comprehensive community planning and government assistance including government cooperation, government consolidation, emergency services, adequate healthcare, education for local elected officials on grant funding and technical assistance. The focus group also noted that jobs and education including job creation and retention, job training, and more education funding are needed.

The focus group members found it difficult to prioritize the community and economic development needs. However, they provided a listing: infrastructure; emergency services; comprehensive community development; and neighborhood revitalization. The group also gave some parameters for how to prioritize those needs including “shovel-readiness,” community impact and availability of funds.

Process and policies. Participants discussed what is working and not working regarding OCRA's needs identification and funding allocation. The community and economic development professionals agreed that Metropolitan Planning Organization funded projects, prioritization based on greatest needs, and same category competition of needs is working from their vantage point.

The focus group provided suggestions to OCRA in three (3) categories including staffing improvements and staff education; application improvement and process; and regional plan enforcement.

When asked what land use, zoning regulations, and public policies inadvertently restrict community and economic development opportunities, the focus group responded Brownfield regulations, Brownfield vs. Greenfield redevelopment, restrictive application points system and the lack of a streamlined interagency application process restricts opportunities. To address these concerns the group recommended providing incentives for Brownfield redevelopment, broadening application point system and mandating interagency cooperation for the application process.

Resources. The focus group agreed that more funding should be available for planning purposes; OCRA and regional planning organizations should partner to provide technical assistance especially to small communities; flexibility in the application process; and relaxing some of the OCRA requirements which seem more restrictive than HUD.

Communication. Finally, the members of the focus group suggested the use of more alternative media sources including webinars, listening sessions throughout the state and more regional focus groups will help keep them engaged for input into the statewide plan.

Housing and special needs population focus groups. On February 17 and 22, 2010 focus groups of housing and special needs population professionals were held to discuss housing and community development needs, and the processes of the Indiana Housing and Community Development Agency (IHCDA). A summary of the conversations follow.

Needs. The focus groups of housing and special needs population professionals agreed that safe, accessible, affordable, subsidized, permanent housing with supportive services is the greatest housing need statewide. Housing for the elderly, disabled, former inmates, large families, low income, and the chronically mentally ill were of particular concern for these professionals. The group members also requested flexibility of requirements for persons with a poor credit history, prior convictions and non-qualified immigrants. Additionally, emergency housing and supportive services especially in rural areas was mentioned frequently.

The greatest community needs according to the focus groups are comprehensive integrated housing and transportation planning to include jobs and amenities such as grocery stores, banks, parks, etc. Education and employment training, tax reform and tax incentives and the coordination and cooperation of state and local agencies and services.

The dream wish list of the focus groups included jobs, employment training and lifelong education programs, safe, accessible, affordable, subsidized, permanent housing with supportive services for the elderly, disabled, former inmates, large families, low income, and the chronically mentally ill. The list also included comprehensive community planning, assistance to community organizations, neighborhood revitalization, and infrastructure development including a statewide transit system.

Process and policies. When asked what IHCDA processes are working the best the focus groups were complimentary to the IHCDA competitive funding process, the Rapid Re-Housing Program, the website, training programs, and the fact that real people answer the telephones when the professionals have questions to ask. The groups listed many items which needed improvement including funding for administrative and overhead costs, the State notification process and reducing the large amount of paperwork for the Rapid Re-Housing Program because the person is desperate and in need of assistance not extra paperwork.

The focus group respondents agreed organizations must follow the agency rules in order to obtain funding. They also believed there is a disconnect between the IHCDA process and how items are implemented locally. One of the group members suggested there is a lack of communication regarding community needs. The group also agreed they want to see IHCDA include their local priorities in the state plan.

True collaboration and comprehensive planning and agreement of needs/solutions by the public and private sectors (State agency, investors, and community organizations) and the education of all stakeholders on the benefits to the community were suggested as ways to address the greatest needs.

The focus groups of housing and special needs population professionals decided that zoning, the lack of transportation, the lack of funding for affordable housing, and the lack of housing rights education for stakeholders impedes access to fair housing and the development of affordable housing.

Many of the professionals in the focus groups mentioned they did not have much knowledge of the zoning regulations in their areas. However, some commented on residential zoning ordinances that result in people having to drive to work, and the lack of comprehensive zoning ordinances inclusive of all the needs for a community such as, shopping/banks, parks, housing and jobs. Some suggestions for fixing these problems included education for stakeholders and developers on zoning issues, and its future ramifications, reducing restrictions on multifamily housing, density bonuses and incentives.

Additionally, the housing and special needs population professionals recommended the State help residents have equal access to fair housing by investing in transportation, core areas near services, asset building and earned-income opportunities for individuals as feasible goals.

Communication. Finally, members of the February 17 and 22, 2010 focus groups suggested the State re-establish the Consolidated Plan advisory committees to include non-state agency members and regular, frequent communication with the housing and community development professionals who do this type of work every day.

Key person interviews. To collect additional information about Indiana's housing and community development needs, interviews with key persons who are knowledgeable about housing and community development needs in the State were conducted. The interviews provided information about the top housing and community development needs in the State, which are summarized below. Additionally, key persons provided input concerning their local housing market; what works well and not well when working with the State; as well as input concerning fair housing in their communities. Detailed summary notes of the interviews are included in Appendix B.

Housing needs. When asked the greatest need for housing in their area, the majority of respondents stated that the need was for affordable single-family rentals. When asked if their clients could afford to buy or rent a house or apartment and keep it maintained, the majority of respondents answered that clients could not afford to buy or rent suitable housing or could not afford the maintenance or rehabilitation. The majority of respondents noted that the elderly, on a fixed income, were noted to be the group in greatest need of housing. The majority of respondents noted that fair housing is not an issue in their area.

Community and economic development needs. When asked for the top community or economic development needs in their area, respondents noted that infrastructure enhancements (including waste treatment, storm water control, street reconstruction, and sidewalks, etc.) and neighborhood rehabilitation (downtown development, etc.) ranked the highest. The respondents had many ideas on the needs for both economic and community growth in their area. Their needs for ‘quality of life’ included parks and recreation facilities, transportation services, medical services, entertainment, restaurants, hospitals, assisted living housing, affordable housing, new jobs, retention of jobs, school rehabilitation, property tax dollars, as well as better use and a continuum of the current services.

Needs of special needs populations. When asked about housing for special needs (homeless, elderly, physically and developmentally disabled), the majority had no available data on the current or future unmet special needs housing requirement.

SECTION III.
Socioeconomic and Housing Analysis

SECTION III.

Socioeconomic and Housing Analysis

This section discusses the demographic, economic and housing characteristics of the State of Indiana, including changes in population, household characteristics, income, employment, education, housing characteristics and housing prices and affordability to set the context for the housing and community development analyses in later sections of the State of Indiana Five Year Consolidated Plan. This section incorporates the most recently released socioeconomic data from the U.S. Census Bureau and State data sources.

Population Growth

The U.S. Census Bureau estimates Indiana 2009 population at 6,423,113 residents, an increase of over 34,800 residents from 2008. The state's population increased from 2000 (6,080,485) and from last year's estimate of 6,388,309. In recent years the state's population growth had been declining, however from 2008 to 2009 the population growth had started to pick back up. Between 1990 and 2000, the state grew at average annual rate of 1.0 percent per year. Between 2000 and 2009, the state grew at an average annual growth rate of 0.6 percent.

From a regional perspective, Indiana grew most similarly to Kentucky. Indiana's population increased 5.6 percent between 2000 and 2009, compared to Kentucky's population increase of 6.7 percent. Michigan's population increase of 0.3 percent during 2000 to 2009 made it the slowest growing of Indiana's neighboring states. Illinois grew by 4.0 percent and Ohio grew by 1.7 percent over the same time period.

City and County growth rates. Many of Indiana's top growth counties were located in the nine-counties that comprise the Indianapolis region, indicating that suburban metropolitan communities are absorbing much of Indiana's new growth. Hamilton County, located in the northeastern part of the Indianapolis region, grew by the largest percentage of all Indiana counties since 2000: from 2000 to 2008, the County grew by 48 percent.

Exhibit III-1 depicts county-specific growth patterns between 2000 and 2008. The entitlement counties of Lake and Hamilton experienced population growth overall; however, as can be seen in Exhibit III-2, 11 of the 22 entitlement cities in Indiana experienced population declines. Fourteen of the 20 fastest cities in towns from 2000 to 2008 are located in the Indianapolis MSA. This may indicate Indiana's city and rural residents are relocating to the suburbs. Counties near large metropolitan areas grew at rates faster than Indiana as a whole, while counties with declining populations were seen west and southeast of the Indianapolis MSA and along the northern border shared with Michigan.

Exhibit III-2 shows population growth from 2000 to 2008 in Community Development Block Grant (CDBG) entitlement and non-entitlement areas. As of 2008, 57 percent of Indiana's total population resides outside of CDBG entitlement areas. Higher growth was seen in entitlement areas (7.5 percent) from 2000 to 2008 compared to non-entitlement area growth (3.3 percent) during the same period.

**Exhibit III-2.
Population Change, State of Indiana, 2000 to 2008**

	2000		2008		Percent Change 2000 –2008
	Number	Percent	Number	Percent	
Indiana	6,080,485	100%	6,388,309	100%	5.1%
Non-Entitlement	3,512,126	58%	3,627,008	57%	3.3%
CDBG Entitlement	2,568,359	42%	2,761,301	43%	7.5%
CDBG Entitlement Areas:					
Hamilton County	182,740		269,785		47.6%
Lake County:	484,564		493,800		1.9%
East Chicago	32,414		29,978		-7.5%
Gary	102,746		95,920		-6.6%
Hammond	83,048		76,732		-7.6%
Balance of Lake County	266,356		291,170		9.3%
Cities:					
Anderson	59,734		57,282		-4.1%
Bloomington	69,291		71,819		3.6%
Carmel	37,733		66,769		77.0%
Columbus	39,059		40,001		2.4%
Elkhart	51,874		52,653		1.5%
Evansville	121,582		116,309		-4.3%
Ft. Wayne	205,727		251,591		22.3%
Goshen	29,383		32,630		11.1%
Indianapolis (balance)	781,870		798,382		2.1%
Kokomo	46,113		45,694		-0.9%
LaPorte	21,621		21,174		-2.1%
Lafayette	56,397		64,049		13.6%
Michigan City	32,900		32,405		-1.5%
Mishawaka	46,557		50,026		7.5%
Muncie	67,430		64,975		-3.6%
New Albany	37,603		37,296		-0.8%
South Bend	107,789		103,807		-3.7%
Terre Haute	59,614		60,007		0.7%
West Lafayette	28,778		30,847		7.2%

Note: The cities of Beech Grove, Lawrence, Speedway, Southport and the part of the Town of Cumberland located within Hancock County are not considered part of the Indianapolis entitlement community. Applicants that serve these areas would be eligible for CHDO Works funding. HOME entitlement areas include: Bloomington, East Chicago, Evansville, Fort Wayne, Gary, Hammond, Indianapolis, Lake County, Muncie, St. Joseph County Consortium, Terre Haute, Tippecanoe County Consortium.

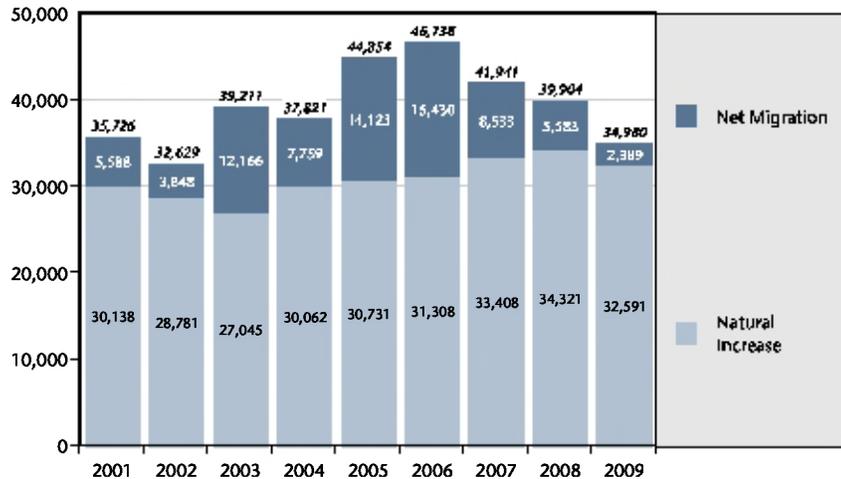
Source: Population Division, U.S. Census Bureau, compiled by Indiana Business Research Center.

Components of population change. Exhibit III-3 shows the components of the population change for 2001 through 2009. Population growth from 2000 to 2009 has primarily been attributed to natural increase. However, the State saw an increase in net migration in 2005 and 2006 from previous years. Net migration decreased to 8,500 persons in 2007, 5,600 persons in 2008 and 2,400 persons in 2009.

**Exhibit III-3.
Components of
Population Change,
State of Indiana,
2001 to 2009**

Note:
Population changes for each year are from July 1 to July 1 of the next year. The 2000 population change is not included because it is from April 1 to July 1 of 2000.

Source:
U.S. Census Bureau's Population Estimates.



Future growth. The Indiana Business Research Center (IBRC) projects a State population of 6,427,236 in 2010 and 6,581,875 in 2015. This equates to a growth rate of 2.5 percent from 2009 to 2015, which is 1.4 percentage points less than the growth rate experienced in the years 2003 to 2009. Simply stated, growth in Indiana is slowing.

Population Characteristics

In 2008, Indiana's median age was estimated to be 36.8, compared to 35.2 in 2000 and 36.5 in 2007. Similar to the rest of the nation, Indiana's baby boomers are close approaching old age and the overall age distribution of the State is shifting older. In 2008, approximately 63 percent of the State's population was between the ages of 18 and 64 years. Overall, 13 percent of Indiana's population was age 65 years and over in 2008.

Seventy-two of Indiana's 92 counties had a higher percentage of residents aged 65 and older than the total state average. Exhibit III-4 shows which counties have a large proportion of residents aged 65 years and older.

**Exhibit III-4.
Counties Where
Population 65 Years and
Over is Higher Than State
Average, State of Indiana,
2008**

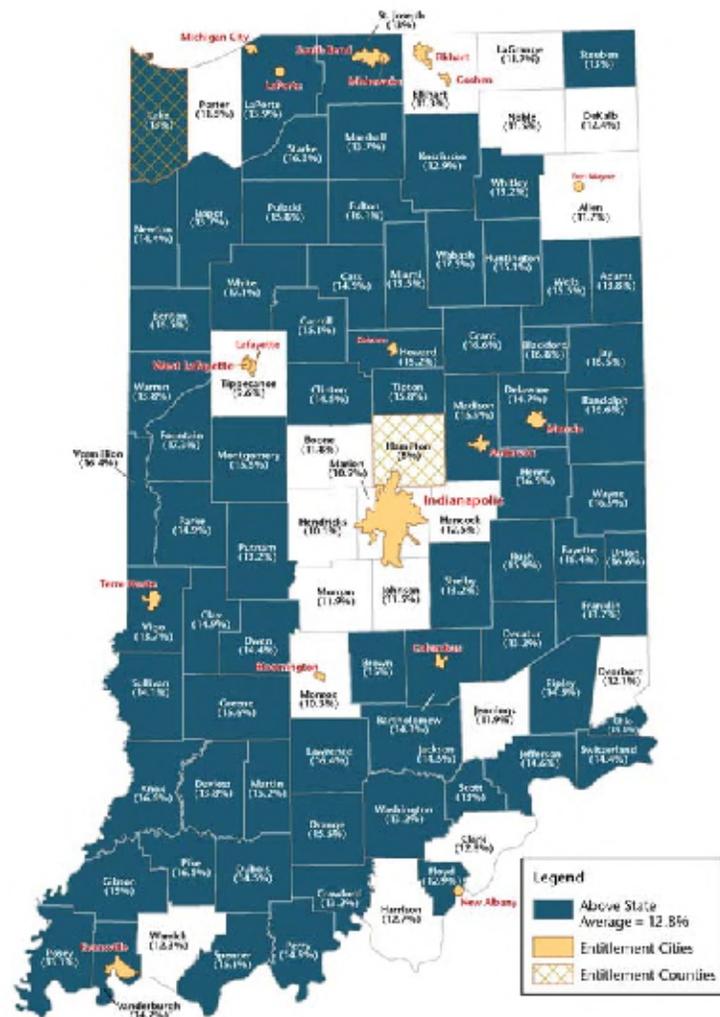
Note:

In 2008, 12.8 percent of the State's population was 65 years and over.

The shaded counties have a higher percentage of their population that is 65 years and over than the State overall.

Source:

U.S. Census Bureau's Population Estimates.



Racial/ethnic diversity. Indiana's racial composition changed very little between 2000 and 2008. Individuals defining themselves as White comprised 89 percent of the population in 2000 and 88 percent of the population in 2008. The state did experience a slight increase in Asian residents, Black or African American residents, American Indian and Alaska Native resident and those residents recorded as being of Two or More Races over that same time period. Although these groups still make up a small percentage of the overall population, their presence is increasing.

The U.S. Census defines ethnicity as persons who do or do not identify themselves as being Hispanic/Latino and treats ethnicity as a separate category from race. Persons of Hispanic/Latino descent represented 3.6 percent of the State's population in 2000, and grew to 5.2 percent by 2008. Exhibit III-5 shows the breakdown by race and ethnicity of Indiana's 2000 and 2008 populations.

**Exhibit III-5.
Population by Race and Ethnicity, State of Indiana, 2000 and 2008**

	2000		2008	
	Number	Percent	Number	Percent
Total Population	6,091,955	100%	6,376,792	100%
American Indian and Alaska Native Alone	15,834	0.3%	20,390	0.3%
Asian Alone	60,638	1.0%	86,768	1.4%
Black or African American Alone	518,077	8.5%	578,088	9.1%
Native Hawaiian/Other Pacific Islander Alone	2,332	0.0%	3,136	0.0%
White Alone	5,439,298	89.3%	5,611,577	88.0%
Two or More Races Alone	55,776	0.9%	76,833	1.2%
Hispanic or Latino (of any race)	216,919	3.6%	332,225	5.2%

Source: U.S. Census Bureau's 2000 Census and 2008 Populations Estimates.

Concentration of race/ethnicity. The State's population of African Americans and persons of Hispanic/Latino descent are highly concentrated in counties with urban areas, most of which contain entitlement areas. Exhibits III-6 and III-7 show the counties that contain the majority of these population groups.

Exhibit III-6 displays the counties that have a larger percentage of African Americans in their population than the State average. Indiana's African American population is highly concentrated in the State's urban counties. Allen, Marion, Lake, LaPorte and St. Joseph counties contain 76 percent of the African Americans in the State. Please note these data do not include racial classifications of Two or More Races, which include individuals who classify themselves as African American along with some other race.

**Exhibit III-6.
Counties Whose African
American Population is
Greater than the State
Average, State of Indiana,
2008**

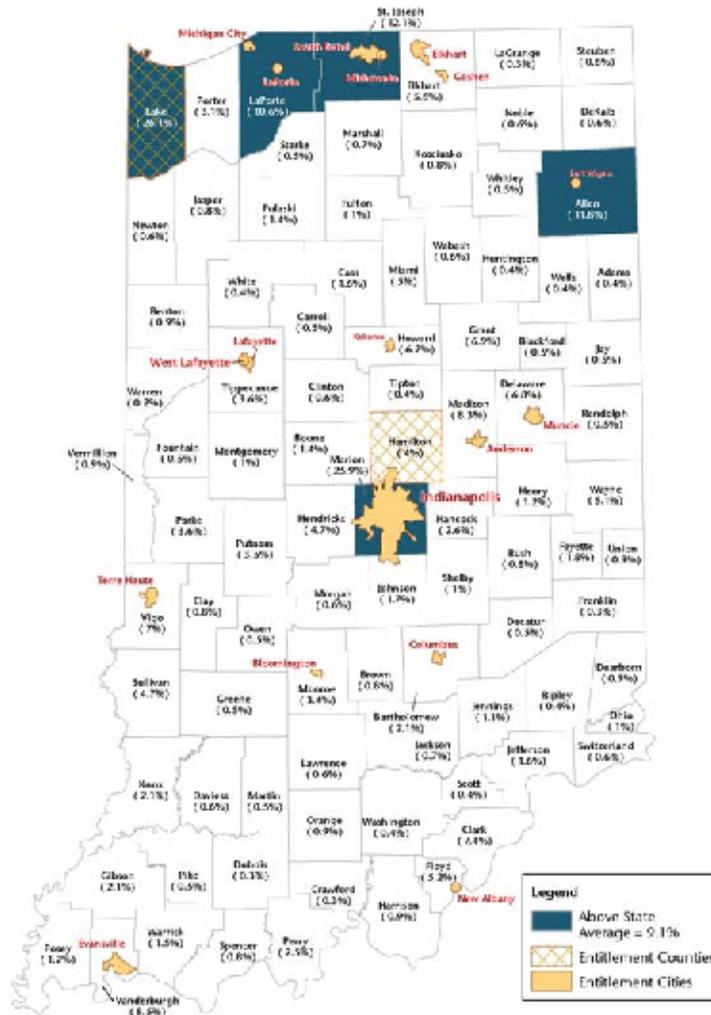
Note:

In 2008, African Americans made up 9.1 percent of the State's population.

The shaded counties have a higher percentage of their population that is African American than the State overall.

Source:

U.S. Census Bureau's Population Estimates, compiled by Indiana Business Research Center and BBC Research & Consulting.



Poverty. In 2008, the U.S. Census Bureau reported that 13.1 percent of Indiana residents were living below the poverty level. This is an increase of 3.6 percentage points from 2000 (9.5 percent of all residents living below poverty level). As seen in Exhibit III-10, the percentages of many age groups and family types living below the poverty level has increased from 2000 to 2008. For example, 18 percent of Indiana residents under age 18 lived below the poverty level in 2008, an increase of 6 percentage points from 2000. Similarly, 37 percent of female-headed households with children and no husband present lived below the poverty level in 2008, an increase of 7.0 percentage points from 2000.

**Exhibit III-10.
Percent Living Below
the Poverty Level,
State of Indiana,
2000 and 2008**

Source:
U.S. Census Bureau's 2000 Census and
2008 American Community Survey.

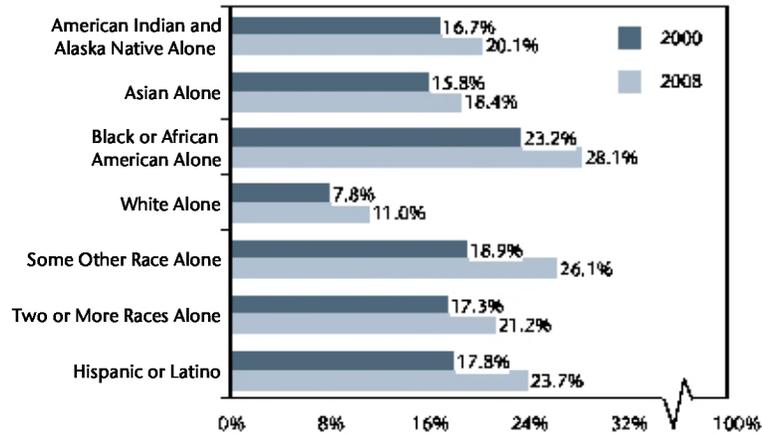
	2000	2008	Net Change from 2000 to 2008
All residents	9%	13%	4%
Persons under age 18	12%	18%	6%
Persons age 18 to 64	9%	12%	3%
Persons age 65 and older	8%	8%	1%
Households with related children under 18 years	10%	15%	5%
Female head of household with children present	30%	37%	7%

The Census also provides poverty data from the Small Area Income and Poverty Estimates program, for school districts, counties, and states. The following map shows the percent of the population living below poverty for each county. The darker shaded counties have a higher percent of their population living below the poverty level than the state average of 12.9 percent.

Exhibit III-12 compares the percentage of persons living in poverty for each race and ethnicity in 2000 and 2008. Indiana residents who were White had the lowest poverty rate in 2008; African Americans, Hispanics/Latinos, those of Two or More Races and those of Some Other Race had the highest rates of poverty in the State. However, a higher percentage of every race excluding Asians lived below the poverty level in 2007 than in 2000.

**Exhibit III-12.
Percentage of Population
Living Below the Poverty
Level by Race and
Ethnicity, State of Indiana,
2000 and 2008**

Source:
U.S. Census Bureau's 2000 Census and 2008
American Community Survey.



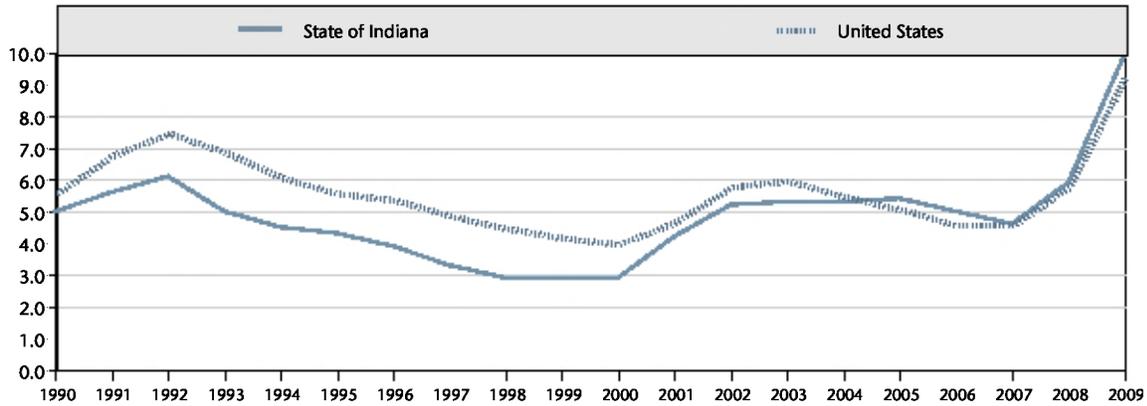
Of the State of Indiana's total population of persons living in poverty in 2007, 73 percent were White, 18 percent were Black/African American, 9 percent were Hispanic/Latino, 4 percent were Some Other Race, 3 percent were Two or More Races and 2 percent were Asians. This compares to the general population distribution of 86 percent White, 8 percent Black/African American, 5 percent Hispanic/Latino, 2 percent Some Other Race, 2 percent Two or More Races and 1 percent Asian. Therefore, the State's Black/African American, Hispanic/Latino and Some Other Race populations are disproportionately more likely to be living in poverty.

In addition, 21.2 percent of persons with disabilities, or 166,523 persons, lived below the poverty level in 2008.

Educational attainment. The percent of college-educated Indiana residents increased moderately between 2000 (19 percent) and 2008 (23 percent). Indiana trails the U.S. average of 28 percent in higher education attainment. In general, Indiana has a less educated population than the U.S. as a whole.

Exhibit III-13 maps all counties with a higher percent increase in high school dropouts from 2000 to 2007 than the overall population percent increase of 4.4 percent. In all, 37 of the 92 counties had a larger percentage increase in high school dropouts than the overall population increase.

Exhibit III-14.
Average Annual Unemployment Rate, State of Indiana, 1990 to 2009



Note: Resident Labor Force Estimates (not seasonally adjusted).

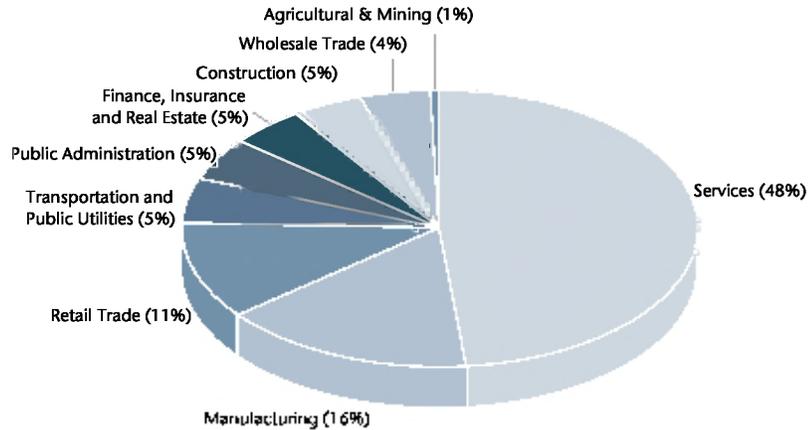
Source: Bureau of Labor Statistics as compiled by the Indiana Business Research Center, IU Kelley School of Business.

Indiana had the 13th highest average unemployment rate in 2009 of the states with Michigan having the highest unemployment rate of 14 percent.

County unemployment rates ranged from a low of 5.6 percent in Daviess County to a high of 16.6 percent in Elkhart County. Exhibit III-15 displays the 2009 average unemployment rate by county, as reported by the Bureau of Labor Statistics. The shaded counties have an average unemployment rate higher than the statewide average of 9.9 percent.

**Exhibit III-16.
Employment by Industry,
State of Indiana, Second
Quarter 2009**

Source:
Indiana Business Research Center, IU Kelley
School of Business (based on ES202 data).



From the second quarter of 2004 to the second quarter of 2009, Indiana lost over 150,000 jobs, the majority of which were manufacturing jobs. Comparing employment data from five years ago shows a shift from the proportion of manufacturing jobs to service industry jobs. In the second quarter of 2004, 20 percent of Indiana’s jobs were manufacturing while five years later in 2009 manufacturing jobs provided 16 percent of the jobs in Indiana. Comparatively, the service industry made up 44 percent of Indiana’s jobs in 2004 while in 2009 the share increased to 48 percent of the jobs.

Exhibit III-17 shows the 2nd quarter 2009 average weekly wage and the percent of total jobs by employment industry to Indiana. The highest wage industries are the utilities and management of companies and enterprises. However, these two industries only make up 2 percent of all jobs in Indiana. The manufacturing industry, which comprises 16 percent of all jobs, has an average weekly wage \$955. The lowest wage industries include accommodation and food services and retail trade.

**Exhibit III-17.
Average Weekly Wage
and Percent of Total Jobs
by Industry, State of
Indiana, Second Quarter
2009**

Note:
xxx.

Source:
Indiana Business Research Center, IU Kelley
School of Business (based on ES202 data).

	Average Weekly Wages	Percent of Total Jobs
Total	\$710	100%
Utilities	\$1,278	1%
Management of Companies and Enterprises	\$1,260	1%
Mining	\$1,069	0%
Professional, Scientific, and Technical Services	\$996	4%
Manufacturing	\$955	16%
Wholesale Trade	\$954	4%
Finance and Insurance	\$953	4%
Construction	\$876	5%
Information	\$824	2%
Public Administration	\$764	5%
Health Care and Social Services	\$744	14%
Transportation & Warehousing	\$739	5%
Educational Services	\$710	9%
Real Estate and Rental and Leasing	\$600	1%
Agriculture, Forestry, Fishing and Hunting	\$552	0%
Admin. & Support & Waste Mgt. & Rem. Services	\$503	5%
Other Services (Except Public Administration)	\$478	3%
Arts, Entertainment, and Recreation	\$455	2%
Retail Trade	\$432	11%
Accommodation and Food Services	\$242	9%

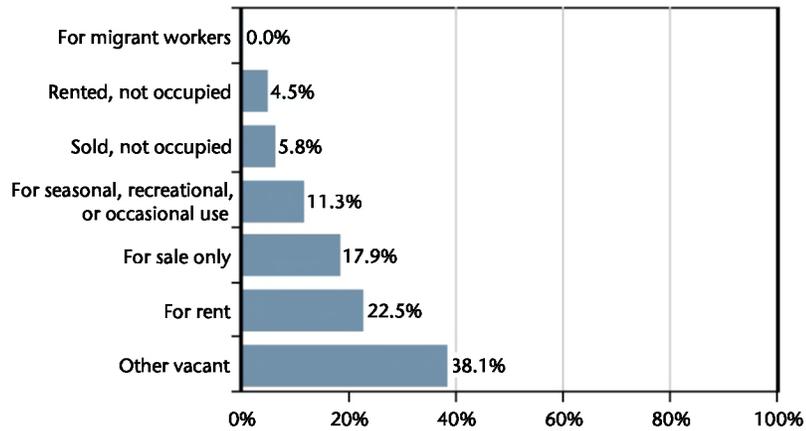
The following exhibit maps the average weekly by county. Indiana's highest average weekly wages are in Martin County (\$1,141). The majority of Martin County's employment composition is comprised of public administration (45 percent of all jobs), manufacturing (16 percent) and professional, scientific, and technical services (11 percent). These make up 72 percent of all the jobs in Martin County. Brown County has the lowest average weekly wage (\$419) of Indiana counties. Forty percent of Brown County jobs are in accommodation and food services and the retail trade, which are typically low-wage jobs.

Vacant units. The 2008 statewide homeownership vacancy rate was estimated by the Census Bureau’s ACS to be 3.0 percent. The 2008 rental vacancy rate was estimated at 9.0 percent. In 2008, over half of all vacant units in Indiana (51 percent) consisted of owner or renter units that were unoccupied and/or for sale or rent. Eleven percent of vacant units were considered seasonal units, while 38 percent of units were reported as “other vacant.” Other vacant units included caretaker housing, units owners choose to keep vacant for individual reasons and other units that did not fit into the other categories.

Exhibit III-21 shows the vacant units in the State by type.

**Exhibit III-21.
Vacant Housing Units by
Type, State of Indiana,
2008**

Source:
U.S. Census Bureau's 2008 American
Community Survey.



Housing condition. Measures of housing condition are relatively scarce. However, the annual release of the ACS’s Summary Tables provide a good source of current information on housing conditions at the State level.

The ACS data cover the important indicators of housing quality, including the year the structure was built, overcrowding, plumbing facilities and kitchen facilities. In addition to measuring housing conditions, such variables are also good indicators of community development needs, particularly of weaknesses in public infrastructure. The Census Bureau reports most of these characteristics for occupied housing units.

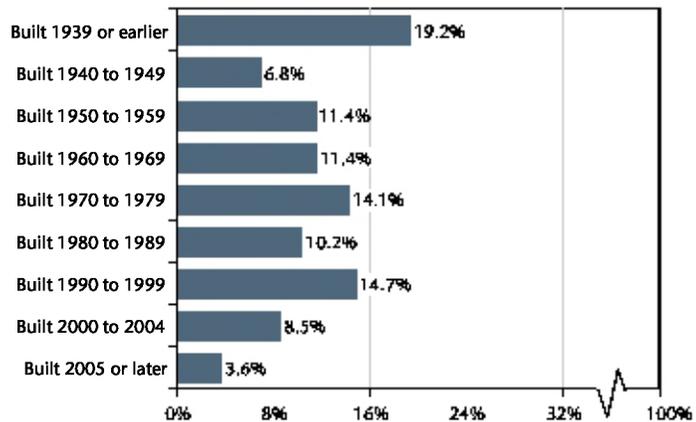
Age. An important indicator of housing condition is the age of the home. Older houses tend to have more condition problems and are more likely to contain materials such as lead paint (see below). In areas where revitalization of older housing stock is active, many old houses may be in excellent condition; however, in general, condition issues are still most likely to arise in older structures.

Older structures are also at higher risk containing lead-based paint. As discussed later in this section, units built before 1940 are most likely to contain lead-based paint. Units built between 1940 and 1978 have a lesser risk (lead was removed from household paint after 1978), although many older units may have few if any problems depending on construction methods, renovation and other factors.

Housing age data from the 2008 ACS indicate that almost one fifth of the State's housing units, occupied or vacant, was built before 1940, when the risk of lead-based paint is the highest. Approximately 63 percent of the housing stock was built before 1979. As of the 2008, the median year the housing stock was built in the State was 1971. Exhibit III-22 presents the distribution of housing units in the State by age.

**Exhibit III-22.
Year Housing Units Were
Built, State of Indiana, 2008**

Source:
U.S. Census Bureau's 2008 American Community
Survey.



Overcrowded housing. Overcrowding in housing can threaten public health, strain public infrastructure, and points to the need for affordable housing. The amount of living space required to meet health and safety standards is not consistently specified; measurable standards for overcrowding vary. According to HUD, the most widely used measure assumes that a home becomes unhealthy and unsafe where there are more than 1, or sometimes 1.5, household members per room.¹ Another frequently used measure is the number of individuals per bedroom, with a standard of no more than two persons per bedroom. Assisted housing programs usually apply this standard.

The Census Bureau reports that in 2008, 1.7 percent of the State's occupied housing units, or 45,120, were overcrowded, which is defined as 1.01 persons or more per room. Approximately .05 percent of the State's housing units were severely overcrowded (more than 1.51 persons per room). These data compare favorably to national averages of 3.2 percent of units that were overcrowded and 1.1 percent severely overcrowded in 2008.

Severely substandard. The 2008 Census reported that approximately 181,000 housing units in the State are considered severely substandard because they lacked either complete plumbing facilities² or complete kitchens.³ Together, assuming no overlap, these units represented 6.5 percent of the State's total housing units in existence in 2008.

¹ The HUD American Housing Survey defines a room as an enclosed space used for living purposes, such as a bedroom, living or dining room, kitchen, recreation room, or another finished room suitable for year-round use. Excluded are bathrooms, laundry rooms, utility rooms, pantries, and unfinished areas.

² The data on plumbing facilities were obtained from both occupied and vacant housing units. Complete plumbing facilities include: (1) hot and cold piped water; (2) a flush toilet; and (3) a bathtub or shower. All three facilities must be located in the housing unit.

³ A unit has complete kitchen facilities when it has all of the following: (1) a sink with piped water; (2) a range, or cook top and oven; and (3) a refrigerator. All kitchen facilities must be located in the house, apartment, or mobile home, but they need not be in the same room. A housing unit having only a microwave or portable heating equipment, such as a hot plate or camping stove, should not be considered as having complete kitchen facilities. An icebox is not considered to be a refrigerator.

Exhibit III-23 presents the estimated number and percentage of homes in the State with substandard condition problems as of 2008. For the nation overall, 2.1 percent of the housing stock was lacking complete plumbing facilities and 3.0 percent lacked complete kitchen facilities.

**Exhibit III-23.
Housing Units Lacking Basic Amenities, State of Indiana, 2008**

	Owner Occupied	Renter Occupied	Total Occupied	Vacant	All Housing Units
Housing Units	1,781,719	698,851	2,480,570	314,493	2,795,063
Lacking complete plumbing facilities	5,777	5,154	10,931	64,581	75,512
Lacking complete kitchen facilities	7,374	10,750	18,124	87,684	105,808
Percent of Housing Units	64%	25%	89%	11%	100%
Lacking complete plumbing facilities	0.3%	0.7%	0.4%	20.5%	2.7%
Lacking complete kitchen facilities	0.4%	1.5%	0.7%	27.9%	3.8%

Source: U.S. Census Bureau 2008 American Community Survey.

The 2008 Census also reported the number of housing units with “selected conditions.” The variable “Selected Conditions” is defined for owner and renter occupied housing units as having at least one of the following conditions: 1) lacking complete plumbing facilities; 2) lacking complete kitchen facilities; 3) units with 1.01 or more occupants per room (“overcrowded”); 4) selected monthly owner costs as a percentage of household income greater than 30 percent (“cost burdened owner”); and 5) gross rent as a percentage of household income greater than 30 percent (“cost burdened renter”).

About 726,750 of Indiana’s housing units had one or more condition problems. Given the State’s small percentage of overcrowded and substandard units, these “condition” issues are largely related to affordability. Exhibit III-24 shows that rental units are much more likely to have two or more of the selected conditions than owner occupied units.

**Exhibit III-24.
Selected Conditions
by Tenure, State of
Indiana, 2008**

Source:
U.S. Census Bureau 2008 American
Community Survey.

	Owner Occupied	Renter Occupied	Total Occupied
Housing Units	1,781,719	698,851	2,480,570
No selected conditions	1,363,790	390,032	1,753,822
With one selected condition	408,084	290,010	698,094
With two or more selected conditions	9,845	18,809	28,654
Percent of Housing Units	100%	100%	100%
No selected conditions	76.5%	55.8%	70.7%
With one selected condition	22.9%	41.5%	28.1%
With two or more selected conditions	0.6%	2.7%	1.2%

Substandard housing definition. HUD requires that the State define the terms “standard condition,” “substandard condition” and “substandard condition but suitable for rehabilitation.” For the purposes of this report, units are in standard condition if they meet the HUD Section 8 quality standards. Units that are substandard but suitable for rehabilitation do not meet one or more of the HUD Section 8 quality standards. These units are also likely to have deferred maintenance and may have some structural damage such as leaking roofs, deteriorated interior surfaces, and inadequate insulation. A unit is defined as being substandard if it is lacking the following: complete plumbing,

complete kitchen facilities, public or well water systems, and heating fuel (or uses heating fuel that is wood, kerosene or coal).

Units that are substandard but suitable for rehabilitation include units with some of the same features of substandard units (e.g., lacking complete kitchens or reliable and safe heating systems, or are not part of public water and sewer systems). However, the difference between substandard and substandard but suitable for rehabilitation is that units suitable for rehabilitation will have in place infrastructure that can be improved upon. In addition, these units might not be part of public water and sewer systems, but they will have sufficient systems to allow for clean water and adequate waste disposal.

Without evaluating units on a case-by-case basis, it is impossible to distinguish substandard units that are suitable for rehabilitation. In general, the substandard units that are less likely to be easily rehabilitated into good condition are those lacking complete plumbing; those which are not part of public water and sewer systems and require such improvements; and those heated with wood, coal, or heating oil. Units with more than one substandard condition (e.g., lacking complete plumbing and heated with wood) and older units are also more difficult to rehabilitate.

Lead-safe housing. Pursuant to Section 91.215 of the Consolidated Plan regulations, the following contains an estimate of the number of housing units in the State that contain lead-based paint hazards and are occupied by the State's low and moderate income families.

Problem with lead-based paint. Exposure to deteriorated lead-based paint and lead dust on the floor and windowsills, as well as lead in the soil, represents one of the most significant environmental threats from a housing perspective. Childhood lead poisoning is one of the major environmental health hazards facing American children today.

Children are exposed to lead poisoning through paint debris, dust and particles released into the air that settle onto the floor and windowsills and can be exacerbated during a renovation. The dominant route of exposure is from ingestion (not inhalation). Young children are most at risk because they have more hand-to-mouth activity and absorb more lead than adults.

Excessive exposure to lead can slow or permanently damage the mental and physical development of children ages six and under. An elevated blood level of lead in young children can result in learning disabilities, behavioral problems, mental retardation and seizures. In adults, elevated levels can decrease reaction time, cause weakness in fingers, wrists or ankles and possibly affect memory or cause anemia. The severity of these results is dependent on the degree and duration of the elevated blood level of lead.

According to the Indiana State Department of Health (ISDH), the number of children under seven years old who were tested for elevated blood lead levels increased by 13,751 (26 percent) in calendar year 2007. The number confirmed as lead-poisoned also increased to 656 children. Since 2000, 336,519 children have been tested and of those children, 4,514 have been confirmed with elevated blood lead levels. Of those children with elevated blood levels whose homes were tested, an estimated 28 counties had less than five housing units with documented lead hazards⁴, while one county (Wayne County) had 16 confirmed housing units with documented lead hazards.

⁴ Documented lead hazards as defined by 40 CFR 745.

The following exhibit shows the number of children less than 7 years old who were diagnosed with lead poisoning by county in 2007.

**Exhibit III-25.
Number of Children (Younger than 7 Years Old) Diagnosed with Lead Poisoning by County, State of Indiana, 2007**

Note:
There were 25 children who were with confirmed lead poisoning where the county was not known.

Source:
Indiana State Department of Health's Indiana Lead and Healthy Homes Program 2007 Report to the Legislature.



The primary treatment for lead poisoning is to remove the child from exposure to lead sources. This involves moving the child's family into temporary or permanent lead-safe housing. Lead-safe housing is the only effective medical treatment for poisoned children and is the primary means by which lead poisoning among young children can be prevented.

Housing built before 1978 is considered to have some risk, but housing built prior to 1940 is considered to have the highest risk. After 1940, paint manufacturers voluntarily began to reduce the amount of lead they added to their paint. As a result, painted surfaces in homes built before 1940 are likely to have higher levels of lead than homes built between 1940 and 1978. Lead-based paint was banned from residential use in 1978.

Households with lead-based paint risk. Without conducting detailed environmental reviews of the State's housing stock, it is difficult to determine the number of households at risk of lead-based paint hazards. However, people living in substandard units or older housing and who are low income are more likely to be exposed to lead-based paint than higher income households living in newer or rehabilitated older housing.

Almost one fifth (536,460 housing units) of Indiana's housing stock was built before 1940, when lead-based paint was most common. Another 18 percent (507,900 housing units) was built between 1940 and 1960, when lead-based paint was still used, but the amount of lead in the paint was being reduced. Finally, 715,002 Indiana housing units (26 percent) were built between 1960 and 1979 as lead-based paint was phased out and eventually banned. Therefore, 63 percent of the housing stock in the State, or about 1.76 million units, were built when lead-based paint was used, to some extent, in residential housing.

If (as HUD estimates) 90 percent of the pre-1940 units in Plano are at risk of containing lead paint, 80 percent of the units built between 1940 and 1960 are at risk and 62 percent of units built between 1960 and 1979 are at risk as well, then it is estimated 1.3 million Indiana housing units (48 percent) may contain lead paint. Exhibit III-26 displays this calculation.

**Exhibit III-26.
Housing Units At Risk of
Lead-Based Paint, State
of Indiana, 2008**

Source:
"Technical Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing," HUD and U.S. Census Bureau 2008 American Community Survey.

Year Housing Unit was Built	Number of Housing Units	Estimated Percentage at Risk	Estimated Number of Housing Units at Risk
1939 and earlier	536,460	90%	482,814
1940 to 1960	507,899	80%	406,319
1960 to 1979	715,002	62%	443,301
Total	1,759,361		1,332,434

Ultimately, the extent to which lead paint is a hazard in these homes depends on if there has been mitigation (e.g., removal, repainting) and how well the units have been maintained. Inadequately maintained homes and apartments are more likely to suffer from a range of lead hazard risks, including chipped and peeling paint and weathered window surfaces. Therefore, it is assumed that lower income households have fewer resources to maintain their homes and may be at higher risk for lead hazards. As a result, based on 2008 data on household income, the year housing units were built and HUD's estimates of risk by year built, about 485,000 low and moderate income households could live in units built before 1980 containing lead-based paint and be at higher risk for lead-based paint hazards.

Housing to buy. The Census estimated the median value of an owner occupied home in Indiana as \$125,200 in 2008, which is slightly higher than the 2007 median value of \$122,900. This is substantially lower than the U.S. median home price of \$197,600. Regionally, Indiana trails Illinois, Michigan and Ohio in median home prices, as shown in Exhibit III-27.

**Exhibit III-27.
Regional Median Owner Occupied
Home Value, State of Indiana, 2008**

Source:
U.S. Census Bureau's 2008 American Community Survey.



County owner occupied median home values ranged from a low of \$62,270 in Sullivan County to a high of \$191,778 in Hamilton County. Exhibit III-28 displays the 2009 median home value rate by county, as reported by a commercial data provider, Nielsen-Claritas. The shaded counties have a median home value rate higher than the statewide median home value of \$116,621.

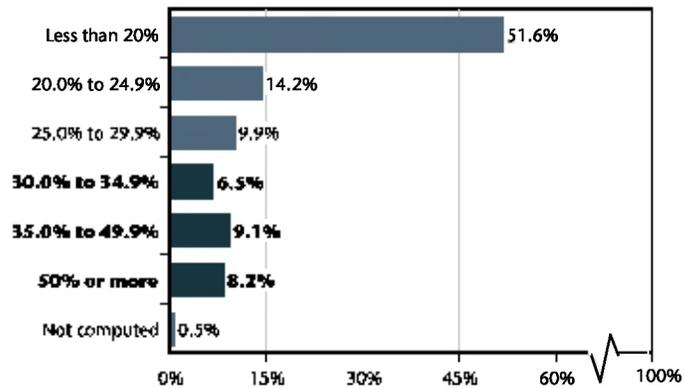
Although housing values in Indiana are still affordable relative to national standards, many Indiana households have difficulty paying for housing. Housing affordability is typically evaluated by assessing the share of household income spent on housing costs. For owners, these costs include mortgages, real estate taxes, insurance, utilities, fuels, and, where appropriate, fees such as condominium fees or monthly mobile home costs. Households paying over 30 percent of their income for housing are often categorized as cost burdened.

In 2008, 24 percent of all homeowners (about 423,300 households) in the State were paying 30 percent or more of their household income for housing, and 8 percent (145,400 households) were paying 50 percent or more. Exhibit III-30 presents these data.

**Exhibit III-30.
Owner Housing Costs as a
Percent of Household Income,
State of Indiana, 2008**

Note:
Dark shaded areas indicate cost burdened households.

Source:
U.S. Census Bureau's 2008 American Community Survey.



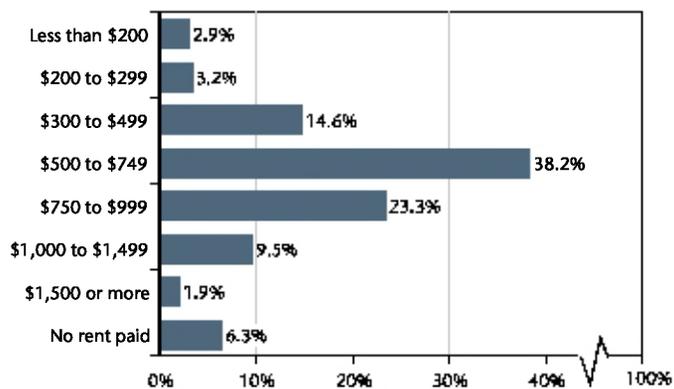
Among homeowners *with* mortgages, approximately 28 percent were reported as cost burdened. However, only 13 percent of homeowners *without* mortgages reported being cost burdened.

Housing to rent. The Census Bureau reported that the median gross rent in Indiana was \$670 per month in 2008. Gross rent includes contract rent and utilities.⁵ About 21 percent of all units statewide were estimated to rent for less than \$499 in 2008, while another 38 percent were estimated to rent for \$500 to \$749. The distribution of statewide gross rents is presented in Exhibit III-31.

**Exhibit III-31.
Distribution of Gross Rents,
State of Indiana, 2008**

Note:
Renter units occupied without payment of rent are shown separately as "No rent paid."

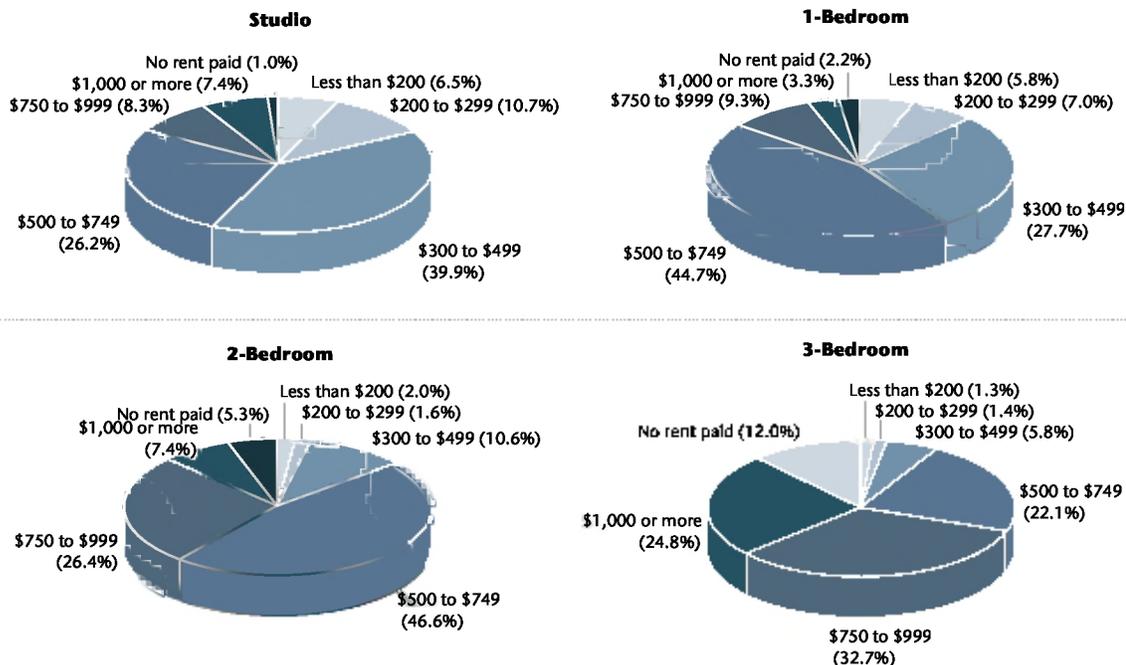
Source:
U.S. Census Bureau's 2008 American Community Survey.



⁵ According to the U.S. Census, 89 percent of renters in Indiana pay extra for one or more utilities in their rent price.

The following exhibit shows the distribution of gross rent cost by the size of housing unit.

Exhibit III-32.
Distribution of Gross Rents by Size of Unit, State of Indiana, 2008



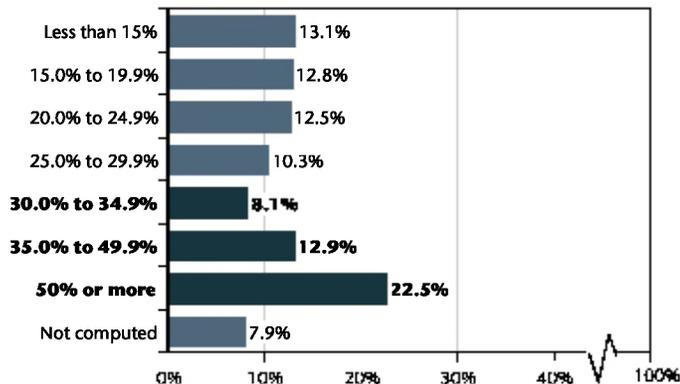
Source: U.S. Census Bureau's 2008 American Community Survey.

Rent burdens can be evaluated by comparing rent costs to household incomes. The 2008 ACS estimates that 43 percent of Indiana renters—or 303,777—paid more than 30 percent of household income for gross rent, with over half of these (22 percent of all renters, or 157,001) renters paying more than 50 percent of their incomes. Rentals constituted only 28 percent of the State's occupied housing units in 2008; however, a much higher percentage of the State's renters were cost burdened (43 percent) than the States owners (24 percent). Exhibit III-33 presents the share of income paid by Indiana renters for housing.

Exhibit III-33.
Renter Housing Costs as a Percent of Household Income, State of Indiana, 2008

Note:
Dark shaded areas indicate cost burdened households.

Source:
U.S. Census Bureau's 2008 American Community Survey.



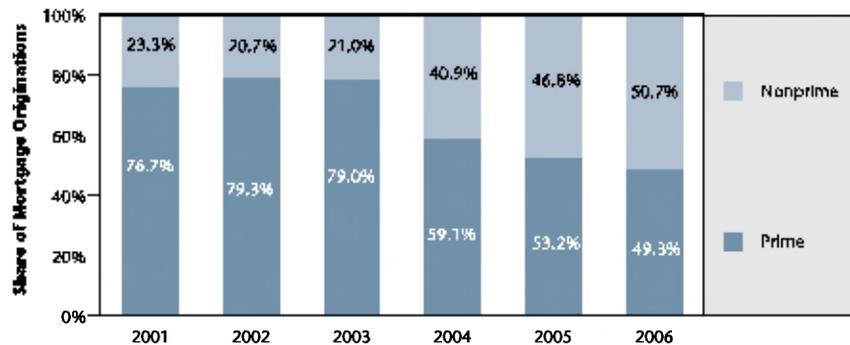
Subprime loans. Subprime loans are—as the name would suggest—mortgage loans that carry higher interest rates than those priced for “prime,” or less risky, borrowers. Initially, subprime loans were marketed and sold to customers with blemished or limited credit histories who would not typically qualify for prime loans. In theory, the higher rate of interest charged for each subprime loan reflects increased credit risk of the borrower.

Estimates of the size of the national subprime market vary between 13 to 20 percent of all mortgages. Holden Lewis, who writes for CNNMoney.com and Bankrate.com, estimates that the subprime market made up about 17 percent of the mortgage volume in 2006. This is based on Standard & Poors’ estimate of subprime loan originations and the Mortgage Bankers Associations’ estimate of total loan originations during the year. The number of subprime borrowers could be higher than 17 percent if the average amount of a subprime loan is lower than non-subprime loans. In Indiana, about 13 percent of all 2006 mortgage loan transactions for owner-occupied properties were subprime.

The subprime market in the United States grew dramatically during the current decade. The share of mortgage originations that had subprime rates in 2001 was less than 10 percent; by 2006, this had grown to 20 percent. This was coupled with growth of other nonprime products, such as “Alt-A” loans (somewhere between prime and subprime) and home improvement products. Exhibit III-35 shows the growth in these non-prime products—and the movement away from conventional, prime products.

Exhibit III-35.
Share of Mortgage Originations by Product, 2001 to 2006

Note:
Harvard Joint Center for Housing Studies and Inside Mortgage Finance, 2007 Mortgage Market Statistical Annual, adjusted for inflation by the CPI-UX for all items.



Not all subprime loans are predatory loans (discussed below), but many predatory loans are subprime. A study released by the University of North Carolina, Kenan-Flagler Business School in 2005,⁶ discussed how predatory loan terms increase the risk of subprime mortgage foreclosure. The study reported in the fourth quarter of 2003, 2.13 percent of all subprime loans across the country entered foreclosure, which was more than ten times higher than the rate for all prime loans.

Subprime lending has fallen under increased scrutiny with the increase in foreclosures and the decline in the housing market. Some argue that because minorities are more likely to get subprime loans than white or Asian borrowers, and since subprime loans have a greater risk of going into foreclosure, minorities are disproportionately harmed by subprime lending.

⁶ Roberto G. Quercia, Michael A. Stegman and Walter R. Davis, “The Impact of Predatory Loan Terms on Subprime Foreclosures: The Special Case of Prepayment Penalties and Balloon Payments,” *Center for Community Capitalism, Kenan Institute for Private Enterprise, University of North Carolina at Chapel Hill*, January 25, 2005.

Subprime lending has implications under the Fair Housing Act when the loans are made in a discriminatory and/or predatory fashion. This might include charging minorities higher interest rates than what their creditworthiness would suggest and what similar non-minorities are charged; charging minorities higher fees than non-minorities; targeting subprime lending in minority-dominated neighborhoods; adding predatory terms to the loan; and including clauses in the loan of which the borrower is unaware (this is mostly likely to occur when English is a second language to the borrower).

Predatory lending. There is no one definition that sums up the various activities that comprise predatory lending. In general, predatory loans are those in which borrowers are faced with payment structures and/or penalties that are excessive and which set up the borrowers to fail in making their required payments. Subprime loans could be considered as predatory if they do not accurately reflect a risk inherent in a particular borrower.

Although there is not a consistent definition of “predatory loans,” there is significant consensus as to the common loan terms that characterize predatory lending. There is also the likelihood that these loan features may not be predatory alone. It is more common that predatory loans contain a combination of the features described below.

Most legislation addressing predatory lending seeks to curb one or more of the following practices:

- Excessive fees;
- Prepayment penalties;
- Balloon payments;
- Debt packaging;
- Yield spread premiums;
- Unnecessary products; and/or
- Mandatory arbitration clause.

It is difficult to identify and measure the amount of predatory lending activity in a market, largely because much of the industry is unregulated and the information is unavailable. For example, HMDA data do not contain information about loan terms. In addition, predatory activity is difficult to uncover until a borrower seeks help and/or recognizes a problem in their loan. As such, much of the existing information about predatory lending is anecdotal.

UNC Study. A recent study by the Center for Community Capitalism at the University of North Carolina (UNC) at Chapel Hill linked predatory loan terms, specifically prepayment penalties and balloon payments, to increased mortgage foreclosures. The foreclosure rate in the subprime mortgage market was over 10 times higher than in the prime market. The study also provide supplemental tables that reported 31.2 percent of Indiana’s subprime first-lien refinance mortgage loans had been in foreclosure at least once. This is the second highest rate of all states (South Dakota was the highest with 34.8 percent) and over 10 percentage points higher than the national rate of 20.7 percent.

Conclusions. A number of recent studies have analyzed the reasons for the increasing foreclosure rate nationally and in Indiana and subprime and predatory lending activities. Although a more comprehensive analysis of data over time is required to identify the particular causes of the State’s foreclosures and the link to the subprime lending market, these studies point out a number of issues relevant to fair lending activities:

- Largely because of their loan terms, subprime loans have a higher probability of foreclosure than conventional loans.
- At 13 percent, subprime loans make a small, but growing proportion of mortgage lending in Indiana.
- Subprime lenders serve the State’s minorities at disproportionate rates.
- Other factors—high homeownership rates, use of government guaranteed loans, high loan to value (LTV) ratios and low housing price appreciation—have likely contributed to the State’s increase in foreclosures.

Special Needs Populations and Housing Statistics

Due to lower incomes and the need for supportive services, special needs groups are more likely than the general population to encounter difficulties finding and paying for adequate housing and often require enhanced community services. The groups discussed in this section include:

- Persons experiencing homelessness;
- The elderly;
- Persons with physical disabilities;
- Persons with developmental disabilities;
- Persons with mental illnesses;
- Persons with substance abuse problems;
- Persons with HIV/AIDS;
- Youth; and
- Migrant agricultural workers

Exhibit III-36 displays summary population and housing statistics by special needs group. Special needs data is often difficult to obtain and update. Thus, these statistics incorporate the most current data available to estimate the specified living arrangements, unmet housing needs and homeless numbers by special needs population.

**Exhibit III-36.
Special Needs Groups in Indiana**

Special Needs Group		Number	
Persons Experiencing Homelessness	<i>Population</i>	Total (2009 Balance of Indiana):	4,287
		Individuals	2,307
		Individuals in families with children	1,980
	<i>Housing (Balance of Indiana, excluding metro areas)</i>	Emergency beds	2,666
		Transitional housing	2,039
		Permanent supportive housing	791
		Chronically homeless	181
		Unmet need, literally homeless	5,507
Elderly	<i>Population</i>	Total population over 65 (2008)	813,090
		<i>Housing</i>	Group quarters population (2000)
		Cost burdened owners	108,094
		Cost burdened renters	46,099
		Nursing facilities (all)	612 facilities/66,800 beds
		Living with housing problems:	
		Renters	52,325
		Owners	119,830
Persons with Physical Disabilities	<i>Population</i>	Total (2008)	436,966
	<i>Housing</i>	Households with mobility problems with a housing problem ¹	126,235
Persons with Mental Illness	<i>Population</i>	Total (adult)	247,285
		Target population for State services	93,310
		SMI population served by DMHA (SFY 2008)	51,638
	<i>Housing</i>	Beds reported by CMHCs (2001)	1,900
	Homeless with SMI (Balance of State PIT 2009)	509	
Persons with Chronic Substance Abuse	<i>Population</i>	Total	455,984
		Target population for State services	119,100
		Chronically addicted population served by DMHA (SFY 2008)	34,131
	<i>Housing</i>	Beds for substance abuse treatment	5,662
	Homeless with chronic substance abuse (Balance of State PIT 2009)	740	
Persons with Developmental Disabilities	<i>Population</i>	Total	89,275
		DD population receiving services from state or non-state agencies (2007)	10,794
		Persons with ID/DD on a waiting list for, but not receiving, residential services	13,896
		<i>Housing</i>	ICF/MR facilities for DD (2010)
		Persons living in ICF/MR	4,012
		Persons living in nursing homes	1,708
		State institution population	162
Persons with HIV/AIDS	<i>Population</i>	Total living with HIV/AIDS (2008)	9,629
		<i>Housing</i>	Tenant-based rental assistance units
		Short term rent/mortgage and/or utility assistance	332
		Homeless with HIV/AIDS (Balance of State PIT 2009)	311
	Homeless or at-risk of experiencing homelessness	2,785 - 6,033	
Youth	<i>Population</i>	Total aging out of foster care each year	1,487
	<i>Housing</i>	Youth shelters (17 years and under)	6 shelters
		Unaccompanied youth (Balance of State PIT 2009)	19
Migrant Farmworkers	<i>Population</i>	Total	8,000
		<i>Housing</i>	State licensed camps (2010)
		Living in substandard housing	1,760
		Living in crowded conditions	4,160
	Substandard, cost burdened and crowded conditions	480	

Source: BBC Research & Consulting.

Housing Affordability. Housing affordability issues span across various sections of the population. A recent study by the National Low-Income Housing Coalition found that extremely low-income households (earning \$16,519, which is 30 percent of the AMI of \$55,063) in Indiana’s non-metro areas can afford a monthly rent of no more than \$413, while the HUD Fair Market Rent for a two bedroom unit in the State is \$619. For single-earner families at the minimum wage, it would be necessary to work 73 hours a week to afford a two-bedroom unit at the HUD Fair Market Rent for the State.

According to the study, Indiana’s non-metro areas annual median family income increased by 13 percent from 2000 to 2009. However, the fair market rent for a two-bedroom apartment increased by 31 percent during the same time period, indicating a decline in housing affordability over the past nine years. Exhibit III-37 reports the key findings from the study.

**Exhibit III-37.
Housing Cost Burden, Indiana Non-Metro Areas, 2009**

	No Bedrooms	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom
Median Rent	\$452	\$499	\$619	\$797	\$883
Percent of median family income needed	33%	36%	45%	58%	64%
Work hours/week needed at the minimum wage	53	59	73	94	104
Income needed	\$18,092	\$19,941	\$24,746	\$31,863	\$35,304

Note: The HUD 2009 median family income was estimated at \$55,063 for Indiana's non-metropolitan areas.

Source: National Low Income Housing Coalition, Out of Reach 2009.

Exhibit III-38 displays the correlation that exists between HUD-defined housing unit problems and the residing household’s income level. In sum, lower-income households are more likely to be living in homes lacking in basic amenities.

**Exhibit III-38.
HUD-Defined Housing
Unit Problems by
Household Income in
1999, Indiana**

Note:

The 1999 HUD Area Median Family Income for Indiana is \$50,256.

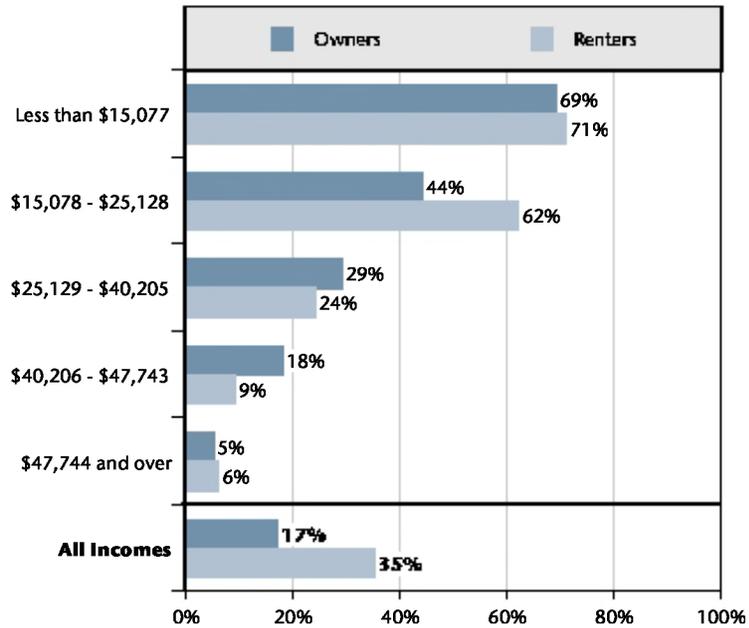
Housing unit problems: Lacking complete plumbing facilities, or lacking complete kitchen facilities, or with 1.01 or more persons per room, or with cost burden more than 30.0 percent.

Elderly households: 1 or 2 person household, either person 62 years old or older.

Cost burden is the fraction of a household's total gross income spent on housing costs. For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.

Source:

U.S. Census Bureau's 2000 Census, HUD and BBC Research & Consulting.



Cost burden and housing unit problems highlight the need for identifying funding sources for community housing improvements. Numerous federal programs exist to produce or subsidize affordable housing. The primary programs include CDBG, HOME, Section 8, Low Income Housing Tax Credits, mortgage revenue bonds, credit certificates and public housing.

Disproportionate need. HUD requires that states consider “disproportionate need” as part of examining housing needs. Disproportionate 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 a category as a whole.

HUD uses a needs table (“CHAS data”) that reports housing needs by tenure, income and racial/ethnic category to determine disproportionate need. Using this table, we compared housing needs by race and ethnicity and mobility limitation to determine disproportionate need. Through this comparison, we found that disproportionate need exists for the following categories:

- **All households**—In 2000, 22.5 percent of all households had housing problems in Indiana.
 - The percentage of African American households with housing problems was 36.4 percent—a difference of 13.9 percentage points.
 - Of Hispanic households, 40.1 percent had housing problems, which is 17.6 percentage point higher than all households with housing problems.
 - Asian households had 35 percent of their households with housing problems—a difference of 12.5 percentage points.
 - The percentage of Pacific Islanders with housing problems was 39.8 percent, which is 17.3 percentage points higher than all households with housing problems.
 - Native Americans and persons with mobility limitations had differences of less than 10 percentage points when compared to all households.

- **Renters**—Hispanic renters have a much higher likelihood of having housing problems: Half of Hispanic households have some type of housing problem, including affordability, compared with 35.3 percent for all renter households.
- **Owners**—17.4 percent of all owner households had housing problems in Indiana.
 - The percentage African American owner households with housing problems was 27.8 percent—a difference of 10.4 percentage points.
 - Hispanic owners have a higher likelihood of housing problems (29.1 percent) compared to 17.4 percent overall.
 - Pacific Islander owner households had 35.4 percent of their households with housing problems—a difference of 18 percentage points.
- **Household income less than 30 percent of MFI**—A disproportionate need was found for all Pacific Islander households earning less than 30 percent of MFI. The percentage of Pacific Islander households with housing problems was 100 percent. This compared with 70.4 percent of all households at this income with housing problems, a difference of 29.6 percentage points. The other minority populations had differences of less than 10 percentage points when compared to all households in this income category. However, Hispanic and Asian owner households earning less than 30 percent of MFI showed a disproportionate need when compared to all owner households at this income category: 80.7 percent of Hispanic and 82.8 percent of Asian owners had housing problems compared to 69.1 percent of owners at this income category.
- **Households income 30 to 50 percent of MFI**—A disproportionate need was found for all Hispanic, Asian and Pacific Islander households earning between 30 and 50 percent of MFI.
 - The percentage of Hispanic households with housing problems was 69.3 percent. This compared with 52 percent of all households at this income with housing problems, a difference of 17.3 percentage points.
 - The percentage Asian households at this income category with housing problems was 75.1 percent—a difference of 23.1 percentage points.
 - The percentage Pacific Islander households at this income category with housing problems was 74.6 percent—a difference of 22.6 percentage points.
 - The other minority populations had differences of less than 10 percentage points when compared to all households in this income category.
 - All minority (African American, Hispanic, Native American, Asians and Pacific Islanders) owners earning between 30 and 50 percent of the MFI had disproportionate needs exist compared to the owner needs of this category as a whole.
- **Household income 50 to 80 percent of MFI**— A disproportionate need was found for all Hispanic and Asian households earning between 50 and 80 percent of MFI.
 - The percentage of Hispanic households with housing problems was 39.4 percent. This compared with 27.3 percent of all households at this income with housing problems, a difference of 12.1 percentage points.

- The percentage Asian households at this income category with housing problems was 43.7 percent—a difference of 16.4 percentage points.
- The other minority populations had differences of less than 10 percentage points when compared to all households in this income category.
- Half of Pacific Islander owners earning between 50 and 80 percent of MFI had a housing problem, compared with 29.3 percent of all owners in this income category—a difference of 20.7 percentage points.

Special needs populations. Elderly individuals and individuals with physical disabilities and mental illnesses comprise a large portion of the special needs population in Indiana with housing needs. In the case of the elderly population, many may be living with elderly spouses or may be widowed and living alone. Because of income constraints, many elderly individuals may be living in substandard housing conditions. For example, according to the 2000 U.S. Census, 38 percent of renters aged 62 to 74 and 46 percent of renters 75 and above were living in housing units with identified problems. As discussed in Appendix C, the elderly population should capitalize on funding opportunities available through Section 8, Section 202, and the Home Equity Conversation Mortgage Program, amongst others. Individuals with physical disabilities and mental illnesses many may reside in group homes, with family member or on their own. Community funding sources, such as CDBG, HOME and tax credit funds can be used by communities for the development of new housing opportunities. Exhibit III-39 summarizes resources available for special needs groups.

**Exhibit III-39.
Summary of Special Needs and Available Resources**

Population	Housing Need	Community Need	Primary Resource Available
Homeless	Beds at shelters for individuals Transitional housing/beds for homeless families with children Affordable housing for those at-risk of homelessness	Programs for HIV positive homeless Programs for homeless with substance abuse problems Programs for homeless who are mentally ill Service organization participation in HMIS	ESG CDBG HOME/IHCDA HOPWA Homelessness Prevention & Rapid Re-Housing Program OCRA ISDH County Step Ahead Councils County Welfare Planning Councils Local Continuum of Care Task Forces Municipal governments Regional Planning Commissions State Continuum of Care Subcommittee
Elderly	Rehabilitation/repair assistance Modifications for physically disabled Affordable housing (that provides some level of care) State-run reverse mortgage program Minimum maintenance affordable townhomes	Public transportation Senior centers Improvements to infrastructure	CDBG CHOICE HOME/IHCDA Home Equity Conversion Mortgage Program FSSA - Medicaid, CHOICE, IN AAA, RECAP Public Housing Section 202 Section 8 USDA Rural Housing Services
Youth	Affordable housing Transitional housing with supportive services Rental vouchers with supportive services	Job training Transitional living programs Budgeting	HUD's FUP Medicaid Transitional Housing Program Chafee Foster Care Independence Program IHCDA Education and Training Voucher Program
Migrant Agricultural Workers	Grower-provided housing improvements Affordable housing Seasonal housing Family housing Raise standards for housing development approval	Family programs Public transportation Homeownership education Employment benefits Workers compensation Improved working conditions, including worker safety Literacy training Life skills training	CDBG Rural Opportunities, Inc. USDA Rural Development 514 & 516 Programs Indiana Migrant Education Program Migrant Seasonal Head Start

Source: BBC Research & Consulting.

**Exhibit III-39. (continued)
Summary of Special Needs and Available Resources**

Population	Housing Need	Community Need	Primary Resource Available
Physically Disabled	Housing for physically disabled in rural areas Apartment complexes with accessible units Affordable housing for homeless physically disabled	Public transportation Medical service providers Integrated employment programs Home and community-based services	CDBG CHOICE HOME/IHCDA SSI Medicaid Section 811
Mental Illness and Substance Abuse	Community mental health centers Beds for substance abuse treatment Supportive services slots Housing for mentally ill in rural areas	Substance abuse treatment Education Psychosocial rehabilitation services Job training Medical service providers HAP funding Services in rural areas Follow-up services after discharge	CDBG HOME DMHA Hoosier Assurance Plan CMHC CHIP Section 811 Olmstead Initiative Grant
Developmentally Disabled	Semi-independent living programs Group homes	Smaller, flexible service provisions Community settings for developmentally disabled Service providers for semi-independent Integrated employment programs	CDBG CHOICE HCBS - Medicaid HOME/IHCDA SSI Section 811 DDRS and BDDS ICF/MR, Group Homes, Supported Living Olmstead Initiative Grant
HIV/AIDS	Affordable housing for homeless people with HIV/AIDS Housing units with medical support services Smaller apartment complexes Housing for HIV positive people in rural areas Rental Assistance for people with HIV/AIDS Short-term rental assistance for people with HIV/AIDS	Support services for AIDS patients with mental illness or substance abuse problems Medical service providers Public transportation Increase number of HIV Care Coordination sites	HOME/IHCDA HOPWA Section 8 ISDH SPSP

Source: BBC Research & Consulting.

Future Housing Needs

The following exhibit shows the needed housing units for renters and owners by income categories for 2009 and 2014.

Exhibit III-40. Future Housing Needs, State of Indiana

Note:

Renter and owner needs are based on the number of households who were cost burdened according to the 2008 American Community Survey.

Source:

BBC Research & Consulting.

	2009	2014
Renters		
Extremely low Income	202,422	209,583
Very low income	83,717	86,679
Low income	13,775	14,262
Moderate income	3,159	3,271
Owners		
Extremely low Income	131,103	135,741
Very low income	122,688	127,028
Low income	78,856	81,646
Moderate income	59,225	61,320

SECTION IV.
Five Year Strategic Plan and
2010 Action Plan

SECTION IV.

Five Year Strategic Plan and 2010 Action Plan

Pursuant to Section 91.315 of the Consolidated Plan regulations, this section contains the following:

- A reiteration of the State’s philosophy of addressing housing and community development issues;
- A discussion of the general obstacles the State faces in housing and community development;
- How the State intends to address the identified housing and community development needs;
- How the State determined priority needs and fund allocations; and
- The State’s Strategic Plan for FY2010-2014 and 2010 Action Plan.

This section also fulfills the requirements of Section 91.320 of the Consolidated Plan regulations. The additional information concerning Section 91.320—a discussion of funding activities and allocation plans, geographic distribution of assistance, and program specific requirements—are found in Appendices E and F, agencies method of distributions.

Approach and Methodology

Planning principles. The State determined and followed the following guiding principles during its FY2010-2014 strategic planning process:

- Focus on the findings from citizen participation efforts (key person interviews, consultation with housing and social service providers, community surveys, public comments);
- Allocate program dollars to their best use, with the recognition that nonprofits and communities vary in their capacities and that some organizations will require more assistance and resources;
- Recognize that the private market is a viable resource to assist the State in achieving its housing and community development goals;
- Emphasize flexibility in funding allocations, and de-emphasizing geographic targeting;
- Maintain local decision making and allow communities to tailor programs to best fit their needs;
- Leverage and recycle resources, wherever possible; and,

- Understand the broader context within which housing and community development actions are taken, particularly in deciding where to make housing and community development investments.

In addition, IHCDA is currently establishing four strategic priorities to guide the investment decisions of IHCDA. These initiatives were considered while establishing the Goals, Outcomes and Objectives of the Five Year Consolidated Plan. In summary, IHCDA's strategic priorities are:

- Facilitate comprehensive community development;
- Allow persons of Indiana to remain in their community of choice;
- Ending homelessness; and
- Promote and support high performance building to maximize quality and durability by minimizing environmental impacts and operating costs.

IHCDA is also in the process of developing a new method of distribution of funds. Traditionally IHCDA was organized around pots of money. Applications were linked to a discrete funding source. The move to funding solutions places the focus on the strategic fit of a proposed activity, the strength of the sponsor and its development team, and the financial feasibility and readiness of the development. IHCDA's new process includes the following phases:

1. Strategic Assessment;
2. Project Assessment;
3. Investment Negotiation and Structuring; and
4. Investment Execution and Disbursement.

Sponsors will submit information materials to an IHCDA Community Development Representative. The Community Development Representative is responsible for seeing a proposed development through the Investment Process. An internal review team comprised of representatives from various departments will evaluate the proposal and provide a go/no-go/modify decision (see Appendix F for IHCDA's Method of Distribution). The feedback inherent to this process naturally creates opportunity for dialogue between IHCDA and the sponsor. Depending on the proposed activity, the sponsor's credentials, and their readiness to proceed, the investment process is anticipated to take between 60-90 days.

Geographical allocation of funds. Previously the responsibility for deciding how to allocate funds geographically has been at the agency level. The State has maintained this approach, with the understanding that the program administrators are the most knowledgeable about where the greatest needs for the funds are located. Furthermore, the State understands that since housing and community development needs are not equally distributed, a broad geographic allocation could result in funds being directed away from their best use.

2010 funding levels. Exhibit IV-1 provides the 2010 program year funding levels for each of the four HUD programs. These resources will be allocated to address the identified housing and community development goals, objectives and outcomes.

**Exhibit IV-1.
2010 Action Plan
Funding by Program and
State Agency**

Source:
U.S. Department of Housing & Urban
Development.

Program	FY 2010 Funding Allocations
CDBG (Indiana Office of Community and Rural Affairs)	\$34,059,120
HOME (Indiana Housing and Community Development Authority)	\$16,699,875
ESG (Indiana Housing and Community Development Authority)	\$1,931,140
HOPWA (Indiana Housing and Community Development Authority)	\$971,314
Total	\$53,661,449

Five Year Strategic Goals, Objectives and Outcomes

Four goals were established to guide funding during the 2010-2014 Consolidated Planning period:

- **Goal 1. Expand and preserve affordable housing opportunities throughout the housing continuum.**
- **Goal 2. Reduce homelessness and increase housing stability for special needs populations.**
- **Goal 3. Promote livable communities and community revitalization through addressing unmet community development needs.**
- **Goal 4. Promote activities that enhance local economic development efforts.**

The goals are not ranked in order of importance, since it is the desire of the State to allow each region and locality to determine and address the most pressing needs it faces.

The *objectives* and *outcomes* detail what the State intends to accomplish with the identified funding sources to meet housing and community development needs for the 2010-2014 program year and 2010 Action Plan. The outcome and objective that will be achieved is included in each of the planned activities and is identified using the numbering system that ties to the Community Planning and Development Performance Measurement System developed by HUD.

The outcome/objective numbers are as follows:

	Availability/ Accessibility	Affordability	Sustainability
Decent Housing	DH-1	DH-2	DH-3
Suitable Living Environment	SL-1	SL-2	SL-3
Economic Opportunity	EO-1	EO-2	EO-3

The following section outlines the 2010-2014 Strategic Plan in detail along with 2010 Action Plan.

Decent Housing:

Goal 1. Expand and preserve affordable housing opportunities throughout the housing continuum.

- **Objective DH-2.1 (Affordability):** Increase the supply and improve the quality of affordable rental housing.

DH-2.1 outcomes/goals:

- Support the production of **new affordable rental units** and the **rehabilitation** of existing affordable rental housing.
 - *Five year outcome/goal:* 675 housing units
 - *2010 outcome/goal:* 135 housing units; \$4,500,000
 - *Targeted to elderly and persons with disabilities:* 50 housing units

- **Objective DH-2.2 (Affordability):** Increase and improve affordable **homeownership opportunities** to low and moderate income families.

DH-2.2 outcomes/goals:

- Provide and support homebuyer assistance through **homebuyer educations and counseling and downpayment assistance**.
 - *Five year outcome/goal:* 2,500 households/housing units
 - *2010 outcome/goal:* 500 households/housing units; \$3,000,000
- Provide funds to organizations for the **development of owner occupied units**.
 - *Five year outcome/goal:* 125 housing units
 - *2010 outcome/goal:* 25 housing units; \$1,000,000
 - *Targeted to special needs populations:* 5 housing units
- Provide funds to organizations to complete **owner occupied rehabilitation**.
 - *Five year outcome/goal:* 1,500 housing units
 - *2010 outcome/goal:* 300 housing units; \$5,000,000
 - *Targeted to elderly and persons with disabilities:* 200 housing units

- **Objective DH-2.3 (Affordability):** Build capacity of affordable housing developers.

DH-2.3 outcomes/goals:

- Provide funding for **predevelopment loans** to support affordable housing.
 - *Five year outcome/goal:* 25 housing units
 - *2010 outcome/goal:* 5 housing units; \$250,000

- Provide funding for **organizational capacity**.
 - *Five year outcome/goal:* 80 housing units
 - *2010 outcome/goal:* 16 housing units; \$800,000

Goal 2. Reduce homelessness and increase housing stability for special needs populations.

- **Objective DH-1.1 (Availability/Accessibility):** Improve the range of housing options for homeless and special needs populations.

DH-1.1 outcomes/goals:

- Support the construction and rehabilitation of **permanent supportive housing** units.
 - *Five year outcome/goal:*
 - *2010 outcome/goal:* 50 housing units; \$5,000,000 HOME
 - *Targeted to special needs populations:* 50 housing units
- Provide **tenant based rental assistance** to populations in need.
 - *Five year outcome/goal:* 1,000 housing units
 - *2010 outcome/goal:* 200 housing units; \$1,000,000 HOME
 - *Targeted to special needs populations:* 200 housing units

- **Objective DH-1.2 (Availability/Accessibility):** Support activities to improve the range of housing options for special needs populations and to end chronic homelessness through the **Emergency Solutions Grant (ESG)** program by providing operating support to shelters, homelessness prevention activities and case management to persons who are homeless and at risk of homelessness.

DH-1.2 outcomes/goals:

- Operating support—provide shelters with operating support funding.
 - *Five year outcome/goal:* 83 shelters receiving support; \$5,411,374 over next five years
 - *2010 outcome/goal:* 83 shelters annually; \$1,360,526
- Homelessness prevention activities—provide contractors with homelessness prevention activity funding.
 - *Five year outcome/goal:* 550 clients assisted; \$7,547,451 over next five years
 - *2010 outcome/goal:* 110 clients assisted; \$72,000

- Essential services—provide shelters with funding for essential services.
 - *Five year outcome/goal:* 53 shelters; \$2,136,078 over next five years.
 - *2010 outcome/goal:* 80 percent of clients will be provided with such services, for an estimated 16,000 clients assisted annually; \$400,000
- Anticipated match: Shelters match 100 percent of their rewards
- Anticipated number of counties assisted: 89 counties annually
- Anticipated number of clients served over next five years: 150,000 (unduplicated count) with 95,000 assisted with temporary emergency housing
- Other ESG activities:
 - Homeless Management Information System (HMIS)—Require the use of the HMIS for all residential shelter programs serving homeless individuals and families. HMIS is a secure, confidential electronic data collection system used to determine the nature and extent of homelessness and to report to HUD on an annual basis. This requirement will be met by only funding entities that either currently use HMIS system or commit to using it once awarded. The HMIS must be used on a regular and consistent basis. The ESG Coordinator will periodically check with the HMIS coordinator to monitor utilization. Claim reimbursement is contingent upon participation in and completeness of HMIS data records. Domestic violence shelters are excluded from this requirement in accordance with the Violence Against Women’s Act.
 - Require participation in annual, statewide homeless Point-in-Time Count and submission of this data to Indiana Housing and Community Development Authority.
 - Strongly encourage ESG grantees to attend their local Continuum of Care Meetings regularly. The ESG RFP inquires about attendance to and involvement in the regional Continuum of Care meetings. The response is heavily weighed upon evaluation of the RFP.
- **Objective DH-1.3 (Availability/Accessibility):** Improve the range of housing options for special needs populations through the **Housing Opportunities for Persons With AIDS (HOPWA)** program by providing recipients who assist persons with HIV/AIDS with funding for housing information, permanent housing placement and supportive services.

DH-1.3 outcomes/goals:

 - Housing information services.
 - *Five year outcome/goal:* 375 households
 - *2010 outcome/goal:* 75 households; \$30,000

- Permanent housing placement services.
 - *Five year outcome/goal:* 500 households
 - *2010 outcome/goal:* 100 households; \$70,000
- Supportive services.
 - *Five year outcome/goal:* 1,000 households
 - *2010 outcome/goal:* 200 households; \$65,000
- **Objective DH-2.4 (Affordability):** Improve the range of housing options for special needs populations through the **Housing Opportunities for Persons With AIDS (HOPWA)** program by providing recipients who assist persons with HIV/AIDS with funding for short term rental, mortgage, and utility assistance; tenant based rental assistance; facility based housing operations; and short term supportive housing.

DH-2.4 outcomes/goals:

- Tenant based rental assistance.
 - *Five year outcome/goal:* 1,000 households/units
 - *2010 outcome/goal:* 200 households/units; \$425,000
- Short-term rent, mortgage and utility assistance.
 - *Five year outcome/goal:* 1,500 households/units
 - *2010 outcome/goal:* 300 households/units; \$200,000
- Facility based housing operations support.
 - *Five year outcome/goal:* 35 units
 - *2010 outcome/goal:* 7 units; \$25,000
- Short term supportive housing.
 - *Five year outcome/goal:* 100 units
 - *2010 outcome/goal:* 21 units; \$45,000

Suitable Living Environment:

Goal 3. Promote livable communities and community revitalization through addressing unmet community development needs.

- **Objective SL-1.1 (Availability/Accessibility):** Improve the quality and/ or quantity of neighborhood services for low and moderate income persons by continuing to fund programs (such as OCRA's **Community Focus Fund**), which use CDBG dollars for community development projects ranging from environmental infrastructure improvements to development of community and senior centers.

SL-1.1 outcomes/goals:

- Construction of fire and/or Emergency Management Stations (EMS) stations.
 - *Five year outcome/goal:* 25-30 stations
 - *2010 outcome/goal:* 5-6 stations; projected allocation, \$2,550,000
- Purchase fire trucks.
 - *Five year outcome/goal:* 10-15 fire trucks
 - *2010 outcome/goal:* 2-3 fire trucks; projected allocation, \$450,000
- Construction of public facility projects (e.g. libraries, community centers, social service facilities, youth centers, etc.). Public facility projects also include health care facilities, public social service organizations that work with special needs populations, and shelter workshop facilities, in addition to modifications to make facilities accessible to persons with disabilities.
 - *Five year outcome/goal:* 30 public facility projects
 - *2010 outcome/goal:* 6 public facility projects (anticipate receiving 2-3 applications for projects benefiting special need populations); projected allocation, \$3,000,000
- Completion of downtown revitalization projects.
 - *Five year outcome/goal:* 10 downtown revitalization projects
 - *2010 outcome/goal:* 2 downtown revitalization projects; projected allocation, \$1,000,000
- Completion of historic preservation projects.
 - *Five year outcome/goal:* 10 historic preservation projects
 - *2010 outcome/goal:* 2 historic preservation projects; projected allocation, \$500,000
- Completion of brownfield/clearance projects.
 - *Five year outcome/goal:* 10-20 brownfield/clearance projects
 - *2010 outcome/goal:* 2-5 clearance projects; projected allocation, \$500,000
- Anticipated match for Community Focus Fund activities
 - *Five year outcome/goal:* Not applicable
 - *2010 outcome/goal:* \$6,745,382

- **Objective SL-3.1 (Sustainability):** Improve the quality and/or quantity of public improvements for low and moderate income persons by continuing to fund programs (such as OCRA's **Community Focus Fund**), which use CDBG dollars for community development projects ranging from environmental infrastructure improvements to development of community and senior centers.

SL-3.1 outcomes/goals:

 - Construction/rehabilitation of infrastructure improvements such as wastewater, water and storm water systems.
 - *Five year outcome/goal:* 120 infrastructure systems
 - *2010 outcome/goal:* 24 systems; projected allocation, \$14,638,347

- **Objective SL-3.2 (Sustainability):** Improve the quality and/or quantity of public improvements for low and moderate income persons by continuing the use of the planning and community development components that are part programs (such as OCRA's **Planning Fund and Foundations Program**) funded by CDBG and HOME dollars.

SL-3.2 outcomes/goals:

 - Provide planning grants to units of local governments and CHDOs to conduct market feasibility studies and needs assessments, as well as (for CHDOs only) predevelopment loan funding.
 - *Five year outcome/goal:* 145 planning grants
 - *2010 outcome/goal:* 29 planning grants; projected allocation, \$1,000,000; anticipated match, \$100,000

 - Foundation grants.
 - *Five year outcome/goal:* Funded on an as needed basis
 - *2010 outcome/goal:* Funded on an as needed basis

- **Objective SL-3.3 (Sustainability):** Improve the quality and/or quantity of public improvements for low and moderate income persons through programs (such as OCRA's **Flexible Funding Program**, newly created in 2010) offered by OCRA. OCRA recognizes that communities may be faced with important local concerns that require project support that does not fit within the parameters of its other funding programs. All projects in the Flexible Funding Program will meet one of the National Objectives of the Federal Act and requirements of 24 CFR 570.208 and 24 CFR 570.483 of applicable HUD regulations.

SI-3.3 outcomes/goals:

- Provide project support for community development projects.
 - *Five year outcome/goal:* 10-25 community development projects
 - *2010 outcome/goal:* 2-5 community development projects; projected allocation, \$2,000,000; anticipated match, \$2,000,000

Economic Opportunities:

Goal 4. Promote activities that enhance local economic development efforts.

- **Objective EO-3.1 (Sustainability):** Improve economic opportunities for low and moderate income persons by coordinating with private industry, businesses and developers to create jobs for low to moderate income populations in rural Indiana.

EO-3.1 outcomes:

- Continue the use of the OCRA's **Community Economic Development Fund (CEDF)**, which funds infrastructure improvements and job training in support of employment opportunities for low to moderate income persons.
 - *Five year outcome/goal:* 1,300 jobs
 - *2010 outcome/goal:* 275 jobs; projected allocation, \$2,500,000
- Fund training and micro-enterprise lending for low to moderate income persons through the **Micro-enterprise Assistance Program**.
 - *Five year outcome/goal:* Will be made available if there is demand
 - *2010 outcome/goal:* Due to low demand this program has been suspended for 2010

A matrix outlining the Consolidated Plan five year goals, objectives and outcomes and action items for program year 2010 is provided at the end of this section.

Administration. The State of Indiana will use CDBG, HOME, ESG and HOPWA funds to coordinate, monitor and implement the Consolidated Plan objectives according to HUD. During the Five Year Consolidated Plan the State will create annual Action Plans and CAPER documents acceptable to HUD while working to affirmatively further fair housing.

Priority Needs

The priority needs and strategies for the State of Indiana Five Year Consolidated Plan for 2010-2014 were developed based on the findings from both quantitative research (Housing Market Analysis) and qualitative research (focus groups, surveys and key person interviews). For housing and community development programs, a priority need ranking has been assigned to households to be assisted under each priority action according to the following HUD-specified ranking:

- **High Priority:** Activities to address this need are considered essential. Appropriate federal grant funds will be provided to approved projects when funds are available.
- **Medium Priority:** Needs are documented and are considered important. If funds are available, activities to address this need may be funded by the State during the five year period. Also, the State may take other actions to help this group locate other sources of funds.
- **Low Priority:** The State is not expected to directly fund activities using funds to address this need during the five year period, but applications for federal assistance by other entities might be supported and found to be consistent with this Plan.
- **No Such Need:** The State finds there is no need or that this need is already substantially addressed. The State will not support other entity applications for federal assistance for activities where no such need has been identified.

The Consolidated Plan identifies the areas of greatest need for the State (and nonentitlement areas) in general, and this information is used to guide the funding priorities for each program year. However, the Plan is unable to quantify specific needs on the local level. For local needs, the State relies on the information presented in the funding applications.

Exhibits IV-2 and IV-3 show the prioritization of housing and community development activities for the 2010-2014 Consolidated Plan years.

**Exhibit IV-2.
Community Development Needs, Priorities for 2010-2014**

Priority Community Development Needs	Need Level	Priority Community Development Needs	Need Level
Public Facility Needs		Planning	
Asbestos Removal	Medium	Community Center Studies	Medium
Emergency Services Facilities	Medium	Day Care Center Studies	Medium
Health Facilities	Medium	Downtown Revitalization	Medium
Neighborhood Facilities	Medium	Emergency Services Facilities	Medium
Non-Residential Historic Preservation	Medium	Health Facility Studies	Low
Parking Facilities	Low	Historic Preservation	Medium
Parks and/or Recreation Facilities	Low	Parks/Recreation	Low
Solid Waste Disposal Improvements	High	Senior Center Studies	Medium
Other	Low	Water/Sewer/Stormwater Plans	High
		Youth Center Studies	Medium
Infrastructure		Youth Programs	
Flood Drain Improvements	High	Child Care Centers	Medium
Sidewalks	Low	Child Care Services	Low
Stormwater Improvements	High	Youth Centers	Medium
Street Improvements	Medium	Youth Services	Low
Water/Sewer Improvements	High	Other Youth Programs	Medium
Other Infrastructure Needs	Medium		
Public Service Needs		Economic Development	
Employment Training	Low	CI Infrastructure Development	High
Handicapped Services	Low	ED Technical Assistance	Medium
Health Services	Low	Micro-Enterprise Assistance	High
Substance Abuse Services	Low	Other Commercial/ Industrial Improvements	High
Transportation Services	Low	Rehab of Publicly or Privately-Owned Commercial/Industrial	High
Other Public Service Needs	Low	Other Economic Development	High
Senior Programs		Anti-Crime Programs	
Senior Centers	Medium	Crime Awareness	Low
Senior Services	Medium	Other Anti-Crime Programs	Low
Other Senior Programs	Medium		

Source: Indiana Office of Community and Rural Affairs.

**Exhibit IV-3.
Housing Needs,
Priorities for 2010-2014**

Source:
Indiana Housing and Community
Development Authority

Priority Housing Needs	Priority Need Level	
	Percentage	Need Level
Renter:		
Small-related	0-30%	High
	31-50%	Medium
	51-80%	Low
Large-related	0-30%	High
	31-50%	Medium
	51-80%	Medium
Elderly	0-30%	High
	31-50%	High
	51-80%	Medium
All Other	0-30%	High
	31-50%	High
	51-80%	Medium
Owner:		
Owner	0-30%	High
	31-50%	High
	51-80%	Medium
Special Populations	0-80%	High

Housing needs. The following provides an estimate of current and projected housing needs for renters, owners and special needs populations.

Projected housing needs for 2014:

Extremely low income renters. Analysis completed for the Consolidated Plan found 202,422 renters earning less than \$20,000 could not find rental units they could afford (were cost burdened). If the State maintains its current household growth, extremely low income renters experience the same growth as the State overall, this need will increase to 209,583 renters in 2014.

Very low income renters. The need will increase to 86,679 renters, from 83,717 currently, given the same assumptions listed above.

Low income renters. Current need is 13,775; future need estimated is 14,262.

Moderate income renters. Current need is 3,159; future need estimated is 3,271.

Extremely low income owners. Analysis completed for the Consolidated Plan found 131,103 owners earning less than \$20,000 per year were cost burdened. If the State maintains its current household growth, extremely low income owners experience the same growth as the State overall, this need will increase to 135,741 owners in 2014.

Very low income owners. Current need is 122,688; future need estimated is 127,028.

Low income owners. Current need is 78,856; future need estimated is 81,646.

Moderate income owners. Current need is 59,225; future need estimated is 61,320.

Elderly. Table 1, the Housing, Homeless and Special Needs Table in Appendix D, completed for the Plan indicates that there is not adequate housing to serve the State's elderly population currently and comments from the citizen participation process also stated there were not enough affordable senior housing units to meet demand. Home maintenance can be a burden for many moderate and low income elderly homeowners, especially for elderly people on fixed incomes who need help with small repairs and major maintenance items, such as roof, furnace and air conditioning repairs. In 2008, 30 percent of the State's elderly households, or 154,193 households, were cost burdened (paying more than 30 percent of their annual incomes in housing costs).

The elderly population is expected to grow more rapidly than the population overall in the State in the future. If this population grows at twice the overall rate of growth, by 2014, the need could increase to 163,678.

Persons with disabilities. Persons with disabilities are more likely to have lower incomes and live in poverty than people without disabilities. Finding housing that is affordable, has needed accessibility improvements and is conveniently located near transit and other needed services is often very challenging for persons with disabilities. There are potentially 410,539 residents in Indiana with ambulatory difficulty that could make traditional living arrangements difficult. This need is likely to increase with Indiana's aging population.

The housing market analysis (included in Section III), in addition to Table 1, the Housing, Homeless and Special Needs Tables (included in Appendix D), of the Consolidated Plan contain more detail of estimates of housing needs, projections of future needs and disproportionate need. Additionally, Appendix C discusses the housing and supportive service needs of special needs populations in more detail.

Racial or ethnic group need. According to 2008 Census data, 1.7 percent of the State's occupied housing units, or 45,120, were overcrowded, which is defined as 1.01 persons or more per room. Approximately .05 percent of the State's housing units were severely overcrowded (more than 1.51 persons per room). These data compare favorably to national averages of 3.2 percent of units that were overcrowded and 1.1 percent severely overcrowded in 2008. Hispanic or Latino households were more likely to be living in overcrowded condition when compared to White alone, Not Hispanic or Latino households. Approximately 9.7 percent (9,292 households) of Hispanic or Latino were overcrowded compared to 1.3 percent (26,733 households) of White alone, not Hispanic or Latino households. The higher prevalence of overcrowding could be because of a preference for an extended family to occupy one housing unit, lower average incomes held by certain ethnic groups or a greater likelihood of ethnic groups to occupy smaller rental properties.

A comparison was also conducted between renters and owners of minority descent and the population as a whole for Indiana. Using 2000 Comprehensive Housing Affordability Strategy (CHAS) data, the percentage of households with housing problems (as defined by HUD) for all households was compared to each minority. Additionally, an examination of CHAS data for 2000 was done to see if any disproportionate need exists for any race at any income level compared to the needs of that category as a whole. The results of this analysis are found in Section III.

HOME Requirements

IHCDA will implement the following activities in conjunction with administration of the HOME grant.

Resale or recapture guidelines. The affordability period for all HOME units is determined by the total amount of assistance that goes into the property, e.g. rehabilitation, demolition, new construction, program delivery and developers fee.

Exhibit IV-4. HOME Affordability Periods

Source:
Indiana Housing and Community
Development Authority

Amount of HOME subsidy per unit:	Affordability Period
■ Under \$15,000/unit	5 years
■ \$15,000 - \$40,000	10 years
■ Over \$40,000 per unit – or any rehabilitation/refinance combination activity	15 years
■ New Construction or acquisition of newly constructed transitional, permanent supportive or rental housing	20 years

If there is both development subsidy and homebuyer subsidy or just homebuyer subsidy, the “recapture” provision must be implemented. If the development consists of development subsidy only (homebuyer awards only), “resale” provisions must be executed on the property. These requirements must be included in the applicant’s program guidelines as outlined in the application.

If the funds are provided as a grant, the funds will be subject to a “resale”. If funds are provided as a loan, the funds will be subject to a “recapture” and subject to the recapture based on the length of the affordability period that has been met. For rental units the deed restriction for this activity must be for the affordability period and state that the property will run for the affordability period as the activity is was funded.

Resale guidelines. Where the program design calls for no recapture (for homebuyer developments – home could only receive development subsidy), the guidelines for resale will be adopted in lieu of recapture guidelines. Resale restrictions will require the seller to sell the property only to a low-income family that will use the property as their principal residence. The term “low income family” shall mean a family whose gross annual income does not exceed 80 percent of the median family income for the geographic area published annually by HUD.

The purchasing family should pay no more than 29 percent of its gross family income towards the principal, interest, taxes and insurance for the property on a monthly basis. Recipients should describe in the application, program guidelines or award agreement their guidelines in utilizing the resale guidelines. The homeowner selling the property will be allowed to receive a fair return on investment, which will include the homeowner’s investment and any capital improvements made to the property.

Recapture guidelines. The maximum amount of HOME funds subject to recapture is based on the amount of HOME assistance that enabled the homebuyer to buy or lease the dwelling unit. This includes any HOME assistance that reduced the purchase price from the fair market value to an affordable price, but excludes the amount between the cost of producing the unit and the market value (i.e., development subsidy).

The amount to be recaptured is based on a prorata shared net sale proceeds calculation. If there are no proceeds, there is no recapture. Any net sale proceeds that exist would be shared between the recipient and the beneficiary based on the number of years of the affordability period that have been fulfilled, not to exceed the original HOME investment.

The net proceeds are the total sales price minus all loan and/or lien repayments. The net proceeds will be split between the IHCDA recipient and borrower as outlined according to the forgiveness schedule below for the affordability period associated with the property. The IHCDA recipient must then repay IHCDA the recaptured funds.

Refinancing guidelines. When loaning funds to rehabilitate multi-family developments, IHCDA will consider refinancing existing debt if it is necessary to permit or continue affordability under Sec. 92.252 and meets the priorities set forth in the state's Consolidated Plan.

To receive full consideration by IHCDA, the following conditions must be met:

- Rehabilitation must be the primary activity. Therefore, rehabilitation costs must exceed the amount used to refinance existing debt.
- Except for permanent supportive housing developments, properties located within another Participating Jurisdiction must demonstrate equal and comparable financing from the local unit of government.
- The development must satisfy a minimum 15-year affordability period.
- Disinvestment in the property has not occurred.
- The long term needs of the development can be met.
- It is feasible to serve the targeted population over the affordability period.
- Refinancing loans made or insured by any other Federal program, including, but not limited to, FHA, CDBG, or Rural Development is prohibited. R

Tenant-Based Rental Assistance. The IHCDA will utilize tenant based rental assistance on a limited basis to serve targeted populations. Please see Appendix C for a detailed discussion on the housing needs of the special needs populations.

Affirmative marketing. Development projects with five (5) or more publicly assisted units must adopt IHCDA's Affirmative Marketing Procedures. IHCDA reviews the Affirmative Marketing Plan with the project sponsor/owner as part of its regular monitoring. The following questions are a guide for that discussion:

- What are the underserved populations in the local housing market (i.e.; families with children, single parents, elderly, persons with disabilities, minorities, other)?
- What marketing efforts were carried out to reach these underserved populations (i.e.; media outlet, community outreach, social service referral network, other)?

- What were the results of these efforts?
- Based on this evaluation, how will marketing strategies and procedures be improved?

Contracting opportunities for MBE/WBEs. The State of Indiana has established a goal that 10 percent of federal awards be contracted to minority-owned business enterprises (MBE) and women-owned business enterprises (WBE) involved in construction, materials supply, consulting and architecture.

The 10 percent goal is also communicated to all CDBG housing and HOME recipients at start-up training sessions as well as in the Grant Implementation Manual. IHCDA also provides award recipients with the website address to obtain the resource directory of minority- and women-owned businesses as well as informational materials on compliance with procurement guidelines for MBE/WBE participation. Recipients must document all actions taken to ensure that they have made a good faith effort to solicit MBE/WBE firms. This documentation includes the names of all potential MBE/WBE firms contacted about contracting opportunities and, if the firms were not chosen for participation in the project, the reasons why not. At a minimum, two MBE/WBE firms must be solicited for each procurement action and verified by certified mail or a signed receipt of hand delivery.

IHCDA expects minority participation in its CDBG and HOME programs to reflect the representation of minorities in each funded community's low and moderate income population. Since minorities make up such a small percentage (around 1 percent) of Indiana's non-entitlement cities, such participation can be relatively minor. Minority participation is most concentrated in larger non-entitlement cities as well as in north-central Indiana.

HOPWA Requirements

Priority for funding has been given to Care Coordination sites to continue to foster the link between care plans and housing plans to meet the underserved needs of our clients who are in care coordination but not receiving HOPWA assistance or who are receiving limited housing assistance.

Funds will be made available in the following percentages of the total awards made to project sponsors:

- 65 percent to direct housing assistance: long-term rental assistance, short term rental assistance, short term supportive housing and facility based operations;
- 7 percent to administration/program delivery;
- 15 percent to supportive services: specifically to address the concerns raised in the ISDH Comprehensive Plan/Coordinated Statement of Need in the area of Emergency Fund Assistance (food, travel, etc.);
- 8 percent to housing information: salaries;
- 5 percent to permanent housing placement: directly related to a client.

IHCDA uses the following indicators to determine their ability to achieve the desired outcomes:

- Rental Assistance—households/units
- Short-term rent, mortgage and utility assistance—households/units

- Facility based housing operations support—units
- Short term supportive housing—units
- Housing information services—households
- Permanent housing placement services—households
- Supportive services—households

Using these indicators, a numeric goal has been determined associated with the FY2010 HOPWA allocation. Exhibit IV-5 identifies the numeric indicators.

**Exhibit IV-5.
HOPWA 2010 Goals and
Allocations**

Source:
Indiana Housing and Community
Development Authority.

	Goal	HOPWA Allocation
Rental Assistance—Households/Units	200	\$425,000
Short-term Rent, Mortgage and Utility Assistance—Households/Units	300	\$200,000
Facility based housing operations—Units	7	\$25,000
Short term supportive housing—Units	21	\$45,000
Supportive Services—Households	200	\$65,000
Housing Information—Households	75	\$30,000
Permanent Housing Placement—Households	100	\$70,000

Each of the households assisted with direct housing assistance will be required to have a housing plan completed by their case manager to identify areas of special need. IHCDCA encourages the case manager completing the housing plan to work directly with the client and their care coordinator to identify how to improve their access to care. IHCDCA expects the case manager to work with the client to achieve housing stability for those who are homeless and achieve housing stability and reduce risks of homelessness for those who are would be homeless but for this assistance.

Project sponsor selection process. IHCDCA worked with the Indiana State Department of Health to develop the criteria for selecting project sponsors for the 2010 HOPWA program. IHCDCA is a member of the Comprehensive HIV Services Planning and Advisory Council which consists of both advocates and consumers of the HIV/AIDS resources available to the state. The 2010 HOPWA project sponsors will be monitored based on the guidelines set forth in the Housing Opportunities for Persons with AIDS (HOPWA) Grantee Oversight Resource Guide. Twenty percent of the project sponsors will be monitored per year.

IHCDCA will encourage the project sponsors to continue housing plans for each of their clients to increase homeless prevention activities. IHCDCA will also encourage the project sponsors to make use of any items made available by the state to assist with placing clients into housing with subsidies other than HOPWA.

For program year 2010 funding, IHCDA chose to facilitate a competitive request for proposals (RFP) for HIV/AIDS service providers. The RFP was competitive in order to allocate funding competitively based on five criteria:

- Coordination Site;
- Active membership in State and Local planning;
- Assessment and eligibility;
- Access to mainstream resources; and
- Referrals.

To ensure the broadest possible dissemination, IHCDA distributed the HOPWA RFP in February via the statewide Continua of Care network and posted online. Because IHCDA allocates HOPWA to all ISDH-established care coordination regions except Region 7, it was determined that IHCDA will fund one HOPWA project sponsor per every care coordination region. This will remain true for all care coordination regions except Region 1, in which two HOPWA project sponsors will be funded for different activities during the 2010 program year due to the larger HIV/AIDS epidemiological burden in northwestern Indiana.

Thirteen eligible service providers responded to the RFP and submitted proposals. IHCDA will fund 12 of these providers for the 2010 program year. The project sponsors that will be funded include community-based organizations that serve persons with HIV/AIDS. Information regarding the 2010 project sponsors is unavailable at this time. HOPWA allocations for the 2010 program year will reflect a combination of regional epidemiological need and quantitative score of the RFPs.

IHCDA’s goal for the HOPWA program is to reduce homelessness and increase housing stability for people living with HIV/AIDS and their families. Prospective project sponsors for the 2010 program year provided information on each program’s ability to support this goal via submission of the RFPs.

**Exhibit IV-6.
HOPWA Service Area Counties by Care of Coordination Region**

Region	Service Area Counties
Region 1	Lake, LaPore, Porter
Region 2	Elkhart, Fulton, Marshall, Pulaski, St. Joseph, Starke
Region 3	Adams, Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash, Wells, Whitley
Region 4	Benton, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White
Region 5	Blackford, Delaware, Grant, Jay, Randolph
Region 6	Cass, Hancock, Howard, Madison, Miami, Tipton
Region 8	Clay, Parke, Sullivan, Vermillion, Vigo
Region 9	Decatur, Fayette, Henry, Ripley, Ripley, Rush, Union, Wayne
Region 10	Bartholomew, Greene, Lawrence, Monroe, Owen
Region 11	Crawford, Jackson, Jefferson, Jennings, Orange, Switzerland,
Region 12	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick

Source: Indiana Housing and Community Development Authority.

Other resources. HOPWA funds will continue to be available for direct housing assistance. IHCDA would encourage project sponsors if they wish to build or rehabilitate HOPWA units to seek out CDBG or HOME dollars for capital rather than using the limited HOPWA funds.

Other HOPWA Activities

- Provide Indiana Civil Rights Commission contact information to concerned beneficiaries.
- Maintain and build the capacity of regional continuum-of-care consortia to coordinate continuum-of-care activities and improve the quality of homeless assistance programs.

Other Resources to Fulfill Goals

Affordable Housing and Community Development Fund. Beginning in fiscal year 2008, the Affordable Housing and Community Development Fund began receiving new revenue to support its activities, generating approximately \$7 million in fiscal year 2008 and was projected to generate about \$6 million in fiscal year 2009. This revenue is expected to generate annually for investment in housing and community development activities across the Indiana. IHCDA administers the Development Fund and distributes proceeds through its Community Development, Community Services, and Multi-family departments.

As of April 2010, IHCDA is accepting no new applications for Development Fund dollars.

Indiana Foreclosure Prevention Network. Community service and housing-related organizations, government agencies, lenders, realtors, and trade associations have come together in a public-private partnership to provide a multi-tiered solution to Indiana's foreclosure problem. This statewide initiative is targeted public awareness campaign that utilizes grassroots strategies and mainstream media to drive Hoosiers facing foreclosure to a statewide toll-free helpline and educational website.

Anyone who has fallen behind on his or her mortgage payments, or thinks they might, will be encouraged to call 877-GET-HOPE or to visit www.877GETHOPE.org. The confidential, toll-free helpline, operated by Momentive Consumer Credit Counseling Service, is available daily from 8:00 a.m. to 8:00 p.m. When ever possible, counselors will assist homeowners over the phone. If more extensive assistance is needed, the counselor will refer the homeowner to a local foreclosure intervention specialist.

The Don't Let the Walls Foreclose In On You: Get Help, Get Hope public awareness campaign evokes a sense of urgency, recognizes that foreclosure can happen to anyone, and offers a message of hope. Marketing materials including brochures, posters, and other collateral pieces will be distributed through a variety of local outlets such as:

- Places of worship;
- WorkOne centers;
- Hospitals;
- Libraries;
- Utilities;
- Community-based organizations; and
- State and municipal agencies

IFPN is collaborating with the Indiana Association of Realtors to identify and train its members in short sale transactions. When a foreclosure prevention specialist determines that a short sale is the most appropriate solution, he or she will have a pool of realtors to assist with the transaction. Similarly, IFPN has reached out to the Indiana Legal Services, Indiana Bar Association, and the Pro Bono Commission to identify and train attorneys who may assist homeowners during the foreclosure process.

Low Income Housing Tax Credits (LIHTC). IHCDCA utilizes set-aside categories in its Low Income Housing Tax Credit Program to target the housing priorities set forth in the agency's strategic plan and to achieve the goals in the Statewide Consolidated Plan. Below is a list of the set-aside categories in the 2009-2010 Qualified Allocation Plan:

- Development by qualified not-for-profit organizations;
- Special Housing Needs;
- Senior housing;
- Development location;
- Preservation; and
- Developments which serve the lowest income.

IHCDA further supports strategic objectives by targeting evaluation criteria of LIHTC applications based on rents charged, constituency served, development characteristics, high performance housing characteristics, project financing and market strength, and other unique features and services.

Section 8 voucher program. The Housing Choice Voucher Program comprises the majority of the Indiana Housing and Community Development Authority's Section 8 rental assistance programs. IHCDCA administered vouchers help approximately 4,100 families' pay their rent each month. HCV funding for FY2009 is \$19.7 million. Eligibility for the Housing Choice Voucher program is based on a family's household income. The tenants' share is an affordable percentage of their income and is generally calculated to be between 30 to 40 percent of their monthly-adjusted gross income for rent and utilities. The HCV program services are provided by Local Subcontracting Agencies throughout the state of Indiana.

In an effort to better align Indiana's strategic housing goals with targeted voucher recipients, IHCDCA has established the following preference categories:

- Existing Applicant—applicant was on waiting list prior to implementation of preferences.
- Residency—applicant is a legal resident of the State of Indiana.
- Homelessness—applicant is currently homeless
- Homelessness prevention—applicant is a victim of domestic violence or an individual that will be released from an institution or will be emancipated from foster care.
- Self-Sufficiency—applicants are working families or enrolled in an educational or training program.
- Elderly—applicant is age 62 or older.
- Disability—meets HUD definition of a person with a disability

Institutional Structure and Coordination

Many firms, individuals, agencies and other organizations are involved in the provision of housing and community development in the State. Some of the key organizations within the public, private and not-for-profit sector are discussed below.

Public sector. Federal, State and local governments are all active in housing policy. At the federal level, two primary agencies exist in Indiana to provide housing: the U.S. Department of Housing and Urban Development (HUD) and Rural Economic Community Development (RECD) through the Department of Agriculture. HUD provides funds statewide for a variety of housing programs. RECD operates mostly in non-metropolitan areas and provides a variety of direct and guaranteed loan and grant programs for housing and community development purposes.

In addition to these entities, other federal agencies with human service components also assist with housing, although housing delivery may not be their primary purpose. For example, both the Department of Health and Human Services and the Department of Energy provide funds for the weatherization of homes. Components of the McKinney program for homeless assistance are administered by agencies other than HUD.

Office of Community and Rural Affairs. At the State level, the Indiana Office of Community and Rural Affairs (OCRA) is the State's main agency involved in community and economic development and related programs. It administers the State's CDBG program, a portion of which has been designated for affordable housing purposes since 1989.

Indiana Housing and Community Development Authority. The Indiana Housing and Community Development Authority (IHCDA) is the lead agency for housing in the State. It coordinates the Mortgage Revenue Bond (MRB) and the Mortgage Credit Certificates (MCC) first-time homebuyer programs through its First Home program, and administers the State's allocation of Rental Housing Tax Credits. IHCDA is responsible for the non-entitlement CDBG dollars dedicated to housing, the Indiana Affordable Housing and Community Development Fund, and non participating jurisdiction HOME monies. IHCDA also administers community development programs for the state, including the Neighborhood Assistance Program tax credits and Individual Development Account, and is the grant administrator for HOPWA and ESG. In addition IHCDA is currently a HUD designated Participating Administrative Entity for expiring use contracts and an approved contract administrator of certain project-based Section 8 contracts. IHCDA also administers the Housing Choice Voucher Program (also known as Section 8 vouchers), LIHEAP and Weatherization programs formerly housed at FSSA.

In 2009, IHCDA reorganized its Inter-Agency Council into the "Indiana Planning Council on the Homeless" (IPCH). The Council was established as an overall planning body for initiatives aimed at ending homeless in Indiana, and is committed to using a comprehensive approach to develop, operate, and improve Indiana's continuum of homelessness solutions. The Council operates from a "housing first" philosophy and embraces the proven efficacy of a permanent supportive housing model.

Indiana Permanent Supportive Housing Initiative (IPSHI). Starting in 2007, IHCDA and the, Division of Mental Health and Addiction (DMHA) have collaborated through DMHA's transformation process. As a result, DMHA's Transformation Work Group has identified the need to develop permanent supportive housing for long-term homeless individuals and families with severe mental illness and/or chronic alcohol and drug addictions.

The IHCDA, DMHA, Office of Medicaid Planning and Policy, Indiana State Department of Health, Department of Corrections and the Corporation for Supportive Housing (CSH) have created the Indiana Permanent Supportive Housing Initiative (IPSHI). IPSHI is a collaborative six-year initiative designed to create affordable housing and support services for people affected by mental illness or chemical dependency who are facing long-term homelessness. IPSHI will draw on national best practices while developing supportive housing with local partners to create an emerging Indiana model for permanent supportive housing.

The initiative aims to create at least 1,100 supportive housing units within Indiana by 2014. The IPSHI will be the core component of the growing momentum of the Indiana's Interagency Council on the Homeless and Transformation Work Group to address the needs of Hoosiers facing long-term homelessness. The IPSHI will be a vehicle for state agencies, private foundations and other constituencies to invest in housing and services for families and individuals experiencing long-term homelessness.

In partnership with the Corporation for Supportive Housing, IHCDA will continue the Indiana Supportive Housing Institute (the Institute) in 2010. The Supportive Housing Institute helps non-profits learn how to navigate the complex process of developing housing with support services and is expected to reduce the time it takes to obtain funding for homeless housing by improving the planning and application process.

The Institute provides targeted training, technical assistance, and pre-development financing options to both new and experienced development teams. Teams receive over 80 hours of training including individualized technical assistance and resources to assist in completing their project. In addition, experts from across the state, including IHCDA, and national partners provide insight on property management, financing, and building design.

Institute benefits. Upon completion, participants in the Institute will have:

- A detailed, individualized supportive housing development and management plan that can be used to access funding for the project;
- Access to early pre-development financing through CSH to use on supportive housing projects planned through the Institute;
- Improved skills to operate existing supportive housing and develop new projects serving people who experience multiple barriers to housing;
- A strong, effective development team that leverages the strengths of each team member;
- A powerful network of peers and experts to assist in project development and to trouble-shoot problems; and
- Increased capacity and a competitive edge to provide supportive housing.

Institute deliverables. In the course of the Supportive Housing Institute, development teams will work closely to develop individual supportive housing project plans. Among the expected outcomes are:

- Memorandum of Understanding among members of the supportive housing development team, outlining the roles and responsibilities of each partner;
- Community support plan;
- Detailed program and project concepts including;
- Conditions of tenancy and plan for supportive services for tenants;
- Engagement strategies designed for specific target populations;
- Tenant selection plan;
- Affirmative fair housing marketing plan;
- Management plan;
- Operating policies and protocols between services provider and property manager;
- Preliminary project proposal and budgets;
- Preliminary feasibility analysis for potential housing site, if identified; and
- Draft components of IHCD's applications for funding.

Overall IPSHI Strategic Goals—Increase the supply of permanent supportive housing for homeless individuals and families with severe mental illness or chronic alcoholism or drug addiction:

1. Reduce the number of homeless individuals and families who cycle through emergency systems;
2. Reduce the recidivism of ex-offenders with severe mental illness or chronic substance abuse; and
3. Improve communities by ending long-term homelessness through community-based partnerships.

Demonstration Project: 2008 through 2010. The initial three-year Demonstration Project is divided into two phases. Phase I (2008) will increase the capacity of housing and service providers and develop new models of permanent supportive housing. Phase II (2009 -2010) will implement and test the new models and create a pipeline for future development.

2009-2010 IPSHI Goals:

1. Increase permanent supportive housing units to reduce the number of individuals experiencing long-term homelessness;
2. Increase the capacity of local partners to develop permanent supportive housing.
3. Reduce use of emergency systems of care and other high-cost systems (e.g. jails, prison, emergency rooms, or state hospital)

4. Create an interagency IPSHI Council to direct resources to supportive housing projects.
5. Develop an Indiana model for service funding for IPSHI projects.
6. Improve the performance of homeless assistance system using the following domains: 1) housing stability, 2) increase income/employment, and 3) access to mainstream resources.
7. Develop a fidelity model for IPSHI projects by implementing the Seven Dimensions of Quality for Supportive Housing developed by CSH.
8. Engage local PHA's with IPSHI
9. Develop effective state policies that promote permanent supportive housing.
10. Increase funding streams for IPSHI projects.

FSSA. The Indiana Family Social Services Administration (FSSA) administers the Medicaid CHOICE program, the childcare voucher program, and other social service initiatives, and is the lead agency overseeing State institutions and other licensed residential facilities. The Indiana State Department of Health (ISDH) coordinates many of the State's programs relating to persons living with HIV/AIDS and also administers the State's blood screening program for lead levels in children.

Communities throughout Indiana are involved in housing to greater or lesser degrees. Entitlement cities and participating jurisdictions are generally among the most active as they have direct resources and oversight for housing and community development.

Private sector. A number of private-sector organizations are involved in housing policy. On an association level, the Indiana Realtors Association, Indiana Homebuilders Association, Indiana Mortgage Bankers Association and other organizations provide input into housing and lending policies. Private lending institutions are primarily involved in providing mortgage lending and other real estate financing to the housing industry. Several banks are also active participants in IHCD's First Home program. The private sector is largely able to satisfy the demands for market-rate housing throughout the State.

Not-for-profit sector. Many not-for-profit organizations or quasi-governmental agencies are putting together affordable housing developments and gaining valuable experience in addressing housing needs on a local level. As of March 2010, the State now has 49 organizations certified as Community Housing Development Organizations (CHDOs).

The State has an active network of community development corporations, many of which have become increasingly focused on housing and community development issues. These organizations are engaged in a variety of projects to meet their communities' needs, from small-scale rehabilitation programs to main street revitalization. The projects undertaken by community development corporations are often riskier and more challenging than traditional development projects.

Public housing authorities exist in the major metropolitan areas and in small to medium-sized communities throughout the State.

The State also has several organizations that advocate for state policies and organize housing and community development activities at the state level. The Indiana Association for Community Economic Development (IACED) is a membership organization for the State's housing and community development nonprofits and provides top level policy coordination, as well as training and technical assistance. The Back Home in Indiana Alliance is comprised of Indiana leaders in several affordable-housing and disability-related organizations and help people with disabilities become homeowners in several Indiana communities. Rural Opportunities, Incorporated (ROI) is an advocacy organization that focuses on the housing and social service issues of the State's migrant farmworker population.

Many not-for-profit organizations have become more actively engaged in delivering social services. Community mental health centers, religious and fraternal organizations and others provide support in the form of counseling, food pantries, clothing, emergency assistance, and other activities. The State's 16 Area Agencies on Aging have also become more involved in housing issues for seniors.

Overcoming gaps in delivery systems. Several gaps exist in the above housing and community development delivery system, especially for meeting the need for affordable housing. The primary gaps include:

- **Lack of coordination and communication.** Many social service providers, local business leaders and citizens continually express frustration about not knowing what programs are available and how to access those programs. Without full knowledge of available programs, it is difficult for communities to start addressing their housing needs. The State continues to address this gap through distribution of information about resources through regional agency networks and at public events.
- **Lack of capacity for not-for-profits to accomplish community needs.** In many communities, the nonprofits are the primary institutions responsible the delivery of housing and community development programs. These organizations function with limited resources and seldom receive funding designated for administrative activities. The State continues to include planning and capacity-building grants as eligible activities for CDBG and HOME.

Monitoring Standards and Procedures

To ensure that all statutory and regulatory requirements are being met for activities with HUD funds, the Office of Community and Rural Affairs (OCRA) and the Indiana Housing and Community Development Authority (IHCDA) use various monitoring standards and procedures. OCRA and IHCDA are responsible for ensuring that grantees under the CDBG, HOME, ESG and HOPWA programs carry out projects in accordance with both Federal and State statutory and regulatory requirements. These requirements are set forth in the grant contract executed between the State and the grantee. The State provides maximum feasible delegation of responsibility and authority to grantees under the programs. Whenever possible, deficiencies are rectified through constructive discussion, negotiation and assistance.

CDBG (non-housing) monitoring. OCRA uses the following processes and procedures for monitoring projects receiving HUD funds:

- Evaluation on program progress;
- Compliance monitoring;
- Technical assistance;
- Project status reports;
- Monitoring technical assistance visits;
- Special visits; and
- Continued contact with grantees by program representatives.

Monitoring. OCRA conducts a monitoring of every grant project receiving HUD funds. Two basic types of monitoring are used: off-site, or “desk” monitoring and on-site monitoring.

- Desk monitoring is conducted by staff for non-construction projects. Desk monitoring confirms compliance with national objective, eligible activities, procurement and financial management.
- On-site monitoring is a structured review conducted by OCRA staff at the locations where project activities are being carried out or project records are being maintained. One on-site monitoring visit is normally conducted during the course of a project, unless determined otherwise by OCRA staff.

Grants utilizing a sub-recipient to carry out eligible activities are monitored on-site annually during the 5-year reporting period to confirm continued compliance with national objective and eligible activity requirements.

In addition, if there are findings at the monitoring, the grantee is sent a letter within 3 to 5 days of monitoring visit and is given 30 days to resolve it.

HOME and CDBG (housing) monitoring. IHCDCA uses the following processes and procedures for monitoring projects receiving CDBG and HOME funds:

- Self monitoring;
- Monitoring reviews (on-site or desk-top);
- Results of monitoring review;
- Determination and responses;
- Clearing issues/findings
- Sanctions;
- Resolution of disagreements; and
- Audits.

IHCDCA conducts at least one monitoring of every grant project receiving CDBG and HOME funds. The recipient must ensure that all records relating to the award are available at IHCDCA’s monitoring. For those projects determined to need special attention, IHCDCA may conduct one or more monitoring visits while award activities are in full progress. Some of the more common factors that would signal special attention include: activity appears behind schedule, previous audit or monitoring findings of recipient or administrative firm, high dollar amount of award, inexperience of recipient or administrative firm, and/or complexity of program. These visits will combine on-site technical assistance with compliance review. However, if the recipient’s systems are found to be nonexistent or are not functioning properly, other actions could be taken by IHCDCA, such as suspension of funding until appropriate corrective actions are taken or termination of funding altogether.

During the period of affordability, IHCDCA’s multi-family department monitors properties annually for owner certification, income verification, and physical inspection.

Monitoring. Two basic types of monitoring are used: on-site monitoring and desk-top monitoring.

- On-site monitoring review:
 - Community Development Representative will contact recipient to set-up monitoring based on award expiration and completion/close-out documentation submitted and approved.
 - Recipient will receive a confirmation letter stating date, time, and general monitoring information.
 - On date of monitoring, IHCDA staff will need: files, an area to review files, and a staff person available to answer questions.
 - Before leaving, IHCDA staff will discuss known findings and concerns, along with any areas that are in question.

- Desk-top monitoring review:
 - Community Development Representative or Community Development Coordinator will request information/documentation from award recipient in order to conduct the monitoring. IHCDA staff will give approximately 30 days for this information to be submitted.
 - IHCDA staff will review information/documentation submitted and correspond via the chief executive officer the findings of the desk-top review. However, if during the course of the review additional information and/or documentation is needed, staff will contact the award administrator.

Shelter Plus Care monitoring. It is the policy of the IHCDA to monitor its Shelter Plus Care sub-recipients on an annual basis. Two types of reviews will be used to monitor sub-recipients: On Site Review and Remote Review. An On Site Review will consist of a complete review of the sub recipient's program and financial records as well as random review of Housing Quality Standard inspections. Remote Reviews will require sub-recipients to submit requested documentation to the IHCDA for review. Remote Reviews will address specific topics, such as participant eligibility, from random files. It is the policy of the IHCDA to perform On-Site Reviews of not less than thirty (30) percent of its sub-recipients annually. The remaining sub-recipients will be engaged in topical Remote Reviews.

The following risk factors will be used in determining which sub-recipients will be selected for On-Site Reviews:

1. Staff turnover;
2. Utilization of grant funds;
3. Claim iteration (deviation from monthly claims);
4. APR performance;
5. Consumer Complaints;
6. Unresolved HUD Finding (including APR Findings);
7. Compliance with terms and conditions of IHCDA S+C Agreement;
8. Time of last On-Site Review

Each program's past performance will be analyzed and compared against the full spectrum of IHCDA's Shelter Plus Care programs. Programs with highest risk will be selected for On-Site Review. Prior to either On Site or Remote Reviews, IHCDA will notify sub-recipient in writing of the type and date of the review. IHCDA will also provide sub-recipient with specific instructions and an explanation of review process.

ESG monitoring. The IHCDA is responsible for the state's allocation of ESG funding. IHCDA then allocates funds to eligible Grantees. As a grantee of ESG funding and a grantee through IHCDA, they are responsible for demonstrating compliance with all of the program requirements and the ESG Regulations at 24 CFR Part 576. The following is a list of the basic program requirements and responsibilities under the ESG program:

- Keeping Accurate Financial and Service Delivery Records
- Documentation of Homelessness
- Documentation of Homeless Prevention Activities
- Termination of Participation and Grievance Procedure
- Participation of Homeless Persons in Policy-Making Operations
- Ensuring Confidentiality
- Building & Habitability Standards
- Timely Expenditure of Funds

Monitoring reports. Each grantee will be required to follow three (3) objectives under one category that best describes their shelter. These three performance based objectives must be followed throughout the fiscal year (July 1-June 30).

Three reports will be due throughout the program fiscal year: a semi-annual progress report, due on January 15, an annual progress report due on July 15 and a fiscal close-out report due on August 15. These two progress reports collect data on the number and characteristics of the homeless persons served as well as report on the progress in meeting the three performance objectives. The shelter must reach the percentage goal or above by the end of the fiscal year. The measurement for each goal should be documented. The report should not contain clients' personal identifying information. Grantees report final totals of ESG monies and match spent in the fiscal close-out report.

- ***Day Shelter/Night Shelter Only:***
 - 90 percent of all clients will establish a case/care plan within 7 days of admission.
 - 95 percent of clients will receive mainstream services if applicable to the programs. (Ex: Food Stamps, Medicaid, Medicare, VA benefits, SSI, SSDI, etc.)
 - 95 percent of clients will have a complete client assessments/intake within 72 hours.

- **Emergency Shelter/Overnight Stay:**
 - 50 percent of clients will access transitional or permanent housing upon successful completion from the program.
 - 50 percent will increase their income or be employed upon exit from the program.
 - 90 percent of clients will receive case management/and or counseling at least 1 time a week.

- **Transitional Housing (up to 24 month stay):**
 - 50 percent of transitional residents will be employed upon exit from program.
 - 85 percent of the transitional residents will move from transitional to permanent housing.
 - 90 percent of clients who reside in transitional units will receive case management at least 1 time a month and reach 1 goal prior to exiting the program.

HOPWA monitoring. The IHCDA is responsible for the state's allocation of HOPWA funding and allocates these funds to eligible Grantees. As a grantee of HOPWA funding and a grantee through IHCDA, they are responsible for demonstrating compliance with all of the program requirements and the HOPWA Regulations.

The HOPWA funded agencies are responsible for determining client eligibility for the national HOPWA objective and/or rental eligibility; maintaining financial documentation; and practicing fair housing equal opportunity requirements. After each monitoring conducted by IHCDA, a monitoring letter is sent to the agency outlining the categories that were reviewed as related to the award. Concerns and/or findings for insufficient or deficient items are listed in detail along with the required action needed to resolve the concern or finding.

Program Income

The State of Indiana (Office of Community and Rural Affairs) does not project receipt of any CDBG program income for the period covered by this FY 2010 Consolidated Plan. In the event the Office of Community and Rural Affairs receives such CDBG Program Income, such moneys will be placed in the Community Focus Fund for the purpose of making additional competitive grants under that program. Reversions of other years' funding will be placed in the Community Focus Fund for the specific year of funding reverted. The State will allocate and expend all CDBG Program Income funds received prior to drawing additional CDBG funds from the US Treasury. However, the following exceptions shall apply:

1. This prior-use policy shall not apply to housing-related grants made to applicants by the Indiana Housing & Community Development Authority (IHCDA), a separate agency, using CDBG funds allocated to the IHCDA by the Office of Community and Rural Affairs.

2. Program income generated by CDBG grants awarded by the Office of Community and Rural Affairs (State) using FY 2010 CDBG funds must be returned to the Office of Community and Rural Affairs, however, such amounts of less than \$25,000 per calendar year shall be excluded from the definition of CDBG Program Income pursuant to 24 CFR 570.489.

All obligations of CDBG program income to projects/activities require prior approval by the Office of Community and Rural Affairs. This includes use of program income as matching funds for CDBG-funded grants from the IHCDA. Applicable parties should contact the Indiana Office of Community and Rural Affairs at (317) 232-8333 for application instructions and documents for use of program income prior to obligation of such funds.

A complete discussion of OCRA's program income procedure is provided OCRA's CDBG 2010 Method of Distribution located in Appendix E.

Anti-Poverty Strategy

The State of Indiana does not have a formally adopted statewide anti-poverty strategy. In a holistic sense, the entirety of Indiana's Consolidated Plan Strategy and Action Plan is anti-poverty related because a stable living environment is also a service delivery platform. However, many of the strategies developed for this Five Year Plan directly assist individuals who are living in poverty.

Indiana has a history of aggressively pursuing job creation through economic development efforts at the state and local levels. This emphasis on creating employment opportunities is central to a strategy to reduce poverty by providing households below the poverty level with a means of gaining sustainable employment.

Other efforts are also needed to combat poverty. Many of the strategies outlined in the Consolidated Plan are directed at providing services and shelter to those in need. Once a person has some stability in a housing situation, it becomes easier to address related issues of poverty and provide resources such as childcare, transportation and job training to enable individuals to enter the workforce. Indiana's community action agencies are frontline anti-poverty service providers. They work in close cooperation with State agencies to administer a variety of State and federal programs.

Education and skill development are an important aspect of reducing poverty. Investment in workforce development programs and facilities is an essential step to break the cycle of poverty. Finally, there continue to be social and cultural barriers that keep people in poverty. Efforts to eliminate discrimination in all settings are important. In some cases, subsidized housing programs are vital to ensure that citizens have a safe and secure place to live.

Public Housing Authority Assistance

During 2010-2014, IHCDA will collect regular information from the Indianapolis HUD field office on the "troubled" status of public housing authorities (PHA).

If a PHA in an area covered by the State HOME grant is designated as "troubled" by HUD, IHCDA will contact the PHA, interview their Executive Directors and other staff as appropriate about their needs and review their plan to address the problems that are putting them in a "troubled" status.

IHCDA will then consult HUD to explore potential funding sources for technical assistance in financial and program management as well as physical improvements as may be required.

At the time of this report, the following PHAs within the State HOME jurisdiction were designated as troubled: Decatur, Gary, Goshen, Knox County, Portland, Rome City, Sellersburg and Terre Haute.

Lead Based Paint

According to the 2008 Census, approximately 1.8 million housing units in Indiana—63 percent of the total housing stock—were built before 1980. Almost one fifth (536,460 housing units) of Indiana’s housing stock was built before 1940, when lead-based paint was most common. Another 18 percent (507,900 housing units) was built between 1940 and 1960, when lead-based paint was still used, but the amount of lead in the paint was being reduced. Finally, 715,002 Indiana housing units (26 percent) were built between 1960 and 1979 as lead-based paint was phased out and eventually banned. Urban areas typically have the highest percentages of pre-1940 housing stock, although the State’s non-entitlement areas together have about the same percentage of pre-1940 units as the State overall.

Lower income homeowners generally have more difficulty making repairs to their homes due to their income constraints. Low income renters and homeowners often live in older housing because it is usually the least expensive housing stock. This combination of factors makes lower-income populations most susceptible to lead based paint hazards. One measure of the risk of lead-based paint risk in housing is the number of households that are low-income and also live in older housing units.

Based on 2008 data on household income, the year housing units were built and HUD’s estimates of risk by year built, it is estimated the following households to be at-risk for lead based paint hazards: 172,000 households (7 percent of all households) who were extremely low income (earning less than 30 percent of the State median income); 154,000 households (6 percent of all households) who were low income (earning between 30 and 50 percent of median income); and 159,500 households (6 percent of all households) who were moderate income (earning between 50 and 80 percent of median income).

According to the Indiana Childhood Lead Poisoning Elimination Plan, Indiana children with the following characteristics are at high risk for exposure to lead hazards:

- Children living in older housing;
- Children living in poverty or families with low incomes;
- Children enrolled in Hoosier Healthwise (HH, Indiana’s Medicaid and S-CHIP program); and
- Minority children.

According to the Indiana State Department of Health’s Indiana Childhood lead Poisoning Prevention Program (ICLPPP) Blood Lead Level Screening and Elevated Levels Legislative Report for 2007, the number of children under seven years old who were tested for elevated blood lead levels increased by 13,751 (26 percent) in calendar year 2007. The number confirmed as lead-poisoned also increased to 656 children. Since 2000, 336,519 children have been tested and of those children, 4,514 have been confirmed with elevated blood lead levels. Of those children with elevated blood

levels whose homes were tested, an estimated 28 counties had less than five housing units with documented lead hazards¹, while one county (Wayne County) had 16 confirmed housing units with documented lead hazards.

Legislation was introduced in the 2009 Indiana General Assembly (SEA 202) that transferred the Lead-based Paint Program from the Indiana Department of Environmental Management to the Indiana State Department of Health.

Actions to reduce lead-based paint. The Indiana Lead and Healthy Homes Program (ILHHP), of ISDH, has as its goal the elimination of lead poisoning as a public health problem, especially among young children whose health and development are most susceptible to the harmful effects of lead. The primary source of lead poisoning is lead-based paint. Addressing the problem through existing and new housing rehabilitation programs is fundamental to reach the Indiana and federal goal of eliminating childhood lead poisoning. Effective January 1, 2010, ISDH has taken responsibility to implement and enforce the state and federal regulations concerning lead-based paint. The regulations are designed to eliminate environmental hazards by ensuring that trained lead professionals are available to conduct the safe and effective elimination of the primary sources of lead poisoning.

The Residential Lead-Based Hazard Reduction Act of 1992 (commonly referred to as "Title X") supports widespread prevention efforts of lead poisoning from lead-based paint. As a part of the Act, in 1991, the Office of Healthy Homes and Lead Hazard Control (OHHLHC) was established by HUD in order to bring together health and housing professionals in a concerted effort to eliminate lead-based paint hazards in America's privately-owned and low-income housing.

HUD has regulations to protect children from the hazards of lead-based paint in federally funded projects. HUD continues to provide training for compliance with these regulations. In October 2009, ISDH was awarded \$1,070,000 from HUD to address lead hazards in Indiana homes.

The Indiana Lead-Safe Housing Advisory Council will commission a study to be conducted by October 1, 2010. Based in the study the Council will develop housing based primary prevention recommendations. The study will do the following:

- Determine the feasibility and fiscal impact of universal blood lead testing in Indiana.
- Determine statewide prevalence and distribution of elevated blood lead levels as defined by 410 IAC 29.
- Determine the percentage of medical providers administering the questionnaire and the effectiveness of the questionnaire.
- Determine the economic impact of addressing lead hazards on the housing community.
- Determine the type of housing stock where lead hazards are present.
- Determine the sources of poisoning in Indiana based on environmental investigations.
- Review and make recommendations on the timing of the seller's disclosure form of known lead hazards to provide the consumer the best opportunity to make an informed decision.

¹ Documented lead hazards as defined by 40 CFR 745.

Barriers to Affordable Housing

Information on barriers to affordable housing and services was gathered from housing and community development stakeholders throughout the state as a part of the Consolidated Plan citizen participation process.

The focus groups of housing and special needs population professionals decided that zoning, the lack of transportation, the lack of funding for affordable housing, and the lack of housing rights education for stakeholders impedes access to fair housing and the development of affordable housing.

Many of the professionals in the focus groups mentioned they did not have much knowledge of the zoning regulations in their areas. However, some commented on residential zoning ordinances that result in people having to drive to work, and the lack of comprehensive zoning ordinances inclusive of all the needs for a community such as, shopping/banks, parks, housing and jobs. Some suggestions for fixing these problems included education for stakeholders and developers on zoning issues, and its future ramifications, reducing restrictions on multifamily housing, density bonuses and incentives.

Additionally, the housing and special needs population professionals recommended the State help residents have equal access to fair housing by investing in transportation, core areas near services, asset building and earned-income opportunities for individuals as feasible goals.

See the Housing Market Analysis included in Section III of this Consolidated Plan and the 2010-2014 Analysis of Impediments to Fair Housing Choice for an additional discussion of barriers to affordable housing.

Affirmatively Further Fair Housing

The State of Indiana is currently completing an Analysis of Impediments to Fair Housing Choice to cover program years 2010-2014, under a separate cover to be submitted to HUD in May 2010. Upon completion, the following Fair Housing Action Plan will be updated. Presently in the remainder portion of the 2009 program year, the State of Indiana is following the following Fair Housing Action Plan:

1. All grantees of CDBG, HOME, ESG, and HOPWA funds will continue to be required to:
1) Have an up-to-date Affirmative Marketing Plan; 2) Display a Fair Housing poster in a prominent place; and 3) Include the Fair Housing logo on all print materials and project signage. All grantees of HOME, ESG, and HOPWA are still required to provide beneficiaries with information on what constitutes a protected class and instructions on how to file a complaint.
2. All grantees of CDBG, HOME, ESG, and HOPWA funds will continue to be monitored for compliance with the aforementioned requirements as well as other Fair Housing standards (e.g., marketing materials, lease agreements, etc.). As part of the monitoring process, OCRA and IHCD staff will ensure that appropriate action (e.g., referral to HUD or appropriate investigative agency) is taken on all fair housing complaints at federally funded projects.

3. OCRA requires all CDBG projects to be submitted by an accredited grant administrator. Civil rights training, including fair housing compliance, will continue to be a required part of the accreditation process. IHCDA will continue to incorporate fair housing requirements in its grant implementation training for CSBG, HOME, ESG, and HOPWA grantees.
4. IHCDA will serve on the Indianapolis Partnership for Accessible Shelters and, through this Task Force, will educate shelters about Fair Housing and accessibility issues, and help identify way to make properties more accessible.
5. IHCDA will work with ICRC to have testers sent to IHCDA funded rental properties to ensure they are in compliance with the Fair Housing Act. The goal for the number of properties tested per year is 4 per year (equates to 10 percent of federally-assisted rental portfolio over the remaining period).
6. IHCDA will also ensure that the properties it has funded are compliant with uniform federal accessibility standards during on-going physical inspections, as part of the regular inspections that occur. The goal for the number of properties inspected per year for fair housing compliance is 100 per year.
7. IHCDA will expand its Fair Housing outreach activities by 1) Posting ICRC information and complaint filing links on IHCDA website, and 2) enhancing fair housing month (April) as a major emphasis in the education of Indiana residents on their rights and requirements under Fair Housing.
8. IHCDA will work with regional Mortgage Fraud and Prevention Task Forces to educate consumers about how to avoid predatory lending. IHCDA will also partner with National City Bank, IACED, and IAR to provide three trainings on foreclosure prevention and predatory lending. IHCDA established the Indiana Foreclosure Prevention Network (IFPN), a program to provide free mortgage foreclosure counseling to homeowners. IFPN was launched in the fall of 2007, and is a partnership of community-based organizations, government agencies, lenders, realtors, and trade associations that has devised a multi-tiered solution to Indiana's foreclosure problem. This statewide initiative includes a targeted public awareness campaign, a telephone helpline, an educational website, and a network of local trusted advisors.
9. IHCDA will receive regular reports from ICRC regarding complaints filed against IHCDA properties and within 60 days ensure an action plan is devised to remedy future issues or violations.

Section 3. Economic Opportunities for Low and Very Low Income Persons

Section 3 is a provision of the Housing and Urban Development Act of 1968 that requires that programs of direct financial assistance administered by the U.S. Department of Housing and Urban Development (HUD) provide, to the greatest extent feasible, opportunities for job training and employment to lower income residents in connection with projects in their neighborhoods. Further, to the greatest extent feasible, contracts in connection with these projects are to be awarded to local

businesses. Section 3 is a tool for fostering local economic development, neighborhood economic improvement, and individual self-sufficiency.

Section 3 applies to employment opportunities generated (jobs created) as a result of projects receiving Community Development Block Grant (CDBG) or HOME Investment Partnerships Program (HOME) funding through ORCA or IHCDA, whether those opportunities are generated by the award recipient, a subrecipient, and/or a contractor. The requirements of Section 3 apply to all projects or activities associated with CDBG or HOME funding, regardless of whether the Section 3 project is fully or partially funded with CDBG/HOME. A detailed description of Section 3 requirements is included in OCRA/IHCDA's award manual. A notice of Section 3 requirements is included in bid solicitations and is covered during the award trainings.

Section 3 applies to OCRA/IHCDA programs as follows:

1. Is the CDBG/HOME award more than \$200,000?
 - a. If no, Section 3 does not apply to your project.
 - b. If yes, Section 3 applies to the award recipient and its subrecipient (if applicable).
2. Are there any contracts or subcontracts for more than \$100,000? (Individual contracts are not aggregated for the \$100,000 threshold)
 - a. If no, Section 3 does not apply to any contractors or subcontractors.
 - b. If yes, the contractor or subcontractor with a contract exceeding \$100,000 is also subject to Section 3 requirements.

Implementation. Section 3 must be implemented in a manner consistent with existing Federal, State, and local laws. Section 3 does not supersede these laws, nor do these laws cancel or override the Section 3 obligation.

- A. Employment—Section 3 is race neutral, directed at low-income and very-low income persons.
- B. Procurement—Despite the method of procurement used, the solicitation of bids/proposals and the final contract documents must include notice of Section 3 obligations. Preference is based on whether the contractor provides economic opportunities to lower income persons (preference requirements only apply to the award recipient).
- C. Contracting—Applies to the State's recipients as well as the recipients' contractors.
Examples:
 1. Include notice of Section 3 requirements in bid solicitations.
 2. Target solicitations to small local businesses.
 3. Include Section 3 clause in contract documents.
 4. Develop a business outreach plan.
 5. Require bidders to indicate how they will comply with Section 3.

6. Award contracts to businesses that provide economic opportunities to low- and very low-income persons.

Requirements. Award recipients, subrecipients, and contractors must make good faith efforts to:

1. Utilize Section 3 area residents as trainees and employees in connection with the project.
2. Award contracts to Section 3 business concerns for work in connection with the project.

The award recipient must keep records and submit reports to OCRA or IHCDA, documenting the good faith efforts taken and the results of these actions. At the end of the award period the following information should be reported and pertains to the award recipient, subrecipient and each applicable contractor or subcontractor working on the project:

- Total number of employees working on the job/housing award.
- Total number of employees working on the job/the-housing award that are Section 3.
- Total number of new hires/trainees hired to work on the job/housing award.
- Total number of new hires/trainees hired to work on the job/housing award that are Section 3.
- Number of hours worked on the job/the-housing award by all employees.
- Number of hours worked on the job/the-housing award by all Section 3 employees.
- Number of hours worked on the job/the-housing award by Section 3 new hires/trainees

Chronic Homelessness and Homelessness Prevention

Ending chronic homelessness is a HUD priority. The five priorities identified in Indiana's Plan to End Chronic Homelessness are:

- Enhance prevention activities and strategies;
- Increase organizational capacity for supportive housing development, increase supply of supportive housing, and revenue for supportive housing units;
- Enhance and coordinate support systems (mental health, substance abuse, employment, case management, outreach, primary health care);
- Optimize use of existing mainstream resources; and
- Develop a policy and planning infrastructure.

IHCDA is one of the lead agencies in the Indiana Planning Council on the Homeless and will undertake the following activities and strategies to address the plan priorities during program year 2010:

- ***Increase resources for family homelessness prevention.*** HOPWA funds can be used to prevent homelessness for low-income families with HIV/AIDS. Local HOPWA project sponsors provide short-term rent, mortgage and utility assistance to help families through financial crisis. In addition, some of the shelters that receive ESG funds allocate resources to homelessness prevention. Families can access homelessness prevention through local shelters to pay for rent and utility assistance.

- **Provide preferences** under the Section 8 Housing Choice Voucher program for the chronically homeless and for homelessness prevention.
- **Reinforce the importance of stable housing as necessary component of the service continuum.** IHCDA has served as the lead applicant for two Shelter Plus Care programs to link rental assistance with supportive services for chronically homeless people. We have also made a commitment to the importance of Shelter Plus Care as stable housing by providing administrative reimbursement to local project sponsors as an incentive to bring more Shelter Plus Care stable housing programs to Indiana. IHCDA is also using HOME funds on two targeted tenant based rental assistance programs.
- **Use HMIS** for chronically homeless people to reduce duplication, streamline access, ensure consistency of service provision and generate data to carry out this plan. Currently all of the non-domestic violence shelters funded by ESG and Shelter Plus Care grantees are entering beneficiary data into HMIS. IHCDA enters in information on HOPWA clients who are chronically homeless.

In addition to the States objective to support activities to end chronic homelessness, the Indiana Balance of State Continuum of Care (CoC) application works towards ending chronic homelessness by creating new beds for the chronically homeless. The CoC short-term and long-term plan for creating new permanent housing beds for the chronically homeless follows.

The Indiana Permanent Supportive Housing Initiative targets creating 1,100 units of PSH by 2013. IHCDA, with Corporation for Supportive Housing, will conduct a third PSH Development Institute, an 80 hour course to assist teams developing PSH projects. The institute will place another 300 units in the pipeline, with at least 20 percent targeting CH persons. Indiana will also have a frequent user project focusing on homeless in county jail and emergency rooms in Lafayette, creating 20 units for CH. This years NOFA application also includes a new project serving CH (25 units). The CoC also coordinates other federal resources including: creating HUD Veterans Affairs Supportive Housing (VASH) set-asides for CH. IHCDA has modified LIHTC Qualified Allocation Plan creating a 5 percent set-aside of units in all new tax credit projects (100/year) for long-term homeless; created a HOME set-aside for 20 CH units/year; created Sec 8 set-asides with a minimum of 20/year for CH. IHCDA and Division of Mental Health and Addiction developed a PSH Service Delivery model to leverage Medicaid and state service funds for CH.

IPSHI outlines an aggressive six year plan to create new PSH for all homeless in Indiana targeting CH individuals and families. Over the next 10 years, the CoC will closely monitor our pipeline to ensure adequate scattered-site and single-site PSH is developed to meet the needs of CH in Indiana. IHCDA has committed to funding set-asides for the years going forward including the LIHTC set-aside; Section 8 project-basing; HUD VASH targeting; HOME set-asides; coordination with Division of Mental Health to target units; frequent user projects; a Planning Council committee to evaluate new Section 811 opportunities; coordinating Neighborhood Stabilization Program funding; and continuing the PSH Development Institute. In 2013, IPSHI will be reevaluated to see how the goals of creating new PSH in Indiana have been met and the Council will readjust goals as necessary. Finally, all CoC members work closely to ensure Homelessness Prevention and Rapid Re-Housing Program resources are targeted appropriately and PSH is focused on CH. CoC committees will monitor all new opportunities.

Discharge Coordination Policy

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into homelessness. Indiana has implemented formal discharge policies pertaining to persons released from publicly funded institutions and systems of care. Each of these policies was developed and is monitored by its respective administrative agency. The Department of Health, the Department of Corrections, the Division of Child Services and the Division on Mental Health and Addiction are all represented on the Indiana Planning Council on the Homeless. A synopsis of the current agency specific policies provided in the Balance of State Continuum of Care application is provided below:

Foster Care. The Chafee Plan is the basis for Indiana's protocol for implementing the Foster Care Independence Act of 1999. Components of the Indiana Plan address Independent Living Services for youth. The Division of Child Services conducts a comprehensive independent living assessment to identify areas of strength and challenges for youth age 14 to 18. Services provided include financial, housing, mentoring, counseling, employment, education, and other appropriate support to ensure youth live as healthy, productive and self-sufficient adults. The Planning Council is working with IHEDA and Division of Child Services to create housing options for persons being discharged from the foster care system. A PSH project, Connected by 25, is creating 20 units serving youth aging out and youth at risk of homelessness. This project is a state wide demonstration project to develop a model for serving this population and improving discharge protocol. The Planning Council and IHEDA work closely with foster care to monitor data and trends on discharges and work with cases as necessary. IHEDA and other local PHAs are applying for 200 FUP vouchers to assist high risk youth leaving Foster Care.

Health Care. The Indiana Department of Health (IDH) has a formal discharge plan developing a set of recommendations for an integrated, statewide discharge policy. IDH is on the Planning Council. Current discharge policy in place is: The Bureau of Quality Improvement Services is responsible for ensuring that individuals transition from state operated facilities, large private ICF, MR settings and nursing homes into a community smoothly. The process includes a minimum of one pre-transition visit and two post-transition visits. Individuals are also surveyed 6mo. after transition regarding residential and support services. The CoC is currently working locally to develop discharge policies for health care systems. The Planning Council is including the Indiana Primary Health Care Association in our process to link PSH projects with primary health care centers and those discharged from emergency rooms. The long-term goal is to create a network of primary care centers who identify people at risk of homelessness and the local CoC housing network. Local trainings are for emergency room workers and social workers on IHOPE to triage clients into the appropriate housing. The Council is working closely with private hospitals to reduce or eliminate those being discharged into homelessness through tools such as IHOPE and hospital involvement in the local CoCs. We are also implementing frequent user projects to target those in jails, emergency rooms, and shelters.

Mental Health. The Indiana Department of Mental Health and Addiction (DMHA) has a formal protocol that it currently implements as described below. In addition, the Planning Council developed and approved a set of recommendations for an integrated, statewide discharge policy in 2007. The discharge policy states: DMHA requires that the admitting mental health center remain

involved in the treatment and discharge planning of individuals placed in state operated facilities. Facility staff, in conjunction with the consumer, develop the plan to ensure that the individual is not released into homelessness. The formal protocol for individuals being discharged from the State Institutions of Care is under statute IC 12-21-2-3 and has been implemented since 2004. IHCDA, CSH & the Planning Council are working with the State Mental Health transformation workgroup to align their work with the IPSHI goals. In 2009, to integrate housing with discharge protocols 80 units of PSH are under development to target individuals discharged from State Hospital. DMHA is on the Housing & Program Committee. The Planning Council will implement and provide recommendations to IHCDA, DMHA and IPSHI on creating housing protocols for individuals discharged from state hospitals.

Corrections. The Indiana Department of Corrections (IDOC) has a formal discharge policy that it currently implements as described below. IDOC is represented on the Planning Council. CoCs work closely with IDOC reps to develop protocols so that individuals being released from correctional facilities are not discharged into homelessness. The current protocol is: IDOC requires case managers to develop individualized Re-Entry Accountability Plans that outline and coordinate the delivery of services necessary to ensure successful transition from incarceration to a community. Services include, but are not limited to: 1) enrollment in Medicaid, Food Stamps, TANF, and SSI; 2) issuance of birth certificates and BMV identification; 3) participation in workforce development programs; 4) limited rental assistance; and 5) referral to other community services. We recognize there are still people leaving corrections without stable housing. The Housing & Programs committee is working with the IDOC to link their data system with the IHOPE/HMIS system to link people to services and housing to end and prevent homelessness. IDOC is creating demo projects in 3 cities to connect people most at risk of homelessness with the local CoC to do the triage and to provide services while in the prison. In addition, frequent users projects under development will target individuals who most frequently are released from corrections and cycle in and out of shelters.

Obstacles to Meeting Needs

The State faces a number of obstacles in meeting the needs outlined in the Five Year Consolidated Plan:

- Housing and community needs are difficult to measure and quantify on a statewide level. The Consolidated Plan uses both qualitative and quantitative data to assess statewide needs. However, it is difficult to reach all areas of the State in one year, and the most recent data in some cases are a few years old. Although the State makes a concerted effort to receive as much input and retrieve the best data as possible, it is also difficult to quantify local needs. Therefore, the State must rely on the number and types of funding applications as a measure of housing and community needs;
- The ability of certain program dollars to reach citizens is limited by the requirement that applications for funding must come from units of local government or nonprofit entities. If these entities do not perceive a significant need in their communities, they may not apply for funding; and
- Finally, limitations on financial resources and internal capacities at all levels can make it difficult for the State to fulfill the housing and community development needs of its many and varied communities.

To mitigate these obstacles, during the 2010 program year, the State will provide training for the application process associated with the HUD grants to ensure equal access to applying for funds, and continually review and update its proposed allocation with current housing and community development needs, gathered through the citizen participation plan and demographic, housing market and community development research.

Five Year and 2010 Action Year Matrix

The following Exhibit presents the Goals (both one and five year), objectives, outcomes and funding proposals together. This exhibit shows how the State of Indiana plans to allocate its FY2010 block grants to address its five year Consolidated Plan Goals.

**Exhibit IV-7.
FY 2010 Action Plan for Five Year Consolidated Plan Goals, State of Indiana**

Goal	Objectives	HUD Objective Code	2010 Activity	Indicator	Goal		Funding				
					Year One	Five Year	CDBG	HOME	ESG	HOPWA	
1. Expand and preserve affordable housing opportunities throughout the housing continuum.	• Rental housing.	DH-2.1	➢ Rehabilitation and new construction	Units	135	675	\$1,000,000	\$3,500,000			
		DH-2.2	➢ Homeownership education and counseling and downpayment assistance	Households	500	2,500		\$3,000,000			
	• Homeownership opportunities.		➢ Homebuyer development	Units	25	125		\$1,000,000			
			➢ Owner occupied rehabilitation	Units	300	1,500	\$3,000,000	\$2,000,000			
		DH-2.3	➢ Predevelopment loans	Units	5	25		\$250,000			
	• Build capacity for affordable housing developers		➢ Organizational capacity	Units	16	80		\$800,000			
	2. Reduce homelessness and increase housing stability for special needs populations.	• Improve the range of housing options for homeless and special needs populations.	DH-1.1	➢ Permanent supportive housing	Units	50	250		\$5,000,000		
				➢ Rental assistance	Units	200	1,000		\$1,000,000		
• Support activities to improve the range of housing options for special needs populations and to end chronic homelessness.		DH-1.2	➢ Operating support	Shelters	83				\$1,360,526		
			➢ Homelessness prevention activities	Persons	110	550			\$72,000		
			➢ Essential services	Persons	16,000	80,000			\$400,000		
• Improve the rang of housing options for special needs populations living with HIV/AIDS.		DH-1.3	➢ Housing information services	Households	75	375				\$30,000	
			➢ Permanent housing placement services	Households	100	500				\$70,000	
			➢ Supportive services	Households	200	1,000				\$65,000	
		DH-2.4	➢ Tenant based rental assistance	Units	200	1,000				\$425,000	
		➢ Short-term rent, mortgage and utility assistance	Units	300	1,500				\$200,000		
		➢ Facility based housing operations support	Units	7	35				\$25,000		
		➢ Short term supportive housing	Units	21	100				\$45,000		
3. Promote livable communities and community revitalization through addressing unmet community development needs.	• Improve the quality and/ or quantity of neighborhood services for low and moderate income persons.	SL-1.1	➢ Community Focus Fund	Stations	5-6	25-30	\$2,550,000				
			- Emergency stations	Vehicles	2-3	10-15	\$450,000				
			- Fire trucks	Facilities	6	30	\$3,000,000				
			- Public facilities	Projects	2	10	\$1,000,000				
			- Downtown revitalization projects	Projects	2	10	\$500,000				
			- Historic preservation projects	Projects	2-5	10-25	\$500,000				
		- Brownfield/clearance projects									
	• Improve the quality and/or quantity of public improvements for low and moderate income persons.	SL-3.1	➢ Community Focus Fund	Systems	24	120	\$14,638,347				
		- Infrastructure systems									
SL-3.2		➢ Planning Fund	Grants	29	145	\$1,000,000					
	➢ Foundations Program	Grants									
SL-3.3	➢ Flexible Funding Program	Projects	2-5	10-25	\$2,000,000						
4. Promote activities that enhance local economic development efforts.	• Coordinate with private industry, businesses and developers to create jobs for low to moderate income populations in rural Indiana.	EO-3.1	➢ Community Economic Development Fund	Jobs	275	1,300	\$2,500,000				
			➢ Micro-enterprise Assistance Program	Jobs	0	TBD	\$0				
Administrative and supportive services			➢ CDBG admin. (OCRA)				\$781,182				
			➢ HOME admin.					\$550,000			
			➢ HOPWA admin. (IHCDA)							\$29,139	
			➢ ESG program admin.						\$96,557		
			➢ Tech. assist. set-aside (OCRA)				\$340,591				
			➢ HOPWA admin. (other)							\$67,992	
Total							\$32,260,120	\$17,100,000	\$1,929,083	\$957,131	

Source: BBC Research & Consulting, 2010.

APPENDIX A.
Citizen Participation Plan

APPENDIX A.

Citizen Participation Plan

The Citizen Participation Plan (CPP) described below is the CPP established for the State's Five Year Consolidated Plan, covering program years 2010–2014. The CPP was developed around a central concept that acknowledges residents as stakeholders and their input as key to any improvements in the quality of life for the residents who live in a community.

Each program year affords Indiana residents an opportunity to be involved in the process. Citizens have a role in the development of the Consolidated Plan and annual Action Plans regardless of age, gender, race, ethnicity, disability and economic level.

Purpose of the Citizen Participation Plan. The Citizen Participation Plan (CPP) describes the process the state uses to collect public input and involve the public in development of the Five Year Consolidated Plan. The CPP also addresses how the state obtains public comment on its Annual Action Plan and Consolidated Annual Performance Evaluation Report (CAPER). This Citizen Participation Plan was developed in accordance with Sections 91.110 and 91.115 of HUD's Consolidated Plan regulations.

The purpose of the CPP is to provide citizens of the State of Indiana maximum involvement in identifying and prioritizing housing and community development needs in the State, and responding to how the State intends to address such needs through allocation of the following federal grants:

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

To receive these federal grant monies, HUD requires jurisdictions to submit a Consolidated Plan every three to five years. This Consolidated Plan covers a five-year timeframe from July 1, 2010 through June 30, 2015. The State's Consolidated Plan is a comprehensive strategic plan for housing and community development activities. The purpose of programs and activities covered by this Consolidated Plan is to improve the State of Indiana by providing decent housing, a suitable living environment, and growing economic opportunities, especially for low to moderate income residents.

Encouraging Citizen Participation

The state recognizes the importance of public participation in both defining and understanding current housing and community development needs and prioritizing resources to address those needs. The state's Citizen Participation Plan is designed to encourage citizens of Indiana equal access to become involved each year.

Development of the Plans and Performance Reports

This document outlines how residents of the State of Indiana may participate in the development and review of the state’s Five Year Consolidated Plan; each annual Action Plan; each Annual Performance Report; and any substantial amendments to a Consolidated Plan and/or Action Plan. The State of Indiana’s program year begins July 1 and ends June 30. The Indiana Office of Community and Rural Affairs (OCRA) is responsible for implementing and reporting on the all aspects of the Consolidated Plan process. The following schedule provides an approximate timeline for the Consolidated Plan, which happens every five years, the annual Action Plan and the CAPER.

State of Indiana Citizen Participation Plan Annual Schedule	
July	<ul style="list-style-type: none"> ▪ Begin annual Action Plan year ▪ Begin Consolidated Annual Performance and Evaluation Report (CAPER) process
August	<ul style="list-style-type: none"> ▪ At the end of month publish CAPER Public Notice of draft availability for public comment
September	<ul style="list-style-type: none"> ▪ Beginning to middle of month begin 15-day Public Comment period for CAPER ▪ CAPER submitted to HUD by September 30
January-February-March	<ul style="list-style-type: none"> ▪ Conduct public participation process for Consolidated Plan
March	<ul style="list-style-type: none"> ▪ At the end of the month publish Public Notice informing public the draft Consolidated Plan/annual Action Plan are available for public comment and announcing public hearings
April	<ul style="list-style-type: none"> ▪ Begin 30-day Public Comment period for draft Consolidated Plan and draft annual Action Plan ▪ Hold public hearings at the end of the month
May	<ul style="list-style-type: none"> ▪ Consolidated Plan and Action Plan submitted to HUD by May 15
June	<ul style="list-style-type: none"> ▪ End of annual Action Plan year

Five Year Consolidated Plan. The State of Indiana’s Consolidated Plan is developed through a collaborative process between the Indiana Office of Community and Rural Affairs (OCRA) and Indiana Housing and Community Development Authority (IHCDA). Citizen participation is another important part of the Consolidated Plan including developing and amending the Plan as well as providing input/comments on program performance.

Participation. The following provides detailed steps for citizen participation for the Five Year Consolidated Plan, covering program years 2010–2014.

- **Elected official survey.** A housing and community development needs survey was distributed to local elected officials, including mayors, county commissioners, etc., of the nonentitlement areas of the state. The survey was available in paper and electronic (PDF and online version) formats. OCRA distributed invitations to elected officials to complete the survey.

- **Resident survey.** A survey of Indiana residents was conducted in order to gather additional information on housing and community development needs and priorities for the Consolidated Plan. The survey was available in paper and electronic version (PDF and online). The survey was distributed to housing and community development providers (e.g., Indiana Department of Workforce Development's WorkOne Centers, Continuum of Care participants, Human Rights Council, organizations who work with persons with disabilities) to be distributed to their clients/members, was available on OCRA's website and included in an IHCDA email to all who subscribe to IHCDA's email announcements. The survey was available in English and Spanish.
- **Focus groups.** Four focus groups were held during February and March 2010 with Regional Planning Commissions, advocates for persons with disabilities, persons with disabilities, Continuum of Care Regions and Human Rights Councils. An additional focus group was planned with Public Housing Authorities, but had no participants.
- **Stakeholder interviews.** A series of interviews were conducted with key persons or groups who are knowledgeable about housing and community development needs in the state.
- **Public hearings.** During the 30-day public comment period two public hearings will be conducted through videoconferences with 6 Ivy Tech Community College of Indiana locations across Indiana on April 30, 2010.
- **Written comments.** Written comments are accepted at any time during the Consolidated Plan process.

Draft Consolidated Plan public comment. A reasonable notice is given to announce to the public the availability of the draft Consolidated Plan. Availability of the draft Plan is advertised on the State's website. Notification of the availability of the draft Plan is published in local newspapers across the State. In addition, all public meeting participants who provided contact information are notified of the availability of the draft Plan and will be encouraged to provide their comments.

A 30-day public comment period is provided to receive written comments on the draft Plan. The 30-day comment period began on April 9 and continued through May 9, 2010. The draft Plan can be reviewed at OCRA and IHCDA offices and is available to download on the State's website.

Public Hearings. On April 30, 2010, two public hearings will be conducted through videoconferences with 6 Ivy Tech Community College of Indiana locations (Indianapolis, Evansville, Lafayette, Madison, Portland and Valparaiso) across Indiana. During the session, executive summaries of the Plan will be distributed and instructions on how to submit comments were given. In addition, participants were given an opportunity to provide feedback or comment on the Draft Plan.

Final action on the Consolidated Plan. All written comments provided during the Consolidated Plan process are considered in preparing the final Consolidated Plan. A summary of the comments received and a summary of the State's reasons for not accepting any comments are included in the final Consolidated Plan. The State considers these comments before taking final action on the Consolidated Plan. The final Consolidated Plan is submitted to HUD, no later than May 15 each year.

Annual Action Plans. Each year the State must submit an annual Action Plan to HUD, reporting on how that year's funding allocation for the CDBG, HOME, ESG and HOPWA grants will be used to achieve the goals outlined in the Five Year Consolidated Plan. The Citizen Participation Plan for preparation of the Action Plan is as follows:

Draft Action Plan and public hearings. The draft Action Plan will be available for 30-days to gather public comment on the proposed spending allocation. The State will hold at least two public hearing to describe the State’s proposed allocation of the program year’s funding allocation during the 30-day public comment period. The availability of the draft Plan and public hearings will be publicized through legal advertisements in regional newspapers with general circulation statewide and also on the State’s website. In addition, the notice will be distributed by email to local officials, nonprofit entities and interested parties statewide. The public hearings will be held in several locations across Indiana.

During the session, executive summaries of the Plan will be distributed and instructions on how to submit comments given. In addition, participants will be given an opportunity to provide feedback or comment on the draft Plan. A summary of the public hearing comments will be included in the final Action Plan.

Final Action Plan. The State staff reviews and considers all written public comments. The final Action Plan that is submitted to HUD includes a section that summarizes all comments or views in addition to explanations of why any comments were not accepted.

Consolidated Annual Performance and Evaluation Reports. Before the State submits a Consolidated Annual Performance and Evaluation Report (CAPER) to HUD, the State will make the proposed CAPER available to those interested for a comment period of no less than 15 days. Citizens will be notified of the CAPER’s availability through a notice appearing in at least one newspaper circulated throughout the State. The newspaper notification may be made as part of the State’s announcement of the public comment period and will be published two weeks before the comment period begins.

The CAPER will be available on the websites of the Indiana Housing and Community Development Authority and the Office of Community and Rural Affairs during the 15-day public comment period. Hard copies will be provided upon request.

The State will consider any comments from individuals or groups received verbally or in writing. A summary of the comments, and of the State’s responses, will be included in the final CAPER.

Substantial Amendments

Occasionally, public comments warrant an amendment to the Consolidated Plan. The conditions for whether to amend are referred to by HUD as “Substantial Amendment Criteria.” The following conditions are considered to be Substantial Amendment Criteria:

1. A substantial change in the described method of distributing funds to local governments or nonprofit organizations to carry out activities. “Substantial change” shall mean the movement between programs of more than 10 percent of the total allocation for a given program year’s block-grant allocation, or a major modifications to programs.

Elements of a “method of distribution” are:

- Application process for local governments or nonprofits;
- Allocation among funding categories;
- Grant size limits; and
- Criteria selection.

2. An administrative decision to reallocate all the funds allocated to an activity in the Action Plan to other activities of equal or lesser priority need level, unless the decision is a result of the following:
 - There is a federal government recession of appropriated funds, or appropriations are so much less than anticipated that the State makes an administrative decision not to fund one or more activities;
 - The governor declares a state of emergency and reallocates federal funds to address the emergency; or
 - A unique economic development opportunity arises wherein the State administration asks that federal grants be used to take advantage of the opportunity.

Citizen participation in the event of a substantial amendment. In the event of a substantial amendment to the Consolidated Plan, the State will conduct at least one additional public hearing. This hearing will follow a comment period of no less than 30 days, during which the proposed amended Plan will be made available to interested parties. Citizens will be informed of the public hearing, and of the amended Plan's availability, through a notice in at least one newspaper prior to the comment period and hearing.

In the event of substantial amendments to the Consolidated Plan, the State will openly consider all comments from individuals or groups submitted at public hearings or received in writing. A summary of the written and public comments on the amendments will be included in the final Consolidated Plan.

Changes in Federal Funding Level. Any changes in federal funding level after the Consolidated Plan's draft comment period has expired, and the resulting effect on the distribution of funds, will not be considered an amendment or a substantial amendment.

Availability and Access to Records

The State provides reasonable and timely access for citizens, public agencies, and other organizations to access information and records relating to the State's Consolidated Plan, annual Action Plan, performance reports, substantial amendment(s), Citizen Participation Plan, and the State's use of assistance under the programs covered by the plan during the preceding five years.

The Indiana Office of Community and Rural Affairs webpage is www.in.gov/ocra and the Indiana Housing and Community Development Authority webpage is www.in.gov/ihcda for citizens interested in obtaining more information about State services and programs or to review the plans and performance reports. A reasonable number of free copies will be available to citizens that request it. Upon request, these documents are provided in a reasonable form accessible to persons with disabilities.

Citizen Complaints

The State will provide a substantive written response to all written citizen complaints related to the Consolidated Plan, Action Plan amendments and the CAPER within 15 working days of receiving the complaint. Copies of the complaints, along with the State's response, will be sent to HUD if the complaint occurs outside of the Consolidated Planning process and, as such, does not appear in the Consolidated Plan.

OCRA Citizen Participation Requirements

The State of Indiana, Office of Community and Rural Affairs, pursuant to 24 CFR 91.115, 24 CFR 570.431 and 24 CFR 570.485(a) wishes to encourage maximum feasible opportunities for citizens and units of general local government to provide input and comments as to its Methods of Distribution set forth in the Office of Community and Rural Affairs' annual Consolidated Plan for CDBG funds submitted to HUD as well as the Office of Community and Rural Affairs' overall administration of the State's Small Cities Community Development Block Grant (CDBG) Program. In this regard, the Office of Community and Rural Affairs will perform the following:

1. Require each unit of general local government to comply with citizen participation requirements for such governmental units as specified under 24 CFR 570.486(a), to include the requirements for accessibility to information/records and to furnish citizens with information as to proposed CDBG funding assistance as set forth under 24 CFR 570.486(a)(3), provide technical assistance to representatives of low-and-moderate income groups, conduct a minimum of two (2) public hearings on proposed projects to be assisted by CDBG funding, such hearings being accessible to handicapped persons, provide citizens with reasonable advance notice and the opportunity to comment on proposed projects as set forth in Title 5-3-1 of Indiana Code, and provide interested parties with addresses, telephone numbers and times for submitting grievances and complaints.
2. Consult with local elected officials and the Office of Community and Rural Affairs Grant Administrator Networking Group in the development of the Method of distribution set forth in the State's Consolidated Plan for CDBG funding submitted to HUD.
3. Publish a proposed or "draft" Consolidated Plan and afford citizens, units of general local government, and the CDBG Policy Advisory committee the opportunity to comment thereon.
4. Furnish citizens and units of general local government with information concerning the amount of CDBG funds available for proposed community development and housing activities and the range/amount of funding to be used for these activities.
5. Hold one (1) or more public hearings respective to the State's proposed/draft Consolidated Plan, on amendments thereto, duly advertised in newspapers of general circulation in major population areas statewide pursuant to I.C. 5-3-1-2 (B), to obtain the views of citizens on proposed community development and housing needs. The Consolidated Plan Committee published the enclosed legal advertisement to thirteen (13) regional newspapers of general circulation statewide respective to the public hearings held on the 2010 Consolidated Plan. In addition, this notice was distributed by email to over 1,000 local officials, non-profit entities, and interested parties statewide in an effort to maximize citizen participation in the FY 2010 consolidated planning process:

The Republic, Columbus, IN	Tribune Star, Terre Haute, IN
Indianapolis Star, Indianapolis, IN	
The Journal-Gazette, Fort Wayne, IN	Journal & Courier, Lafayette, IN
The Chronicle-Tribune, Marion, IN	Evansville Courier, Evansville, IN
The Courier Journal, Louisville, KY	South Bend Tribune, South Bend, IN
Gary Post Tribune, Gary, IN	Palladium-Item, Richmond, IN

The Times, Munster, IN
The Star Press, Muncie, IN

6. Provide citizens and units of general local government with reasonable and timely access to records regarding the past and proposed use of CDBG funds.
7. Make the Consolidated Plan available to the public at the time it is submitted to HUD, and;
8. Follow the process and procedures outlined in items 2 through 7 above with respect to any amendments to a given annual CDBG Consolidated Plan and/or submission of the Consolidated Plan to HUD.

In addition, the State also will solicit comments from citizens and units of general local government on its CDBG Performance Review submitted annually to the U.S. Department of Housing and Urban Developments (HUD). Prior to its submission of the Review to HUD, the State will advertise regionally statewide (pursuant to I.C. 5-3-1) in newspapers of general circulation soliciting comments on the Performance and Evaluation Report.

The State will respond within thirty (30) days to inquiries and complaints received from citizens and, as appropriate, prepare written responses to comments, inquiries or complaints received from such citizens.

NOTICE OF PUBLIC HEARING

FY 2010 CONSOLIDATED PLAN FOR FUNDING

INDIANA OFFICE OF COMMUNITY AND RURAL AFFAIRS INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY

Pursuant to 24 CFR part 91.115(a)(2), the State of Indiana wishes to encourage citizens to participate in the development of the State of Indiana Consolidated Plan for 2010. In accordance with this regulation, the State is providing the opportunity for citizens to comment on the 2010 Consolidated Plan draft report, which will be submitted to the US Department of Housing and Urban Development (HUD) on or before May 15, 2010. The Consolidated Plan defines the funding sources for the State of Indiana's four (4) major HUD-funded programs and provides communities a framework for defining comprehensive development planning. The FY 2010 Consolidated Plan will set forth the method of distribution of funding for the following HUD-funded programs:

State Community Development Block Grant (CDBG) Program
Home Investment Partnership Program
Emergency Shelter Grant Program
Housing Opportunities for Persons With AIDS Program

These public hearings will be conducted on **Friday, April 30** at several Ivy Tech Community College campuses (<http://www.ivytech.edu/>) across the state. Your choices of Ivy Tech campuses are:

Indianapolis

Fairbanks Building,
Room F250
9301 E. 59th St.
Lawrence, IN 46208
2:30-4:30 p.m. or
5:30-7:30 p.m.

Lafayette

3101 South Creasy Lane
Ivy Hall, Room 2121
Lafayette, IN 47903
2:30-4:30 p.m. or
5:30-7:30 p.m.

Portland

John Jay Center
101 South Meridian Street
Room 106
Portland, IN 47371
2:30-4:30 p.m. or
5:30-7:30 p.m.

Valparaiso

3100 Ivy Tech Drive
Valparaiso, IN 46383
2:30-4:30 p.m. or
5:30-7:30 p.m.

Evansville

3501 North First Avenue
Room 322
Evansville, IN 47710
1:30-3:30 p.m. or
4:30-6:30 p.m.

Madison

590 Ivy Tech Drive
Lecture Hall
Madison, IN 47250
2:30-4:30 p.m.

All members of the public are invited to review the draft Plan prior to submission April 9, 2010 through May 10, 2010 during normal business hours of 8:30am to 5:00pm, Monday-Friday, at the Indiana Office of Community and Rural Affairs. A draft Plan will also be available on the IHEDA website (www.in.gov/iheda) and the OCRA website (www.in.gov/ocra).

Written comments are invited from Friday, April 9, 2010 through Monday, May 10, 2010, at the following address:

Consolidated Plan
Indiana Office of Community and Rural Affairs
One North Capitol – Suite 600
Indianapolis, IN 46204-2288

Persons with disabilities will be provided with assistance respective to the contents of the Consolidated Plan. Interested citizens and parties who wish to receive a free copy of the Executive Summary of the FY 2009 Consolidated Plan or have any other questions may contact the Indiana Office of Community and Rural Affairs at its toll free number 800.824.2476, or 317.232.8911, during normal business hours or via electronic mail at bdawson2@ocra.in.gov.

APPENDIX B.
Citizen Participation
Process Materials and Comments



**2010 Indiana HUD Consolidated Plan
Key Person Interviews Report
For
Indiana Housing and Community Development Authority (IHCDA)
Office of Community and Rural Affairs (OCRA)**

Key Objectives

To continue qualification for HUD funding, the IHCDA and OCRA are responsible for drafting a consolidated plan that captures the input, experiences, and recommendations of its user agencies and community decision makers. On behalf of IHCDA and OCRA, the Indiana Department of Administration (DOA) contracted with BBC Research & Consulting and Briljent, LLC to conduct the interviews and draft the summary report.

Interview Questions

IHCDA and OCRA prepared a joint questionnaire from which to conduct the interviews. Each agency respectively provided lists of key persons to be contacted on behalf of each agency. (See the appendix for the 18-question survey.)

	IHCDA	OCRA
Key-Person Names Provided	25	26
# of Agencies Participating	20	12
# of Persons Participating	23	12

Interview Methodology

Each key person was contacted by phone and was requested to set an appointment for the phone interview. The interviewer took notes during each interview and then transcribed the key-person responses. Those responses were compiled into two documents: one with all IHCDA responses, one with all OCRA responses. These two documents include the names and contact information of each responder.

Each interview lasted between 30 and 45 minutes. Because all 18 questions were open-ended, this report will summarize the input according to categories. (Because confidentiality was promised to each key person, this report does not include responder names or agencies.)

General Observations

The following are general observations about the respondents, for both IHCDA and OCRA:

- Eager and willing to participate in the interview
- Candid in offering constructive and positive comments
- Appreciated having their input sought (especially if incorporated into the plan)
- Unclear how to access the plan, whether comments could be offered
- Sincerely wanted to be engaged





Questionnaire Topics

The four sections of the questionnaire focused on the following:

- Housing and community development needs
- IHCDA and OCRA processes and procedures
- Fair housing issues
- Recommendations to the respective agencies

Results Analysis

The analysis of the questionnaire answers have been grouped into four categories:

- Housing
- Community Development
- Economic Development
- Special Needs Populations

Housing questions were addressed in questions 1, 2, 3, 4, 14, 15, and 16. When asked the greatest need for housing in their area, the majority of respondents stated that the need was for affordable single-family rentals. When asked if their clients could afford to buy or rent a house or apartment and keep it maintained, the majority of respondents answered that clients could not afford to buy or rent suitable housing or could not afford the maintenance or rehabilitation. The majority of respondents noted that the elderly, on a fixed income, were noted to be the group in greatest need of housing. The majority of respondents noted that fair housing is not an issue in their area.

Community and Economic Development questions were addressed in questions 7, 9, and 10. When asked for the top community or economic development needs in their area, respondents noted that infrastructure enhancements (including waste treatment, storm water control, street reconstruction, and sidewalks, etc.) and neighborhood rehabilitation (downtown development, etc.) ranked the highest. The respondents had many ideas on the needs for both economic and community growth in their area. Their needs included parks and recreation facilities, transportation services, medical services, entertainment, restaurants, hospitals, assisted living housing, affordable housing, new jobs, retention of jobs, school rehabilitation, property tax dollars, as well as better use and a continuum of the current services.

Special Needs Population questions were addressed in questions 5, 6, and 8. When asked about housing for special needs (homeless, elderly, physically and developmentally disabled), the majority had no available data on the current or future unmet special needs housing requirements.



IHCDA

Results in Broad Strokes

This report will highlight the key questions in each of the four sections noted above. Questions that clarify the significant points will also be noted within each section to flesh out the more significant responses.

1. What are the greatest housing needs in the area you serve?	
Common/Similar Response*	Number Commented
Affordable single-family rentals (rent assistance for low-income housing)	10
Affordable housing for the elderly	5
Transitional housing (adults coming out of rehab, prison, etc.)	5
Rehabilitation of downtown area housing stock	4
Multi-bedroom housing with shared staff for developmentally disabled	1
Long-term care (continuity of living) housing for elderly	1
Housing for working adults from ages 55-65	1
An oversupply of four-bedroom, two-bath houses	1
Less money for home construction and more for rentals	1
For tax-producing housing (city tax base is dwindling)	1
Multiple-family housing in rural communities	1
* While there were 23 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 23.	

2. and 3. Can most of your clients afford to buy or rent a house or apartment and keep it maintained?	
Common/Similar Response*	Number Commented
Cannot afford to buy or rent suitable housing	12
□□□RI□RXU□FRXQW□V□SRSXODWLRQ□FDQ□DIIRUG□WR	1
Cannot afford maintenance or rehabilitation	9
There is sufficient affordable housing in our rural areas and small cities	1
Can afford the housing but cannot afford the repairs	1
It depends on the area and the people	1
* While there were 23 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 23.	



4a. Are renters able to get landlords to make needed repairs?	
Common/Similar Response*	Number Commented
No	2
Yes	4
50-50	1
It depends on such factors as the community, whether price point is high or low, whether the landlord is private or public, etc.	6
* While there were 23 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 23.	

4b. What groups are in greatest need of housing?	
Common/Similar Response*	Number Commented
Elderly, people on a fixed income	7
Low to middle income families	3
Working poor	4
Low income people in rural areas	1
Transitional families, homeless, families with kids	4
Felons and sex offenders	1
Ages 20 to 30	1
* While there were 23 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 23.	

5. & 6. & 8. What needs are you aware of for special needs housing (homeless, elderly, physically and developmentally disabled? Are you aware of any data projecting current or future unmet housing demands for these special needs groups? Are the needs of this population being met?)	
Common/Similar Response*	Number Commented
Seniors	3
Physically or developmentally disabled	4
Single mothers, homeless	6
We have sufficient housing for special needs groups	2
No available data on current or future unmet housing needs	11
Some data on special needs housing	3
Multi-bedroom homes with shared staffing	1
* While there were 23 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 23.	





7. & 9. What are the top community development needs in the area you serve? \$UH\RX\DZDUH\RI\UHFHQW\VWXGLHV\RQ\RXU\FRPPXQLV growth?	
Common/Similar Response*	Number Commented
Storm water separation, waste water treatment	8
Infrastructure enhancements (streets, sidewalks, etc)	11
Neighborhood rehabilitation (downtown development, etc.)	9
Community amenities	3
Jobs (creation and retention)	4
Public transportation	4
Emergency services	1
Yes, am aware of recent community studies	6
No, am not aware of recent community studies	4
* While there were 23 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 23.	

10. :KDW\pTXDOLW\RI\OLIH\LVVXH\DUH\DYDLODEOH\?DQG\ZKD Available*		Needed	
170 affordable apartments		Rural transportation	
Small-town atmosphere		Medical services	
Sense of belonging to a community		Parks and recreation facilities	
Feeling safe		Entertainments & restaurants	
Walkable environment		Assisted living housing	
Small-town commitment to others		City bus system	
Variety of services ± if you know how to access them		Jobs and transportation for the working poor	
Transportation system		Alternative transportation	
Quality hospital and YMCA		County schools dire need of rehab	
Attractive downtown		Property tax dollars	
Learning center sponsored by Purdue, Ball State, and Ivy Tech		To make better use of the Main Street program	
Keeping our pool open		Continuum of services in our rural community	
Free trash pickup		Strategies for dealing with our depressed economy	
&UHDWLYH\SDUWQHUVKLSV\Z help		Accessible and affordable housing	





11a. 5H, +&\$TV SURFHVV IRU DOORFDWLQJ IXQGLQJ ZKDW LV
IHCDA is our primary funding source and we keep getting money so that is good.
It is living up to its mission. I give it high marks.
IHCDA does a good job analyzing data and situations and it tries to be non-political.
In the last five to seven years, we have found the IHCDA to be very customer friendly. Its graded application system works because the staff takes the time to really help us succeed. They offer guidance and when an award is not granted they explain why and offer further assistance for future applications.
The IHCDA has a good staff that guides the tax credit funding program. The NSP is also well run.
In my experience, they have done almost everything well. We would not be here without their support and funding.
IHCDA has recently ended grant deadlines and I see that as a good move. They are trying to work more closely with us to help us be successful, and that has not always been the case.
We can now talk to the people at IHCDA, and they will listen to our needs.
We use a grant administrator and have received some grants and the process seems to have been relatively smooth. IHCDA does regular monitoring, and that is important. Our ReCAP experience has been very positive, even though the turnaround has been very slow.
IHCDA seems to be fair in their scoring and decision making regarding grants.
I think the IHCDA is doing an excellent job. They seem fair and equitable in their Quality Allocation Plan, and it can be a very participative process.
7KH, +&\$TV WD FUHGLW SURJUDP VHHPV WR ZRUN ZHOO DQG seems to be fair.
IHCDA has many arms for conferring funding to many different projects and groups, and they seem to do an adequate job of that dimension of their mission.
, KDYH D ORW RI UHVSHFW IRU, +&\$TV VWDII WKH DUH VPD challenging issues.
, WKLQN WKH, +&\$TV and funding allocation processes work well.



<p>11b. 5H, +&\$TV SURFHVV IRU DOORFDWLQJ IXQGLQJ ZKDW UHF would you make for improvement?</p>
<p>There seems to be a lack of communication between the FSSA and IHCDA. For our clients, more access to Section 8 and to Section 42 tax credit programs would be very valuable.</p>
<p>We believe the IHCDA needs to develop closer relationships with community members especially in meeting the needs of the low-income families.</p>
<p>I do have some concerns. It remains difficult to get helpful information from them some times. Their website is not user friendly, e.g., I could not find Section 8 LQIRUPDWLRQ QRU FRXOG, ORFDWH LQIRUPDWLRQ RQ WKH allocation of funds. I even called and emailed them looking for that info and even after several months there was no response.</p> <p>I would like to see IHCDA collect and collate information on the Owner-Occupancy Rehabilitation Program. They need to separate out how and what is being spent on home repairs versus what is spent on home modifications. We need to know where to go to find this information.</p> <p>I think IHCDA needs to better outreach to the community where funding is minimal, e.g., more opportunities for collaboration especially for the marginalized.</p>
<p>I sometimes find that when I seek answers from the IHCDA staff, I have to follow up with the director because I was given incorrect information. I think the IHCDA staff needs more training on the financing of micro enterprises, and they need to be clearer in their guidelines.</p>
<p>I think they could do better if they worked to develop stronger partnerships with private industry, local municipalities, community-based organizations, and the smaller non-profits. I also think some of the IHCDA staff lack the knowledge and training to balance the need to support and monitor their allocations.</p>
<p>I question how efficient their processes are. IHCDA hosts public comment periods and encourage participation, but it seems to favor just those participants who are recipients of its funding. I think IHCDA needs to include other community thought leaders at the table if it really wants to shape a coherent and HIIHFWLYH GLUHFWRQ IRU WKH IXWXUH 2Q, +&\$TV PRQH VLG go back to the same providers. There does not seem to be a full awareness of all the agencies and groups which might be quality providers. I know the IHCDA has all the best intentions, but it seems to be deaf to some of the most creative or challenging input offered it. I sometimes feel its input gathering exercise is just that, an exercise it performs to get funding without any real intent on listening to WKH EURDGHU FRPPXQLWV LQ SXW</p>
<p>, G OLNH WR VHH WKHP H SDQG WKHLU³ KRXLQJ DFWLYLWLHV programs. They need to improve their point system so as to provide more incentives for housing investments in accessible and suitable existing housing.</p>
<p>Regarding the timing for projects, I think they could be less rigid in the timeframe. They need more flexibility in reviewing and approving applications. Not all applications can start at the beginning of a year and be ready to proceed by spring.</p>

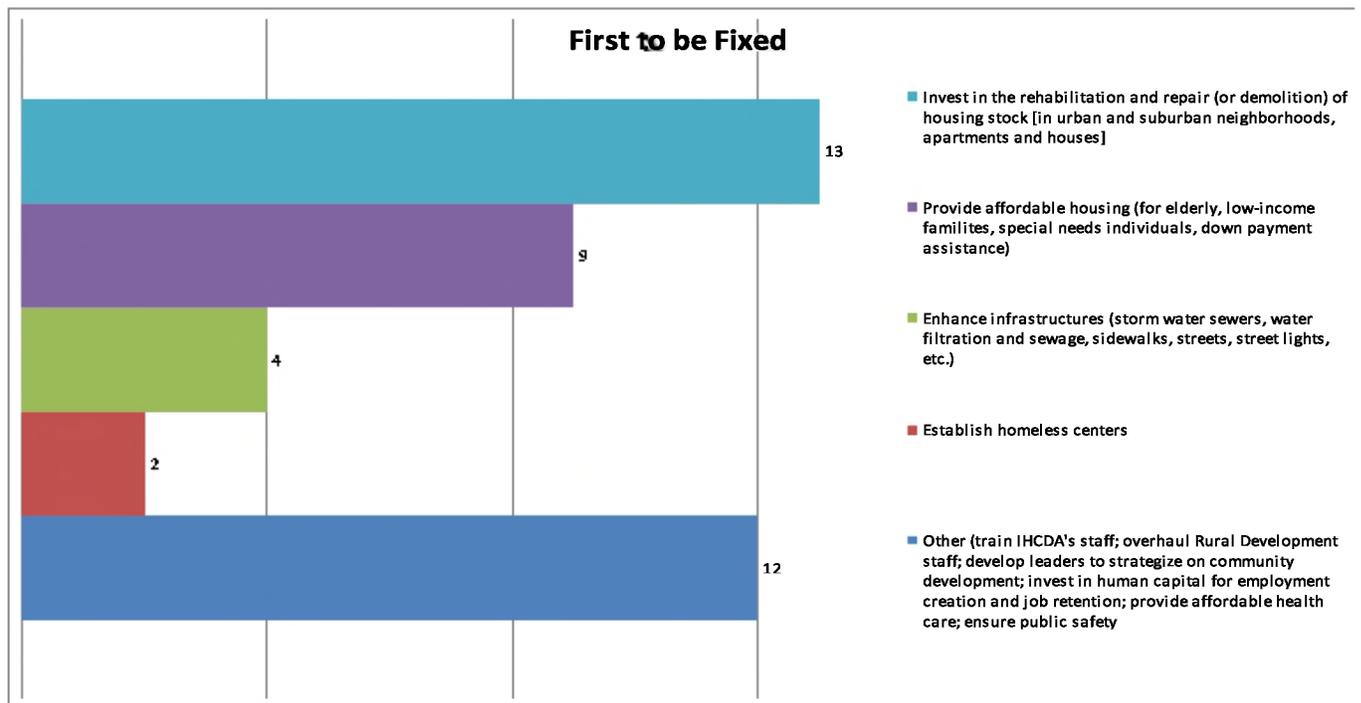




<p>Our ReCAP experience has been very positive, even though the turnaround has been very slow. What IHCD has in place seems to work ok, but they seem to be short-</p>
<p>There are from 60 to 90 members of Main Street and I wish IHCD could engage us more on community development. We need assistance in networking with OCRA and USDA personnel to determine what projects we can get funding for. It takes a certain level of expertise (time, money, education, etc.) to put a successful grant together and many of us in rural settings do not have all those skills. I wish IHCD could provide some workshops or training for us.</p>
<p>Their processes have become too rigid, their application and notification process is not timely enough, and people (applicants) must be rather sophisticated and resourceful to take advantage of what IHCD has to offer. I realize the agency has grown in size and complexity over the past couple of years so they now need to evaluate their level of service and priorities.</p>
<p>I believe they could make the entire application process more transparent for applicants. They, and we, need to understand the larger scale projects, we need to track all project factors to maintain the big picture, and we need a larger time frame within which to complete our projects. We are challenged to figure all the community needs, tie them to all possible grantor opportunities, and then try to put together two or three applications for various grants to cover our project needs. Matching goals and objectives with particular grants takes a lot of time and energy. Maybe that could be something IHCD could do for us.</p>
<p>The Community Development (Home and DBG) staff is overworked, needs more experience, and the least knowledgeable of the IHCD personnel.</p>
<p>One hope I have for IHCD is for continuity of service even when staff turnover</p>
<p>It tends to spread its money around the state, but not enough in any one spot to create substantive improvement. It diffuses its money to the point that the benefit is also diffused.</p>



12. With unlimited authority and funds, what would you fix first in your area?	
Common/Similar Response*	Number Commented
Invest in the rehabilitation and repair (or demolition) of housing stock [in urban and suburban neighborhoods, apartments and houses]	13
Provide affordable housing (for elderly, low-income families, special needs individuals, down payment assistance)	9
Enhance infrastructures (storm water sewers, water filtration and sewage, sidewalks, streets, street lights, etc.)	4
Establish homeless centers	2
2WKHU□□WUDLQ□,+&\$!V□VWDI□□RYHUKDXO□5XUDO□'H develop leaders to strategize on community development; invest in human capital for employment and job retention; provide affordable health care; ensure public safety; provide nutrition services; spur renters to make minor renovations)	12
* While there were 23 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 23.	





13. What could the public and private sectors do better to address your FRPPXQLWTV J UH DWHVW QH HGV	
Common/Similar Response*	Number Commented
The public and private sectors already work well together.	4
They could work better together to:	
<ul style="list-style-type: none"> Keep a big picture of community needs in mind and spend less time protecting their own venues; plan for long-term needs and necessary services 	3
<ul style="list-style-type: none"> Keep rents affordable; manage rehab costs better 	3
<ul style="list-style-type: none"> Develop a structure to organize and disperse shrinking property tax funds expeditiously 	3
Press our legislature to empower cities and towns (not just counties) with the right to put vacant or dilapidated properties up for tax sale	1
Ensure the public sector reallocates its resources into existing assets (housing stock) and not into new construction	1
Lobby for IH CDA to set aside funds for the local community foundations; they have been underutilized	1
Directing City Reinvestment Act funding be spent more effectively, toward housing rather than other interests	1

14. & 15. & 16. What impedes access to fair and affordable housing in your community? Are there land uses, zoning regulations, or public policies restricting (even inadvertently) access to fair housing?	
Common/Similar Response*	Number Commented
Fair housing is not an issue in our community.	10
Fair housing is an issue.	2
There are other impediments to access to affordable housing that PD QRW EH IDLU KRXLQJ LVVXHV VXFK DV HFR lack of code enforcement and housing inspections that results in substandard rentals; the Hispanic community is taken advantage of with housing issues; low education and low income; the circuit breaker caps; suburban sprawl; neighborhood covenants	12
Yes, there are land use, zoning regulations, or public policies restricting access to fair housing	2
No, there are no land use, zoning regulations, or public policies restricting access to fair housing	19
There seems to be an unspoken policy in central Indiana that EHF DXVH LWV FKHDSHU WR EX ODQG DQG EXLOG corn fields than it is to rehab or build in the cities, then build new is what we do	1
7KHUH D KXJH EDUULH enderts to find suitable housing	1
Because some non-profits housing projects are not subject to property tax, our tax base is eroding	1





I would like to see much of the funding that OCRA controls be channeled to
,+&'\$□WR□VXSSRUW□KRXVLQJ□PRGLILFDWLRQ□QHHGV□IRU□RZQHUV
critically important that CDBG funds be increased so our elderly (the fastest
growing population) can stay in their own homes, have the resources to update
and renovate their houses, and for senior renters to be able to live in affordable
and accessible housing.

:H□QHHG□WR□VHULRXVO□FRQVLGHU□³XQLYHUVDOO□GHVLJQH'□K
can use the housing. All federal funds (e.g., stimulus money) should be
concentrated on housing that provides single-story residences, zero threshold,
etc.

I believe the IHADA needs broader outreach to the community groups and the
local non-profits, e.g., ARC.



OCRA

1. What are the greatest housing needs in the area you serve?	
Common/Similar Response*	Number Commented
Affordable single-family rentals (rent assistance for low-income housing)	4
Affordable housing for the seniors (especially those at the assisted-living stage of life)	3
Rehabilitation of our housing stock (downtown and in neighborhoods)	2
Affordable housing with 3-4 bedrooms in our rural community	1
Non-subsidized apartments for incoming college grads	3
Low-income housing and high-end housing (over \$250,000)	1
* While there were 12 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 12.	

2. & 3. Can most of your clients afford to buy or rent a house or apartment and keep it maintained?	
Common/Similar Response*	Number Commented
Yes, because housing is competitive in our area	5
Often the elderly can afford to buy or rent, but as they age it becomes more difficult to repair and rehab their places	4
No, and then they must choose another market	2
Probably not, especially regarding size, quality, energy efficiency, and safety	1
I must answer this very carefully. Our clients who are eligible (under the USDA 502 loan program) and who choose housing in USDA-designated areas are able to purchase suitable housing. Those who might be eligible but refuse to seek a home in a USDA-designated area, and those clients who are not eligible for the 502 loan program would not be able to afford suitable housing.	1
That would vary around our county. Union City was just rewarded a Neighborhood Stabilization Grant to stem residential and commercial blight, and using a chunk of that to rehab our housing stock would be a wise use of the money.	1
* While there were 12 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 12.	



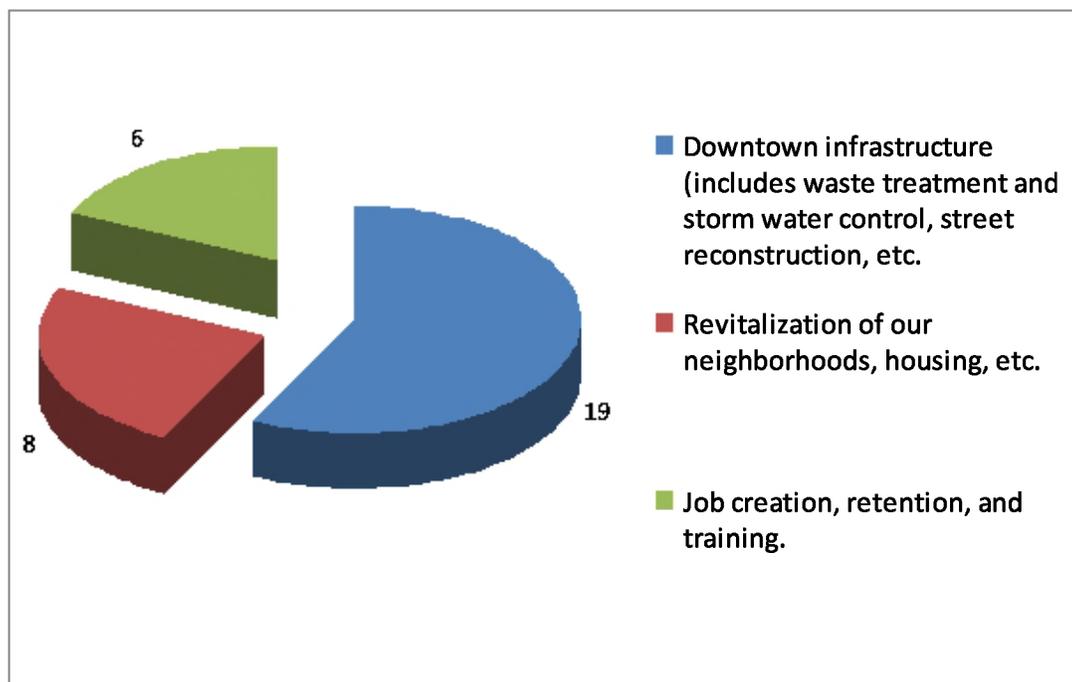


4. Are renters able to get landlords to make needed repairs?	
Common/Similar Response*	Number Commented
Clients who use our services (HUD-sponsored housing, counseling, etc.) are far less likely to have landlord issues because of strict oversight practices.	3
Most are conscientious.	1
There is a lack of market rate units so the issue is not repairs but availability.	1
Our biggest problem with landlords is those who buy cheap houses at tax sales and then rent them out to desperate clients. But those same landlords fail to do any significant repairs or modifications. They just try to make a buck then abandon the units.	1
* While there were 12 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 12.	

5. & 6. & 8. What needs are you aware of for special needs housing (homeless, elderly, physically and developmentally disabled? Are you aware of any data projecting current or future unmet housing demands for these special needs groups? Are the needs of this population being met?	
Common/Similar Response*	Number Commented
:H□GRQ□W□VHH□VSHFLDO□SR SXODWLRQ□QH HGV□DV□F areas.	2
2XU□UHJLRQ□V□&'6V□GR□D□JRRG□MRE□IRU□WKH□SKV developmentally disabled.	2
,W□V□KDUG□WR□FRS□S□QW□KRXVLQJ□IRU□VHQLRUV□ aging population is growing and needs help.	2
Homeless population is not an issue.	2
Migrant farmers need housing assistance.	1
Group homes for the disabled is a need.	1
We need homeless shelters.	1
We have no data on special needs housing requirements.	6
My data comes from personal experience.	1
Our last housing needs assessment was back in 2000, but we FDQ□W□DIIRUG□WR□XSGDWH□LW□□	1
* While there were 12 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 12.	



7. What are the top three community or economic development needs in the area you serve?	
Common/Similar Response*	Number Commented
The following received a listing of top priority:	
• Downtown infrastructure (includes waste treatment & storm water control, street reconstruction)	9
• Revitalization of our neighborhoods, housing	2
• Job creation, retention and training	3
Second on the list of priorities included:	
• CSO (Combined Sewer Overflow), waste water treatment, other infrastructure	5
• Making sidewalks and storefronts accessible, revitalize downtowns,	2
• Rehabilitation of housing stock, and/or removal of blighted areas	2
• Quality jobs	1
Third set of priorities:	
• Roads and street repair and reconstruction	2
• Housing needs	2
• Quality of life issues	3
• Job diversification	2
• Waste water improvements & streets	3
• Develop a fiber optics network	2





Common/Similar Response*		Number Commented
National studies show our area of the country being woefully inadequate with regard to infrastructure. However, I do not have access to hard data for Indiana.		1
Our city has completed a comprehensive plan and we use data from it to set some of our agenda.		1
We last completed a CEDS (Community Economic Development Survey) back in 2004, and we try to do that every five years, but we have lacked the funding to carry it out.		1
* While there were 12 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 12.		

Available*	Needed
Clean environment, quality schools, and three of our counties have good hiking and biking trails	An adequate revenue stream to allow for enhanced quality of life development, especially in rural areas
Decent libraries that are accessible	Job opportunities, entertainments and parks
A good work-life balance in our county because we are centrally located and therefore do not have long work commutes. We have some parks, decent roads.	Retention of workers as a key local initiative that regionalization cannot address
	More parks and recreation opportunities
	Youth activities
	Fine arts facilities and museums
	A better hospital
	Quality of life niceties





<p>11a. 5H 2&5\$ TV SURFHVV IRU DOORFDWLQJ IXQGLQJ ZKDW LV</p> <p>I think David Terrell and his staff do an excellent job. They have done a lot of educating around the state on what resources are available to communities.</p> <p>OCRA provides sizeable amounts of infrastructure funds, and as much economic development funds as it can spare.</p> <p>From my perspective and limited dealings with OCRA, they seem to be doing a great job. Their staff has a lot of experience and I think Dave Terrell is easy to deal with and knows what needs to be done.</p> <p>OCRA helps communities connect the dots in obtaining economic development funds.</p> <p>, OLNH 2&5\$ TV VKRUW EXW LQIRUPDWLYH HPDLOV 7KDW OHW</p> <p>Both IHCD and OCRA have instructive websites. I appreciate that they have regional representatives with whom we can consult, and when I do I get positive staff response in a timely manner. Both are responsive to better ways of doing things. Changes are explained and reasons given for decisions made. I have a IHHLQJ 3ZH UH DOO LQ WKLW WRJHWKHU ZLWK WKHP</p> <p>2&5\$ TV IXQGLQJ WLP HOLQH V ZRUN SUHWW ZHOO WKH IXQGLQ</p> <p>the IHCD which has 9 months between funding rounds which is not very timely for us. OCRA seems to do a credible job spreading around the money to a variety of projects.</p> <p>2&5\$ TV VWUHQJWK KDV EHHQ LWV DELOLW WR IRFXV RQ VSHF</p> <p>water issues. We (USDA) have been able to coordinate with them well so that between our loans and their grants communities can make strides in completing projects.</p> <p>Our county has worked with OCRA and were awarded several development grants. They have provided job creation incentives. OCRA has a business liaison for our region that KDV EHHQ KHOSIXO :HYH EHHQ DEOH WR LQLV</p> <p>rehabilitation through Main Street and that has helped us.</p> <p>My sense is that both IHCD and OCRA operate systems that work pretty well.</p>





<p>11b. 5H 2&5\$TV SURFHVV IRU a DOORF, what recommendations would you make for improvement?</p>
<p>I know paperwork is necessary but on some projects the timeline is so long that by the time money is granted the project scope and direction has had to be revised and then we have to start over. I think the process could be streamlined in some way.</p>
<p>Of course, when ever you deal with a governmental agency there are timing issues.</p>
<p>2QH SUREOHP LV 2&5\$ with turnaround (from grant announcement to the beginning of construction), which does not always mesh with our sometimes longer loan application processes. But even with that, we have been able to work together well. In fact, we are coordinating the income survey that each of our agencies requires so we can use one for both departments. I believe our USDA World Development funding process could be revamped to better coordinate with the other agencies.</p>
<p>7KHUH DUH VLWXDWLRQV ZKHQ WKHQ, WKLO, & \$POME QWLS SUBW narrow. I believe home funds can be used for rental assistance, but for some reason our state does not see it that way.</p>
<p>I believe OCRA has siphoned off money and resources that ought to go to IHCDA because housing is the primary need in our area. I would like to see OCRA improve its efficiency at getting money out the door and into projects. I know modifications arise. When the DOC ran the operations there was more flexibility when a deserving applicant ran into an obstacle; funds were released on a timely basis (not held back for an additional year) while the modification was dealt with. This is especially true when a worthwhile project has done all the work of preparing an application which has received approval, is all ready to go and then funding (sometimes until the next year) until a modification can be resolved.</p>
<p>I think they could do a better job communicating their story to a more diverse audience.</p>
<p>Our city applied for a grant from OCRA. Each time it was sent back rejected for one reason or another. It seemed like each time the standards or threshold was revised. We were ready to give up after the fifth rejection, but one of the OCRA staff encouraged us to try one more time. We re-submitted our application (identical to the one prior) and it was accepted! It just seems like we have to jump through so many hoops to get anything or to prove we are really serious about it.</p>
<p>I would focus on helping local communities upgrade their infrastructure, especially using vacant buildings for low-income housing.</p>
<p>I do believe that state agencies need to pull together and in the same direction. Sometimes it seems they head in different directions. I do believe the rural areas do not get a fair shot at the available funding sources, especially if a particular city or town is not part of a regional group. I know the state pushes for their voices when they are part of such large regional boards.</p>





As far as improvement, OCRA could be more flexible in the way funds are used (there is limited money for historic preservation and downtown rehab). Unfortunately, rural capacity funding seems to have dried up at the state level. I do think that OCRA is handicapped by the fact that CDBG has so many restraints on how money can be spent. The criterion of 51% low-to-medium income is often hard for rural communities to meet. I wish OCRA could leave about 30% of the pie available to non-51% communities.

12. With unlimited authority and funds, what would you fix first in your area?	
Common/Similar Response*	Number Commented
Enhance infrastructures (storm water sewers, water filtration and sewage, sidewalks, streets, street lights, etc.)	5
Job creation	2
Concentrate on making our downtowns more viable	1
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I think our state has a good track record with HUD, but the challenge is to utilize the funding as quickly as possible. We always need straightforward guidelines to follow and reasonable timelines for project completion.	1
* While there were 12 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 12.	

13. Re: What could the public and private sectors do better to address your FRPPXQLW¶V□JUHDWHVW□QHHGV
The public must operate more like a business, especially regarding timelines and their paperwork requirements. Those processes need to be streamlined. The private sector could help manage public-sector projects and there would need to be a lot of transparency there.
,¶G□OLNH□WR□VHH□PRUH□FROODERUDWLRQ□EHWZHHQ□WKH□SULY especially in the area of strategic planning for the rural communities so everyone knows what proposed projects are a good fit and which do not fit into the overall plan.
Each needs to be more open in listening and in the funding of projects. We need their input and their involvement.
The public and private sectors need to explore more ways of finding and stretching financial resources. They both have to get serious about supporting strategic planning and implementing our development projects.





<p>The public can provide incentives (new downtown sidewalks, curbs, lights, flowers, etc.), but if the private sector does not also investment in commercial improvements we are not going to go very far. We need a partnership between public and private entities that can develop a wholistic strategy for encouraging entrepreneurial growth.</p>
<p>They could share information especially with the local leaders; they can be the civic cheerleaders for projects for which there is no funding.</p>
<p>They need to talk to each other. Our politicians need to listen to industry people and they need to listen to their local officials. We both have to get informed about the challenges that we each face.</p>
<p>The private and public sectors need to work together to stem the flight of young people after college or high school graduation from Indiana, and from the smaller rural areas of our state. I know they want to go where the jobs and the social enticements are, so we must tend to job creation and quality of life issues to keep them in our state.</p>
<p>Our public and private sectors need to act regionally, not separately. They need to keep the big picture in mind. For example, one of our small towns is pumping its waste water to a town seven miles away for filtration rather than having two small towns construct their own small filtration plants. Not every county needs an industrial park either, maybe just one in a county.</p>
<p>One obstacle communities face (and have for 30 years) is the added cost of federal regulations puts on development projects. For example, a city or town can design and construct one mile of road in one year if it pays for it with no outside funding. When that same town gets federal/INDOT funding, just the GHVLJQ□SKDVH□WDNHV□IURP□□□□PRQWKV□WR□WZR□\HDUV□□DQG competed for five to six years. There is far too much paper shuffling. The process has to be streamlined.</p>

14. & 15. & 16. What impedes access to fair and affordable housing in your community? Are there land uses, zoning regulations, or public policies restricting (even inadvertently) access to fair housing?	
Common/Similar Response*	Number Commented
Fair housing is not an issue in our community.	5
The biggest impediment to fair housing is NIMBY (not in my back yard). Neighborhood associations and citizens can be quite vocal about tax abatements and their complaining can cause many a project to be stopped.	
,□GRQ□W□WKLQN□ZH□KDYH□VXFK□IDLU□KRXVLQJ□LVVX have is the phenomenon of banks being unwilling to make loans to individuals and housing enterprises who want to either rehab existing housing or build new housing. Everyone around here is having a tough time getting any loans.	1
We tend to keep expanding outward from the cities in our housing DQG□,□P□QRW□VXUH□WKDW□V□WKH□EHVW□XVH□RI□R need to find better ways to rehab our urban areas and cut back on suburban expansion.	1





* While there were 12 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 12.

17. What is the most effective way to keep you engaged in the development of the state plan?

Common/Similar Response*	Number Commented
Listening sessions; focus sessions; provide input	7
Email updates	2
These types of interviews	3
Allowed to comment on the state plan	2
Town hall meetings	2
Listening sessions with the 14 Planning Commissions; sessions with Mayors only; sessions with local government officials; sessions with IARC (Indiana Association of Regional Councils); sessions with non-profits and decision makers	7

* While there were 12 people who responded to the questionnaire, not everyone commented on each question. There was considerable overlap in the responses, thus some listed comments are shared by many respondents and the sum total of responders will exceed more than 12.

18. Do you have other thoughts or recommendations for the state?

- I hope OCRA keeps its process open and transparent so we know what is going on and how projects are approved, developed, and operate. Communication is the key to successful collaboration in every phase of life.
- I appreciate the brief but useful emails about progress of the plan, along with input sessions and how they might be implemented.
- I think OCRA does a good job in allocating funds. They hold input meetings and now I hope they listen to what we have to say.
- I like to see the Indy people get out of Indy and get around to all parts of the state so they can be seen, spoken to, and so they can see what is really going on or not happening as designed.





Trends Observed

The following trends are observed:

- The IHEDA-designated responders focused primarily on housing issues, e.g., affordable housing, rehabilitation of the housing stock, transitional housing, etc.
- The OCRA-designated responders as a rule concentrated on community and economic development issues, e.g., infrastructure enhancements, downtown revitalization, job opportunities, etc.
- Both IHEDA and OCRA responders did not believe the state was handicapped by fair housing issues, but many proffered thoughtful social and economic impediments to affordable housing and economic development.
- Report readers may find the responses to the following questions enlightening:
 - Q. 7 The three greatest needs in the community you serve?
 - Q. 8 What are the three greatest needs in the community you serve?
 - Q. 9 What are the three greatest needs in the community you serve?
 - Q. 10 What are the three greatest needs in the community you serve?
 - Q. 11 What are the three greatest needs in the community you serve?
 - Q. 12. What would you fix with total authority and unlimited funds?
- The large number of responders who wanted to remain engaged in the state plan was impressive. Many considered the personal interview a valuable tool for gaining both their input and their engagement.





Appendix

List of Interview Questions, Indiana Consolidated Plan 2010-2014

Housing and Community Development Needs/Issues

1. What type of housing is most needed by your clients?
2. Can most of your clients afford to buy a home?
3. Are your clients able to afford housing rehabilitation and maintenance?
4. Are renters generally able to get landlords to make needed repairs?
5. What demand are you aware of for special needs housing, such as physically or developmentally disabled? Seniors? Homeless?
6. Do you have any data projecting the current or future unmet housing demand for these groups?
7. What are the greatest (may be ask for the top 3 needs) community and/or economic development needs in the area you serve? (Community development needs may include wastewater improvements, emergency services, streets, sidewalks, etc.)
8. What facilities and services are currently available to persons who are homeless and/or are special needs populations? Are they adequately meeting needs? If not, what are most needed?
9. Are there any recent studies/reports that provide research/data concerning these community and/or economic development needs?
10. what is most needed, what are the positives?



Process and Policies

11. As you understand the IHCDA and/or OCRA process for allocating funding, what do you think is working the best? How does the IHCDA and/or OCRA process align with what you implement locally?

12. If you were given unlimited authority and a large pot of money to fix a need what would be your top priorities?

13. What could the public and private sectors do better to address the greatest needs in your community?

Fair Housing

14. What impedes access to fair housing and the development of affordable housing?

15. Are there land use and/or zoning regulations that inadvertently restrict access to fair housing, or prevent development of affordable housing? If so, how should they be changed?

16. Are there public policies that inadvertently restrict access to fair housing? If so, how should they be changed? How would you recommend the state help residents have equal access to fair housing?

Miscellaneous

17. What is the most effective way to keep you engaged in the development of the statewide plan?

18. Other thoughts and recommendations?

OFFICE OF COMMUNITY AND RURAL AFFAIRS

Indiana Consolidated Plan Summary of Focus Groups Comments

On March 4, 2010 a focus group of community and economic development professionals was held to discuss community and economic development needs, and the processes and use of resources by the Office of Community and Rural Affairs (OCRA). A summary of the feedback received during the focus group meetings is included below. The input is organized into four areas: 1) Needs, 2) Process and Policies, 3) Resources, and 4) Communication.

Needs

The focus group of community and economic development professionals chose its top community and/or economic development needs. The first priority community/economic development need according to the focus group is infrastructure. The group mentioned infrastructure including drinking water/waste water improvements, broadband access, local road/street improvements, public transportation and Brownfield clean-up.

According to the focus group the second priority community/economic development need is downtown and neighborhood revitalization including safe/affordable housing, housing rehabilitation, and housing preservation.

Finally, the third need is comprehensive community planning and government assistance including government cooperation, government consolidation, emergency services, adequate healthcare, education for local elected officials on grant funding and technical assistance. The focus group also noted that jobs and education including job creation and retention, job training, and more education funding are needed.

The focus group members found it difficult to prioritize the community and economic development needs. However, they provided a listing: Infrastructure; Emergency services; Comprehensive community development; and Neighborhood revitalization. The group also gave some parameters for how to prioritize those needs including shovel readiness, community impact and availability of funds.

Process and Policies

Regarding what's working regarding OCRA's needs identification and funding allocation, the community and economic development professionals agreed that MPO funded projects, prioritization based on greatest needs, and same category competition of needs is working from their vantage point.

The focus group provided suggestions to OCRA in three (3) categories including staffing improvements and staff education; application improvement and process; and regional plan enforcement.

When asked what land use, zoning regulations, and public policies inadvertently restrict community and economic development opportunities, the focus group said Brownfield regulations, Brownfield vs. Greenfield redevelopment, restrictive application points system and the lack of a streamlined interagency application process restricts opportunities. To address these concerns the group recommended providing incentives for Brownfield redevelopment, broadening application point system and mandating interagency cooperation for the application process.

Resources

The focus group agreed that more funding should be available for planning purposes; OCRA and regional planning organizations should partner to provide technical assistance especially to small communities; flexibility in the application process; and relaxing some of the OCRA requirements which seem more restrictive than HUD.

Communication

Finally, the members of the March 4th focus group suggested the use of more alternative media sources including webinars, listening sessions throughout the state and more regional focus groups will help keep them engaged for input into the statewide plan.

INDIANA HOUSING AND COMMUNITY DEVELOPMENT AGENCY

Indiana Consolidated Plan Summary of Focus Group Comments

On February 17 and 22, 2010 focus groups of housing and community development professionals were held to discuss housing and community development needs, and the processes of the Indiana Housing and Community Development Agency (IHCDA). A summary of the conversations follow.

Needs

The focus groups of housing and community development professionals agreed that safe, accessible, affordable, subsidized, permanent housing with supportive services is the greatest housing need statewide. Housing for the elderly, disabled, former inmates, large families, low income, and the chronically mentally ill were of particular concern for these professionals. The group members also requested flexibility of requirements for persons with a poor credit history, prior convictions and non-qualified immigrants. Additionally, emergency housing and supportive services especially in rural areas was mentioned frequently.

The greatest community needs according to the focus groups are comprehensive integrated housing and transportation planning to include jobs and amenities such as grocery stores, banks, parks, etc. Education and employment training, tax reform and tax incentives and the coordination and cooperation of state and local agencies and services.

The dream wish list of the focus groups included jobs, employment training and lifelong education programs, safe, accessible, affordable, subsidized, permanent housing with supportive services for the elderly, disabled, former inmates, large families, low income, and the chronically mentally ill. The list also included comprehensive community planning, assistance to community organizations, neighborhood revitalization, and infrastructure development including a statewide transit system.

Process and Policies

When asked what IHCDA processes are working the best the focus groups were complimentary to the IHCDA competitive funding process, the Rapid Re-Housing Program, the website, training programs, and the fact that real people answer the telephones when the professionals have questions to ask. The groups listed many items which needed improvement including funding for administrative and overhead costs, the State notification process and reducing the large amount of paperwork for the Rapid Re-Housing Program because the person is desperate and in need of assistance not extra paperwork.

The focus group respondents agreed organizations must follow the agency rules in order to obtain funding. They also believed there is a disconnect between the IHCDA process and how items are implemented locally. One of the group members suggested there is a lack of communication regarding community needs. The group also agreed they want to see IHCDA include their local priorities in the state plan.

True collaboration and comprehensive planning and agreement of needs/solutions by the public and private sectors (State agency, investors, and community organizations) and the education of all stakeholders on the benefits to the community were suggested as ways to address the greatest needs.

The focus groups of housing and community development professionals decided that zoning, the lack of transportation, the lack of funding for affordable housing, and the lack of housing rights education for stakeholders impedes access to fair housing and the development of affordable housing.

Many of the professionals in the focus groups mentioned they did not have much knowledge of the zoning regulations in their areas. However, some commented on residential zoning ordinances that result in people having to drive to work, and the lack of comprehensive zoning ordinances inclusive of all the needs for a community such as, shopping/banks, parks, housing and jobs. Some suggestions for fixing these problems included education for stakeholders and developers on zoning issues, and its future ramifications, reducing restrictions on multifamily housing, density bonuses and incentives.

Additionally, the housing and community development professionals recommended the State help residents have equal access to fair housing by investing in transportation, core areas near services, asset building and earned-income opportunities for individuals as feasible goals.

Communication

Finally, the members of the February 17TH and February 22, 2010 focus groups suggested the State re-establish the Consolidated Plan advisory committees to include non-state agency members and regular, frequent communication with the housing and community development professionals who do this type of work every day.

Indiana Housing and Community Development Agency

Indiana Consolidated Plan Focus Group

HUMAN RIGHTS COUNCILS & COC

February 17, 2010

Please state one challenge that is a major concern for your organization.

- Fair Housing
- Transitional Housing Availability
- Lack of Affordable Housing
- Re-entry Services
- Funding Affordable Housing Supply
- Maintenance of Housing
- Comprehensive Solutions
- Supportive Services
- Low Housing Development in areas where it's needed
- Perception of high crime rates around low income housing
- Breaking the Cycle of poverty and violence

1. What are the greatest housing needs statewide and/or in the area you serve?

- Transportation
- "Redemption clause"
- A lack of mixed income communities
- Promote smaller lot sizes
- Seed money
- Education for developers
- Change NIMBY perceptions
- Brownfield issues
- Area amenities including banks, grocery stores, parks, etc.
- Inappropriate land use
- Perception issue → crime, education, blight issue
- Mixed income development
- Adaptability for disabled housing in advance
- Non-qualified immigrants in fair housing
- Developing same characteristics for all types of rentals
- More comfortable with urban development/density

- Set parameters for re-entry programs i.e.: criminal background, prior convictions
- Affordable housing (50%, 120% - Mixed)
- Permanent Supportive Housing
- Subsidized Housing of all types
- Appropriate retrofitting of existing housing
- Aging in place
- Declining housing stock in urban core
- Units for large families
- Single room occupancy
- Variety of housing types for different income levels
- Rural community resources – emergency shelter, subsidized housing
- Meeting all the needs in this economy

2. What type of housing is most needed by your clients?

- Rent subsidies for following types of housing (funding)
- Safe & affordable housing
- Emergency housing
- Disabled housing
- Senior housing
- Multi-Family housing
- Housing for families and mothers with older male children
- Transitional housing - Homeless and re-entry
- Housing with supportive services with follow up
- Case management services on a personal needs basis
- Units for large families
- Single room occupancy
- Permanent Supportive Housing
- Subsidized Housing of all types
- Housing that is retrofitted for the elderly and disabled

3. What are the greatest community development needs?

- Transportation to jobs/appointments
- Universal – across State
- Employment – employment training
- Revitalization of existing neighborhoods instead of creating new
- Coordinate housing redevelopment plans with transportation plans

- Coordinate better collaboration of services from agencies for supportive services
- State coordinated with local entitlements cities
- Access client's needs through surveys in efficient way
- Asset based community development model to mobilize resources
- Integrated approach
- State funding community-based solutions
- Transportation/transit
- Density of housing – land use and zoning
- Blight removal and repair
- Property tax reform and tax policy in general
- Standards required for CDC rehabilitation and building codes

Process and Policies

4. As you understand the IHEDA process for allocating funding, what do you think is working the best?

- Competitive process
- Low income housing tax credit (LIHTC) – competitive process for developing – rehab family housing)
- Equitable information
- State needs to do a better job on notification; process and helping organizations build capacity
- Eliminate reimbursable process
- Adding multiple year grants
- Put service back in funding
- Uncertainty of funding and budgeting
- Cumbersome process
- Lack of staff resources to apply and administer
- Reporting requirements
- Restrictions on funding, need administrative support dollars
- Need dollars for overhead costs
- Rising cost of doing business
- Competition for experienced staff (benefit cost, salary)/turnover

5. How does the IHEDA process align with what you implement locally?

- There is a disconnect
- Organizations must follow the agency's rules in order to get the funding.

6. If you were given unlimited authority and a large pot of money to fix a need what would be your top priority?

- Huge core of case managers who interact in a circle of services to create continuum that works so case managers can truly follow-up with families to prevent future problems
- More accessible – affordable permanent housing
- Housing for re-entry and former felons including transitional housing
- Funding for supportive services while in transitional/ permanent housing
- Emergency Shelter Funding
- Capital funds for providers
- Sustainable quality of life plan for all areas
- State-wide transit system that works
- Education / training for home ownership
- “Fix-it first” approach to infrastructure
- Invest in core first
- Invest in community-wide plans
- Dislocation of services/housing
- Asset building strategies
- Update inventory of needs

7. What could the public and private sectors do better to address the greatest needs in your community?

- Communicate and collaborate
- Work together instead of competitive
- Community education – “reality”
- Benefit to community to provide services
- Money! \$\$

Fair Housing

8. What impedes access to fair housing and the development of affordable housing?

- Transportation
- Inappropriate land use
- Zoning
- Mixed income development
- Perception issue of crime, education, blight issue
- Set perimeters for re-entry programs, i.e.: criminal background, prior evictions
- “Redemption clause”
- A lack of mixed income housing
- Developing same characteristics for all type of rentals
- Adaptability of existing housing for the disabled
- Non-qualified immigrants in fair housing

9. What land use and/or zoning regulations inadvertently restrict access to fair housing? What land use and/or zoning regulations inadvertently prevent development of affordable housing? How should they be changed?

- More comfortable with urban development and density
- Promote small lot sizes
- Seed money
- Education for developers
- Change NIMBY perceptions
- Brownfield issues
- Area amenities including banks, grocery stores, parks, etc.
- Fee for Housing Trust Fund
- Inclusive zoning ordinances

10. What public policies inadvertently restrict access to fair housing? How should they be changed?

- Zoning
- Density bonus
- Incentives

11. How would you recommend the state help residents have equal access to fair housing?

- Invest in transportation
- Investment in core areas which are close to services
- Incentive universal design
- Provide capital funding and operational dollars for service providers
- Awareness of current decisions future ramifications
- Investment in asset building
- Invest in earned-income opportunities for individuals

12. What is the most effective way to keep you engaged in the development of the statewide plan?

- Re-establish Consolidated Plan advisory committees to include non-state agency members (i.e.: the people who live it everyday)
- Communicate regularly and often with non-state agency people

Indiana Housing and Community Development Agency

Indiana Consolidated Plan Focus Group

February 22, 2010

Please state one challenge that is a major concern for your organization.

- Home modification for renters and homeowners
- Rehab Housing
- Affordable and accessible housing
- Housing for those discharged from state hospital (mental health)
- Accessibility for disabled
- Inadequate funding of housing subsidies for those coming out of nursing homes
- Housing for low income persons with AIDS – rentals, emergency shelters
- Housing for those persons below the federal poverty guidelines
- Accessible rental housing which includes handicapped ramps
- Handicapped WALK lights for city streets
- Affordable , accessible housing in areas where people want to live
- Safe housing
- Rental assistance fund with fair distribution system
- Lack of multi-family public housing
- Integration of affordable accessible housing, near good paying jobs and supportive services

1. What are the greatest housing needs statewide and/or in the area you serve?

- Accessible, safe, integrated affordable housing
- Housing subsidies
- TRA seniors, low income, poverty, fixed income
- Home re-modification for renters is not at rental cost (CDBG could do this)
- Broad home modification laws to include renters
- Increase 5% of multifamily units must meet UFAS standards
- Increase multifamily units by 20%
- Affordable, accessible subsidized housing for persons released from nursing homes
- Multi-family, multi-bedroom housing rental housing
- Housing for persons released from state mental health facilities with supportive services
- Affordable housing for people on SSI
- Rental assistance programs that allow for burden of medical expenses, cars needing repair to get to work, food, etc.

- Quality, affordable low income housing
- Housing that is safe for the elderly – first floor units (Elderly fearful of elevators) Definition of affordable – SSI income levels, LIHTC, Section 8, and housing vouchers not adequate for housing
- Definition of accessibility – Unified Federal Accessibility Standards (UFAS)
- Handicapped accessible housing – lower cabinets, wheelchair accessible sinks, cook tops, ovens, wide door widths, location of pipes, even threshold, turn space for wheelchairs, etc.
- Housing for persons with mental illness and seniors with mental illness
 - Securing and keeping housing
 - Housing first model

2. What type of housing is most needed by your clients?

- Integrated, affordable, accessible, safe housing
- People have a choice in housing
- Individualized housing for families and individuals
- Nursing homes = homes
- Abundance of housing, no need to build new housing but must modify
- HUD \$1 house program
- Economically diverse housing developments
- Home modification are not affordable
- Housing for homeless/transitional housing
- Housing near resources – jobs, transportation (without major time constraints), shopping, etc.
- Housing for those with criminal records – transitional and permanent housing with on-going supportive services
- See all answers from question number 1

3. What are the greatest community development needs?

- Emergency based programs to assist with rental cost and mortgage costs
- Affordable transportation
- Sidewalk (maintenance) and curb cuts
- Parking
- Snow removal for more areas
- Crosswalk signals – auditory buttons and more than 25 seconds to cross the streets for handicapped/blind
- Lack of grocery stores and more business in neighborhoods
- Community emergency shelters for families – 1 month
- Support services

- Grant/loans for expanding businesses to make them accessible
- Food banks, used clothing and furniture stores
- Foreclosure/mortgage restricting prevention services
- Modify abandoned homes, repair
- Tax credits for investors, developers to build appropriate housing for those who need housing
- Linking housing and community together – jobs, transportation
- Commercial and residential developments – close to where people live and work
- Age in place – home and community
- Too much money going to community development and not enough money going to people’s housing needs
- Must increase people funding and decrease infrastructure funding and studies

Process and Policies

4. As you understand the IHEDA process for allocating funding, what do you think is working the best?

- Funding
- Training - Indiana Supportive Housing Institute (ISHI)
- Homelessness Prevention
 - Rapid Re-Housing Program – Too much paperwork, Program not working well or as it should in an emergency situation
 - Emergency shelter grants
 - Regional funding
- Owner occupied rehabilitation program
 - Home modification
 - Must be increased
- Down payment assistance Program
 - First time home buyers program
- Good website
- Real people who answer the telephones
- We want to see them make more policies on accessible and affordable housing
- Listen to what the public states
- Very competent workforce
- Well known in city – but not in rural areas
- Good training programs

4a. What is not working well?

- Rapid Re-Housing Program –
 - Too much paperwork,

- Program not working well or as it should in an emergency situation
- Nothing rapid about it
- No data for home repair/modification
- Data collection process
- Community development
 - spending too much money...should transfer some of this funding on housing
 - People with low to moderate incomes not getting fair share of community development funds
- Should be a merger between housing and emergency shelter services and funding programs
- Neighborhood stabilization program too stringent and restrictive
- More vouchers needed
- More home modification needs
- Rural development grants
- Homeless prevention – Rapid Re-Housing Program
 - should have clear stated guidelines;
 - location of person should not matter nor should the office the person goes to for assistance
- Grants hard to receive; make grant process easier
- Funding very narrow, needs to be broader
- UFAS standard – more compliance
- More collaboration of joint funding
- Increase 5% to 20%
- Need large/big time developers
- All must understand the need prior to planning

5. How does the IDHCA process align with what you implement locally?

- Lack of communication regarding community needs
- Must follow rules of the IDHCA to get funding
- Some processes work and some don't
- First time homebuyers program
- IDHCA staff is helpful with assistance and information

6. If you were given unlimited authority and a large pot of money to fix a need what would be your top priority?

- Employment programs
- Jobs
- Affordable integrated accessible housing
- Rehabilitation of existing housing
- Home modification of existing housing
- Tear down/rebuild blighted areas

- More affordable multifamily housing for people living on/at federal poverty level
- Reduce restriction on home ownership application process regarding credit and felonies
- Energy efficient housing
- Educate public to know there is housing via TV, radio, newspaper, handouts, mailings
- Educate case management services and communicate to public
- Educate developer of rights of housing need and rights of people
- Repairs/home modifications to help people stay in their homes
- Larger shelter with a wing for single men, and for single women and their children
- Supportive services all in one place – jobs, education, etc.
- Make sure shelters are accessible
- Those with serious mental illness, homeless – keep home that are accessible and affordable
- More public funded shelters
- More family shelters
- Incentives for business, developers, property owners, cities and private sector in urban and rural areas

7. What could the public and private sectors do better to address the greatest needs in your community?

- Everyone must realize that everyone has a stake in this community
- More successful engagement of people and the private sector/more outreach to more diverse people/more outreach to where people who need services are
- Partnership/collaborations
- Public sectors partnerships and more willingness to collaborate
-For example: two public agencies work together to apply for funding
- Advisory groups
- Public agencies working with local public and people to change or impact the community
- Planning, research dollars assistance form public/private groups
- Work together to build positive identity of the community
- Keep inviting advocates to meetings
- Bring meetings to area communities
- Webinar
- Local housing agencies
- A place for feedback on Twitter, Facebook, etc.
- Get to know the social service agencies and find out who we serve and what we do
- Listen to us and Do not ignore us

Fair Housing

8. What impedes access to fair housing and the development of affordable housing?

- Non-sufficient funding and Misappropriation of funding
- Needs vs. Funding – People/housing not getting fair share of funding
- Education of consumer of rights, legal requirements
- Restrictive application process
- Lack of transportation
- Lack of funding
- Rules/Regulations on former inmates
- Funding and Need consistency
- Directory of housing opportunities
- One on one housing advocates
- Educate housing authorities on customer service, information dissemination
- Non-compliance with fair housing accessibility
- Referrals to substandard housing
- Housing standards are not being met by landlords – folks must be educated on housing rights (don't have to take a place that is substandard because that is all you can afford)

9. What land use and/or zoning regulations inadvertently restrict access to fair housing? What land use and/or zoning regulations inadvertently prevent development of affordable housing? How should they be changed?

- Knowledge of zoning requirements
- Specialized zoning for residential areas
- Residential zoning that results in people having to drive to work
- Difficult to answer question because of lack of zoning knowledge
- Money
- Too restrictive
- Function vs. look
- What are the land use/ zoning regulations? We need to be educated on them
- Conflict with use and zoning flexibility of zoning

10. What public policies inadvertently restrict access to fair housing? How should they be changed?

- Zoning/land use least of the problem
- Multifamily housing restrictions – change to include more zoning applications near shopping and medical services
- Restriction on unrelated person in one home
- Group home restrictions
- Depends on who your support team members are
 - Mayor's office, city councilor, who can help or change things
- Criminal history rules/regulations/practices
- State hospital residents cannot move into HUD housing
- Funding cs. Need – standards
- Person not on a lease but could end up homeless

11. How would you recommend the state help residents have equal access to fair housing?

- Those with criminal history, bad/poor/no credit but good references should be given a chance
- Should be an appeal process
- Individual assessment of issue or problem
- Educate stakeholders

12. What is the most effective way to keep you engaged in the development of the statewide plan?

- More funding
- Less restrictive applications
- Public education of programs
- Centralization of information across programs and housing opportunities
- Better information and down-to earth descriptions for the average person
- Develop options for person with history in person systems and history of sex offenders
- Homeless individuals with history of sex offense have no place to go
- Emergency shelter and housing for victims of domestic abuse

Other recommendations/Critical item

- Historically investment to those 50 percent above median income levels; this should be flipped to give to 30 percent and below 5 year plan
- Advisory Boards – effective, regional and local
- More public outreach to stakeholders and general public

- Ads, web-based, community calendar
 - Must reach people where they are
- Housing Advocates are needed
- More detailed information must be provided to #211
- Webpage difficult to navigate, needs to be simpler and understandable, tools to provide information/data at a glance
- Educate about consolidated plan with targeted groups
- Timely responses to request for information
 - Example – How to Plan for Section 8 Housing – waited 6 months for a response
- More about legislation especially Hearth
- Need mentors for new staff persons because if you're new to this business you can lost in the minutiae
- Need telephone book/directory on the website
- Must educate people about overspending in community development vs. housing
- Must educate people and organizations about how funding is allocated
- Tell agencies how the HPRR, and supportive housing will merge

OFFICE OF COMMUNITY AND RURAL AFFAIRS

INDIANA CONSOLIDATED PLAN

MARCH 4, 2010

1. **What are the top 3 community and/or economic development needs in the area you serve? (Community development needs may include wastewater improvements, emergency services, streets, sidewalks, etc.)**

- Wastewater improvements
- Drinking water (lack of clean)
- Need for job creation and retention
- Storm drainage
- More education for local elected officials (that is available and accessible) on availability of grant funding, technical assistance, grant and funding process, etc.
- Allow funding to proceed beyond comprehensive plan to allow preparation of zoning ordinances, etc.
- Housing Rehabilitation
- Brownfield cleanup and redevelopment
- Local roads and streets not covered by INDOT
- Emergency services
- Adequate healthcare
- Infrastructure
 - Broadband
 - Water/wastewater
 - Storm water
- Preservation of housing
- Safe decent affordable housing
- Comprehensive community development
- Neighborhood revitalization
- Education funding
- Job opportunities/training
- Government cooperation (city and county government)
- Industrial/sites
- Assistance to small cities and towns
 - Possible consolidation
- Public transportation
- Brownfield/Blight clean-up
- Taxes/user fees
- Downtown revitalization

2. How do you define and prioritize local needs?

- Hard to prioritize
- Comprehensive economic development strategy
 - Solicit projects from local elected officials
 - Prioritize by projects by elected officials
 - Then, prioritize into top 5 by category and region
- Internal CIP with/without consultant prioritization
- By what money is available
 - This is reality – the final prioritization
- By force
 - Consent decree, legal enforcement

- Readiness to proceed (shovel ready)
- Community impact
- Availability of funds

- Infrastructure
- Emergency services
- Comprehensive community development
- Neighborhood revitalization

3. From your vantage point, what's working regarding needs identification and funding allocation?

- MPO – funding projects
- Prioritized based on greatest needs
- Same category competition
- Application process is much nicer since it's been streamlined
- Regional representatives
 - Need more staff in grants management to handle volume
- Low income housing tax credits
- Get a second chance to go after funding
- Grant award ceremony
- Workshops for
 - Applications
 - Major changes
 - Workshops held by webinar

4. What should OCRA do more of to ensure funding is allocated for the greatest priorities and needs?/Not working?

- Regional representatives
 - Lack of consistency in service
 - Knowledge and information
 - Representatives connect with grant support
- Reduce/Readjust subjective points of the scoring process
 - Philanthropic points
 - Hard to get points when foundations in the county don't/won't participate in this
 - Should include more than that county's foundations
- Do what regional plans say to do
- Enforcement of regional plan (projects must be in regional plan)
- Should assist in funding projects plans for small towns
- Provide a guaranteed funding to complete pilot project for small towns
- Give housing funds
- Improve income survey
 - Study committee on process
 - Use of census information for block grants
- Need a solicitation process
- Funneling of projects
- Expectation of projects and funding of projects
- Enforcement of regional plan

5. **What additional resources and technical assistance could OCRA provide to help shape your local vision for economic development?**

- More money for planning purposes
- Technical assistance
 - Especially for small communities
- Consistent Resources
 - Regional representatives
 - Regional planning organizations
 - Grants management
- Partnering with regional planning organizations to provide technical assistance
- Allow two (2) eligible activities in one grant
 - Flexibility in the application process
- Relax requirements
 - OCRA requirements more restrictive than HUD
 - Example: Infrastructure in supportive housing

6. What land use, zoning regulations, and public policies inadvertently restrict community and economic development opportunities?

- Brownfield regulations
 - Consolidation of property
 - Flexibility
- Streamline application process
 - Interagency cooperation
 - Example: USDA, OCRA, SRF, EDA, INDOT & IHCD
- Brownfield vs. Greenfield redevelopment
- Philanthropic points difficult to obtain
 - Not a level playing field
- Local zoning doesn't discourage green building
- Exact match documentation in public hearing ad

7. How would you recommend addressing these issues and what can IHCD do in this regard?

- Give incentives for Brownfield redevelopment
- Point system:
 - Justify why it's needed and broaden it
 - Target to projects a Group can sell
 - Readjust to possibly gain more points

10. What is the most effective way to engage you for input into the statewide plan?

- Coordinate regional plans with the state plans
- More regional focus groups
 - Ask regional organizations to host these focus groups
- Alternative media
 - Conference calls
 - Webinar
 - Multi-media presentations
- Listening sessions
 - In various parts of the state
 - Ensure knowledgeable people are invited and what the session is about
 - Show participate makes and impact

11. Other thoughts and recommendations

- Get entire state in regional organizations for planning and goals
 - Example: Flood Recovery process
- Coordinate regional and state plans
- Expand coordination of resources by agencies
- OCRA Working with IARC (regional planning councils)
 - See value of OCRA working with IARCs
- Consistent communication of information and rules
 - Within agency
 - With organizations

- More communication like this with OCRA
- Expand efforts to partner with stakeholders at all levels
- OCRA should be more flexible in use of HUD funds
 - Think outside the regular box

- Regional entities have proven their accountability and effectiveness
- Consistency between regional planning organizations and OCRA
- Small investment of CDBG funds in planning goes a long way to create a smarter approach to leveraging more federal funding



2010 INDIANA ELECTED OFFICIAL HOUSING & COMMUNITY DEVELOPMENT SURVEY

The State of Indiana is currently preparing its Five Year (2010-2014) Consolidated Plan, a report required by the U.S. Department of Housing and Urban Development (HUD) for the State to receive housing and community block grant funding. In FY2010, the State is expected to receive approximately \$51 million in Federal housing and community development assistance – or approximately \$254 million in funding during the five year Consolidated Planning period.

In the past, these dollars have funded homeownership and rental assistance programs, construction of homeless and domestic violence shelters, water and sewer infrastructure improvements, and programs that assist people with special needs. The funds are distributed by the State of Indiana to local governments and nonprofit housing and community development organizations throughout the state.

Engaging Solutions, LLC is assisting the State with the preparation of its Five Year Consolidated Plan. We are working in association with the Indiana Office of Community & Rural Affairs (OCRA) and the Indiana Housing & Community Development Authority (IHCDA).

We are requesting your assistance in identifying housing and community needs in your area.
Please complete the following survey by February 28, 2010.

1. Name/Organization (optional):

2. Please provide the name of the community you plan to address in this survey?

City (provide name):

County (provide name): _____

Region (describe region):

Statewide

As you complete this survey, please consider the needs in your community. Rate the level of need for each of the following items by checking or filling in the appropriate box. Please indicate whether the need is: 0 (no need), 1 (low) to 4 (high)

Suitable Living Environment

3. Community Facilities	No Need	Low Need High Need			
		1	2	3	4
Asbestos Removal	<input type="checkbox"/>				
Child Care Centers	<input type="checkbox"/>				
Community Centers	<input type="checkbox"/>				
Emergency Services Facilities/Fire Stations & Equipment	<input type="checkbox"/>				
Health Care Facilities	<input type="checkbox"/>				
Libraries	<input type="checkbox"/>				
Non-Residential Historic Preservation	<input type="checkbox"/>				

Suitable Living Environment (continued)

Low Need  High Need

3. Community Facilities (continued)	No Need	1	2	3	4
Parking Facilities	<input type="checkbox"/>				
Parks & Recreation Facilities	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

Low Need  High Need

4. Special Needs Population Facilities	No Need	1	2	3	4
Abused/Neglected Children Facilities	<input type="checkbox"/>				
Centers for Disabled	<input type="checkbox"/>				
Domestic Violence Facilities	<input type="checkbox"/>				
HIV/AIDS Facilities	<input type="checkbox"/>				
Homeless Shelters	<input type="checkbox"/>				
Senior Centers	<input type="checkbox"/>				
Youth Centers	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

Low Need  High Need

5. Infrastructure	No Need	1	2	3	4
ADA/Accessibility Improvements	<input type="checkbox"/>				
DSL/Internet Infrastructure	<input type="checkbox"/>				
Flood Drainage Improvements	<input type="checkbox"/>				
Sidewalk Improvements	<input type="checkbox"/>				
Street/Alley Improvements	<input type="checkbox"/>				
Storm Water Improvements	<input type="checkbox"/>				
Water/Sewer Improvements	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

Low Need  High Need

6. Community Services	No Need	1	2	3	4
Abused /Neglected Children Services	<input type="checkbox"/>				
Child Care Services	<input type="checkbox"/>				
Crime Awareness Programs	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>				
Family Self-Sufficiency Services	<input type="checkbox"/>				
Fair Housing Services	<input type="checkbox"/>				
Health Services	<input type="checkbox"/>				

Suitable Living Environment (continued)

6. Community Services (continued)	Low Need High Need				
	No Need	1	2	3	4
HIV/AIDS Services	<input type="checkbox"/>				
Homeless Services	<input type="checkbox"/>				
Legal Services	<input type="checkbox"/>				
Mental Health Services	<input type="checkbox"/>				
Senior Services	<input type="checkbox"/>				
Services for Developmentally Disabled	<input type="checkbox"/>				
Services for Physically Disabled	<input type="checkbox"/>				
Substance Abuse Services	<input type="checkbox"/>				
Tenant/Landlord Counseling	<input type="checkbox"/>				
Transportation Services	<input type="checkbox"/>				
Youth Services	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

Most Important Community Development Needs

7. In your opinion, what are the three most important community development needs in your service area or community?

1. _____
2. _____
3. _____

Economic Opportunities

8. Businesses & Jobs	Low Need High Need				
	No Need	1	2	3	4
Business Mentoring	<input type="checkbox"/>				
Commercial/Industrial Clearance/Demolition	<input type="checkbox"/>				
Commercial/Industrial Improvements	<input type="checkbox"/>				
Commercial/Industrial Rehabilitation	<input type="checkbox"/>				
ED Technical Assistance	<input type="checkbox"/>				
Employment Training	<input type="checkbox"/>				
Façade Improvements	<input type="checkbox"/>				
Job Creation/Retention	<input type="checkbox"/>				
Micro-Enterprise Assistance	<input type="checkbox"/>				
Small Business Improvements	<input type="checkbox"/>				
Small Business Loans	<input type="checkbox"/>				
Start-up Business Assistance	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

Most Important Economic Development Needs

9. In your opinion, what are the three most important economic development needs in your service area or community?

1. _____
2. _____
3. _____

Decent Housing

Low Need High Need

10. Housing	No Need	1	2	3	4
Affordable For Sale Housing	<input type="checkbox"/>				
Affordable Rental Housing	<input type="checkbox"/>				
Energy Efficiency Improvements	<input type="checkbox"/>				
Home Maintenance Education	<input type="checkbox"/>				
Homeownership Assistance	<input type="checkbox"/>				
Lead-based Paint Testing/Abatement	<input type="checkbox"/>				
Owner-Occupied Housing Rehabilitation	<input type="checkbox"/>				
Rental Housing Rehabilitation	<input type="checkbox"/>				
Rental Housing Subsidies	<input type="checkbox"/>				
Residential Clearance/Demolition	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

Low Need High Need

11. Housing for Special Needs Populations	No Need	1	2	3	4
ADA/Accessibility Improvements	<input type="checkbox"/>				
Farm Worker Housing	<input type="checkbox"/>				
Housing for Developmentally Disabled	<input type="checkbox"/>				
Housing for Foster Youth	<input type="checkbox"/>				
Housing for Large Families	<input type="checkbox"/>				
Housing for People with HIV/AIDS	<input type="checkbox"/>				
Housing for Physically Disabled	<input type="checkbox"/>				
Housing for Severe Mental Illness Disabled	<input type="checkbox"/>				
Housing for Victims of Domestic Violence	<input type="checkbox"/>				
Senior Housing	<input type="checkbox"/>				
Emergency Shelter	<input type="checkbox"/>				
Transitional Housing	<input type="checkbox"/>				
Supportive Housing	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

Top Housing Issues

12. In your opinion, what are the three most important housing issues in your service area or community?

- 1. _____
- 2. _____
- 3. _____

13. To your knowledge, which groups of people in this community have the greatest unmet housing needs, and why? (Groups can be categorized by age, income, ethnicity, geography, disability status, etc.)

- 1. _____
- 2. _____
- 3. _____

14. Are the following barriers to affordable housing in your community?

- Construction Costs
- Land Cost
- Lack of Infrastructure
- Lack of Services
- Lengthy Permitting Process
- NIMBYism
- Zoning
- Other (please identify): _____

Fair Housing

15. Is discrimination in housing a problem in your community based on (check those that apply):

- Not a problem
- Disability (e.g., physical, mental and HIV/AIDS)
- Family size or type
- National origin
- Sex
- Race/ethnicity
- Religion
- Other (please identify): _____

16. Suppose you or someone you knew thought they'd been discriminated against in trying to find a place to rent or a house to buy...

16a. What would you do or recommend?

- Nothing
- I don't know
- File a complaint
- Call/see ACLU
- Call/see the local government
- Call/see the local Housing Authority
- Call/see the Indiana Civil Rights Commission
- Call/see the Better Business Bureau
- Call/see church/priest/pastor
- Call/see the District Attorney
- Call/see/get a lawyer
- Other (specify): _____

16b. If you ever felt you were discriminated against and wanted to report it, do you know who you would contact?

- No, I don't know
- Yes, I would contact: _____

16c. Do you know who investigates housing discrimination in your community or Indiana?

- No, I Don't know
- Yes, it is:

17. Are the following barriers to housing choice in your community? Check all that apply.

- Cost of housing
- Age-restricted housing (e.g., elderly only)
- Distance to employment
- Lack of accessibility requirements for physically disabled
- Lack of knowledge about fair housing rights among residents
- Housing discrimination
- Lack of knowledge of fair housing regulations among landlords
- Public transportation
- Lack of employment opportunities

18. Are there zoning or land use laws in your community that create barriers to fair housing choice or encourage housing segregation?

- Yes If yes, what types of laws?
- No

Perception of Your Community

19. Has the perception of your community gotten better or worse over the last 5 years? Better
 Worse
 Same

Why?

Please complete and return the survey by February 28, 2010:

Mail: ATTN: DeVonne Richburg
Engaging Solutions, LLC
3965 North Meridian Street, Suite 1B
Indianapolis, IN 46208

Fax: (317) 283-8301

Business Reply Envelope: Provided by Engaging Solutions

Email: devonne@engagingsolutions.net

Or you may complete the survey interactively online:

Website: <http://www.surveymonkey.com/s/J5FC5BF>

If you would like to be contacted concerning the availability of the draft report and public hearings, please include your email and/or mailing address. _____



2010 INDIANA RESIDENT HOUSING & COMMUNITY DEVELOPMENT SURVEY

The State of Indiana is currently preparing its Five Year (2010-2014) Consolidated Plan, a report required by the U.S. Department of Housing and Urban Development (HUD) for the State to receive housing and community block grant funding. In FY2009, the State is eligible to receive approximately \$51 million in Federal housing and community development assistance — or approximately \$254 million in funding during the five year Consolidated Planning period.

In the past, these dollars have funded homeownership and rental assistance programs, construction of homeless and domestic violence shelters, water and sewer infrastructure improvements, and programs that assist people with special needs. The funds are distributed by the State of Indiana to local governments and nonprofit housing and community development organizations throughout the state.

Briljent is assisting the State with the preparation of its Five Year Consolidated Plan. We are working in association with the Indiana Office of Community & Rural Affairs (OCRA) and the Indiana Housing & Community Development Authority (IHCDA).

We are requesting your assistance in identifying housing and community needs in your area. Please complete the following survey.

1. Please provide the county and zip code of where you live:

County:

Zip code:

2. Please provide the name of the community you plan to address in this survey:

City (provide name):

County (provide name): _____

Region (describe region):

Statewide

As you complete this survey, please consider the needs in your community. Rate the level of need for each of the following items by checking or filling in the appropriate box. Please indicate whether the need is: No need, 1 (low) to 4 (high)

Suitable Living Environment

3. Community Facilities	Low Need High Need				
	No Need	1	2	3	4
Asbestos Removal	<input type="checkbox"/>				
Child Care Centers	<input type="checkbox"/>				
Community Centers	<input type="checkbox"/>				
Emergency Services Facilities/Fire Stations & Equipment	<input type="checkbox"/>				
Health Care Facilities	<input type="checkbox"/>				
Libraries	<input type="checkbox"/>				
Non-Residential Historic Preservation	<input type="checkbox"/>				

Suitable Living Environment (continued)

Low Need -----> High Need

3. Community Facilities (continued)	No Need	1	2	3	4
Parking Facilities	<input type="checkbox"/>				
Parks & Recreation Facilities	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

Low Need -----> High Need

4. Special Needs Population Facilities	No Need	1	2	3	4
Abused/Neglected Children Facilities	<input type="checkbox"/>				
Centers for Disabled	<input type="checkbox"/>				
Domestic Violence Facilities	<input type="checkbox"/>				
HIV/AIDS Facilities	<input type="checkbox"/>				
Homeless Shelters	<input type="checkbox"/>				
Senior Centers	<input type="checkbox"/>				
Youth Centers	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

Low Need -----> High Need

5. Infrastructure	No Need	1	2	3	4
ADA/Accessibility Improvements	<input type="checkbox"/>				
DSL/Internet Infrastructure	<input type="checkbox"/>				
Flood Drainage Improvements	<input type="checkbox"/>				
Sidewalk Improvements	<input type="checkbox"/>				
Street/Alley Improvements	<input type="checkbox"/>				
Storm Water Improvements	<input type="checkbox"/>				
Water/Sewer Improvements	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

Low Need -----> High Need

6. Community Services	No Need	1	2	3	4
Abused /Neglected Children Services	<input type="checkbox"/>				
Child Care Services	<input type="checkbox"/>				
Crime Awareness Programs	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>				
Family Self-Sufficiency Services	<input type="checkbox"/>				
Fair Housing Services	<input type="checkbox"/>				
Health Services	<input type="checkbox"/>				

Suitable Living Environment (continued)

6. Community Services (continued)	Low Need High Need				
	No Need	1	2	3	4
HIV/AIDS Services	<input type="checkbox"/>				
Homeless Services	<input type="checkbox"/>				
Legal Services	<input type="checkbox"/>				
Mental Health Services	<input type="checkbox"/>				
Senior Services	<input type="checkbox"/>				
Services for Developmentally Disabled	<input type="checkbox"/>				
Services for Physically Disabled	<input type="checkbox"/>				
Substance Abuse Services	<input type="checkbox"/>				
Tenant/Landlord Counseling	<input type="checkbox"/>				
Transportation Services	<input type="checkbox"/>				
Youth Services	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

Most Important Community Development Needs

7. In your opinion, what are the three most important community development needs in your community?

1. _____
2. _____
3. _____

Economic Opportunities

8. Businesses & Jobs	Low Need High Need				
	No Need	1	2	3	4
Business Mentoring	<input type="checkbox"/>				
Commercial/Industrial Clearance/Demolition	<input type="checkbox"/>				
Commercial/Industrial Improvements	<input type="checkbox"/>				
Commercial/Industrial Rehabilitation	<input type="checkbox"/>				
ED Technical Assistance	<input type="checkbox"/>				
Employment Training	<input type="checkbox"/>				
Façade Improvements	<input type="checkbox"/>				
Job Creation/Retention	<input type="checkbox"/>				
Micro-Enterprise Assistance	<input type="checkbox"/>				
Small Business Improvements	<input type="checkbox"/>				
Small Business Loans	<input type="checkbox"/>				
Start-up Business Assistance	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

Most Important Economic Development Needs

9. In your opinion, what are the three most important economic development needs in your community?

1. _____
2. _____
3. _____

Decent Housing

Low Need -----> High Need

10. Housing	No Need	1	2	3	4
Affordable For Sale Housing	<input type="checkbox"/>				
Affordable Rental Housing	<input type="checkbox"/>				
Energy Efficiency Improvements	<input type="checkbox"/>				
Home Maintenance Education	<input type="checkbox"/>				
Homeownership Assistance	<input type="checkbox"/>				
Lead-based Paint Testing/Abatement	<input type="checkbox"/>				
Owner-Occupied Housing Rehabilitation	<input type="checkbox"/>				
Rental Housing Rehabilitation	<input type="checkbox"/>				
Rental Housing Subsidies	<input type="checkbox"/>				
Residential Clearance/Demolition	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

Low Need -----> High Need

11. Housing for Special Needs Populations	No Need	1	2	3	4
ADA/Accessibility Improvements	<input type="checkbox"/>				
Farm Worker Housing	<input type="checkbox"/>				
Housing for Developmentally Disabled	<input type="checkbox"/>				
Housing for Foster Youth	<input type="checkbox"/>				
Housing for Large Families	<input type="checkbox"/>				
Housing for People with HIV/AIDS	<input type="checkbox"/>				
Housing for Physically Disabled	<input type="checkbox"/>				
Housing for Severe Mental Illness Disabled	<input type="checkbox"/>				
Housing for Victims of Domestic Violence	<input type="checkbox"/>				
Senior Housing	<input type="checkbox"/>				
Emergency Shelter	<input type="checkbox"/>				
Transitional Housing	<input type="checkbox"/>				
Supportive Housing	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>				

Most Important Housing Needs

12. In your opinion, what are the three most important housing needs in your community?

- 1. _____
- 2. _____
- 3. _____

13. To your knowledge, which groups of people in your community have the greatest unmet housing needs, and why? (Groups can be categorized by age, income, ethnicity, geography, disability status, etc.)

- 1. _____
- 2. _____
- 3. _____

Fair Housing

14. Is discrimination in housing a problem in your community based on (check those that apply):

- Not a problem
- Disability (e.g., physical, mental and HIV/AIDS)
- Family size or type
- National origin
- Sex
- Race/ethnicity
- Religion
- Other (please identify): _____

15. Suppose you or someone you knew thought they'd been discriminated against in trying to find a place to rent or a house to buy...

15a. What would you do or recommend?

- Nothing
- I don't know
- File a complaint
- Call/see ACLU
- Call/see the local government
- Call/see the local Housing Authority
- Call/see the Indiana Civil Rights Commission
- Call/see the Better Business Bureau
- Call/see church/priest/pastor
- Call/see the District Attorney
- Call/see/get a lawyer
- Other (specify): _____

15b. If you ever felt you were discriminated against and wanted to report it, do you know who you would contact?

- No, I don't know
- Yes, I would contact: _____

15c. Do you know who investigates housing discrimination in your community or Indiana?

- No, I Don't know
- Yes, it is: _____

16. Are the following barriers to housing choice in your community? Check all that apply.

- Cost of housing
- Age-restricted housing (e.g., elderly only)
- Distance to employment
- Lack of accessibility requirements for physically disabled
- Lack of knowledge about fair housing rights among residents
- Housing discrimination
- Lack of knowledge of fair housing regulations among landlords
- Public transportation
- Lack of employment opportunities

Perception of Your Community

17. Has the perception of your community gotten better or worse over the last 5 years?

- Better
- Worse
- Same

Why? _____

Please return the survey by mail, fax or by responding to the survey interactively online:

Mail: ATTN: Kasia Gilliland
Briljent, LLC
6435 Castleway West Drive, Suite 115
Indianapolis, IN 46250

Fax: (317) 735-3700

Business Reply Envelope: Provided by Briljent

Email: kgilliland@briljent.com

Website: <http://www.in.gov/ocra/> or <http://www.in.gov/ihcda/>

If you would like to be contacted concerning the availability of the draft report and public hearings, please include your email and/or mailing address. _____



2010 INDIANA ENCUESTA DE VIVIENDA Y DESARROLLO COMUNITARIO

El estado esta preparando el “Consolidated Plan 2010 – 2014” para el U.S. Department of Housing and Urban Development (HUD, un documento necesario para recibir fondos Federales para desarrollo comunitario y vivienda. En 2009, el estado tiene derecho a recibir aproximadamente \$51 millón en fondos Federales para vivienda y desarrollo comunitario — o aproximadamente \$254 millón en fondos durante el proximo cinco años y el proceso de “Consolidated Plan”.

En el pasado éstos fondos los han ayudado con propietario de vivienda y progamas de asistencia de la vivienda aquilado, construcción de centros para personas sin hogar y violencia domestica, mejoras al sistema de agua/alcantarillado, y programas para la población de necidades especiales. Los fondos están distribuido por el estado a los gobiernos municipales y agencias no lucrativas de desarrollo comunitario y vivienda.

Briljent esta ayudando el Estado con el “Consolidated Plan 2010 – 2014.” Estamos trabajando con la Indiana Office of Community & Rural Affairs (OCRA) y el Indiana Housing & Community Development Authority (IHCD).

Ayúdenos identificar las necesidades de viviendas y comunitarias en su barrio. Por Favor, asistanos llenado esta encuesta.

1. Por favor, proporcione el Condado y Código Postal de su residencia:

Condado: _____

Código Postal: _____

2. Please provide the name of the community you plan to address in this survey:

Ciudad:

Condado:

Región:

El Estado

Cuando comience a llenar esta encuesta, por favor considere las necesidades en su comunidad y como pueden ser mejoradas. Asigne un nivel de valor a cada uno de los siguientes conceptos y rellene el círculo que mejor aplique. Cuando rellene los círculos, hágalo usando el rango de 1 al 4. El 1 indica lo que es menos necesitado, el 4 indica lo que es más necesitado.

Entorno de Vivienda

3. Instalaciones Comunitarias	No hay necesidad	Bajo Alto			
		1	2	3	4
Remoción de Asbesto	<input type="checkbox"/>				
Guarderías	<input type="checkbox"/>				
Centros Comunitarios	<input type="checkbox"/>				
Estaciones de Emergencia/Bomberos y Equipo	<input type="checkbox"/>				
Instalaciones para el Cuidado de la Salud	<input type="checkbox"/>				
Bibliotecas	<input type="checkbox"/>				
Conservación Histórico	<input type="checkbox"/>				

Entorno de Vivienda (continua)

		Bajo -----> Alto			
3. Instalaciones Comunitarias	No hay necesidad	1	2	3	4
Estacionamientos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parques e Instalaciones Recreativas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Bajo -----> Alto			
4. Necesidades Especiales	No hay necesidad	1	2	3	4
Servicios/Instalaciones para Niños Descuidados/Abusados	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instalaciones para Personas Discapacitadas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centros para Violencia Domestica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centros para Personas con VIH/SIDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Albergues para Personas sin Hogar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centros para Personas de la Tercera Edad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centros para Jóvenes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Bajo -----> Alto			
5. Infraestructura	No hay necesidad	1	2	3	4
Mejoras ADA y Accesibilidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infraestructura DSL/Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mejoras a Drenaje	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mejoras a Banquetas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mejoras a Calles/Callejones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mejoras Agua de Lluvia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mejoras al Sistema de Agua/Alcantarillado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Bajo -----> Alto			
6. Servicios Comunitarios	No hay necesidad	1	2	3	4
Servicios para Niños Descuidados/Abusados	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios para Niños	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programas para el Combate al Crimen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios Contra la Violencia Domestica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios de Autosuficiencia Familiar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios de Vivienda Justa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios de Salud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entorno de Vivienda (continua)

6. Servicios Comunitarios (continua)	No hay necesidad	Bajo> Alto			
		1	2	3	4
Servicios de VIH/SIDA	<input type="checkbox"/>				
Servicios para Personas sin Hogar	<input type="checkbox"/>				
Servicios Legales	<input type="checkbox"/>				
Servicios de Salud Mental	<input type="checkbox"/>				
Servicios para Personas de la Tercera Edad	<input type="checkbox"/>				
Servicios para Personas Menos Capacitadas	<input type="checkbox"/>				
Servicios para Personas Discapacitadas	<input type="checkbox"/>				
Servicios Contra el Abuso de Sustancias	<input type="checkbox"/>				
Inquilino/Casero Orientación	<input type="checkbox"/>				
Servicios de Transportación	<input type="checkbox"/>				
Servicios para Jóvenes	<input type="checkbox"/>				
Otro _____	<input type="checkbox"/>				
Otro	<input type="checkbox"/>				
Otro _____	<input type="checkbox"/>				

Necesidades Desarrollo Comunitario: Más Importante

7. En su opinión, qué son las tres necesidades más importantes.

1. _____
2. _____
3. _____

Oportunidades Económico

8. Negocios y Trabajos	No hay necesidad	Bajo> Alto			
		1	2	3	4
Mentores para Negocios	<input type="checkbox"/>				
Demolición de Comercios/Industrias	<input type="checkbox"/>				
Mejoras Comercios/Industrias	<input type="checkbox"/>				
Rehabilitación de Comercios/Industrias	<input type="checkbox"/>				
Asistencia técnica	<input type="checkbox"/>				
Entrenamiento para Empleo	<input type="checkbox"/>				
Mejoría de Fachadas	<input type="checkbox"/>				
Retención/Creación de Trabajos	<input type="checkbox"/>				
Asistencia para Micro-Empresas	<input type="checkbox"/>				
Mejoría para Pequeños Negocios	<input type="checkbox"/>				
Préstamos para Pequeños Negocios	<input type="checkbox"/>				
Asistencia en Empezar un Negocio	<input type="checkbox"/>				
Otro	<input type="checkbox"/>				
Otro _____	<input type="checkbox"/>				
Otro	<input type="checkbox"/>				

Necesidades Económico: Más Importante

9. En su opinión, qué son las tres necesidades más importantes?

1. _____
2. _____
3. _____

Vivienda

10. Vivienda	No hay necesidad	Bajo Alto			
		1	2	3	4
Asequible Compra de Viviendas	<input type="checkbox"/>				
Asequible Viviendas Aquilado	<input type="checkbox"/>				
Mejoras para Ahorro de Energía	<input type="checkbox"/>				
Educación para Mantenimiento del Hogar	<input type="checkbox"/>				
Asistencia en la Compra de Viviendas	<input type="checkbox"/>				
Prueba de Pintura Base de Plomo/Disminución	<input type="checkbox"/>				
Rehabilitación para Viviendas Propietario	<input type="checkbox"/>				
Rehabilitación para Viviendas Aquilado	<input type="checkbox"/>				
Subsidio para Viviendas Aquilado	<input type="checkbox"/>				
Demolición Algunas Viviendas	<input type="checkbox"/>				
Otro _____	<input type="checkbox"/>				
Otro	<input type="checkbox"/>				
Otro	<input type="checkbox"/>				

11. Vivienda para Necesidades Especiales	No hay necesidad	Bajo Alto			
		1	2	3	4
Mejoras ADA	<input type="checkbox"/>				
Vivienda para Trabajadores de Agrícola	<input type="checkbox"/>				
Vivienda para Personas Menos Capacitadas	<input type="checkbox"/>				
Vivienda para hijos de leche	<input type="checkbox"/>				
Vivienda para Familias Grandes	<input type="checkbox"/>				
Vivienda para Personas con VIH/SIDA	<input type="checkbox"/>				
Vivienda para Discapacitadas	<input type="checkbox"/>				
Vivienda para personas con enfermas mentales	<input type="checkbox"/>				
Vivienda para Víctimas de Violencia Domestica	<input type="checkbox"/>				
Vivienda para Personas de la Tercera Edad	<input type="checkbox"/>				
Vivienda de emergencia	<input type="checkbox"/>				
Vivienda de transición	<input type="checkbox"/>				
Vivenda de Apoyo	<input type="checkbox"/>				
Otro	<input type="checkbox"/>				
Otro _____	<input type="checkbox"/>				
Otro _____	<input type="checkbox"/>				

Necesidades Vivienda: Más Importante

12. En su opinión, qué son las tres necesidades más importantes?

1. _____
2. _____
3. _____

13. Qué grupos de personas en su comunidad tiene la mayoría de las problemas en vivienda, y porque? (Identifique algunos grupos por la edad, ingresos, etnicidad, geografía, discapacidad, y otros.)

1. _____
2. _____
3. _____

Vivienda Justa

14. Indique las razones para discriminación en vivienda:

- | | |
|--|--|
| <input type="checkbox"/> No hay razones | <input type="checkbox"/> Raza/etnicidad |
| <input type="checkbox"/> Discapacidad (<i>física, mental y VIH/SIDA</i>) | <input type="checkbox"/> Religión |
| <input type="checkbox"/> Tipo de familia | <input type="checkbox"/> Otro (especifique): _____ |
| <input type="checkbox"/> Nacionalidad | _____ |
| <input type="checkbox"/> Sexo | |

15. Supongamos que Ud. o algún conocido supiera que había sido discriminado en la búsqueda de un lugar para alquilar o comprar...

15a. ¿Qué recomendaría Ud.?

- | | |
|--|---|
| <input type="checkbox"/> Nada | <input type="checkbox"/> Llamar/visitar el Better Business Bureau |
| <input type="checkbox"/> No sé | <input type="checkbox"/> Llamar/visitar la iglesia/pastor |
| <input type="checkbox"/> Presentar una queja de discriminación | <input type="checkbox"/> Llamar/visitar al Abogado de Distrito |
| <input type="checkbox"/> Llamar/visitar la ACLU | <input type="checkbox"/> Llamar/visitar/conseguir a un abogado |
| <input type="checkbox"/> Llamar/visitar la Autoridad de Vivienda del Indiana | <input type="checkbox"/> Otro (especifique): _____ |
| | _____ |

15b. Si Ud. sospechara que fuera discriminado y lo quisiera reportar, ¿Ud. sabe a quién contactaría?

- No, no sé a quién contactaría
- Sí, contactaría a: _____

15c. ¿Ud. sabe quién investiga discriminación de vivienda en Indiana?

- No, no sé a quién contactaría
- Sí, contactaría a: _____

16. Indique todos los impedimentos de opciones en vivienda?

- | | |
|--|--|
| <input type="checkbox"/> Costa de Vivienda | <input type="checkbox"/> Discriminación de Vivienda |
| <input type="checkbox"/> Vivienda para edades específicos | <input type="checkbox"/> Falta conocimiento sobre reglas de vivienda justa |
| <input type="checkbox"/> Proximidad a empleo | <input type="checkbox"/> Transportación publico |
| <input type="checkbox"/> Falta infraestructura para discapacitadas | <input type="checkbox"/> Falta oportunidades de empleo |
| <input type="checkbox"/> Falta conocimiento sobre vivienda justa | |

Su Comunidad

17. Como usted describa la perspicacia de su comunidad durante los cinco años pasado?

- Mejor
- Peor
- La Misma

Porque? _____

Por favor, devuelva la encuesta por correo, fax, o la dirección de internet:

Correo: ATTN: Kasia Gilliland
Briljent, LLC
6435 Castleway West Drive, Suite 115
Indianapolis, IN 46250

Fax: (317) 735-3700

Correo Electronico: kgilliland@briljent.com

Dirección de internet: <http://www.in.gov/ocra/> o <http://www.in.gov/ihcda/>

Quisieras Ud. contactado con el estudio bosquejo o para reuniones publicos, incluya una dirección correo o correo electronico.

APPENDIX C.
Housing and Non-Housing
Needs for Special Needs Populations

APPENDIX C.

Housing and Non-Housing Needs of Special Needs Populations

This section discusses the housing and community development needs of special needs populations in Indiana, pursuant to Sections 91.305 and 91.315 of the State Government Consolidated Plan Regulations.

Due to lower incomes and the need for supportive services, special needs groups are more likely than the general population to encounter difficulties finding and paying for adequate housing and often require enhanced community services. The groups discussed in this section include:

- Extremely low income populations;
- Housing Authority residents;
- Persons experiencing homelessness and at-risk of homelessness;
- The elderly and frail elderly;
- Persons with disabilities;
- Persons with HIV/AIDS;
- At-risk youth; and
- Migrant agricultural workers.

The methodology used to gather and analyze information for the housing and non-housing needs assessment involved a variety of tasks including review and analysis of secondary data; and existing studies on the housing needs of special populations including persons who are homeless, as well as interviews with stakeholders and service providers that work with Indiana residents.

Key Population and Housing Statistics

Exhibit C-1 on the following page displays summary population and housing statistics found throughout this report by special needs group. These statistics incorporate the most current data available to estimate the specified living arrangements, unmet housing needs and homeless numbers by special needs population. The remainder of this report contains narrative and data detailing the needs of each special needs population group.

**Exhibit C-1.
Key Populations and Housing Statistics**

Special Needs Group			Number
Persons Experiencing Homelessness	<i>Population</i>	Total (2009 Balance of Indiana):	4,287
		Individuals	2,307
		Individuals in families with children	1,980
	<i>Housing (Balance of Indiana, excluding metro areas)</i>	Emergency beds	2,666
		Transitional housing	2,039
		Permanent supportive housing	791
		Chronically homeless	181
	Unmet need, literally homeless	5,507	
Elderly	<i>Population</i>	Total population over 65 (2008)	813,090
	<i>Housing</i>	Group quarters population (2000)	50,034
		Cost burdened owners	108,094
		Cost burdened renters	46,099
		Nursing facilities (all)	612 facilities/66,800 beds
		Living with housing problems:	
		Renters	52,325
Owners	119,830		
Persons with Physical Disabilities	<i>Population</i>	Total (2008)	436,966
	<i>Housing</i>	Households with mobility problems with a housing problem ¹	126,235
Persons with Mental Illness	<i>Population</i>	Total (adult)	247,285
		Target population for State services	93,310
		SMI population served by DMHA (SFY 2008)	51,638
	<i>Housing</i>	Beds reported by CMHCs (2001)	1,900
	Homeless with SMI (Balance of State PIT 2009)	509	
Persons with Chronic Substance Abuse	<i>Population</i>	Total	455,984
		Target population for State services	119,100
		Chronically addicted population served by DMHA (SFY 2008)	34,131
	<i>Housing</i>	Beds for substance abuse treatment	5,662
	Homeless with chronic substance abuse (Balance of State PIT 2009)	740	
Persons with Developmental Disabilities	<i>Population</i>	Total	89,275
		DD population receiving services from state or non-state agencies (2007)	10,794
		Persons with ID/DD on a waiting list for, but not receiving, residential services	13,896
	<i>Housing</i>	ICF/MR facilities for DD (2010)	4,177
		Persons living in ICF/MR	4,012
		Persons living in nursing homes	1,708
	State institution population	162	
Persons with HIV/AIDS	<i>Population</i>	Total living with HIV/AIDS (2008)	9,629
	<i>Housing</i>	Tenant-based rental assistance units	133
		Short term rent/mortgage and/or utility assistance	332
		Homeless with HIV/AIDS (Balance of State PIT 2009)	311
		Homeless or at-risk of experiencing homelessness	2,785 - 6,033
Youth	<i>Population</i>	Total aging out of foster care each year	1,487
	<i>Housing</i>	Youth shelters (17 years and under)	6 shelters
		Unaccompanied youth (Balance of State PIT 2009)	19
Migrant Farmworkers	<i>Population</i>	Total	8,000
	<i>Housing</i>	State licensed camps (2010)	65
		Living in substandard housing	1,760
		Living in crowded conditions	4,160
		Substandard, cost burdened and crowded conditions	480

Source: BBC Research & Consulting.

Extremely Low Income Populations

Population. HUD provides special tabulations of the Census, called Comprehensive Housing Affordability Strategy (CHAS) data, to show income constraints for various segments of the population. In late 2009, the data was compiled in a special tabulation from the Census Bureau's annual American Community Survey (ACS). This data offers timely data for the period between censuses, thus providing an up-to-date picture of local conditions.

CHAS data is provided in accordance with median family income, or MFI. HUD divides low and moderate income households into categories, based on their relationship to the MFI: extremely low income (earning 30 percent or less of the MFI), very low income (earning between 31 and 50 percent of the MFI), low income (earning between 51 and 80 percent of the MFI) and moderate income (earning between 81 and 95 percent of the MFI).

According to 2009 CHAS data, there were 1 million low income households in the State of Indiana. The majority of these households—556,525 or 55 percent—had some type of housing problem. Exhibit C-2 shows the number of low income households with housing needs by income range.

Exhibit C-2. Low Income Households with Housing Problems, State of Indiana, 2009

	Less than 30% of MFI	30% to 50% of MFI	50% to 80% of MFI	Total Low Income Households	Percent of Total Low Income Households
Total households	280,235	276,430	450,515	1,007,180	100%
With any housing problem	218,850	176,305	161,370	556,525	55%
Cost burden	207,070	166,595	148,570	522,235	52%
Severely cost burden	167,615	61,975	26,075	255,665	25%

Note: HUD defines any housing problem as being cost burdened, living in overcrowded conditions, and/or living in units without complete kitchen and plumbing facilities.

Source: 2009 Comprehensive Housing Affordability Strategy (CHAS) data.

Low income renters. Data produced by HUD also provides information on the housing needs of low income renters by household type (CHAS data). Exhibit C-3 presents the housing needs data for low income renters in Indiana in 2009. It shows that the majority of low income renters have housing problems, mostly related to affordability (cost burdened).

Exhibit C-3. Low Income Renter Households with Housing Problems, State of Indiana, 2009

	Less than 30% of MFI	30% to 50% of MFI	50% to 80% of MFI	Total Low Income Households	Percent of Total Low Income Households
Total renter households	180,965	129,730	160,425	471,120	100%
With any housing problem	140,570	94,705	50,790	286,065	61%
Cost burden	132,080	89,150	44,235	265,465	56%
Severely cost burden	110,765	25,745	3,810	140,320	30%

Note: HUD defines any housing problem as being cost burdened, living in overcrowded conditions, and/or living in units without complete kitchen and plumbing facilities.

Source: 2009 Comprehensive Housing Affordability Strategy (CHAS) data.

Low income owners. Exhibit C-4 presents the CHAS data for low income owners in Indiana. Compared to renters, there are fewer owners in all of the income categories that have housing needs, who are cost burdened in Indiana.

**Exhibit C-4.
Low Income Owner Households with Housing Problems, State of Indiana, 2009**

	Less than 30% of MFI	30% to 50% of MFI	50% to 80% of MFI	Total Low Income Households	Percent of Total Low Income Households
Total owner households	99,270	146,695	290,085	536,050	100%
With any housing problem	78,280	81,600	110,580	270,460	50%
Cost burden	74,990	77,445	104,335	256,770	48%
Severely cost burden	56,850	36,230	22,265	115,345	22%

Note: HUD defines any housing problem as being cost burdened, living in overcrowded conditions, and/or living in units without complete kitchen and plumbing facilities.

Source: 2009 Comprehensive Housing Affordability Strategy (CHAS) data.

In general, low income owners need assistance with home repairs and maintenance (especially large homeowner households of 5 or more persons); emergency assistance for mortgage or utilities payments in times of great need; and for cost burdened owners, financial literacy and, in worst case scenarios, foreclosure prevention and counseling.

The State of Indiana’s lowest income owners and renters are primarily served through assisted housing programs, which are discussed below.

Renter resources. The State of Indiana’s lowest income renters are primarily served through assisted housing programs through local housing authorities and the Indiana Housing and Community Development Authority. The housing authorities typically own and manage public housing units and administer Housing Choice Vouchers throughout the State of Indiana. According to HUD’s Picture of Subsidized Housing 2008 database, the State of Indiana has an estimated 140,000 subsidized housing units. These units include Public Housing units, Section 8 Housing Choice Vouchers or Certificates, Section 8 Moderate Rehabilitation units, Section 8 New Construction or Substantial Rehabilitation (including 202/8 projects) units, Section 236 Projects (FHA-Federal Housing Administration), Low Income Housing Tax Credit units and all other multifamily assisted projects with FHA insurance or HUD subsidy (including Section 8 Loan Management, Rental Assistance Program (RAP), Rent Supplement (SUP), Property Disposition, Section 202/811 capital advance, and Preservation. The following exhibit shows the estimated number of subsidized units available by county.

Expiring use properties. A growing concern in the country and Indiana is the preservation of the supply of affordable housing for the lowest income renters. In the past, very low-income renters have largely been served through federal housing subsidies, many of which are scheduled to expire in coming years. The units that were developed with federal government subsidies are referred to as “expiring use” properties.

Specifically, expiring use properties are multifamily units that were built with U.S. government subsidies, including interest rate subsidies (HUD Section 221(d)(3) and Section 236 programs), mortgage insurance programs (Section 221(d)(4)) and long-term Section 8 contracts. These programs offered developers and owners subsidies in exchange for the provision of low-income housing (e.g., a cap on rents of 30 percent of tenants’ income). Many of these projects were financed with 40 year mortgages, although owners were given the opportunity to prepay their mortgages and discontinue the rent caps after 20 years. The Section 8 project-based rental assistance contracts had a 20 year term.

Nationally, the U.S. Government Accountability Office Report on expiring mortgages, released in January 2004, notes that in the next 10 years, project-based Section 8 contracts aiding 1.1 million families will expire. Even in the absence of the expiring mortgage problem, the steady erosion of affordable housing would likely continue at the rate of 41,000 units each year.

Many of these contracts are now expiring, and some owners are taking advantage of their ability to refinance at low interest rates and obtain market rents. Most of Indiana’s affordable multifamily housing was built with Section 8 New Construction and Loan Management Set-Aside programs. Thus, a good share of Indiana’s affordable rental housing could be at risk of elimination due to expiring use contracts. According to HUD’s expiring use database, as of February 17, 2010 (the latest data available), Indiana had 32,438 units in expiring use properties, or approximately 4.6 percent of the State’s total rental units. Eighty counties have all of their expiring use units due to expire through 2015. Exhibit C-6 on the following page shows the percent of units with affordable provisions that are due to expire in the next five years by county along with the total number of expiring units.

**Exhibit C-6.
Percentage of Expiring Use Units That Will Expire
by December 2015 by County, as of February 2010**

County	Percent of Expiring Use Units Due to Expire by 2015	Number of Expiring Use Units	County	Percent of Expiring Use Units Due to Expire by 2015	Number of Expiring Use Units
Adams	64%	188	La Porte	88%	734
Allen	66%	1,649	Lawrence	91%	217
Bartholomew	78%	498	Madison	100%	596
Blackford	100%	142	Marion	91%	5,999
Boone	100%	194	Marshall	50%	246
Carroll	100%	10	Miami	100%	88
Cass	100%	346	Monroe	69%	491
Clark	84%	842	Montgomery	100%	241
Clinton	100%	95	Morgan	100%	420
Crawford	100%	123	Newton	100%	24
Daviess	100%	236	Noble	96%	224
Dearborn	52%	155	Orange	74%	136
Decatur	88%	203	Owen	100%	68
De Kalb	100%	72	Parke	100%	60
Delaware	80%	499	Perry	100%	93
Dubois	68%	258	Pike	100%	77
Elkhart	92%	899	Porter	100%	245
Fayette	43%	180	Posey	100%	116
Floyd	100%	317	Putnam	100%	132
Fountain	100%	20	Randolph	100%	29
Gibson	66%	291	Ripley	100%	56
Grant	83%	718	Rush	100%	78
Greene	49%	71	St Joseph	76%	1,954
Hamilton	100%	346	Scott	100%	142
Hancock	100%	104	Shelby	100%	146
Harrison	100%	50	Spencer	100%	22
Hendricks	100%	166	Starke	100%	24
Henry	100%	214	Steuben	92%	76
Howard	100%	436	Tippecanoe	96%	1,400
Huntington	100%	129	Union	100%	50
Jackson	80%	276	Vanderburgh	76%	1,089
Jasper	74%	54	Vermillion	100%	148
Jay	100%	36	Vigo	100%	528
Jefferson	100%	365	Wabash	100%	215
Jennings	100%	22	WARRICK	100%	120
Johnson	100%	520	Washington	100%	49
Knox	59%	293	Wayne	86%	733
Kosciusko	88%	167	Wells	30%	143
Lagrange	100%	48	White	77%	62
Lake	68%	3,885	Whitley	100%	50
			Total	85%	32,438

Note: Expiration dates are according to the "TRACS Overall Expiration Date" as provided by HUD.

Source: U.S. Department of Housing and Urban Development and BBC Research & Consulting.

A more detailed discussion concerning Public Housing Authorities follows this section.

Owner resources. Because Indiana contains a good proportion of homeowners (72 percent), the State has specific programs available for homeowners in Indiana. IHCDA offers programs that assist Hoosiers with making down payments, getting low interest rate loans and even special programs for families that live in rural areas. In every county across Indiana there are lenders on hand to help with all the plans IHCDA offers. Specific program information can be found on IHCDA's website.¹

The State also assists affordable housing developers through the HOME and CDBG grants. HOME provides funding to develop affordable housing to low and moderate income Hoosiers. Additionally, HOME builds the capacity of not-for-profit housing organizations, and leverage other private-sector participation. The HOME program provides funding for new construction and rehabilitation of homebuyer and rental activities. Developments funded with HOME have strict requirements on rent controls, income eligibility of tenants, housing development costs and long-term affordability requirements. CDBG is used by local governments seeking to provide programs to rehabilitate existing homes in their community.

Public Housing Authorities

To better understand the demand for rental assistance, a mail survey of Public Housing Authorities (PHAs) in nonentitlement areas in the State was conducted as part of the 2010-2014 Consolidated Plan process. The survey collected information on Section 8 Housing Choice voucher usage as of December 31, 2009, by individual PHA. Forty-two surveys were mailed, and 13 responses were received, for a response rate of 31 percent.

A similar survey was completed in 2004 and also in 2005 2005-2010 Consolidated Planning process, which allows for some historical comparisons about voucher usage and the demand for vouchers over this five year period.

Voucher utilization and demand. Of the PHAs responding to the current survey, 8 of the 13 (62 percent) administer Section 8 Housing Choice Vouchers. The average number of vouchers administered by the 8 PHAs at the time of the survey was 193, with a low of 55 vouchers and a high of 497 vouchers. The utilization rate was high, with the average being 97 percent. No single housing authority indicated utilization below 89 percent and 6 of the 8 PHAs having a 96 percent or higher voucher utilization rate. In 2004, 91 percent of PHAs had a 95 percent or higher voucher utilization rate. During 2009, three respondents replied the reason their utilization rates dropped was due to decreased funding.

The survey results also indicate that waiting lists are typical, and the wait list length is generally longer than one and a half years. The average number of households on the waiting list was 211, with most housing authorities indicating a wait of greater than one year for all sized units. Most wait lists were in the one to three bedroom categories.

Household characteristics. Most households on waiting lists for vouchers are families with children and households that are living in the lowest median income bracket. On average, 72 percent of voucher waiting lists are households are families with children. The second largest household group is non-elderly persons with disabilities, averaging 15 percent of housing authority waiting lists.

¹ <http://www.in.gov/ihcda/index.htm>

The survey also asked if the PHAs had ever applied for vouchers designated for persons with disabilities. Four of the PHAs said they had applied and received funding. These PHAs said that the vouchers were well utilized and two replied they have waiting lists for these vouchers.

Community needs. The survey also asked the PHAs what the greater need is in each PHA community—additional rental units *or* more tenant-based rental assistance (TBRA). The PHAs responded their communities are in need of additional affordable rental housing and TBRA/rental assistance. Forty-four percent of the PHAs were in greater need of TBRA, 33 percent were in need of additional affordable rental units and 22 percent of respondents needed both rental assistance and affordable rental units.

The majority of Housing Authority respondents responded it is *easy* for the average applicant to find a unit their community that accepts vouchers. However, a couple of PHAs replied that large families (4 plus persons), as having more difficulty finding units that accept vouchers. In addition, a PHA responded that disabled accessible units are also difficult to find.

Accessible units available. Most PHAs that administer accessible public housing units were administering one and two bedroom units. According to the survey, the total number of PHA administered units was 886, with 75 percent of those being one bedroom units, 14 percent being two bedroom units, 10 percent being three bedroom units and the remaining 1 percent are four bedroom units.

State voucher data. The Housing Choice Voucher Program comprises the majority of the Indiana Housing and Community Development Authority's Section 8 rental assistance programs. IHCD administered vouchers help approximately 4,100 families' pay their rent each month. HCV funding for FY2009 is \$19.7 million. Eligibility for the Housing Choice Voucher program is based on a family's household income. The tenants' share is an affordable percentage of their income and is generally calculated to be between 30 to 40 percent of their monthly-adjusted gross income for rent and utilities. The HCV program services are provided by Local Subcontracting Agencies throughout the state of Indiana.

According to the IHCD Household Composition Report from March 17, 2010, 83 percent of the heads of households were female, half of the head of households were disabled and 21 percent were elderly.

Persons Experiencing Homelessness and At-Risk of Homelessness

This section provides a summary of the nature and extent of homelessness in the State of Indiana, as learned from the 2009 Continuum of Care for the Balance of State which includes information from the January 2009 Point in Time (PIT) homeless count coordinated by the Indiana Housing and Community Development Authority (IHCD).

This section also estimates the characteristics and needs of low income households who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered.

Definition. The Stewart B. McKinney Homelessness Act defines a person experiencing homelessness as “one who lacks a fixed permanent nighttime residence or whose nighttime residence is a temporary shelter, welfare hotel or any public or private place not designated as sleeping accommodations for human beings.” It is important to note that this definition includes those living with friends or relatives on a temporary basis as well as the more visible homeless in shelters or on the streets.

On May 20, 2009, President Obama signed the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including:

- A consolidation of HUD’s competitive grant programs;
- The creation of a Rural Housing Stability Program;
- A change in HUD’s definition of homelessness and chronic homelessness;
- A simplified match requirement;
- An increase in prevention resources; and
- An increase in the emphasis on performance.

HUD will be publishing proposed regulations for public comment in the near future. Proposed regulations on the definition of homelessness will be issued first, followed by the remainder of the proposed regulations. The HEARTH Act is discussed in more detail on page 17.

HUD’s current definition of homelessness, as of March 2010, is slightly more comprehensive than the McKinney definition. In addition to defining individual and families sleeping in areas “not meant for human habitation,” the definition includes persons who:

- “Are living in transitional or supportive housing for homeless persons but originally came from streets or emergency shelters;
- Ordinarily sleep in transitional or supportive housing for homeless persons but are spending a short time (30 consecutive days or less) in a hospital or other institution;
- Are being evicted within a week from private dwelling units and no subsequent residences have been identified and they lack resources and supportive networks needed to obtain access to housing; or
- Are being discharged within a week from institutions in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing.”

This definition demonstrates the diversity of people experiencing homelessness. The numerous locations in which people experiencing homelessness can be found complicate efforts to accurately estimate their total population.

Chronic homelessness. According to the U.S. Department of Housing and Urban Development (HUD) a person who is chronically homeless is defined as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.” To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in emergency shelter during that time.

Total population. Estimating the total population of persons experiencing homelessness on a nationwide, Statewide or even local level, is challenging because of the various types of homelessness and difficulty in locating the population. For example, an individual living with friends on a temporary basis can be considered homeless but would be unlikely to be identified in a homeless count.

Continuum of Care. IHCDA is the lead agency under the CoC Balance of State (BOS) structure in Indiana and coordinated the point-in-time survey conducted on January 29, 2009. A Point in Time (PIT) count is conducted annually. On January 29, 2009, the count was conducted using the Homeless Management Information System (HMIS) and teams from each regional CoC, who facilitated the completion of a survey for street counts and shelters not participating in the HMIS.

The 2009 State Continuum of Care application for the Balance of State estimated a total of 4,287 persons experiencing homelessness in the Balance of State, excluding Indianapolis and South Bend. Approximately 80 percent are sheltered and the remaining 20 percent are unsheltered. The following exhibit shows the breakdown of homeless population and subpopulations and if they are sheltered or unsheltered.

**Exhibit C-7.
Homeless Population and Subpopulations Chart, Balance of Indiana, 2009**

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households)	361	243	93	697
1. Number of Persons in Families with Children	1,077	611	292	1,980
2. Number of Single Individuals and Persons in Households without Children	1,270	454	583	2,307
(Add lines Numbered 1 & 2) Total Persons	2,347	1,065	875	4,287
Part 2: Homeless Subpopulations	Sheltered	Unsheltered	Total	
a. Chronically Homeless	307	117	424	
b. Severely Mentally Ill	423	86	509	
c. Chronic Substance Abuse	588	152	740	
d. Veterans	256	55	311	
e. Persons with HIV/AIDS	19	0	19	
f. Victims of Domestic Violence	495	67	562	
g. Unaccompanied Youth (Under 18)	16	3	19	

Note: This Chart is a part of HUD's Table 1, which is required for the Consolidated Plan.

Source: 2009 Continuum of Care Indiana Balance of State.

The CoC also reported that there was a decrease in the unaccompanied individuals sheltered population count from 2007. The CoC reports it appears to be primarily related to the creation of 200 or more additional units of permanent housing along with an organized effort to increase the utilization of existing Shelter Plus Care projects in the BOS Continuum. Also on January 29, 2009, multiple southern Indiana counties were declared disaster areas due to a severe ice storm that resulted in power outages. The increase in the number of persons in emergency shelter likely reflects the extreme inclement weather on the PIT Count Night. In addition, the recession hit poor households with children significantly harder than others. Those households that are already at risk of homelessness are put at even greater risk due to the unavoidable consequences of economic decline resulting in an increase of sheltered families. The Indiana Planning Council on the Homeless Data Collection and Evaluation Committee was charged with organizing the count resulting in improved methodologies and data collection. Finally, the 2009 count reduced duplication and miscounting non-HUD defined homeless households. In addition, improved HMIS data quality controls, improved the quality of data at day shelters and SSO project serving high volume of clients.

Characteristics of persons experiencing homelessness. The U.S. Conference of Mayors released the 2008 Hunger and Homelessness Survey Results in December 2008. The report reveals that on average, cities reported a 12 percent increase in homelessness from 2007 to 2008, with 16 cities citing an increase in the number of homeless families. The lack of affordable housing, poverty and unemployment were cited as the primary causes of homelessness for families. For individuals, the top three causes cited were substance abuse, affordable housing and mental illness.

While the only consistent characteristic of the homeless is the lack of a permanent place to sleep, there are a number of sub-groups that are typically part of the homeless population. These include the following:

- **Families.** The National Coalition of the Homeless reported that a recent study completed by HUD reported that the number of people in families that were homeless rose by 9 percent from October 1, 2007, to September 30, 2008. Considering the nation's economic downturn was begging to increase at the end of 2008, this number more than likely has increased. Additionally single night counts tend to underestimate homeless persons in families with children, because it is common for homeless families to double up with other families. This causes them to be exempt from the federal definition of chronic homelessness, which states that a chronically homeless person is one who is on the streets or in a shelter (The Annual Homeless Assessment Report to Congress, 2007). Therefore, many homeless families may not be counted and prevented from receiving assistance. The 2009 Indiana BOS PIT reported that 46 percent (1,980 persons) of the homeless were persons in families with children.
- **Chronic homeless.** HUD's definition of chronic homelessness is provided on page 10 of this section. Worth noting is that HUD's definition of chronic homelessness does not include families. In addition, to be identified as chronically homeless, an individual must have a disabling condition, defined as follows:
 - A diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

Therefore, according to HUD's definition the Indiana BOS reported 434 persons (10 percent of the homeless persons) were chronically homeless during the 2009 PIT count.

- **Mental Illness.** HUD estimates that 39 percent of homeless persons who contact an assistance provider are mentally ill. Twelve percent of the sheltered homeless persons in the Indiana BOS responded they had a mental illness.
- **Substance Abuse.** A HUD study found that 31 percent of homeless individuals who contact shelters, food pantries or other assistance providers have an alcohol problem, 19 percent have a drug problem and 7 percent have both. Seventeen percent of the sheltered and 17 percent of the unsheltered homeless persons in the 2009 Indiana BOS PIT count responded they have a substance abuse problem.
- **Veterans.** According to the National Coalition of Homeless Veterans, the U.S. Veterans Administration estimates that 131,000 veterans are homeless on any given night. And approximately twice that many experience homelessness over the course of a year. Conservatively, one out of every three homeless men who is sleeping in a doorway, alley or box in our cities and rural communities has put on a uniform and served this country. Additionally the National Survey of Homeless Assistance Providers and Clients (U.S. Interagency Council on Homelessness and the Urban Institute, 1999), veterans account for 23 percent of all homeless people in America. Seven percent (311 persons) of the homeless persons in the Indiana BOS homeless count were veterans.
- **HIV/AIDS.** The National Alliance to End Homelessness estimates that 3.4 percent of homeless people were HIV-positive in 2006, compared to 0.4 percent of adults and adolescents in the general population (Centers for Disease Control and Prevention, 2008). The 2009 PIT BOS homeless count for Indiana reported that 0.4 percent of the homeless were persons with HIV/AIDS.
- **Victims of domestic violence and sexual assault.** When a woman leaves an abusive relationship, she often has nowhere to go. Lack of affordable housing and long waiting lists for assisted housing mean that many women and their children are forced to choose between abuse at home or the streets. In 2008, their report to the U.S. Conference of Mayors reported an estimated 15 percent of homeless persons were victims of domestic violence. Thirteen percent (562 homeless households) of the homeless in the 2009 Indiana BOS PIT count responded they had experienced domestic violence.
- **Unaccompanied youth (under 18).** Homeless youth are individuals under the age of eighteen who lack parental, foster, or institutional care and are often referred to as "unaccompanied" youth. According to the National Coalition for the Homeless, Homeless Youth Fact Sheet² the U.S. Conference of Mayors reported that unaccompanied youth account for 1 percent of the urban homeless population, (U.S. Conference of Mayors, 2007). Additionally, the National Network of Runaway and Youth Services reported six percent of homeless youth are gay, lesbian, bisexual, or transgender (GLBT) (Molino, 2007). The number of homeless teenagers who are pregnant is estimated to be somewhere between six and twenty-two percent. (Health Resources and Services Administration 2001) According to the National Alliance to End Homelessness, five to seven percent of American youths become homeless in any given year. (NAEH, 2007). The 2009 Indiana BOS PIT count reported there were 19 unaccompanied homeless youth, 0.4 percent of all homeless persons.

² National Coalition for the Homeless, Homeless Youth Fact Sheet, June 2008, <http://nationalhomeless.org/factsheets/youth.pdf>.

- **Rural homelessness.** The National Coalition for the Homeless issued a Rural Homeless Fact Sheet in July 2009³ stating that to understand rural homelessness requires a more flexible definition of homelessness. People experiencing homelessness are less likely to live on the street or in a shelter and more likely to live in a car or camper, or with relatives in overcrowded or substandard housing due to the fact that there are far fewer shelters in rural areas than in urban areas. Restricting definitions of homelessness to include only those who are literally homeless - that is, on the streets or in shelters - does not fit well with the rural reality, and also may exclude many rural communities from accessing federal dollars to address homelessness. The Rural Homeless Fact Sheet also states the following:
 - Studies comparing urban and rural homeless populations have shown that homeless people in rural areas are more likely to be white, female, married, currently working, homeless for the first time, and homeless for a shorter period of time (Fisher, 2005).
 - Other research indicates that families, single mothers, and children make up the largest group of people who are homeless in rural areas (Vissing, 1996).
 - Homelessness among Native Americans and migrant workers is also largely a rural phenomenon.
 - Findings also include higher rates of domestic violence and lower rates of alcohol and substance abuse. About 9 percent of all homeless people live in rural areas (National Alliance to End Homelessness, 2007).
 - Estimates of the total number of homeless people in the United States vary widely and, therefore, so do estimates of the rural homeless. Using the National Alliance's 2007 study, there are around 750,000 people homeless on any given night. Therefore, around 70,000 people in rural areas are homeless on each night in the United States (2007 National Symposium on Homeless Research).

At risk of experiencing homelessness. In addition to those who have experienced homelessness in the past or who show up on a point-in-time estimate of current homelessness, it is important to understand the size of the population that is at risk of future homelessness. In general, the population at risk of experiencing homelessness includes persons who are temporarily living with friends or relatives (also known as hidden homeless) and individuals at risk of losing their housing (usually very low-income).

Data from the 2008 ACS estimates that 29 percent of Indiana renters earning less than \$20,000 per year and an additional 12 percent of those earning between \$20,000 and \$34,999 per year are cost burdened. Households are said to be "cost burdened" when the proportion of household income needed to make monthly housing payments exceeds 30 percent. An unexpected hardship such as the loss of a job or an illness can quickly force these individuals into homelessness. Thus, these households are considered at risk of homelessness. Exhibit C-8 displays the number of households by tenure who are considered at risk of homelessness.

³ National Coalition for the Homeless, Rural Homeless Fact Sheet, July 2009, <http://nationalhomeless.org/factsheets/Rural.pdf>.

**Exhibit C-8.
Cost Burdened
Households by
Income by
Tenure, State of
Indiana, 2008**

Source:
U.S. Census Bureau 2008
American Community
Survey.

Income Range	Owners		Renters	
	Households	Percent of Owners	Households	Percent of Renters
Less than \$20,000	131,103	7.4%	202,422	29.0%
\$20,000 to \$34,999	122,688	6.9%	83,717	12.0%
\$35,000 to \$49,999	78,856	4.4%	13,775	2.0%
\$50,000 to \$74,999	59,225	3.3%	3,159	0.5%
\$75,000 or more	31,418	1.8%	704	0.1%
Total Cost Burdened	423,290	23.8%	303,777	43.5%
Total Severely Cost Burdened	145,398	8.2%	157,001	22.5%

From July 2008 to June 2009, Connect2Help™, an organization who facilitates connections between people who need human services and those who provide them in Central Indiana, assisted almost 221,000. Connect2Help™ is the largest 2-1-1 Center in Indiana and serves mainly those residents in Central Indiana. During 2009, more than 35,000 people called Connect2Help with a housing related question. This is almost 1 out 5 callers and is a 15 percent increase from 2008. The overwhelming majority of these calls were for help to pay for rent, finding shelter or locating affordable housing. Approximately 14,000 people (36 percent of housing need calls) called for help with rent or mortgage payment, a 21 percent increase from 2008 and a 552 percent spike from 2000.

Housing for homeless. Homeless shelters can include emergency overnight housing and longer-term transitional housing and even permanent supportive housing. According to the 2009 BOS Indiana Continuum of Care application there were 2,593 beds available to individuals and 2,903 beds available for persons in families with children, who are homeless (excluding Indianapolis and South Bend).

Outstanding need. The 2000 BOS Indiana CoC application estimated a need for a total of 5,307 beds or units for individuals and 5,841 beds or units for persons in families with children who are experiencing homelessness. State shelters will support a total of 2,675 beds or units for individuals and 2,966 for persons in families with children by the end of 2009. As seen in Exhibit C-9 (which is also part of HUD Table 1), this total still leaves unmet needs for all types of housing, totaling 2,632 beds or units needed for individuals and 2,875 beds or units for persons in families with children.

**Exhibit C-9.
Homeless
Continuum of
Care: Housing Gap
Analysis Chart,
Balance of State
Indiana, 2009**

Note:
This Chart is a part of HUD's Table
1, which is required for the
Consolidated Plan.

Source:
2009 Continuum of Care Indiana
Balance of State.

	Current Inventory	Under Development	Unmet Need/Gap
Individuals			
Emergency Shelter	100	40	26
Emergency Shelter	1,377	0	1,410
Transitional Housing	679	6	685
Permanent Supportive Housing	537	76	537
Total	2,593	82	2,632
Chronically Homeless	181	260	600
Persons in Families With Children			
Emergency Shelter	1,289	0	1,261
Transitional Housing	1,360	0	1,360
Permanent Supportive Housing	254	63	254
Total	2,903	63	2,875

HUD unmet need formula was used to determine the baseline of units needed by type. The unmet formula was informed by the annual PIT count, Housing Inventory Chart (HIC) Survey, provider opinion surveys and national research. The PIT was used to identify homeless individuals and households in need of housing and identify specific subpopulations in housing crisis. HMIS and the annual HIC were used to identify capacity of the system by Emergency Shelter, Transitional Housing and Permanent Supportive Housing, and confirm the accuracy of the available beds. The Housing and Program Development Committee of the CoC used both provider focus groups and national research to determine the housing needs of those reported in Emergency Shelter, on the street or in Transitional Housing. Corporation for Supportive Housing reports to the committee units of Permanent Supportive Housing under development.

There are a total of 4,287 persons who are homeless in Indiana, excluding Indianapolis and South Bend. Approximately 80 percent are sheltered and the remaining 20 percent are unsheltered. Exhibit C-7 (the Homeless Population and Subpopulations Chart) on page 11, shows the breakdown of homeless population and subpopulations and if they are sheltered or unsheltered.

In 2009, Connect2Help responded to 10,802 calls from people needing shelter. This represents a 10 percent increase in the number of shelter calls compared to 2008, and a 1,048 percent increase from 2000. There are 21 shelters in central Indiana that serve families as well as men and women in domestic violence situations. Despite existing resources, finding shelter space remains difficult. In fact, Connect2Help Specialists were unable to help 13 percent of those calling for shelter.

Resources and solutions. The Indiana Housing and Community Development Authority (IHCDA) is the lead state agency on homeless issues and programs. The following is a discussion of organizations and resources that support their work with the homeless.

Indiana Planning Council on the Homeless. In 2009, IHCDA reorganized its Inter-Agency Council into the “Indiana Planning Council on the Homeless” (IPCH). The Council was established as an overall planning body for initiatives aimed at ending homelessness in Indiana, and is committed to using a comprehensive approach to develop, operate, and improve Indiana’s continuum of homelessness solutions. The Council operates from a “housing first” philosophy and embraces the proven efficacy of a permanent supportive housing model.

The Council intends to engage a broad range of systems and expertise within the housing field. The Council and its subcommittees will include members from the public and private sector, IHCDA’s sister state agencies, homelessness service providers, the academic realm, and homelessness advocacy organizations- along with formerly homeless representatives. The activity of the Council will be driven by its four action-oriented sub-committees, focused respectively on ‘Data Collection and Evaluation,’ ‘Quality and Performance,’ ‘Housing and Program Continuum Development,’ and ‘Funding and Strategies.’ The value of the Council will lie in the anticipated exchange and collaboration amongst these four subcommittees as they progress on coordinated work plans. The committees will meet quarterly as the full “Indiana Planning Council on Homelessness” to share information, updates, and discussion.

The IPCH members are responsible for implementing the Indiana Permanent Supportive Housing Initiative (IPSHI), which began in 2008. IPSHI outlines aggressive goals for ending homelessness in Indiana through the creation of prevention and permanent supportive housing supports. IHCDA is the lead has been working closely with CoC members to increase the stock of available PSH. In 2009, 210 units of permanent supportive housing were completed, while another 700 units are in the development pipeline. Indiana appears to be on track to complete its goal of developing 1,100 PSH units by 2013.

HEARTH Act. On May 20, 2009 President Obama signed the Helping Families Save Their Homes Act of 2009, which included the Homeless Emergency and Rapid Transition to Housing Act (HEARTH) that re-authorized the McKinney-Vento Homeless Assistance Program and Emergency Shelter Grant (ESG), now called Emergency Solutions Grant. The HEARTH Act has significant implications for how homeless services, including permanent supportive housing, are managed, funded, structured, and evaluated. ESG is also transformed to increase funding for homelessness prevention activities.

In order to prepare for these changes, the Indiana Housing and Community Development Authority is working with the Corporation for Supportive Housing to facilitate planning related to funding streams, performance measures, and policies.

Other areas of planning and coordination at a systems-level. HEARTH implementation has implications for how IHCDA will interact and plan as the new “Unified Funding Agency,” coordinate ESG funding with Continuum of Care funding, coordinate with regional Continua of Care, and align program evaluation to support HUD’s new performance standards.

HEARTH performance standards, against which each Unified Funding Agency applicant will be evaluated, are a complete shift from the current measures. Currently HUD measures progress in movement to permanent housing, permanent housing retention, employment, and increasing number of permanent housing beds for chronically homeless individuals. In the future the system will be evaluated on overall reduction in homelessness, duration of homeless spells, recidivism to homelessness, and success at reaching all homeless people.

IHCDA and Indiana Planning Council on the Homeless funding evaluation tools are very distinct to each program and do not have common performance measures, methods of evaluating performance, or incentives/sanctions for performance. HEARTH presents an opportunity and a need to have more consistent evaluation tools and strategies to promote consistent and high performance.

ESG grantees are now incentivized to “participate” with their local Continuum of Care. HUD will be defining what this means in the Hearth regulations, and IHCDA will advocate further integration have the goal of coordinating services and funding, and be data driven and performance-based.

Future program planning and opportunities. Once the new Continuum of Care and ESG programs are funded, there will be opportunities for IHCDA to apply and receive new funding directly or in partnership with other entities. While it is still premature to begin planning for actual programs, some of the potential funding areas include facility/capital funding to rehab transitional housing (interim housing) which would replace substandard accommodations or sites that do not support family preservation due to congregate living designs. IHCDA could also apply for programs in various areas like outreach, permanent supportive housing rental assistance, rapid re-housing, etc.

In order to prepare for the policy and programmatic shifts under HEARTH, the Corporation for Supportive Housing will provide consulting services to both IHCDA and the Indiana Planning Council on the Homeless to re organize homeless assistance programs under a statewide Continuum of Care model.

Transformation to Hearth Work Plan.

- A chart of all current programs funded for homeless services from all funding sources— city, state, and federal.
 - Cost per program/agency/unit of service
- A chart of proposed funding reorganization based on projected funding guidelines, uses, and amounts
- Process and timeline to map the current shelter facilities to evaluate space accommodations and internal (formal and informal) policies
- Feedback and input into current draft of “shelter standards” to include HEARTH draft regulations
 - Assistance in developing and incorporating “program standards” into the shelter standards, which may need to be coordinated with Indiana Planning Council on the Homeless Quality and Performance Committee.

- Review current program monitoring tools, RFP's, performance evaluation measures, and an assessment of how they support or will need to change in light of HEARTH standards
 - Data analysis of current programs' performance against new HUD standards using paper and HMIS reports
- Propose an amount of staff or other resources needed to fulfill the permanent housing administrator role
- Facilitate planning meetings with Indiana Planning Council on the Homeless around ESG coordination and common or coordinated evaluation instruments

Emergency Solutions Grant. IHCDA administers the Emergency Solutions Grant (ESG)⁴ program, which can provide funding for essential services, operations and homeless prevention activities to emergency homeless shelters, transitional housing for homeless, and day/night homeless shelters. These programs provide basic needs of shelter, food, clothing, and other necessities, and many also provide case management, referrals, rental assistance and other services to individuals and/or families who are in need of assistance throughout the State.

For FY 2009, the State of Indiana received an Emergency Shelter Grant of \$1,928,975 to use for homeless shelter support, services and operations, homeless prevention activities and limited administrative costs.

Continuum of Care. The Continuum of Care is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self sufficiency. It includes action steps to end homelessness and prevent a return to homelessness. The components of a CoC system is outreach, intake, and assessment to identify an individual's or family's service and housing needs, and to link them to appropriate housing and/or service resources like: Emergency shelter and safe, decent alternatives to the streets, Transitional housing with supportive services and then permanent housing and permanent supportive housing.

Annually, the IPCH prepares the Indiana Balance of State Continuum of Care (BOS CoC) application for any regional Continuum of Care that desires to apply as a consortium of Continua of Care. The development of Indiana's "Balance of the State" application is the result of many diverse efforts throughout the state to address homelessness, and it currently involves 12 of the state's 14 Continua, the two CoC regions not included are Indianapolis and South Bend. Through this extremely competitive Continuum of Care program, local and state jurisdictions, housing authorities, and nonprofits (secular and faith based) can apply for funding in supportive housing for homeless persons as defined by HUD.

In 2009, IPCH applied for the Balance of State for the McKinney Vento Funds through HUD. There was \$7.6 million in renewal applications and \$5.6 million in new permanent supportive housing across the state excluding South Bend and Indianapolis. The new applications will add 207 beds of permanent supportive housing.

⁴ Formerly the Emergency Shelter Grant, the name change to Emergency Solutions Grant is effective July 1, 2011.

The 2009 Indian BOS CoC has five strategic plan objectives and are described below:

- The first objective is to create new permanent housing beds for chronically homeless individuals. The Indiana Permanent Supportive Housing Initiative targets creating 1,100 units of PSH by 2013. Currently Indiana has 181 PSH beds and another 260 to be developed during 2010. An additional 400 units are planned to be developed in the next 5 year.
- The second object is to increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. The CoC has implemented several steps to ensure providers reach this goal. Currently, 84 percent of homeless persons in permanent housing have remained for at least six months.
- Objective 3 is to increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. The CoC is currently meeting HUD's goal In 09, the Council provided input on a new tool aimed at providing accurate and targeted housing information for all homeless persons in Indiana through the Indiana Housing Opportunities Planner & Evaluator (IHOPE). IHOPE is a triage assessment tool to be used by all shelters, HPRP, and TH providers to identify those who could benefit from all available CoC options including HPRP, PSH, and other resources. Currently, 74 percent of homeless persons in transitional housing have moved to permanent housing. IHOPE is described in more detail below.
- The fourth objective is to increase the percentage of persons employed at program exit to at least 20 percent. Statewide, the BOS CoC exceeds HUD's goals and has done so for the past 3yrs. In 2009, 24 percent of persons are employed at program exit.
- Objective 5 is the decrease the number of homeless households with children. According to the 2009 BOS CoC, the recent economic hardships have affected Indiana families severely, as a result the number of unsheltered homeless households with children increased from 41 in 2007 to 93 in 2009. The increase occurred despite a slight increase in the number of sheltered families. The BOS CoC has prioritized the development of permanent housing alternatives for unsheltered families. According to the 2009 PIT count, 697 families were homeless, with 93 of those families unsheltered.

I HOPE Triage Project. In 2010 and 2011, IHCD will use \$140,000 CSBG American Reinvestment Recovery Act to fund expansion of the homeless outreach and triage system with each of the state's Continuum of Care regions. The foundation of this work will be the development of the web-based Indiana Housing Opportunity Planner and Evaluator (I HOPE). This tool will facilitate connecting individuals and families experiencing homelessness with appropriate cost effective interventions.

Goals:

1. Develop a comprehensive system map of housing and services for the State of Indiana (divided into 5 regions by CoC)
2. Create an intercept model for triage and assessment by region
3. Provide technical assistance and training tailored to the individual needs of each region

General overview of work. CSH, in coordination with IHCD and the local Continuums of Care, will create regional intercept models to appropriately triage individuals and families who are homeless into the most appropriate housing supports. The I HOPE Triage project will focus on mapping the homeless service and housing delivery system in five identified regions of Indiana. CSH will facilitate region-wide sessions and targeted workgroups to create a regional intercept model. Each intercept model will identify the series of points at which a person or family may enter or fall deeper into the homeless system in that area. Intercept points in a community may include local shelters, jails, hospital emergency rooms, or other community programs and will vary by region. Once the intercept points are identified, CSH will work to develop a regional approach targeted strategies to increase prevention/diversion and rapid rehousing from the homeless system to link persons to housing supports. After developing the intercept model, CSH will provide follow-up training and TA based on the identified needs of each region.

Homeless Prevention and Rapid Re-housing Program. The Homeless Prevention and Rapid Re-housing Program (HPRP) is created by funds from Title XII of the American Recovery and Rehabilitation Act of 2009 (ARRA) to allow expanded prevention and/or rapid rehousing for persons with moderate barriers to stable permanent housing. It is available to entitlement cities and the balance of state with a total allocation of approximately \$28 million for Indiana. IHCD is working with Indiana CoC regions to develop “single point of access” organizations to coordinate and administer these funds. The program began in September 2009 and extends for three years

Other activities. IHCD also administers State HOPWA funds. The program is available within 77 of Indiana's 92 counties and is based on the number of Indiana residents with AIDS/HIV. It is only awarded to those agencies that show as a part of their mission a focus on servicing persons with HIV/AIDS and their families. A large percentage of HOPWA funds generally go toward transitional housing programs and shelters.

Additionally, the Office of Community and Rural Affairs provides planning grants and infrastructure funds to homeless assistance providers.

The Indiana Housing Opportunity Planner & Evaluator (IHOPE) is a triage assessment tool to be used by all shelters, HPRP, and TH providers to identify those who could benefit from all available CoC options including HPRP, PSH, and other resources.

Elderly and Frail Elderly

According to the 2008 Census, 813,090 persons were aged 65 years and over (12.8 percent of the total population) in Indiana. The Indiana Business Research Center Data forecasts the State's elderly population is to grow to 821,467 in 2010 (12.8 percent); by 2015, this is projected to increase to 929,305 (14.1 percent); and by 2020, projected to increase to 15.9 percent. Nationally, the elderly constituted 13.0 percent of the total population in 2010, and this share is projected to increase to 16.3 percent by 2020 as the baby boomers continue to age.

Frail elderly are defined for the purposes of this report as individuals age 65 and older with a self-care disability. In 2008, 8 percent (62,734) of non-institutionalized seniors age 65 and older in Indiana reporting a disability reported having a self-care disability.

Housing the elderly. Elderly housing can best be described using a continuum of options, ranging from independent living situations to nursing homes with intensive medical and personal care support systems. Common steps along this housing continuum include the following:

- **Independent living.** The elderly may live with relatives, on their own or in subsidized units.
- **Congregate living.** Typically unsubsidized facilities that can be quite expensive for low and moderate income elderly. Normally, three meals per day are available, with at least one included in the monthly charge. Organized social activities are generally provided.
- **Assisted living facilities.** 24-hour non-nursing assistance, often including bathing, dressing and medication reminders. These facilities are not medical in nature and typically do not accept Medicaid reimbursement; however, nursing care is sometimes provided through home health care services. These facilities can also be fairly expensive.
- **Nursing homes.** 24-hour nursing care. Services may be generalized or specialized (e.g., for Alzheimer's patients). Nursing homes are less medical intensive than hospitals and accept Medicaid reimbursement.

Independent living is at one end of the housing continuum with little or no services provided. Skilled nursing care with comprehensive services is at the other end. The movement along the continuum is not always smooth and age is not always a factor in the level of care received. However, in most cases, the functional capabilities of an individual decline with age, which results in an increased need for services.

Specific data on the number of Indiana seniors living in nursing homes, assisted living facilities and other group quarter settings is unavailable. In general the 2008 Census reports there are 50,112 seniors, or 6.2 percent of the State's elderly population, living in group quarters (nursing homes included). This is over one percentage point higher than the 4.9 percent of seniors nationwide living in group quarters.

There are 66,841 beds available in nursing homes, also known as Comprehensive Care Facilities, across Indiana. Exhibit C-10 displays the number of nursing home beds in Indiana by county.

The Census reports; 84 percent of 65 to 74 year olds and 83 percent of 75 to 84 year olds are homeowners, and when looking at residents aged 85 and older the percent of homeownership drops to 71 percent. Declining homeownership is indicative of both increasing needs for assisted living and the difficulty for individuals to support the burden of homeownership as they age. Exhibit C-11 displays tenure by age for households 65 years and over.

**Exhibit C-11.
Tenure by Age,
State of Indiana, 2008**

Source:
U.S. Census Bureau 2008 American Community Survey.

	Households	Percent	
		Owners	Renters
65 to 74 years	263,061	84%	16%
75 to 84 years	185,412	83%	17%
85 years and over	62,565	71%	29%
Total 65 years and over	511,038	82%	18%

Needs of the elderly. Low income seniors face a wide range of housing issues, including substandard housing, a need for modifications due to physical disabilities as well as a lack of affordable housing.

Substandard housing. HUD’s 1999 Elderly Housing Report provides the latest national data available on seniors living in housing in need of repair or rehabilitation.⁵ HUD reported that six percent of seniors nationwide lived in housing that needed repair or rehabilitation. Applying this rate to Indiana, it is estimated that as many as 48,785 elderly residents (approximately 6 percent of the State’s elderly population) were likely to live in substandard housing in 2008.

HUD also provides CHAS data concerning elderly households in Indiana. According to 2009 CHAS data, 22 percent of elderly owners and 47 percent of elderly renters have housing problems. A housing problem is defined as a household that is cost burdened, living in overcrowded conditions and/or does not have complete kitchen or plumbing facilities.

According to the Indiana AdvantAge Initiative 2008 Community Survey of Adults Aged 60 and Older, 15 percent responded their current residence needed one or more significant repair, modification, or change to improve their ability to live there over the next five years. Of those who need to make one or more modifications, 17 percent do not plan to make the needed modification(s). The top two modifications needed include 1) cosmetic/minor repairs and 2) structural changes/major repairs. These needed modifications were followed by respondents needing better heating in winter and bathroom modifications. Additionally, 23 percent of respondents with home modification needs are in fair/poor health, making it even more difficult to afford modifications if health care expenses are high. Respondents were also asked if certain services were available in their community: 27 percent responded there were no home repair services available in their community and 35 percent did not know if home repair was available.

Home maintenance can be a burden for many moderate and low income homeowners. It is a particular problem for elderly people on fixed incomes who need help with small repairs and major maintenance items, such as roof, furnace and air conditioning repairs. A common goal of organizations that work with the elderly is to assist them in any way to keep them in their own homes for as long as possible and prevent premature institutionalization. Typically, when seniors’ homes fall into disrepair, it affects not only the elderly residents, but also potential future residents of those homes and the general environment of the surrounding neighborhood.

⁵ Department of Housing and Urban Development, Housing Our Elders: A Report Card on the Housing Conditions and Needs of Older Americans, 1999.

Disability. In 2008, 38 percent of non-institutionalized elderly persons in Indiana (or 290,719 elderly persons) reported that they had some form of disability (hearing, vision, cognitive, ambulatory, self-care or independent living). Of these elderly persons with a disability, 8 percent (62,734 elderly) reported a self-care disability (e.g., bathing, dressing), 24 percent reported ambulatory difficulty and 15 percent with independent living difficulty (e.g., going outside the home alone to shop, or visit a doctor's office).⁶ These incidence rates compare with 13 percent of non-institutionalized residents overall who reported a disability. Elderly persons with such needs are best housed in accessible housing (including assisted living and nursing home facilities), or need assistance (modifications as well as services) to remain in their homes.

Income constraints. Compounding the needs some seniors face for repair or improvements are the low and/or fixed incomes they have available to make those changes. Seniors are estimated to comprise 22 percent of the households in Indiana earning less than \$10,000 per year in 2008 and 40 percent of households earning between \$10,000 and \$20,000 per year.

Also in 2008, 30 percent of the State's elderly households, or 154,193 households, were cost burdened (paying more than 30 percent of their annual incomes in housing costs). Elderly who own their own homes were much less likely to be cost burdened: 26 percent of owners versus 50 percent of renters spent more than 30 percent of their incomes on housing costs in 2008.

According to Comprehensive Housing Affordability Strategy (CHAS) data in 2009, 27 percent of the State's elderly households, or 154,770 households, were cost burdened (paying more than 30 percent of their annual incomes in housing costs). CHAS data also allows calculation of cost burden among elderly households with mobility and/or self-care limitations, or the frail elderly. According to 2000 CHAS data, 27 percent of one- and two-person frail elderly households, or 51,951 households, had housing problems including cost burden. Once again, renter households were more likely to have housing problems than owner households—43 percent versus 21 percent of frail elderly households in 2000.

According to the Indiana AdvantAge Initiative 2008 Community Survey of Adults Aged 60 and Older, 2 percent of survey respondents responded in the past 12 months they or another adult in their household cut the size of or skipped meals because there wasn't enough money for food. Applying this percentage to the Indiana elderly population, an estimated 16,260 elderly residents did not have enough money to afford food.

Services. The AdvantAge survey reported that 25 percent of respondents did not know whom to call if they need information about services in their community. As the age of the respondent increased the level of knowledge about available community services decreased. For example, 19 percent of respondents ages 60 to 64 years did not know whom to call, compared to 30 percent of respondents ages 75 years and over. Respondents were also asked if certain services were available in their community: 18 percent responded there was no respite care services available in their community and 45 percent did not know if respite care was available.

⁶ U.S. Census Bureau, 2008 American Community Survey.

Additionally, survey respondents were asked if they need assistance with the following activities:

- Activities of Daily Living (ADL)—taking a bath or a shower, dressing, eating, getting in/out of bed/chair, using/getting to a toilet, getting around inside the home; and
- Instrumental Activities of Daily Living (IADL)—going outside the home, doing light housework, preparing meals, driving a car/using public transportation, taking the right amount of prescribed medication, keeping track of money and bills.

Fourteen percent responded they needed assistance with one or more ADL/IADL activities. Of these respondents, 55 percent responded they had one or more unmet needs. Unmet need was defined as not getting help or not getting enough help for one or more ADLs and/or IADLs for which assistance was needed.

Resources and solutions. Given the variety of housing options available to serve the elderly and the privatization of housing development, it is difficult to assess the sufficiency of housing for the State's elderly households without undertaking a comprehensive market analysis. However, the same housing problems that exist for the elderly nationwide are also likely prevalent in Indiana. The most pressing issues for moderate and high income elderly in the U.S. are finding facilities located in preferable areas with access to public transit and other needed community services. For low income elderly, the most difficult issue is finding affordable housing with an adequate level of care.

Housing for seniors may include Nursing Home Facilities, as mapped in Exhibit C-10.

Numerous federal programs, although not targeted specifically to the elderly, can be used to produce or subsidize affordable elderly housing. These include CDBG, HOME, Section 8, Low Income Housing Tax Credits, mortgage revenue bonds, credit certificates and public housing. There are also several federal programs targeted specifically at the elderly. A description of the programs widely available to the elderly in the State, along with the utilization of the programs, follows.

Home modification and improvements. IHCD administers CDBG and HOME, which provides funding to affordable housing developers and local governments to perform new construction and rehabilitation of homebuyer and rental housing units. Eligible beneficiaries can receive forgivable-loan assistance to address primary health and safety issues within their home.

IHCD also administers the Energy Assistance Program, which provides financial assistance to low-income households to maintain utility services during the winter heating season, and the Weatherization Assistance Program, which comprehensive weatherization services to low-income households.

Section 202 housing. Section 202 is a federal program that subsidizes the development of affordable housing units specifically for very low-income elderly, including frail elderly. The program also provides rental subsidies for housing developments to help make them affordable to their tenants. The developments often provide supportive services such as meals, transportation and accommodations for physical disabilities. The units are targeted to very low-income elderly.

In a study dated June 2008, HUD released its assessment of the effectiveness of the Section 202 program in meeting the needs of low-income elderly Americans. The study finds that the Section 202 program is an important and cost effective alternative to premature placement in institutional settings, and necessary where states are engaged in transitioning seniors from costly nursing homes to the community. As of December 2006, over 6,000 Section 202 facilities housed approximately 263,000 households of older persons nationwide. Waiting lists for Section 202 facilities are long, especially when compared to the number of housing units becoming vacant each year. The relatively high demand for this housing means that applicants frequently must wait over two years for a unit.

Indiana currently has an estimated 6,570 housing units that were developed in part using Section 202 funding. From 2001 to 2005 the Indianapolis HUD Office (which includes Indiana) reported a total of 19 202 developments underway.

Section 8 Housing Choice Voucher. The Housing Choice Voucher (HCV) Program comprises the majority of the IHCD's Section 8 rental assistance programs. IHCD administered vouchers help approximately 4,000 families' pay their rent each month. The HCV program services are provided by Local Subcontracting Agencies throughout the state of Indiana. According to HUD, there are an estimated 38,000 HCVs in Indiana. The State IHCD program funding for HCV is \$19.7 million in 2009. Local PHAs also administer local Section 8 programs.

Equity conversion. The Home Equity Conversion Mortgage Program (HECM) supports repair and rehabilitation of housing and the ongoing needs of individuals by allowing elderly homeowners (62 years or older) to recapture some of their home equity. Individuals who own their homes free and clear, or have very low outstanding balances on their mortgages, are eligible for the program as long as they live in their homes. The HECM became a permanent HUD program in 1998.

Rural home improvement. The United States Department of Agriculture, through its Rural Housing and Community Facilities Services Programs provides a number of homeownership opportunities to rural Americans, as well as programs for home renovation and repair. HCFP also makes financing available to elderly, disabled, or low-income rural residents of multi-unit housing buildings to ensure they are able to make rent payments. The Rural Housing Repair and Rehabilitation Loans offers grants to homeowners who are 62 years old or older and cannot repay a Section 504 loan.

Family and Social Services Administration. The Indiana Family and Social Services Administration's (FSSA), Division of Aging oversee a variety of programs that serve the needs of Indiana seniors. The following is a description of a few of their programs and services.

Medicaid. Another important federal support for elderly housing is the Medicaid program. Typically, Medicaid is used to pay for room and board in nursing homes or other institutional settings. States can seek approval from the Centers for Medicare & Medicaid Services (CMS) to allow Medicaid to be applied to in-home and assisted living services (excluding rents) of assisted living facilities. As of March 2010, there were 612 nursing homes facilities in Indiana with over 66,800 beds, of which 45 percent utilized Medicaid. During FY2006, 4,067 persons were severed with the waiver, while 2,213 were on the waiting list.

Currently in Indiana, The Medicaid Aged and Disabled Waiver is designed to provide an alternative to nursing facility admission for Medicaid eligible persons over the age of 65, and persons of all ages with disabilities by providing supports to complement and supplement informal supports for persons

who require care in a nursing facility if waiver services were not available. The services available through this waiver are designed to assist participants with remaining in their own homes and communities, as well as to assist individuals residing in nursing facilities to return to community settings, be it their own homes or other congregate community settings such as assisted living.

Individuals apply for a Medicaid waiver through their local Area Agency on Aging (AAA) offices, local Vocational Rehabilitation (VR) offices, and Bureau of Developmental Disabilities Services (BDDS) field offices. According to the FSSA, there were 66 Medicaid Waiver Providers Assisted Living Facilities in Indiana.

Indiana Area Agencies on Aging. The FSSA oversees Indiana's Area Agencies on Aging (AAA). There are 13 AAA across Indiana who provide case management, information, and referrals to various services for persons who are aging or developmentally disabled.

CHOICE. The State of Indiana offers a home health care program, Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE), which provides case management services, assessment, and in-home and community services to individuals who are at least 60 years of age or persons of any age who have a disability due to a mental or physical impairment and who are found to be at risk of losing their independence.

CHOICE funds may only be utilized after an applicant has been determined and documented ineligible for Medicaid or if currently eligible for Medicaid, after a determination that the requested service(s) is not available from Medicaid.

Residential Care Assistance Program. The Residential Care Assistance Program (RCAP) is a state funded program that is composed of two parts; Room and Board Assistance (RBA) and Assistance to Residents in County Homes (ARCH). The terms RBA and ARCH are still used by long time RCAP providers and staff at the local Division of Family and Resources (DFR) offices. In 1992, the two programs were transferred under the authority of the Division of Disability, Aging and Rehabilitative Services (DDARS) and were merged into the Residential Care Assistance Program in 2000. In 2006, the day to day operations of the RCAP was assumed by the newly created Family and Social Services Administration Division of Aging (FSSA DA).

RBA provides financial assistance contingent on availability of funds, to eligible persons who reside in residential care facilities licensed by the Indiana State Department of Health under Indiana Code 16-28 (IC), Christian Science facilities certified by the Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Incorporated, and County Homes operated by local government units.

ARCH provides financial assistance contingent on availability of funds, to eligible persons who reside in county owned and operated residential facilities.

Persons with Disabilities

The 2008 American Community Survey reported 12.6 percent (791,204 persons) of the population in the State of Indiana had one or more types of disability, compared to 12.1 percent of the United States population.

The Census's definition of a disability status is based on individual answers to several Census survey questions.⁷ According to the Census, individuals have a disability if any of the following three conditions are true: (1) they were any age and had a response of "yes" to a hearing or vision limitation; (2) they were 5 years old and over and had a response of "yes" to having a cognitive, ambulatory or self-care difficulty; or (3) they were 15 years old and over and had a response of "yes" to independent living difficulty.

**Exhibit C-12.
Disability by Age Cohort, State of Indiana, 2008**

	Under 18 Years	18 to 34 Years	35 to 64 Years	65 Years and Over	Total	Percent of Population
Without any disability	1,510,271	1,335,013	2,159,014	475,682	5,479,980	87%
With one type of disability	50,789	55,841	172,409	135,276	414,315	7%
With two or more types of disability	18,811	37,506	165,129	155,443	376,889	6%
Total	1,579,871	1,428,360	2,496,552	766,401	6,271,184	100%
<i>Percent of population with one or more types of disability</i>	4%	7%	14%	38%	13%	
<i>Percent of population by age cohort with one or more types of disability</i>	9%	12%	43%	37%	100%	

Source: U.S. Census Bureau 2008 American Community Survey.

The 2008 ACS definition of disability encompasses a broad range of categories, including serious difficulty in four basic areas of functioning: vision, hearing, ambulation and cognition. The definition of people with disabilities includes individuals with both long-lasting conditions, such as blindness, and individuals that have a physical, mental or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business. All disability data from the Census are self-reported by respondents.

In 2008, there were 1.49 million disabilities reported for persons living in Indiana. Exhibit C-13 lists the number of disabilities by type in Indiana. Persons having ambulatory difficulties are the most common in the State, representing 28 percent of all disabilities.

**Exhibit C-13.
Type of Disability, State of Indiana, 2008**

	Total Number of Disabilities	Percent of Population Qualifying for Type of Disability
Ambulatory Difficulty	410,539	7.0% of persons 5 years and over
Cognitive Difficulty	297,881	5.1% of persons 5 years and over
Hearing Difficulty	234,187	3.7% of total population
Independent Living Difficulty	267,304	5.7% of persons 18 years and over
Self-Care Difficulty	146,162	2.5% of persons 5 years and over
Vision Difficulty	135,935	2.2% of total population

Note: Because some people have multiple disabilities, the total of the column does not equal the total number of disabled persons.

Source: U.S. Census Bureau 2008 American Community Survey.

⁷ The Census Bureau introduced a new set of disability questions in the 2008 ACS questionnaire. Accordingly, comparisons of disability data from 2008 or later with data from prior years are not recommended.

Outstanding need. The Governor’s Planning Council for People with Disabilities (GPCPD) recently conducted a consumer survey of 842 Indiana residents with disabilities; held various focus groups involving people with disabilities and other representatives of nonprofit organizations, advocacy groups, state and local governments, service providers, media and others met to identify issues and related policy recommendations; and conducted extensive research as part of their *Five-Year State Plan for People with Disabilities* (2007–2011). Through their research, they identified the following for Indiana residents with disabilities:

- According to the Plan, survey respondents’ satisfaction rates were particularly high for education, service coordination and case management, and medical and health services. Medicaid waivers, services to resolve disputes and discrimination, respite services, and family support services received the lowest percentages of satisfaction.
- Funding was an issue across all of the topics discussed at the focus groups. Participants provided a clear message that the whole statewide “Hoosier family” is not utilizing resources in ways that respect its members who have disabilities. There were expressed need for funding for expansion of personal services, better pay for teachers, aides, school psychologists, maintenance and expansion of services, better and expanded higher education preparing professionals to serve people with disabilities, transportation, technology, health care/insurance, housing, etc.

Supplemental Security Income (SSI) is a federal support program that is available to people who have disabilities as well as limited income and resources. The recent *Out of Reach* study for Indiana found that an individual earning Social Security Income (SSI) in Indiana (\$674 per month)⁸ would only be able to afford a rental unit priced at \$202. A market rate studio in the non-metro area of Indiana would cost \$452 per month, significantly more than a unit affordable for SSI recipients in 2009.

The following describes each type of disability (included by HUD as a special needs population) in more detail. Included are persons with physically disabilities, persons with severe mental illness, developmentally disabled and persons with substance abuse disorders.

Persons with physical disabilities. Ambulatory difficulties (or physical disabilities) are the most common in the State, representing 28 percent of all disabilities. Other difficulties that may be categorized as a physical disability include: self care difficulty (10 percent of disabilities) and independent living difficulty (18 percent of disabilities). Together these three account for over half (55 percent) of all disabilities in Indiana. According to the Census, seniors 65 years and over compose 45 percent of persons with ambulatory difficulties, and 24 percent of all elderly had ambulatory difficulties.

Housing need. Much like the elderly, it is difficult to estimate the housing situations of persons with physical disabilities because they often live independently or rely on family and friends for assistance. Furthermore, specific data on the housing needs of persons with physical disabilities is lacking.

⁸ An individual living in Any State who qualified for Supplemental Security Income received a maximum of \$674 in monthly federal benefits in 2009.

Census data provide estimates of persons with disabilities who are living in poverty, which can be somewhat of a proxy for housing need. In 2008, 166,523 Hoosiers (21 percent) who had a disability lived in poverty. Census data suggest that persons with an ambulatory, self care or independent living difficulty comprise roughly 55 percent of disabilities. Applying these assumptions to the poverty data, an estimated 91,976 persons with physical disabilities are living in poverty and, as such, are likely to have some type of housing need (e.g., cost burden, substandard housing).

Meeting housing needs of persons with disabilities in rural communities can be especially challenging. Challenges include poor quality housing, fewer accessible units and limited transportation options.⁹

According to the 2009 CHAS Housing Needs of the Disabled table for the State of Indiana, 38 percent (98,970) of households with a disability have housing problems. 2000 CHAS data reported that 18 percent of Indiana households had mobility and self care limitation.¹⁰ Applying this percent to 2009 household numbers indicates that there are an estimated 440,200 households with a mobility and/or self care limitation. CHAS also reports that 28 percent of these households have a housing problem. Therefore, an estimated 125,000 have a housing problem.

Resources and solutions. Many of the programs (including CDBG and HOME) available to persons with developmental disabilities and some of the programs for the elderly are also available to persons with physical disabilities. Individuals with physical disabilities also have access to financial and supportive service programs to help meet their housing and support needs.

Supplemental Security Income. Supplemental Security Income (SSI) is a federal income support program that is available to people who have disabilities and limited income and resources. Effective January 2010, the SSI payment for an eligible individual is \$674 per month and \$1,011 per month for an eligible couple. For January 2009, the SSI payment for an eligible individual and couple were the same as in 2010. The State of Indiana does not add any money to the basic benefit.

CHOICE. The State of Indiana offers a home health care program, Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE), which provides case management services, assessment, and in-home and community services to individuals who are at least 60 years of age or persons of any age who have a disability due to a mental or physical impairment and who are found to be at risk of losing their independence. In FY 2005, there were a total of 10,362 persons served by CHOICE.

CHOICE funds may only be utilized after an applicant has been determined and documented ineligible for Medicaid or if currently eligible for Medicaid, after a determination that the requested service(s) is not available from Medicaid.

⁹ *Opening Doors, A Housing Publication for the Disability Community*, October 2004, Issue 27.

¹⁰ Mobility or Self Care Limitations: This includes all households where one or more persons has 1) a long-lasting condition that substantially limits one or more basic physical activity, such as walking, climbing stairs, reaching, lifting, or carrying and/or 2) a physical, mental, or emotional condition lasting more than 6 months that creates difficulty with dressing, bathing, or getting around inside the home.

Medicaid. Another important federal support for elderly housing is the Medicaid program. Typically, Medicaid is used to pay for room and board in nursing homes or other institutional settings. States can seek approval from the Centers for Medicare & Medicaid Services (CMS) to allow Medicaid to be applied to in-home and assisted living services (excluding rents) of assisted living facilities. As of March 2010, there were 612 nursing home facilities in Indiana with over 66,800 beds, of which 45 percent utilized Medicaid. During FY2006, 4,067 persons were severed with the waiver, while 2,213 were on the waiting list.

Currently in Indiana, The Medicaid Aged and Disabled Waiver is designed to provide an alternative to nursing facility admission for Medicaid eligible persons over the age of 65, and persons of all ages with disabilities by providing supports to complement and supplement informal supports for persons who require care in a nursing facility if waiver services were not available. The services available through this waiver are designed to assist participants with remaining in their own homes and communities, as well as to assist individuals residing in nursing facilities to return to community settings, be it their own homes or other congregate community settings such as assisted living.

Individuals apply for a Medicaid waiver through their local Area Agency on Aging (AAA) offices, local Vocational Rehabilitation (VR) offices, and Bureau of Developmental Disabilities Services (BDDS) field offices. According to the FSSA, there were 66 Medicaid Waiver Providers Assisted Living Facilities in Indiana.

Governor's Planning Council for People with Disabilities. The GPCPD is an independent state agency that facilitates change. Their mission is to promote public policy which leads to the independence, productivity and inclusion of people with disabilities in all aspects of society. This mission is accomplished through planning, evaluation, collaboration, education, research and advocacy.

The Council is consumer-driven and is charged with determining how the service delivery system in both the public and private sectors can be most responsive to people with disabilities. The Council receives and disseminates federal funds to support innovative programs that are visionary, influence public policy, empower individuals and families and advocate systems change.

Five-Year Plan for People with Disabilities. The GPCPD has developed a five-year plan for 2007-2011. The Five Year Plan identifies a vision that all Hoosier Communities will be accessible, inclusive and respectful of all their members, with a mission to advance independence, productivity and inclusion of people with disabilities in all aspects of society.

Persons with severe mental illness. The Center for Mental Health Services (CMHS) defined a Severe Mental Illness (SMI) as a "diagnosable mental, behavioral or emotional disorder that met the criteria of DSM-III-R and that has resulted in functional impairment which substantially interferes with or limits one or more major life activities." An SMI can only be diagnosed for adults; the equivalent diagnosis for children 17 and under is a severe emotional disorder (SED).

The most recent estimates (for 2008) developed by the State's Division of Mental Health and Addiction (DMHA) place the population of persons with severe mental illnesses at approximately 247,285, or 5.4 percent of the adult population in Indiana. The State estimates the adult population who is eligible for State services—that is, the poorest and least able to secure services—at 93,310. DMHA estimated prevalence of children ages 9 to 17 with Serious Emotional Disturbance is 85,791 and an estimated 46,653 children with SED are eligible for DMHA services.

From July 1, 2007, to June 30, 2008, 88,397 adults and children were served by the DMHA, those served included adults with serious mental illness and seriously emotionally disturbed children. The clients identified are all adults and children who received services through community mental health centers and/or managed providers funded by the Indiana DMHA and Addiction Hoosier Assurance Plan (HAP), the primary funding source for mental health and additional services in Indiana. Included clients met specific income and diagnostic criteria.

Outstanding need. According to the Substance Abuse and Mental Health Administration's (SAMHSA), approximately 77 percent of adults who are served by SAMHSA feel they have access to services. Applying this incidence rate to the previously mentioned estimated adult SMI population in Indiana (93,310), approximately 71,474 of Indiana's adult population are served. Therefore leaving an approximate gap of 21,800 adults not served in Indiana.

SAMHSA also provides data on the living situation of those served, it is estimated that 4 percent have an unstable living situation (i.e., living in a jail/correctional facility, being homeless or in a shelter or in some other living situation). Therefore an estimated 3,477 persons with SMI who qualify for DMHA services may have an unstable living situation.

Transitional housing and affordable housing options for persons with mental illness are common needs across the nation. However, persons with severe mental illness may not have special housing or service needs. They may be able to live independently or with family members and may or may not receive state or federally subsidized outpatient treatment.

In addition to housing needs, persons with mental illness typically need supportive services that may include clinical and rehabilitation services, skills training relating to employment and housing, prescribing and monitoring medications used to treat mental illnesses, preparing a person to manage his or her own finances, psychiatry services and therapy and support groups.

The National Institute on Mental Health (NIMH) has a department specifically dedicated to rural mental health. A fact sheet from September 2000 states that the prevalence of mental illness, substance abuse and disability in rural areas is equal to and often greater than in urban areas. There are unique barriers in rural areas such as access and availability of services, poverty, geographic isolations and cultural differences. People who do seek help, often only have the option of seeing a primary care physician who may lack the appropriate training and resources. In addition, cost of services is a major barrier to care. Only 25 percent of people in rural areas qualify for Medicaid, compared to 43 percent in urban areas. People living in rural areas have comparable insurance to those in urban areas; however, the coverage is less comprehensive and may not include psychotherapy. Geographic location often requires that SMI people seek treatment in a hospital or facility far from their friends and family—if they do seek help in a facility close to home, they are often in a general medical facility without psychiatric specialists.¹¹

The National Alliance on Mental Illness (NAMI) released a report in March 2006 on the nation's mental health care system. The United States earned a national average grade of "D" in the first state-by-state analysis in more than 15 years. NAMI responded that Indiana is an enigma: the state's mental health system received a D, but vision and desire for transformation seemed to exist. Three years later, Indiana's grade remains a D.

¹¹ Department of Health and Human Services, Public Health Service, National Institute of Health, *Rural Mental Health Research Fact Sheet*.

Indiana was praised for:

- Expanding network of ACT and other evidence-based practices
- Consumer Satisfaction Report Card on community services
- Increase in CIT programs

“Urgent needs” identified for Indian in the report included:

- Fix problems with implementation of Medicaid managed care
- Reduce barriers to accessing psychiatric medications
- Post-booking jail diversion and reentry programs

Resources and solutions. The following describes a few resources and solutions available to persons with mental illness in Indiana. DMHA responsibilities certify all community mental health centers, addiction treatment services, and managed care providers. License inpatient psychiatric hospitals. Provide funding support for mental health and addiction services to target populations with financial need through a network of managed care providers.

State psychiatric hospitals. The state hospital system serves adults with mental illness, including adults who are mentally retarded/developmentally disabled, who have chronic addictive disorders, who are deaf or hearing impaired and who have forensic involvement as well as children and adolescents with serious emotional disturbances. The number of persons being served in state hospitals has steadily declined over the past several years. The State mental health hospitals include: Larue D. Carter Memorial Hospital, Evansville Psychiatric Children’s Center, Evansville State Hospital, Logansport State Hospital, Madison State Hospital and Richmond State Hospital.

The number of people served in state psychiatric institutions from SFY 2001 to 2007 has decreased by approximately 500 persons. This shift in persons is most likely attributable to the “increase in community capacity and the efforts to serve consumer in the least restrictive setting that is appropriate for each consumer [Olmstead Act].”

Hoosier Assurance Plan. The Hoosier Assurance Plan (HAP) is the primary funding system used by the Indiana FSSA’s DMHA to pay for mental health and addiction services. DMHA contracts with managed care providers who provide an array of care for individuals who meet diagnostic, functioning level and who are at or below 200 percent of the federal poverty level. The managed care providers ensure service availability statewide for individuals in the greatest need of mental health and addiction services. In SFY08, DMHA contracted with 39 MCPs to provide services under HAP. During SFY 2009, HAP served 68,899 adults with serious mental illness and 37,798 children with serious emotional disturbances.

Community Mental Health Centers. Community Mental Health Centers in Indiana treat over 116,000 individual HAP clients annually and provide services in each of Indiana’s 92 counties, ensuring critical access to mental health services to all eligible citizens statewide.

Other state services. During SFY08 and SFY09, 9 new System of Care (SOC) communities joined the 44 existing SOC communities. The growth of systems of care exemplifies how the philosophy of community based, family driven, culturally competent care is transforming Indiana's child behavioral health system. In SFY08, over 1,100 children with serious emotional disturbance and their families received wraparound services through Indiana's systems of care. This number increased to over 1,700 in SFY09.

Persons with substance abuse disorders. According to DMHA in SFY2008, 455,984 persons 12 years and over (7.2 percent of this population) in Indiana suffer from chronic addiction. Of these persons, an estimated 119,100 adults and children with chronic addiction are eligible for DMHA services. DMHA focused on prevalence data for the population with incomes at or below 200 percent of the poverty level—this is the population targeted by the Hoosier Assurance Plan (HAP). DMHA estimates that 27 percent (31,637 persons) of the population with chronic addictions eligible for services are women with children or who are pregnant, with chronic addiction.

Outstanding need. During SFY2008, 34,131 adults and children with chronic addictions and/or compulsive gambling addiction were served by DMHA. Therefore, the percent of the population in need that was served was 29 percent, leaving approximately 85,000 people not served.

It is estimated that there are 97.5 beds available for substance abuse treatment per 100,000 people in the United States. Given this estimate, Indiana would have 5,662 total beds targeted to persons with substance abuse on any given day.

Provision of housing to persons who are mentally ill or abuse substances in rural areas is difficult due to two factors. First, rental properties, particularly apartments, are less common outside of large cities. Additionally, HUD's scoring system for Section 811 grants use minority participation as a significant factor in evaluations. Given the small number of minorities in the State's nonentitlement areas, this requirement puts applications from such areas at a disadvantage from the outset. Due to these factors, it seems likely that there is an outstanding need for housing for individuals with substance abuse problems and for the mentally ill in nonentitlement areas in Indiana.

Resources and solutions. The following describes a few resources and solutions available to persons with addiction in Indiana. Although not listed here, communities typically have facilities which treat substance abuse disorders. These facilities may provide residential beds as well as non-residential treatment.

DMHA responsibilities concerning addiction include certifying all community addiction treatment services and providing funding support for addiction services to target populations with financial need through a network of managed care providers. Addictions services may cover Opioid Treatment Programs, gambling addiction programs and chemical addiction programs. DMHA administers federal funds earmarked for alcohol, tobacco and drug prevention programs through the Indiana Prevention Resource Center, which includes a program targeted to youth 10 to 14 year olds.

Opioid Treatment Programs. Opioid Treatment Programs (OTPs) provide outpatient services to individuals who are addicted to opioid drugs, which include both natural opioids such as opium, morphine and codeine products, and pure, semi- or totally synthetic opioids such as heroin, oxycodone and hydrocodone. In 2008, Indiana opioid treatment programs provided services to 12,898 persons, and the numbers receiving this type of outpatient treatment in Indiana have increased more than three-fold since 1998, when data were first reported to State authorities.

Currently, there are 14 OTPs overseen by the State along with an additional OTP program not overseen by the State.

Persons with developmental disabilities. According to the Indiana Bureau of Developmental Disabilities, five conditions govern whether a person is considered to have a developmental disability:

- Three substantial limitations out of the following categories: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living and economic self-sufficiency;
- Onset of these conditions prior to the age of 22;
- A condition that is likely to continue indefinitely;
- The condition is attributable to a mental or physical impairment or a combination of both (other than a sole diagnosis of mental illness); and
- The person needs a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

The Administration on Development Disabilities (ADD) estimates there are nearly four million Americans, or 1.4 percent of the total population, with a severe developmental disability. Applying this percentage to the State of Indiana's 2008 population, approximately 89,275 residents would have a developmental disability.

The Centers for Disease Control and Prevention (CDC) estimates that about 17 percent of U.S. children under 18 years of age have a disability. Applying this incidence rate to the population of children in Indiana would suggest that approximately 269,238 children have some form of physical, cognitive, psychological, sensory or speech impairment. This estimate is higher than the ADD estimate as it includes non-severe developmental disabilities. Additionally, the CDC estimates that approximately 2 percent of school-aged children in the U.S. have a serious developmental disability, such as mental retardation or cerebral palsy and need special education services or supportive care. Applying this percentage would indicate that approximately 22,803 school age children in the State of Indiana have a serious developmental disability.

Housing. Nationwide, there is a trend away from institutionalized care and toward smaller, more flexible service provision. Small group and foster homes are the preferred arrangement for many developmentally disabled individuals. Because persons with developmental disabilities sometimes have limited abilities to work and lower incomes, it can be difficult for them to purchase housing. Mobile homes are often the most affordable homeownership product. Traditional housing programs often do not serve the new model of housing for persons with developmental disabilities (several adults living together), as they favor family over non-family arrangements.

The trend away from large institutional settings for those with developmental disabilities is evident in the recent closures of such facilities as Fort Wayne Development Center in Fort Wayne (closed in 2007), Muscatatuck Development Center in Butlerville (closed in 2005), New Castle Developmental Center and Northern Indiana State Developmental Center. Since 1979, seven of the 11 large state facilities have closed. Currently only four state-run facilities remain: including four specialized hospital units (Madison, Logansport, Richmond and Evansville) to serve persons with severe developmental disabilities.¹²

In August 2008, the University of Minnesota published a report entitled *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2007*. This study reported there were 10,794 persons with intellectual disabilities and/or developmental disabilities (ID/DD) receiving residential services from the State or a non-state agency. As shown in the following exhibit, persons with ID/DD are more likely to live on smaller settings of six or fewer people (group homes, supervised apartments and supported living settings).

**Exhibit C-15.
Residential Services for
Persons with Intellectual
and Developmental
Disabilities, Indiana,
2007**

Note:
xxx.

Source:
*Residential Services for Persons with
Developmental Disabilities: Status and Trends
Through 2007*, University of Minnesota.

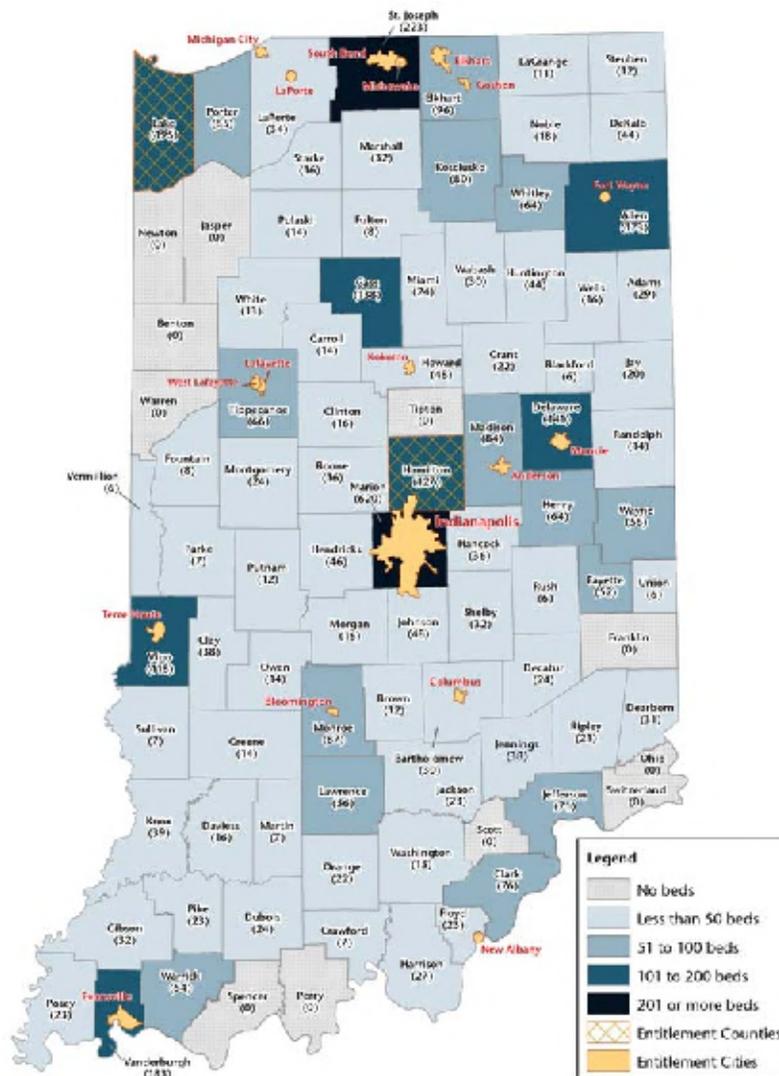
	2007
Persons with ID/DD by Home Size:	10,794
1 to 6 person	7,888
7 to 15 persons	2,436
16+ persons	470
Persons with ID/DD Living in ICFs-MR	4,012
Persons with ID/DD Living in Nursing Homes	1,708
State Institution Population	162
Persons with ID/DD Receiving HCBS	9,976

Indiana has several residential group homes that serve persons with developmental disabilities. These group homes typically provide 6 beds for developmentally disabled individuals each. Currently, there are 4,177 beds at Indiana Intermediate Care Facilities for the Mentally Retarded (ICF-MR) facilities for persons with developmental disabilities. Exhibit C-16 shows the number of the ICF-MR beds by county for persons with developmental disabilities.

¹² *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2007*, Research and Training Center on Community Living, Institute on Community Integration/UCEDD, The College of Education and Human Development, University of Minnesota.

**Exhibit C-16.
Intermediate Care
Facilities for the
Mentally Retarded
by County, State of
Indiana, 2010**

Source:
Indiana State Department of
Health.



Outstanding need. There are two primary needs of non-institutionalized persons with developmental disabilities—the need for a variety of supportive services to enable them to live in community settings and the need for affordable housing. Persons with developmental disabilities who want to work may also find barriers in finding adequate employment opportunities.

Need for services. There are a number of methods used when estimating the outstanding need of services for people with developmental disabilities in Indiana. Simple estimates place the number of adults in need of services at 50 percent of the entire population with developmental disabilities. This estimate suggests that of the 89,000 individuals with developmental disabilities in Indiana, approximately 45,000 need services.

An estimate of those with unmet services needs can then be reached by examining the waiting lists for various types of services. According to the *Indiana Medicaid Waiver Chart for 2006*, produced by FSSA, an estimated 75 percent of persons needing supportive services for developmental disabilities were on a waiting list for services. Therefore, 75 percent (or 33,350) of the 45,000 persons with services needs have unmet service needs.

Lack of affordable housing. A critical need for people moving out of institutions is finding an alternative place to live. In 2007, Indiana reported 161 persons with developmental disabilities were discharged from State hospitals and institutions.¹³ These individuals likely faced housing needs upon discharge. Section 8 tenant-based vouchers remain the primary mainstream resource available for housing people with disabilities and will likely continue to be a critical source of housing subsidies.

In many communities, the rent burden for people with disabilities moving from institutional settings would be more than 50 percent of their monthly Supplemental Security Income (SSI) benefit. Data from the recent study Priced Out in 2009 indicate a person with disabilities receiving SSI income support in non-metro Indiana would have to pay 74 percent of their monthly benefit to be able to rent a modestly priced one-bedroom unit. In non-metro Indiana, the monthly SSI benefit of \$674 in 2009 represented 15 percent of non-metro State area median income.

When considering future need, it is also important to note that the families and caregivers of persons with developmental disabilities are aging. As these primary caregivers become less able to care for their family members with developmental disabilities, alternative housing options will be needed. This could cause the needs for housing and other community resources to increase significantly in the next 10 to 15 years.

To determine the unmet housing need, an estimate can be reached by examining the waiting lists for various types of services. According to the *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2007* report, there were 13,896 persons with developmental disabilities not receiving residential services who were on waiting lists for such services on June 30, 2007, approximately 56 percent of those in need of residential services.

The Institute on Community Integration at the University of Minnesota estimates that 33 percent of persons with developmental disabilities live below the poverty level. Applying this to the 2008 estimation of the number of persons with developmental disabilities living in Indiana, an estimated 29,100 persons in Indiana with developmental disabilities live below the poverty level and are likely in need of housing assistance. Applying the percent of persons on the waiting list (56 percent) for housing services, it is estimated that 16,380 persons with developmental disabilities have unmet housing needs.

Resources and solutions. Indiana provides many types of support available to individuals with developmental disabilities, as described below.

Division of Disability & Rehabilitative Services. Through the State's Division of Disability & Rehabilitative Services (DDRS), the Bureau of Developmental Disabilities Services (BDDS) administers several programs that assist individuals with developmental disabilities and their families. The programs are as follows.

¹³ *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2007*, Research and Training Center on Community Living, Institute on Community Integration/UCEDD, The College of Education and Human Development, University of Minnesota.

Intermediate Care Facilities. Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) are large facilities or small group homes that provide intensive support services. A subset of these are Supervised Group Living (SGL) arrangements that provide 24-hour supervision overseen by paid staff in a home-like setting, which is often a single family dwelling. Nursing facilities are long-term health care facilities providing in-patient care and nursing services, restoration and rehabilitative care and assistance meeting daily living needs. In 2007 there were 4,012 persons living in ICF/MRs and 1,708 individuals living in nursing homes with ID/DD in 2007.¹⁴

Three state hospitals maintain Intermediate Care Facilities for the Mentally Retarded (ICF/MR) certification (Logansport State Hospital, Madison State Hospital and Evansville State Hospital).

Group Home, Supervised Group Living, Small ICF/MRs and Community Residential Facility. Group homes consist of homes with four to eight individuals with developmental disabilities living together in a home in the community. There is 24 hour supervision by paid staff who provide assistance and training to help residents develop daily living skills, with programming for each individual's active treatment needs. These residential facilities are licensed to operate as one of the following types: Basic Developmental Residence, Child Rearing Residence (with or without Behavior Management Program), Intensive Training Residence, or Sheltered Living Residence. Most group homes are funded by Medicaid, and placements are coordinated through the Bureau of Developmental Disabilities Services (BDDS). In first quarter of 2006, 3,492 Indiana residents with developmental disabilities resided in group homes.

Supported Living. Supported Living consists of one to four individuals residing in a house or apartment with individualized supports. Supported living assumes that everyone can live in a home of their own if given appropriate support, and (like Supported Employment) that people can learn most easily in the actual environment. As of the first quarter of 2006, 808 individuals benefited from Supported Living.

Home and Community-Based Services. Indiana Medicaid Waivers make use of federal Medicaid funds (plus state matching funds) for Home and Community-Based Services (HCBS) as an alternative to institutional care, under the condition that the overall cost of supporting people in the home or community is not more than the institutional cost. They cannot be used to cover the cost of housing, although up to \$15,000 can be used for lifetime environmental modifications. As of the end of June 2006, 9,450 Hoosiers with developmental disabilities had been helped through the HCBS program.

Supplemental Security Income. Supplemental Security Income (SSI) is a federal income support program that is available to people who have disabilities and limited income and resources. Effective January 2010, the SSI basic benefit payment is \$674 per month and \$1,011 per month for an eligible couple. The State of Indiana does not add any money to the basic benefit.

¹⁴ *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2007*, Research and Training Center on Community Living, Institute on Community Integration/UCEDD, The College of Education and Human Development, University of Minnesota.

Section 811. The U.S. Department of Housing and Urban Development's Section 811 program provides grants to nonprofit organizations to develop or rehabilitate rental housing. Nonprofit developers of such housing are granted interest free capital advances and rental assistance. The goal of the program is to increase the supply of rental housing with supportive services for people with disabilities, allowing them to live independently. The target population of the Section 811 program is very low-income individuals with physical or developmental disabilities who are between the ages of 18 and 62.

New housing development. CDBG, HOME and tax credit funds can also be used to support the development of new housing, the construction of group homes, and provide rental assistance for people with developmental disabilities.

Other community services. The following is a list of several organizations that provide services and information for persons with developmental disabilities:

- Indiana Commission on Rehabilitation Services
- Indiana Respite Coalition
- The Arc of Indiana
- Easter Seals Crossroads
- INARF
- Independent Living Centers
- Indiana Council on Independent Living (ICOIL)
- Indiana Institute on Disability and Community (IIDC)
- Indiana Protection & Advocacy Services (IPAS)
- Self-Advocates of Indiana
- IN-ABC IPMG Case Management Services

Persons with HIV/AIDS

The Centers for Disease Control and Prevention (CDC) analysis revealed that there were more than a million people—an estimated 1,106,400 adults and adolescents—living with HIV infection in the United States at the end of 2006 (95 percent Confidence Interval: 1,056,400–1,156,400), and that gay and bisexual men of all races, African Americans, and Hispanics/Latinos were most heavily affected. This is approximately 0.37 percent of the nation's population, currently living with HIV/AIDS, with approximately 56,300 new HIV/AIDS infections occurring in 2006.¹⁵ Applying this percentage to Indiana's 2008 population, approximately 23,565 residents would have been living with HIV/AIDS.

According to the CDC, among the 50 States and the District of Columbia, Indiana ranked 23rd in total number of persons living with HIV (not AIDS) or AIDS at the end of 2007. Indiana's estimated rate of persons living with HIV or AIDS was 75.2 per 100,000 people for HIV (not AIDS) and 76.9 per 100,000 for AIDS in 2007.

¹⁵ Centers for Disease Control and Prevention, *New Estimates of U.S. HIV Prevalence, 2006*.

The Indiana State Department of Health also collects data on the number of HIV and AIDS cases reported and presumed living to monitor trends in the HIV/AIDS epidemic by processing HIV/AIDS case reports and conducting research. According to the 2009 semi-annual report HIV/STD Program Annual Report, there were 9,629 known persons living with HIV/AIDS (PLWHA) in Indiana at the end of 2009, a 4 percent increase over the number in 2008 (9,253). Additionally, Indiana State Department of Health reported 544 new HIV and AIDS cases were reported in Indiana during 2009.

According to the 2008 HIV/AIDS Epidemiologic Data for Indiana, the majority of diagnosed persons are in the groups between 30 to 59 years of age. Additionally, the highest prevalence rates for HIV/AIDS are found for males among all racial and ethnic population groups. Among the diagnosed male population, Black males continue to be disproportionately represented. Their prevalence rate is five times the rate of White males, and almost three times the Hispanic male prevalence rate. In absolute numbers Black men are roughly half the number of their White counterparts. The current rates for both males and females are comparable, but slightly higher, to the rates from the previous year.

Exhibit C-17.
Prevalence Numbers, Percentages, and Rates of HIV/AIDS by Race and Ethnicity and Sex, State of Indiana, 2008

	Male			Female			Total
	Count	Percent	Rate	Count	Percent	Rate	
Asian	49	1%	52.1	16	1%	17.2	65
Black	2,299	31%	826.9	933	52%	310.9	3,232
Hispanic	516	7%	287.3	109	6%	71.4	625
White	4,474	60%	161.5	713	39%	25.1	5,187
Other	135	2%	143.7	38	2%	40.8	173
Total	7,473	100%	237.8	1,809	100%	55.9	9,282

Note: In the case of this report, prevalence describes the number of persons diagnosed with HIV/AIDS in Indiana that were alive by December 31, 2008 and that were reported in the HIV/AIDS Surveillance Report.
The rate is the prevalence rate per 100,000 people.

Source: Indiana State Department of Health, 2008 HIV/AIDS Epidemiologic Data, Indiana.

The State has divided its service areas for people with HIV/AIDS into 12 geographic regions. As of December 2008, Region 1 (Gary) and Region 7 (Indianapolis) accounted for almost 60 percent of people living with HIV in Indiana. Exhibit C-18 presents the number of people living with HIV by region as of December 2008.

**Exhibit C-18.
Number
Diagnosed
Persons with
HIV/AIDS by
Indiana
County of
Residence at
Time of
Report, 2008**

Region	Number Diagnosed	Percent
1 Lake, LaPorte, Porter	1,344	14%
2 Elkhart, Fulton, Marshall, Pulaski, St. Joseph, Starke	636	7%
3 Adams, Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash, Wells, Whitley	617	7%
4 Benton, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White	214	2%
5 Blackford, Delaware, Grant, Jay, Randolph	194	2%
6 Cass, Hamilton, Hancock, Howard, Madison, Miami, Tipton	547	6%
7 Boone, Hendricks, Johnson, Marion, Morgan, Shelby	4,107	44%
8 Clay, Parke, Putnam, Sullivan, Vermillion, Vigo	308	3%
9 Dearborn, Decatur, Fayette, Franklin, Henry, Ohio, Ripley, Rush, Union, Wayne	139	1%
10 Bartholomew, Brown, Greene, Lawrence, Monroe, Owen	295	3%
11 Clark, Crawford, Floyd, Harrison, Jackson, Jefferson, Jennings, Orange, Scott, Switzerland, Washington	433	5%
12 Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick	422	5%
Total	9,282	100%

Source:
Indiana State Department
of Health, 2008 HIV/AIDS
Epidemiologic Data,
Indiana.

Housing. Since 1993, 48 housing units dedicated to persons living with HIV/AIDS have been created using HOPWA funding in the 11 regions covered by the State HOPWA funds (Region 7, which includes Indianapolis, is funded separately through the City of Indianapolis). In addition to the units set aside for persons with HIV/AIDS Statewide, each of the 11 geographic service areas are available to assist persons with HIV/AIDS through short-term rent, mortgage and utility assistance (STRMU), tenant-based (long-term) rental assistance (TBRA), housing referrals and other supportive services. From July 1, 2008 to June 30, 2009, HOPWA project sponsors served 332 households with short-term assistance and 123 with long-term assistance. Exhibit C-19 shows, by geographic service area, the number of persons with HIV/AIDS who were supported through either short-term or long-term rental assistance between July 1, 2008 and June 30, 2009.

**Exhibit C-19.
Short- and Long-
Term Rental
Assistance for
Persons
with HIV/AIDS by
Service Region,
State of Indiana,
July 1, 2008 to
June 30, 2009**

Note:
TBRA stands for tenant-based rental assistance and STRMU stands for short-term rent, mortgage and/or utility assistance.

Source:
State of Indiana HOPWA Consolidated Annual Performance and Evaluation Reports for Program Year 2008.

Region	STRMU	TBRA
1 Lake, LaPorte, Porter	3	35
2 Elkhart, Fulton, Marshall, Pulaski, St. Joseph, Starke	27	11
3 Adams, Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash, Wells, Whitley	125	27
4 Benton, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White	28	5
5 Blackford, Delaware, Grant, Jay, Randolph	20	6
6 Cass, Hamilton, Hancock, Howard, Madison, Miami, Tipton	24	6
7 Boone, Hendricks, Johnson, Marion, Morgan, Shelby	0	0
8 Clay, Parke, Putnam, Sullivan, Vermillion, Vigo	15	8
9 Dearborn, Decatur, Fayette, Franklin, Henry, Ohio, Ripley, Rush, Union, Wayne	16	2
10 Bartholomew, Brown, Greene, Lawrence, Monroe, Owen	22	10
11 Clark, Crawford, Floyd, Harrison, Jackson, Jefferson, Jennings, Orange, Scott, Switzerland, Washington	11	2
12 Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick	41	11
Total	332	123

HOPWA direct housing assistance continues to demonstrate the need for early intervention through both long-term housing assistance and short term rent, mortgage and utility assistance to prevent homelessness through for the State's HOPWA program. Project Sponsors have become involved with the public housing authorities in their regions and have fostered relationships to move HOPWA assisted households onto Section 8 Housing Choice Vouchers and other available subsidies. Sponsors have also become involved in their local Homeless Continuums of Care to learn of other viable housing opportunities in their area and to educate the CoC of the opportunities HOPWA can provide. This has been successfully demonstrated in all HOPWA regions. IHEDA encourages the project sponsors to formalize relationships with their local housing authorities as well as with partners in their local Continuums of Care to remain knowledgeable about the continuing changes to the federal homeless and homeless prevention funding.

Part of the *Indiana HIV/AIDS Housing Plan* study completed in 2003 included focus groups of people living with HIV/AIDS in Indiana. These focus groups cited housing affordability as the primary housing challenge. Other concerns noted by the focus group participants included the quality of housing that is affordable to them, the desire to live independently and confidentiality when accessing services. AIDS Housing of Washington also conducted a survey of 418 people living with HIV/AIDS throughout the State. Survey findings were as follows:

- Survey respondents had very low-incomes;
- Many survey respondents received some housing assistance, but most still pay a large portion of their income for housing;
- Consistent with the preferences expressed, the majority of respondents lived alone and rented their homes;
- Behavioral health issues, such as mental health and substance abuse, affected a small but considerable percentage of people living with HIV/AIDS; and
- Many respondents had experienced homelessness.

The survey also collected income and cost burden data of respondents. Exhibit C-20 summarizes median income, median housing costs and the cost burden of respondents by region.

**Exhibit C-20.
Income and Cost
Burden of HIV/AIDS
Survey Respondents,
2001-2002**

Source:
AIDS Housing of Washington, *Indiana
HIV/AIDS Housing Plan*, February 2003.

Region	Median Income	Median Housing Costs	Cost Burden
Region 1 (Gary)	\$665	\$415	52%
Region 2 (South Bend)	\$597	\$371	54%
Region 3 (Fort Wayne)	\$601	\$398	52%
Region 4 (Lafayette)	\$653	\$309	52%
Region 5 (Muncie)	\$595	\$500	53%
Region 6 (Anderson)	\$787	\$467	38%
Region 7 (Indianapolis)	\$591	\$413	44%
Region 8 (Terre Haute)	\$551	\$513	78%
Region 9 (Richmond)	\$635	\$314	37%
Region 10 (Bloomington)	\$764	\$453	50%
Region 11 (Jeffersonville)	\$617	\$293	45%
Region 12 (Evansville)	\$598	\$350	43%

The *Indiana HIV/AIDS Housing Plan* reported there were 143 existing housing units for persons with HIV/AIDS in 2001 and 190 persons receiving long-term rental assistance with HOPWA dollars. Assuming the total number of persons with HIV/AIDS and a need for housing assistance is 2,276 (30 percent of the State's HIV/AIDS population), the State faces an outstanding need of over 2,086 housing units for persons with HIV and AIDS. Surveys indicate that among persons living with HIV/AIDS, most desire to live in single-family homes rather than apartments. The most desired types of housing subsidies are mortgage or rental assistance, followed by subsidized housing and units with some supportive services.

A report entitled *2008 Epidemiological Profile for HIV/AIDS in Indiana* completed for the Indiana State Department of Health included results from a 2005 HIV Services Needs Assessment Survey conducted of clients receiving HIV services in Indiana. Respondents indicated which of the top five needs ISDH identified for people living with HIV was most important to them. Most respondents indicated that "Access to HIV Medications" and "Basic HIV Medical Care" were most important. Respondents also indicated other needs that are important to them; "Access to Specialty Services" and "Housing" were indicated as most important.

According to the Indiana Statewide Coordinated Statement of Need for FY 2009-2012, the Indiana State Department of Health has recognized the following priority service areas: Outpatient and Ambulatory Health Services, AIDS Drug Assistance Program Treatments, Oral Health Care, Medical Case Management, Including Treatment and Adherence Services, Mental Health Services, Substance Abuse Outpatient Care, Emergency Financial Assistance, Housing, and Medical Transportation. These correspond with the core service areas established by the HRSA prior to the 2006 Ryan White reauthorization. The Indiana State Department of Health also notes the importance of Transportation and Housing services.

Additionally the Indiana State Department of Health also calculates the approximate number of persons who are aware of their HIV-positive status but are not actively engaged in care. In 2008, approximately 40 percent of persons living with HIV/AIDS, or 3,544 persons, were not receiving care.

Barriers to housing. In addition to living with their illness and inadequate housing situations, persons with HIV and AIDS in need of housing may face a number of barriers, including discrimination, housing availability, transportation and housing affordability. The coincidence of other special needs problems with HIV/AIDS can make some individuals even more difficult to house. For example, research has shown that many living with HIV/AIDS struggle with substance abuse and mental illness.

For persons experiencing homelessness that also have HIV/AIDS and a mental illness, fragmented services create the largest barrier to receiving adequate care. Aligning HOPWA funding and Care Coordination sites allows the Care Coordinators to meet all the needs of the HIV/AIDS population. While some homeless service facilities may be able to meet the needs or have trained staff to work with individuals and families living with HIV/AIDS, there can be a “lack of integration of housing, mental health, substance abuse, and health services...”¹⁶ Care Coordinators are trained to address the various needs of an individual, through creation of both care plans and housing plans. If a care coordinator is not trained to assist a client they often have contracts with agencies who have the expertise to do so.

The co-occurrence of special needs when combined with HIV/AIDS can make some individuals even more difficult to house. For example, 10 percent of *Indiana HIV/AIDS Housing Plan* survey respondents indicated alcohol or drug use. Approximately 12 percent of HIV/AIDS survey respondents indicated mental health or psychiatric disability. Among people with mental illness, a high rate of infection is attributed to several factors such as social circumstances, psychopathology, medications and substance abuse. Persons with serious mental illness tend to cycle in and out of homelessness, affecting behaviors in ways not completely understood. Because of the frequent concurrence of substance abuse and mental illness with HIV/AIDS and the need for health care and other supportive services, many of those with HIV/AIDS can be very difficult to serve.¹⁷

Additionally, the study’s Housing Plan Steering Committee, consumers, providers of HIV/AIDS services and survey respondents identified the following barriers to achieving and maintaining housing stability:

- Poor credit;
- Recent criminal history;
- Poor rental history, including prior eviction and money owed to property managers; and
- Active substance abuse.

According to the various caseworkers at the 12 sites serving this population, these specific barriers have been reported to parallel to the challenges faced by the individuals they are serving. Many of the issues that HOPWA clients experience closely resemble the issues that those in poverty experience, but those with HIV/AIDS are facing additional health medical expense barriers.

Barriers that were encountered by HOPWA project sponsors during the 2008 program year and the number of responses were as follows:

- Credit history (7)
- Housing availability (7)
- Rental history (7)
- Criminal justice history (3)
- Discrimination/Confidentiality (3)
- Supportive services (3)

¹⁶ *HIV, Homelessness, and Serious Mental Illness: Implications for Policy and Practice*. National Resource Center on Homelessness and Mental Illness.

¹⁷ *HIV, Homelessness, and Severe Mental Illness: Implications for Policy and Practice*, National Resource Center on Homelessness and Mental Illness.

- HOPWA/HUD regulations (2)
- Multiple diagnosis (2)
- Eligibility (1)
- Housing affordability (1)
- Planning (1)
- Rent discrimination and fair market rents (1)
- Other (1)

Resources. The following section described programs and services available to persons with HIV/AIDS in Indiana.

HOPWA. The primary source of funding for HIV/AIDS housing in the State is the Housing Opportunities for People with AIDS (HOPWA) program. HOPWA is a federal grant program that provides housing funding for non-profit agencies that specialize in assisting persons with AIDS/HIV and their families. The HOPWA program is available within 75 of Indiana's 92 counties. The State of Indiana was allocated \$892,730 in HOPWA funds for FY2009. These funds are available for uses such as housing subsidies, supportive services, housing placement assistance activities, program delivery, facility based operating costs and administration.¹⁸ Awards of HOPWA funds are made on an annual basis. Exhibit C-21 displays the HOPWA the percent of the HOPWA funds available to each region.

**Exhibit C-21.
HOPWA Funding
Availability by
Region, 2010**

Source:
Indiana Housing & Community
Development Authority.

Region (with counties)	Percent of Available HOPWA Funds
1 Lake, LaPorte, Porter	26%
2 Elkhart, Fulton, Marshall, Pulaski, St. Joseph, Starke	12%
3 Adams, Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash, Wells, Whitley	12%
4 Benton, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White	4%
5 Blackford, Delaware, Grant, Jay, Randolph	4%
6 Cass, Hamilton, Hancock, Howard, Madison, Miami, Tipton	11%
8 Clay, Parke, Putnam, Sullivan, Vermillion, Vigo	6%
9 Dearborn, Decatur, Fayette, Franklin, Henry, Ohio, Ripley, Rush, Union, Wayne	3%
10 Bartholomew, Brown, Greene, Lawrence, Monroe, Owen	6%
11 Clark, Crawford, Floyd, Harrison, Jackson, Jefferson, Jennings, Orange, Scott, Switzerland, Washington	8%
12 Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick	8%
Total	100%

HOPWA Project Sponsors are required to submit a response to a Request for Proposals for HOPWA funds each spring for the next program year, beginning July 1. Sponsors are evaluated based on involvement in state and local planning and policy-making, whether they are a Care Coordination

¹⁸ A complete list of 2010 eligible HOPWA activities can be found on IHcDA's website, http://www.in.gov/ihcda/files/2010_HOPWA_RFP_Policy.pdf

Site as well as past use of HOPWA funds. There is a possibility of project sponsors changing on a yearly basis, however it is not encouraged unless there is a demonstrated reason why a site should not administer HOPWA assistance.

HIV Care Coordinated Program. The HIV Care Coordinated Program is a State funded program. Care Coordination is a specialized form of HIV case management and the foundation upon which all HIV/AIDS services are built. Case management services are available statewide at fourteen (14) regional sites. Care Coordination provides an individualized plan of care that includes medical, psychosocial, financial, and other supportive services, as needed. Care Coordination services are *free* of charge. The primary goals of the Care Coordination Program are to ensure the continuity of care, to promote self-sufficiency, and to enhance the quality of life for individuals living with HIV.

**Exhibit C-22.
HIV Care Coordination
Program Sites**

Source:
Indiana State Department of Health,
<http://www.in.gov/isdh/23738.htm>.

Organization	Location
AIDS Ministries/AIDS Assist	South Bend
AIDS Resource Group of Evansville	Evansville
AIDS Task Force of Northeast Indiana	Fort Wayne
Aliveness Project of Northwest Indiana	Merrillville
Aspire Indiana – Central	Elwood
Aspire Indiana – Southeast	Richmond
Aspire Indiana – West	Lafayette
Bloomington Hospital Positive	Bloomington
Clark County Health Department	Jeffersonville
Concord Center Association	Indianapolis
Damien Center	Indianapolis
Housing Authority of Terre Haute	Terre Haute
Meridian Services Corporation	Muncie
Wishard Health Services	Indianapolis

Special Population Support Program. Annually, Indiana’s Department of Mental Health and Addiction (DMHA) receives an award according to Title 45, Part 96, Subpart L of the Code of Federal Regulations. DMHA subcontracts a small portion of Indiana’s annual award (currently approximately \$900,000) to the Indiana State Department of Health’s Division of HIV/STD to implement Special Populations Support Program (SPSP) services. The Division of HIV/STD, in turn, grants awards to specific entities in different communities throughout the state to perform the necessary testing and supportive care activities.

SPSP provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. It also conducts HIV testing in treatment facilities sanctioned by the DMHA. All SPSP services are *free* of charge. They are offered throughout the state at 10 sites covering 9 regions and 71 counties.

HIV/AIDS Prevention Program. ISDH administers 18 grant-funded projects through its HIV Prevention Program. These projects provide an assortment of prevention interventions, including traditional Counseling, Testing and Referral Services, Partner Counseling and Referral Services, Group Level Interventions, Outreach, Disease Intervention Services, and Comprehensive Risk Counseling Services. The program serves 58 of the 92 counties in Indiana.

HIV Medical Services Program. Funded by the Federal Ryan White HIV/AIDS Program's Part B the HIV Medical Services Program provides assistance to individuals with HIV disease in need of therapeutic medications and medical services in Indiana. The program is administered by the Indiana State Department of Health's Division of HIV/STD. It is designed to give an individual full access to comprehensive health insurance at no cost to the person enrolled in the program. The program provides both short- and long-term benefit packages covering basic health care services as well as the range of HIV-related medical services and medications, including all FDA-approved highly active antiretroviral drugs.

The program serves HIV-positive Indiana residents who are uninsured, ineligible for Indiana Medicaid, living at or below 300 percent of the Federal Poverty Level, and participating in HIV Care Coordination. The program is currently operating at its capacity of 1,290 enrollees and a waiting list is in place.

Indiana AIDS Fund. The Indiana AIDS Fund is currently the largest private funder of HIV/AIDS programs in Indiana as well as a recognized authority on HIV/AIDS issues. The Fund provides grants for HIV-prevention and service programs that serve all 92 counties. The Indiana AIDS Fund began making grants in 1996, and, to date, has granted more than \$5.5 million to more than 65 organizations across Indiana.

Special consideration for underserved populations. According to the Indiana Statewide Comprehensive Plan FY2009 to FY2012, the Division of HIV/STD strives to serve the various demographic groups in proportion to their representation in the prevalence statistics. Since 2005, the Division has been successful in meeting its goals for women, infants, children, and youth (commonly referred to as the WICY). Other goals, however, have been elusive. The Division has yet to reach its goal percentage (35 percent) for Black enrollees in the HIV Medical Services Program, despite prioritization of these applications. This may be partially due to the disproportionate enrollment of HIV-positive Black persons in Indiana Medicaid (39 percent), making them ineligible for Part B services.

The Division has been more successful in proportionately serving Hispanics, partly due to the reality that the undocumented sub-population is often ineligible for many other State and Federal programs. However, the language barrier and a simple lack of knowledge about the service delivery system continue to be challenges. Fear of deportation can keep some from seeking services even if they are aware of and are otherwise eligible for them. In the most desperate cases, individuals may falsify information in order to obtain employment, housing, or benefits, putting themselves at risk for deportation and other legal ramifications.

At-Risk Youth

There are three segments of the population of youth in Indiana who have potential housing and supportive service needs: youths aging out of the foster care system; older youth transitioning to adulthood with uncertain future plans; and youth who are homeless.

Each year the National Runaway Switchboard, receives more than 100,000 phone calls from youth and concerned adults who are reaching out for help. In 2008, NRS handled 114,097 calls. They report that one out of every seven children will run away before the age of 18, and that there are between 1.6 and 2.8 million youth who run away in a year in the United States. The organization estimates that 40 percent of youth in shelters and on the street have come from families that received public assistance or lived in publicly assisted housing.

Youth exiting the foster care system. At age 18, many youth “age out” of the foster care system, social services and the juvenile justice system and typically, the foster care system expects youth to live on their own at age 18. Often, youth in foster care do not get the help they need with high school completion, employment, accessing health care, continued educational opportunities, housing and transitional living arrangements, which can lead to longer-term housing and supportive service needs.

Some researchers have also looked at state-level outcomes for youth who age out of the foster care system. A six-year, quantitative longitudinal study evaluated the efficacy of independent living services delivered to youth in Idaho who aged out of care between 1996 and 2002. The study found pregnancy and birth rates among this population as high as 63 percent in 2002, homelessness as high as 32 percent in 1998, and dependency on social services as high as 79 percent in 2002.¹⁹

According to the 2008 Census, there are 7,858 foster children in Indiana, 69 percent are in family households and 31 percent are in nonfamily households. According to the Indian Department of Child Services, there were 1,487 foster youth ages 16 to 21 in Indiana as of 2006.

Youth who are homeless or at risk of homelessness. According to the National Coalition for the Homeless, homeless youth are individuals under the age of eighteen who lack parental, foster, or institutional care. These young people are sometimes referred to as “unaccompanied” youth. The homeless youth population is estimated to be between 500,000 and 1.3 million young people each year (Center for Law and Social Policy, 2003). According to the U.S. Conference of Mayors, unaccompanied youth account for 3 percent of the urban homeless population, (U.S. Conference of Mayors, 2005).

On March 27, 2000, the Census identified approximately 2,384 persons staying in emergency and transitional shelters Statewide. This tabulation does not include people in domestic violence shelters or shelters for abused women, transitional housing and permanent supportive housing. Of these 2,384 persons, 26 percent (615 persons) were under 18 years of age.

According to the 2009 Indiana Balance of State Continuum of Care, there were 16 unaccompanied youth (under 18 years of age) who were homeless but living in a sheltered environment and 3 unsheltered homeless youth.²⁰

Youth with uncertain futures. According the Kids Count by the Annie E. Casey Foundation, an estimated 7 percent of Indiana teens are high school dropouts and 8 percent are not attending school and not working in 2009. This is similar to the national statistics of 7 percent of teens who are high school dropouts and 8 percent are not attending school and not working. Applying this percentage to the Indiana’s 2008 same population, approximately 32,278 teens are considered high school dropouts and 36,889 are not attending school and not working.

¹⁹ *Youth Exiting Foster Care: Efficacy of Independent Living Services in the State of Idaho*, Brian L. Christenson, LSW.

²⁰ This number is from the balance of the state and does not include Indianapolis and South Bend in the count.

The U.S. Census Bureau produced a special supplementary survey in 2002 with data on disconnected youth. Disconnected youth are persons ages 18 to 24 who are not presently enrolled in school, are not currently working and have no degree beyond a high school degree or GED. The statistic intends to capture a population of young adults having difficulty making the transition to adulthood. In 2002, 93,000 Hoosier youth (17 percent of all young adults) were reported by Census data to be “disconnected.” This is slightly higher than the 15 percent of young adults who are considered disconnected nationally.²¹

Outstanding need. In December 2003, the Social Science Research Center of Ball State University of Indiana completed a study, *Indiana Independent Living Survey of Foster Youth*. The survey asked 247 youth in foster care (ages 14 to 18 years) from more than 40 of the 92 counties in Indiana information regarding the characteristics, experiences and needs of young people and offered these individuals the opportunity to voice their opinions regarding needs and resources. Approximately 28 percent of the youth lived in rural areas and the remaining in urban areas.

Over half (52.5 percent) of the youth stated that they did not know where they were going to live when emancipated. Additionally, 108 youths (44.3 percent) indicated they were *not* aware of housing options available upon emancipation. The youth who did know of housing options said they were informed mostly by their Division of Family and Children case manager (37.5 percent) or their independent living program staff (25.7 percent).

Almost three-fourths (74 percent) stated that they would prefer to stay with their foster parents. When asked if they would like to stay with their foster parents after emancipation or aging out, on average, the youth wanted to stay 2.06 years.

The study also reported that Indiana youths participating in focus groups in 2002 expressed an interest in better housing options when they left care. They stated they would need furnished housing and possibly roommates to share the bills. A suggestion by the participants included housing similar to the secure housing provided for seniors.

National studies have shown that most youth transitioning from in-home care to self-sufficiency do not appear to have the needed supports to be self-sufficient. These studies have found that of the youth leaving foster care, within 12 to 18 months:

- 40 percent end up homeless (which would equate to 315 Indiana youth per year).
- 50 percent are unemployed (394 Indiana youth per year).
- 37 percent do not have a high school diploma or GED (291 Indiana youth per year).
- 33 percent are on public assistance (260 Indiana youth per year).
- 30 percent have children (236 Indiana youth per year).
- 27 percent of the males and 10 percent of the females have been incarcerated.

Research also shows that three out of ten of the nation’s homeless are former foster children, and homeless parents who have a history of foster care are almost twice as likely to have their own children placed in foster care as homeless people who were never in foster care. Several studies document that anywhere from 10 to 25 percent of former foster youth are homeless for at least one night after they leave foster care.

²¹ *KIDS COUNT 2003 Data Book Online*, Profile for Indiana, <http://www.aecf.org/cgi-bin/kc.cgi?action=profile&area=Indiana>.

In February of 2004, the Midwest Study, a collaboration of state public child welfare agencies in Illinois, Iowa, and Wisconsin, the Chapin Hill Center for Children at the University of Chicago and the University of Wisconsin Survey Center produced a report entitled the *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care*. The team gathered data from 732 adolescents in the aforementioned states to assess how former foster care youth handle the transition to adulthood. This study was the first comprehensive look at former foster care youth since the enactment of the Chafee Act in 1999.

The 732 interviewed youths were 17 years old and still under the jurisdiction of the state child welfare system. The youth respondents were almost split evenly between male and female. The majority of youths (57 percent) were African American and 31 percent were White. Before entering foster care, most youth lived with at least one birth parent, the birth mother in the majority of cases. Youth were asked to identify their primary caregiver's problems. Seventy-one percent said that their caregiver had one or more problems — 43 percent cited drug abuse, 39 percent cited inadequate parenting skills and another 35 percent cited alcohol abuse. When asked if they had been abused or neglected, the majority (59 percent) said they had been neglected. Twenty-five percent of youth reported only one foster home placement; however, almost 40 percent reported living in four or more foster homes since entering the system (315 of the 787 Indiana youth aging out each year).

The Midwest Study assessed the physical and mental health of the youth participants. Of the 732 youths, 230 (31 percent) suffered from one or more mental or behavioral health disorder, over one-third had received counseling, almost 25 percent had been prescribed drugs for a psychological or psychiatric condition and 7 percent had been in a psychiatric hospital for at least one night in the past year. In comparison to the general population, foster youth reported more serious physical injuries in the past year.

The foster youth in the Midwest Study “were much more likely than the national sample to have been pregnant and to have carried a pregnancy to term, but less likely to have had an abortion. Altogether, 100 of the youth (13.7 percent) reported having at least one child.”

Foster youth in the study were much more likely than the average population to engage in delinquent behavior, particularly theft, serious fighting, causing injury and running away. In all crime categories, males were much more likely to be involved in the juvenile justice system than females.

Resources and solutions. As noted above, one of the greatest needs of youth transitioning from the foster care system—and, by definition, of youth who are homeless—is affordable housing. The need for safe, affordable housing is a central need consistently identified by young adults who have aged out of foster care. These young adults need to have transitional housing with supportive services, rental vouchers with supportive services and affordable housing.

There are several programs in Indiana that assist youth with housing needs. However, these programs are all transitional, providing temporary assistance, as outlined below.

Family Unification Program. HUD's Family Unification Program (FUP), managed by the Indiana Family Social Services Administration, provides housing assistance for youth ages 16 to 21 who have left foster care. These vouchers are time-limited; a youth can only have the voucher for 18 months. The agency that refers a youth to this program provides aftercare to each youth. There are an array of services available to youth in housing to promote their successful transition to adulthood.

Housing programs for youth aging out of foster care. The Indiana Department of Child Services lists four programs in Indiana that provide transitional housing for Indiana's youth aging out of the foster care system:

- ***The Fostering Independence*** program in Indianapolis combines transitional housing and supportive services to help meet the needs of former foster youth up to the age of 25 from all over the state.
- ***Chrysalis Academy*** is a voluntary residential transition program which offers young men ages 18 to 24 the opportunity to learn the skills they need to enter successful adulthood. The goal for each young man enrolled at Chrysalis is to become self-sufficient and equipped to be a productive citizen, parent, worker and role model in his community.
- ***Transitional Living Program in Mishawaka***. Provides longer term residential services to homeless youth ages 16-21 for up to 18 months. These services are designed to help youth who are homeless or in need of housing services make a successful transition to self-sufficient living.
- ***Transitional Living Program in Bloomington***. Stepping Stones provides a structured environment where young people can hone their skills while taking their first steps in this critical transition.

John H. Chafee Foster Care Independence Program. Indiana is using the John H. Chafee Foster Care Independence Program funding for Room and Board, Independent Skill Services and Youth Advisory Boards for youth ages 14 to 21 who are transitioning from foster care. Services are available based on availability of funding in each county. Except for Room and Board, IL skill services are available to youth that were in foster care at any time after the age of 14 and probation youth that were in foster care after that age of 14 and were IV-E eligible. Room and Board services have been capped at \$3,000 per eligible youth between age 18 and 21. When youth receive Room and Board services, it is expected that the youth will be capable of becoming self-sufficient within a 6-month period with skill services being provided. The Chafee allotment for Indiana was \$3,048,757 in 2008 and is distributed by the Indiana Department of Child Services.

Youth shelters. There are six youth shelters in Indiana for persons 17 years and younger that receive ESG funds. In Indiana, persons 18 years and over are considered an adult and can receive services at any shelter for adults. In addition to housing, there are a number of resources available to youth ranging from education about basic living skills to job training. The following is a description of primary programs in Indiana.

Supportive services. In addition to housing, there are a number of resources available to youth ranging from education about basic living skills to job training.

Migrant Agricultural Workers

Federal regulations identify "Migrant farm workers" as seasonal farm workers who travel to do farm work and are unable to return to their permanent residence within the same day. "Seasonal farm workers" as agricultural workers who receive over half their yearly earned income from agricultural work, work at least 25 days a year earning that income, and don't work year round for the same employer.

Total population. By definition, the number of migrant agricultural workers in Indiana fluctuates and, consequently, is difficult to measure. During 2004 the Consolidated Outreach Program staff identified 4,982 farm workers and their dependents in the state of Indiana and were employed by throughout the State. However, this count does not include seasonal workers, which are very difficult to measure due to their transient nature. Thus, the total of migrant and seasonal workers is much higher than this identified count. A 2000 study conducted by the Indiana Commission on Hispanic/Latino Affairs identified approximately 8,000 migrant and seasonal farmworker employed in Indiana. The 8,000 workers were largely employed in St. Joseph, Howard, Grant and Madison counties.

A Housing Study in Marion County, Indiana, prepared by the Institute for Social and Economic Development (ISED) in 1994, focused on persons living in Marion County and performing farm labor in either Marion, Hendricks, Morgan, Johnson, Shelby or Hancock counties.²² Fifty-eight percent of the growers in the study area expected the future demand for seasonal workers to increase. Although the study is dated, to the extent that the growers' expectations of future demand for labor hold true, meeting the needs of the migrant population could be increasingly important as the population grows in response to demand.

Characteristics of migrant farmworkers. The Indiana Commission on Hispanic/Latino Affairs report entitled *Latinos in Indiana: Characteristics, Challenges and Recommendations for Action*, reported the following characteristics of migrant farmworkers in Indiana:

- The typical migrant farmworker family consists of 2 adults and 3 children.
- The average family has three full-time workers.
- The median family income is \$4,400.
- 98 percent are Hispanic/Latino.
- 49 percent travel from Texas.
- 10 percent travel from Florida.
- 97 percent of the families live below the poverty line.
- 51 percent speak only Spanish or limited English.
- 80 percent are not enrolled in Medicaid or Medicare.

As part of the 2005-2009 Consolidated Planning process, surveys were sent to organizations that work with migrant farmworkers. The following are characteristics of farmworkers identified by survey recipients:

- Farmworkers are from Florida and southern Texas and come to Indiana from June to October to help in the fields and harvest operations.
- Farmworkers are generally under the age of 40.
- Farmworkers leave families in Florida and Texas and send a portion of their earnings back home.

²² Because a major portion of the study area is urban, including Indianapolis, the study findings may not be applicable to rural areas.

Outstanding need. There are few recent studies of the needs of migrant farm workers in Indiana. State level studies supplemented with national studies offer insight into this population's needs in the State.

Housing. The study conducted by ISED in Marion County found that most grower-provided housing consisted of dormitories, single-family detached and attached structures, and mobile homes. Individuals and families not living in grower-provided housing resided in single-family detached structures, former single family structures converted into multi family units, multi family units located in complexes, and mobile homes. The 2000-2001 by the U.S. Department of Labor's National Agricultural Workers Survey (NAWS) found that 61 percent of migrant farmworkers lived in housing that they rented from someone other than their employer. A 2001 Housing Assistance Council survey indicated that 45 percent of migrant agricultural workers live in either single or multi family housing. Employers owned 25 percent of all units, and 57 percent of employer-owned units were provided free of charge. According to the *Latinos in Indiana* study, grower provided housing is often provided in lieu of higher wages.

The 2001 nationwide survey of the migrant worker population by the Housing Assistance Council found that serious structural problems, including sagging roofs, house frames or porches, were evident in 22 percent of the units surveyed and 15 percent had holes or large sections of shingles missing from their roofs. Foundation damage was evident in 10 percent of all units and windows with broken glass or screens were found in 36 percent of the units. Unsanitary conditions, such as rodent or insect infestation, were evident in 19 percent of the units surveyed and 9 percent had frayed wiring or other electrical problems present. More than 10 percent of units lacked a working stove, 8 percent lacked a working bath or shower, and more than 9 percent lacked a working toilet.

The 2001 Housing Assistance Council survey found that crowding was extremely prevalent among migrant worker housing units. Excluding dormitories and barracks (structures designed for high occupancy), almost 52 percent of all units were crowded (defined as having a mean of more than one person per room, excluding bathrooms). Among crowded units, 74 percent had children present. Many farm workers face a multitude of housing problems. Twenty percent of substandard units were also overcrowded; 11 percent of all units were substandard *and* the workers were cost burdened; and 6 percent of all units (19 percent of all substandard units) were substandard, cost burdened and overcrowded. Applying these percentages to the 8,000 migrant and seasonal farmworkers in Indiana, 1,760 would live in substandard housing; 4,160 in a crowded environment; and 480 in a substandard, cost burdened and crowded conditions.

Health and community needs. Due to the nature of farm labor, migrant farmworkers often suffer disproportionately from illnesses like upper respiratory infections, injuries, dermatitis, eye infection, dehydration, muscle strain, diabetes and hypertension. For example, spraying insecticides on the fields while workers are present creates severe health problems.

Because migrant workers live and work in remote areas, they are often unable to access the public services that they need and qualify for. Contributing factors include lack of transportation, lack of sick/vacation time, working hours and language barriers.²³

²³ *Latinos in Indiana: Characteristics, Challenges, and Recommendations for Action*, Indiana Commission on Hispanic/Latino Affairs, 2002.

Employment and working conditions. Few of Indiana's permanent residents seek out seasonal farm work due to the low wages and arduous tasks. Seasonal farm labor usually entails working in the fields and packing plants, generally requiring 6-day workweeks. The 2000-2001 by the U.S. Department of Labor's National Agricultural Workers Survey (NAWS) found that 20 percent of workers reported not having drinking water and cups at their worksite. Five percent reported not having water with which to wash, and 7 percent reported that toilets were not available at work. NAWS respondents were asked how many hours they worked in the previous week at their current farm job. In 2001-2002, the average was 42 hours, compared to 38 in 1993-1994.

According to the NAWS survey, for the two calendar-year period 2000-2001, the average individual income range from all sources, as well as from farm work only, was \$10,000 - \$12,499. The average total family income range was \$15,000 - \$17,499. Based on the poverty guidelines that are issued each February by the U.S. Department of Health and Human Services, and which are based on family size, 30 percent of all farm workers had total family incomes that were below the poverty guidelines.

Resources. The following section identifies several housing and services available to migrant farm workers in Indiana.

Housing. Historically, growers have provided housing for migrant workers in Indiana. These housing facilities are licensed by the Indiana State Department of Health and are held to minimum standards, including windows and a source of heat. Indoor faucets or plumbing are not required under the standards, and most camps have common showers, restrooms and facilities for washing clothes. It should be noted that structures built before the adoption of these standards are acceptable under a grandfather clause, meaning that some families live in cabins as small as 10 by 12 feet in dimension. According to service providers, grower provided housing is more common in central and northern Indiana, while workers in the southern part of the State typically find housing independently.

ISDH's Environmental Public Health Division inspects and licenses agricultural labor camps, and approves plans for construction or alteration of such camps. The Division seeks to insure safe facilities, proper water supply, and proper sewage disposal. As of March 2010, 35 Indiana counties had 65 agricultural labor camps in Indiana.²⁴ The camps are provided by the growers of the agriculture produce, and the migrant workers often pay rent. Anywhere from 50 to 350 live in grower-provided camps. These camps are inspected at least once a month during the growing season by the Department of Health.²⁵

Aside from grower provided housing, migrant workers are left to find housing for themselves in surrounding areas. The funding sources available for the development of migrant worker housing are those used by all developers of affordable housing seeking subsidies and can be very competitive.

Several migrant farmworker housing developments have been built or rehabilitated recently using CDBG funding.

USDA Rural Development in Indiana offers a Farm Labor Housing program to provide safe, well-built affordable housing for farm workers. The program provides capital financing to assist with new construction or substantial rehabilitation of farm labor housing.

²⁴ Indiana State Department of Health, <http://www.in.gov/isdh/23455.htm>.

²⁵ *Indiana Health Centers Serves Migrant Workers*, Indiana State Department of Health – Express, September 24, 2003.

Indiana Migrant Education Program. The Indiana Migrant Education Program serves children of migratory farmworkers who qualify under several eligibility criteria. Children must not have graduated from high school or have a GED and be between the ages of three through twenty one. In order to receive the services of this program, a member of the division staff must complete a Certificate of Eligibility (COE) for each child.

Each year migrant students receive supplemental instructional services through summer projects and regular school year projects in addition to a statewide tutorial program. Students' education and health records are transferred to each new school. The supportive services include nutrition, health care and dental care in cooperation with organizations such as the Transition Resources Corporation (TRC), Indiana Health Centers, Inc. (IHC) and the Consolidated Outreach Project (COP). Through this coordinated effort, services are maximized to ensure the success of students.

Migrant Seasonal Head Start. The Migrant Seasonal Head Start (MSHS) program is one of the largest community based service providers in the nation, providing a wide range of services to more than 7,000 migrant children, ages six weeks to compulsory school age, and their families each year. The MSHS program provides education and support services to low-income children of migrant and seasonal farm workers and their families in Texas, Ohio, Indiana, New Mexico, Wisconsin, Oklahoma, Iowa and Nevada.

Implications

The many needs of the populations discussed in this section, combined with the difficulties in estimating the extent of such needs, can be overwhelming. Furthermore, the dollars available to serve special needs populations are limited, and these groups often require multiple services. Exhibit C-23 on the following pages attempts to identify the greatest needs of each special needs population and shows the primary resources available to meet these needs. As discussed in the text, these needs are often more pronounced in rural areas due to the lack of services.

**Exhibit C-23.
Summary of Special Needs and Available Resources**

Population	Housing Need	Community Need	Primary Resource Available
Homeless	Beds at shelters for individuals Transitional housing/beds for homeless families with children Affordable housing for those at-risk of homelessness	Programs for HIV positive homeless Programs for homeless with substance abuse problems Programs for homeless who are mentally ill Service organization participation in HMIS	ESG CDBG HOME/IHCDA HOPWA Homelessness Prevention & Rapid Re-Housing Program OCRA ISDH County Step Ahead Councils County Welfare Planning Councils Local Continuum of Care Task Forces Municipal governments Regional Planning Commissions State Continuum of Care Subcommittee
Elderly	Rehabilitation/repair assistance Modifications for physically disabled Affordable housing (that provides some level of care) State-run reverse mortgage program Minimum maintenance affordable townhomes	Public transportation Senior centers Improvements to infrastructure	CDBG CHOICE HOME/IHCDA Home Equity Conversion Mortgage Program FSSA - Medicaid, CHOICE, IN AAA, RECAP Public Housing Section 202 Section 8 USDA Rural Housing Services
Youth	Affordable housing Transitional housing with supportive services Rental vouchers with supportive services	Job training Transitional living programs Budgeting	HUD's FUP Medicaid Transitional Housing Program Chafee Foster Care Independence Program IHCDA Education and Training Voucher Program
Migrant Agricultural Workers	Grower-provided housing improvements Affordable housing Seasonal housing Family housing Raise standards for housing development approval	Family programs Public transportation Homeownership education Employment benefits Workers compensation Improved working conditions, including worker safety Literacy training Life skills training	CDBG Rural Opportunities, Inc. USDA Rural Development 514 & 516 Programs Indiana Migratn Education Program Migrant Seasonal Head Start

Source: BBC Research & Consulting.

**Exhibit C-23. (continued)
Summary of Special Needs and Available Resources**

Population	Housing Need	Community Need	Primary Resource Available
Physically Disabled	Housing for physically disabled in rural areas Apartment complexes with accessible units Affordable housing for homeless physically disabled	Public transportation Medical service providers Integrated employment programs Home and community-based services	CDBG CHOICE HOME/IHCDA SSI Medicaid Section 811
Mental Illness and Substance Abuse	Community mental health centers Beds for substance abuse treatment Supportive services slots Housing for mentally ill in rural areas	Substance abuse treatment Education Psychosocial rehabilitation services Job training Medical service providers HAP funding Services in rural areas Follow-up services after discharge	CDBG HOME DMHA Hoosier Assurance Plan CMHC CHIP Section 811 Olmstead Initiative Grant
Developmentally Disabled	Semi-independent living programs Group homes	Smaller, flexible service provisions Community settings for developmentally disabled Service providers for semi-independent Integrated employment programs	CDBG CHOICE HCBS - Medicaid HOME/IHCDA SSI Section 811 DDRS and BDDS ICF/MR, Group Homes, Supported Living Olmstead Initiative Grant
HIV/AIDS	Affordable housing for homeless people with HIV/AIDS Housing units with medical support services Smaller apartment complexes Housing for HIV positive people in rural areas Rental Assistance for people with HIV/AIDS Short-term rental assistance for people with HIV/AIDS	Support services for AIDS patients with mental illness or substance abuse problems Medical service providers Public transportation Increase number of HIV Care Coordination sites	HOME/IHCDA HOPWA Section 8 ISDH SPSP

Source: BBC Research & Consulting.

APPENDIX D.
HUD Tables

Table 1. Housing, Homeless and Special Needs (Required)—State of Indiana Housing Needs (2000 CHAS, State of Indiana)

Household Type	Elderly Renter	Small Renter	Large Renter	Other Renter	Total Renter	Owner	Total
0 –30% of MFI	38,394	46,715	8,815	56,330	150,254	95,273	245,527
%Any housing problem	56.6	77.3	85	74.2	71.3	69.1	70.4
%Cost burden > 30	55.8	75	74.7	73.2	69.4	67.9	68.8
%Cost Burden > 50	36.7	56.9	52.6	59.7	52.6	46.8	50.3
31 - 50% of MFI	31,384	41,935	9,335	40,285	122,939	141,201	264,140
%Any housing problem	53.1	60.2	67.2	68.2	61.6	43.6	52
%Cost burden > 30	52.2	57.1	41.6	66.7	57.8	42.1	49.4
%Cost Burden > 50	15.8	8.2	4	17.2	12.8	18	15.5
51 - 80% of MFI	22,710	60,335	13,989	61,714	158,748	283,492	442,240
%Any housing problem	30.1	18.1	39.5	23.1	23.7	29.3	27.3
%Cost burden > 30	28.9	13	7.6	21.5	18.1	27.1	23.8
%Cost Burden > 50	8	0.6	0.2	1.4	2	5.8	4.4

Homeless Continuum of Care: Housing Gap Analysis Chart (Balance of State Indiana)

		Current Inventory	Under Development	Unmet Need/ Gap
Individuals				
Example	Emergency Shelter	100	40	26
Beds	Emergency Shelter	1,377	0	1,410
	Transitional Housing	679	6	685
	Permanent Supportive Housing	537	76	537
	Total	2,593	82	2,632
Chronically Homeless		181	260	600
Persons in Families With Children				
Beds	Emergency Shelter	1,289	0	1,261
	Transitional Housing	1,360	0	1,360
	Permanent Supportive Housing	254	63	254
	Total	2,903	63	2,875

Continuum of Care: Homeless Population and Subpopulations Chart (Balance of State Indiana)

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households)	361	243	93	697
1. Number of Persons in Families with Children	1,077	611	292	1,980
2. Number of Single Individuals and Persons in Households without Children	1,270	454	583	2,307
(Add lines Numbered 1 & 2 Total Persons)	2,347	1,065	875	4,287
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
a. Chronically Homeless	307		117	424
b. Seriously Mentally Ill	423		86	509
c. Chronic Substance Abuse	588		152	740
d. Veterans	256		55	311
e. Persons with HIV/AIDS	19		0	19
f. Victims of Domestic Violence	495		67	562
g. Unaccompanied Youth (Under 18)	16		3	19

Table 1. Housing, Homeless and Special Needs—State of Indiana (continued)

Special Needs (Non-Homeless) Subpopulations	Unmet Need
1. Elderly	138,861
2. Frail Elderly	37,007
3. Severe Mental Illness	3,477
4. Developmentally Disabled	16,380
5. Physically Disabled	31,518
6. Persons w/Alcohol/Other Drug Addictions	20,500
7. Persons w/HIV/AIDS	2,889
8. Victims of Domestic Violence	2,895
9. Other	

Table 2A (Required)
State Priority Housing/Special Needs/Investment Plan Table

PART 1. PRIORITY HOUSING NEEDS		Priority Level	
		Indicate High, Medium, Low, checkmark, Yes, No	
Renter	Small Related	0-30%	High
		31-50%	Medium
		51-80%	Low
	Large Related	0-30%	High
		31-50%	Medium
		51-80%	Medium
	Elderly	0-30%	High
		31-50%	High
		51-80%	Medium
	All Other	0-30%	High
		31-50%	High
		51-80%	Medium
Owner	0-30%	High	
	31-50%	High	
	51-80%	Medium	
PART 2 PRIORITY SPECIAL NEEDS		Priority Level	
		Indicate High, Medium, Low, checkmark, Yes, No	
Elderly		High	
Frail Elderly		High	
Severe Mental Illness		High	
Developmentally Disabled		High	
Physically Disabled		High	
Persons w/ Alcohol/Other Drug Addictions		High	
Persons w/HIV/AIDS		High	
Victims of Domestic Violence		High	
Other			

Table 2A (Optional)
State Priority Housing Activities/Investment Plan Table

PART 3 PRIORITY HOUSING ACTIVITIES	Priority Level Indicate High, Medium, Low, checkmark, Yes, No
CDBG	
Acquisition/Rehabilitation of existing rental units	High
Production of new rental units	Low
Rental assistance	Medium
Acquisition/Rehabilitation of existing owner units	High
Production of new owner units	Low
Homeownership assistance	Medium
HOME	
Acquisition/Rehabilitation of existing rental units	High
Production of new rental units	Low
Rental assistance	Medium
Acquisition/Rehabilitation of existing owner units	High
Production of new owner units	Low
Homeownership assistance	Medium
HOPWA	
Rental assistance	High
Short term rent/mortgage utility payments	High
Facility based housing development	Low
Facility based housing operations	High
Supportive services	High
Other	

Goal 1. Expand and preserve affordable housing opportunities throughout the housing continuum.

**Optional Table 2C Summary of Specific Objectives and
3A Summary of Specific Annual Objectives**

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Program Year	Expected Number	Actual Number	Percent Completed
DH-2 Affordability of Decent Housing							
DH-2.1	Support the production of new affordable rental units and the rehabilitation of existing affordable rental housing.	CDBG	Housing units	2010	135		
				2011			
		HOME		2012			
				2013			
				2014			
MULTI-YEAR GOAL					675		
DH-2 Affordability of Decent Housing							
DH-2.2-1	Provide and support homebuyer assistance through homebuyer educations and counseling and downpayment assistance.	CDBG	Households/housing units	2010	500		
				2011			
				2012			
				2013			
				2014			
MULTI-YEAR GOAL					2,500		
DH-2 Affordability of Decent Housing							
DH-2.2-2	Provide funds to organizations for the development of owner occupied units.	HOME	Housing units	2010	25		
				2011			
				2012			
				2013			
				2014			
MULTI-YEAR GOAL					125		

Goal 1. Expand and preserve affordable housing opportunities throughout the housing continuum.

**Optional Table 2C Summary of Specific Objectives and
3A Summary of Specific Annual Objectives**

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Program Year	Expected Number	Actual Number	Percent Completed
DH-2 Affordability of Decent Housing							
DH-2.2-3	Provide funds to organizations to complete owner occupied rehabilitation.	HOME	Housing units	2010	300		
				2011			
		CDBG		2012			
				2013			
				2014			
MULTI-YEAR GOAL					1,500		
DH-2 Affordability of Decent Housing							
DH-2.1	Build capacity of affordable housing developers by providing predevelopment loans and organizational capacity .	HOME	Housing units	2010	21		
				2011			
				2012			
				2013			
				2014			
MULTI-YEAR GOAL					105		
DH-2 Affordability of Decent Housing							
				2010			
				2011			
				2012			
				2013			
				2014			
MULTI-YEAR GOAL							

Goal 2. Reduce homelessness and increase housing stability for special needs populations.

**Optional Table 2C Summary of Specific Objectives and
3A Summary of Specific Annual Objectives**

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Program Year	Expected Number	Actual Number	Percent Completed
DH-1 Availability/Accessibility of Decent Housing							
DH-1.1	Improve the range of housing options for homeless and special needs populations by supporting permanent supportive housing and tenant based rental assistance .	HOME	Households/housing units (5 year) Permanent supportive housing = 250 TBRA = 1,000	2010	250		
				2011			
				2012			
				2013			
		2014					
MULTI-YEAR GOAL					1,250		
DH-1 Availability/Accessibility of Decent Housing							
DH-1.2	Support activities to improve the range of housing options for special needs populations and to end chronic homelessness through the Emergency Solutions Grant (ESG) program by providing operating support to shelters, homelessness prevention activities and case management to persons who are homeless and at risk of homelessness.	ESG	Shelters/ Clients with: Operating support = 83 shelters Homelessness prevention = 550 clients Essential services = 53 shelters with 16,000 clients annually	2010	135/110		
				2011			
				2012			
				2013			
		2014					
MULTI-YEAR GOAL					135/550		
DH-1 Availability/Accessibility of Decent Housing							
DH-1.3	Improve the range of housing options for special needs populations through the Housing Opportunities for Persons With AIDS (HOPWA) program by providing recipients who assist persons with HIV/AIDS with funding for housing information, permanent housing placement and supportive services.	HOPWA	Households with Housing information services Permanent housing placement Supportive services	2010	375		
				2011			
				2012			
				2013			
		2014					
MULTI-YEAR GOAL					1,875		

Goal 2. Reduce homelessness and increase housing stability for special needs populations.

**Optional Table 2C Summary of Specific Objectives and
3A Summary of Specific Annual Objectives**

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Program Year	Expected Number	Actual Number	Percent Completed
DH-2 Affordability of Decent Housing							
DH-2.2	Improve the range of housing options for special needs populations through the Housing Opportunities for Persons With AIDS (HOPWA) program by providing recipients who assist persons with HIV/AIDS with funding for short term rental, mortgage, and utility assistance; tenant based rental assistance; facility based housing operations; and short term supportive housing.	HOPWA	Households/units with	2010	528		
			Tenant based rental assistance	2011			
			Short term rent, mortgage and utility assistance	2012			
			Facility based housing operations	2013			
		Short term supportive housing	2014				
MULTI-YEAR GOAL					2,635		
				2010			
				2011			
				2012			
				2013			
				2014			
MULTI-YEAR GOAL							
				2010			
				2011			
				2012			
				2013			
				2014			
MULTI-YEAR GOAL							

Goal 3. Promote livable communities and community revitalization through addressing unmet community development needs.

**Optional Table 2C Summary of Specific Objectives and
3A Summary of Specific Annual Objectives**

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators (5 years)	Program Year	Expected Number	Actual Number	Percent Completed
SL-1 Availability/Accessibility of Suitable Living Environment							
SL-1.1	Improve the quality and/ or quantity of neighborhood services for low and moderate income persons by continuing to fund programs (such as OCRA's Community Focus Fund).	CDBG	Fire/EMS stations = 25-30	2010	19-24		
			Fire trucks = 10-15	2011			
			Public facility projects = 30	2012			
			Downtown revit projs = 10	2013			
		Historic preservation projs = 10	2014				
			MULTI-YEAR GOAL	95			
SL-3 Sustainability of Suitable Living Environment							
SL-3.1	Improve the quality and/or quantity of public improvements for low and moderate income persons by continuing to fund programs (such as OCRA's Community Focus Fund).	CDBG	Infrastructure systems	2010	24		
				2011			
				2012			
				2013			
		2014					
			MULTI-YEAR GOAL	120			
SL-3 Sustainability of Suitable Living Environment							
SL-3.2	Improve the quality and/or quantity of public improvements for low and moderate income persons by providing grants to units of local governments and CHDOs to conduct market feasibility studies and needs assessments, as well as (for CHDOs only) predevelopment loan funding. (such as OCRA's Planning Fund and IHCDA's Foundations Program).	CDBG	Planning grants Foundation grants	2010	29		
		HOME		2011			
				2012			
				2013			
			2014				
			MULTI-YEAR GOAL	145			

Goal 3. Promote livable communities and community revitalization through addressing unmet community development needs.

**Optional Table 2C Summary of Specific Objectives and
3A Summary of Specific Annual Objectives**

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators (5 years)	Program Year	Expected Number	Actual Number	Percent Completed
SL-3 Sustainability of Suitable Living Environment							
SL-3.3	Improve the quality and/or quantity of public improvements for low and moderate income persons through programs (such as OCRA's Flexible Funding Program , newly created in 2010).	CDBG	Community development projects	2010	2-5		
				2011			
				2012			
				2013			
		2014					
MULTI-YEAR GOAL					10-25		
 							
				2010			
				2011			
				2012			
				2013			
		2014					
MULTI-YEAR GOAL							
 							
				2010			
				2011			
				2012			
				2013			
		2014					
MULTI-YEAR GOAL							

Goal 4. Promote activities that enhance local economic development efforts.

**Optional Table 2C Summary of Specific Objectives and
3A Summary of Specific Annual Objectives**

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Program Year	Expected Number	Actual Number	Percent Completed
EO-3 Sustainability of Economic Opportunity							
EO-3.1	Continue the use of the OCRA's Community Economic Development Fund (CEDF) , which funds infrastructure improvements and job training in support of employment opportunities for low to moderate income persons.	CDBG	Jobs	2010	275		
				2011			
				2012			
				2013			
		2014					
MULTI-YEAR GOAL					1,300		
EO-3 Sustainability of Economic Opportunity							
EO-3.1	Fund training and micro-enterprise lending for low to moderate income persons through the Micro-enterprise Assistance Program .	CDBG	Projects	2010	TBD		
				2011			
				2012			
				2013			
		2014					
MULTI-YEAR GOAL					As needed		
EO-3 Sustainability of Economic Opportunity							
				2010			
				2011			
				2012			
				2013			
		2014					
MULTI-YEAR GOAL							

APPENDIX E.
CDBG 2010 Method of Distribution

STATE OF INDIANA

**STATE COMMUNITY DEVELOPMENT BLOCK GRANT
(CDBG) PROGRAM (CFDA: 14-228)**

INDIANA OFFICE OF COMMUNITY AND RURAL AFFAIRS

FY 2010 PROGRAM DESIGN AND METHOD OF DISTRIBUTION

GENERAL BACKGROUND INFORMATION AND NATIONAL CDBG OBJECTIVES

The State of Indiana, through the Indiana Office of Community and Rural Affairs, assumed administrative responsibility for Indiana's Small Cities Community Development Block Grant (CDBG) Program in 1982, under the auspices of the U.S. Department of Housing and Urban Development (HUD). In accordance with 570.485(a) and 24 CFR Part 91, the State must submit a Consolidated Plan to HUD by May 15th of each year following an appropriate citizen participation process pursuant to 24 CFR Part 91.325, which prescribes the State's Consolidated Plan process as well as the proposed method of distribution of CDBG funds for 2010. **The State of Indiana's anticipated allocation of federal Community Development Block Grant (CDBG) funds for FY 2010 is \$34,059,120.**

This document applies to all federal Small Cities CDBG funds allocated by HUD to the State of Indiana, through its Office of Community and Rural Affairs. **During FY 2010, the State of Indiana does not propose to pledge a portion of its present and future allocation(s) of Small Cities CDBG funds as security for Section 108 loan guarantees provided for under Subpart M of 24 CFR Part 570 (24 CFR 570.700).**

The primary objective of Indiana's Small Cities CDBG Program is to assist in the development and re-development of viable Indiana communities by using CDBG funds to provide a suitable living environment and expand economic opportunities, principally for low and moderate income persons.

Indiana's program will place emphasis on making Indiana communities a better place in which to reside, work, and recreate. Primary attention will be given to activities, which promote long term community development and create an environment conducive to new or expanded employment opportunities for low and moderate income persons.

Activities and projects funded by the Office of Community and Rural Affairs must be eligible for CDBG assistance pursuant to 24 CFR 570, et. seq., and meet one of the three (3) national objectives prescribed under the Federal Housing and Community Development Act, as amended (Federal Act). To fulfill a national CDBG objective a project must meet one (1) of the following requirements pursuant to Section 104 (b)(3) of the Federal Act, and 24 CFR 570.483, et seq., and must be satisfactorily documented by the recipient:

1. Principally benefit persons of low and moderate income families; or,
2. Aid in the prevention or elimination of slums and blight; or,
3. Undertake activities, which have urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community where no other financial resources are available to meet such needs.

In implementing its FY 2010 CDBG Consolidated Plan, the Indiana Office of Community and Rural Affairs will pursue the following goals respective to the use and distribution of FY 2010 CDBG funds:

GOAL 1: Invest in the needs of Indiana's low and moderate income citizens in the following areas:

- a. Safe, sanitary and suitable housing
- b. Health services
- c. Homelessness
- d. Job creation, retention and training
- e. Self-sufficiency for special needs groups
- f. Senior lifestyles

The Office of Community and Rural Affairs will pursue this goal of **investing in the needs of Indiana's low and moderate income citizens** and all applicable strategic priorities by distributing CDBG funds in a manner which promotes suitable housing, viable communities and economic opportunities.

GOAL 2: Invest in the needs of Indiana's communities in the following areas:

- a. Housing preservation, creation and supply of suitable rental housing
- b. Neighborhood revitalization
- c. Public infrastructure improvements
- d. Provision of clean water and public solid waste disposal
- e. Special needs of limited-clientele groups
- f. Assist local communities with local economic development projects, which will result in the attraction, expansion and retention of employment opportunities for low and moderate income persons

The Office of Community and Rural Affairs will pursue this goal of investing in the needs of Indiana's communities and all applicable strategic priorities by distributing CDBG funds in a manner which promotes suitable housing, preservation of neighborhoods, provision and improvements of local public infrastructure and programs which assist persons with special needs. The Office of Community and Rural Affairs will also pursue this goal by making CDBG funds available to projects, which will expand and/or retain employment opportunities for low and moderate income persons.

GOAL 3: Invest CDBG funds wisely and in a manner which leverages all tangible and intangible resources:

- a. Leverage CDBG funds with all available federal, state and local financial and personal resources
- b. Invest in the provision of technical assistance to CDBG applicants and local capacity building
- c. Seek citizen input on investment of CDBG funds
- d. Coordination of resources (federal, state and local)
- e. Promote participation of minority business enterprises (MBE) and women business enterprises (WBE)
- f. Use performance measures and continued monitoring activities in making funding decisions

The Office of Community and Rural Affairs will pursue this goal of **investing CDBG wisely** and all applicable strategic priorities by distributing CDBG funds in a manner, which promotes exploration of all alternative resources (financial and personal) when making funding decisions respective to applications for CDBG funding.

PROGRAM AMENDMENTS

The Indiana Office of Community and Rural Affairs reserves the right to transfer up to ten percent (10%) of each fiscal year's available allocation of CDBG funds (i.e. FY 2010 as well as prior-years' reversions balances) between the programs described herein in order to optimize the use and timeliness of distribution and expenditure of CDBG funds, without formal amendment of this Consolidated Plan.

The Office of Community and Rural Affairs will provide citizens and general units of local government with reasonable notice of, and opportunity to comment on, any substantial change proposed to be made in the use of FY 2010 CDBG as well as reversions and residual available balances of prior-years' CDBG funds. "Substantial Change" shall mean the movement between programs of more than ten percent (10%) of the total allocation for a given fiscal year's CDBG funding allocation, or a major modification to programs described herein. The Office of Community and Rural Affairs, in consultation with the Indianapolis office of the US Department of Housing and Urban Development (HUD), will determine those actions, which may constitute a "substantial change".

The State (OCRA) will formally amend its FY 2010 Consolidated Plan if the Office of Community and Rural Affairs' **Method of Distribution for FY 2010 and prior-years funds** prescribed herein are to be significantly changed. The OCRA will determine the necessary changes, prepare the proposed amendment, provide the public and units of general local government with reasonable notice and opportunity to comment on the proposed amendment, consider the comments received, and make the amended FY 2010 Consolidated Plan available to the public at the time it is submitted to HUD. In addition, the Office of Community and Rural Affairs will submit to HUD the amended Consolidated Plan before the Department implements any changes embodied in such program amendment.

ELIGIBLE ACTIVITIES/FUNDABILITY

All activities, which are eligible for federal CDBG funding under Section 105 of the Federal Housing and Community Development Act of 1974, as amended (Federal Act), are eligible for funding under the Indiana Office of Community and Rural Affairs' FY 2010 CDBG program. However, the Indiana Office of Community and Rural Affairs reserves the right to prioritize its method of funding; the Office of Community and Rural Affairs prefers to expend federal CDBG funds on activities/projects which will produce tangible results for principally low and moderate income persons in Indiana. Funding decisions will be made using criteria and rating systems, which are used for the State's programs and are subject to the availability of funds. It shall be the policy under the state program to give priority to using CDBG funds to pay for actual project costs and not to local administrative costs. **The State of Indiana certifies that not less than seventy-percent (70%) of FY 2010 CDBG funds will be expended for activities principally benefiting low and moderate income persons, as prescribed by 24 CFR 570.484, et. seq.**

ELIGIBLE APPLICANTS

1. All Indiana counties, cities and incorporated towns which do not receive CDBG entitlement funding directly from HUD or are not located in an "urban county" or other area eligible for "entitlement" funding from HUD.
2. All Indian tribes meeting the criteria set forth in Section 102 (a)(17) of the Federal Act.

In order to be eligible for CDBG funding, applicants may not be suspended from participation in the HUD-funded CDBG Programs or the Indiana Office of Community and Rural Affairs due to findings/irregularities with previous CDBG grants or other reasons. In addition, applicants may be suspended from participation in the state CDBG-funded projects administered by the Indiana Housing & Community Development Authority (IHCDA), such funds being subcontracted to the IHCDA by the Office of Community and Rural Affairs.

Further, in order to be eligible for CDBG funding, applicants may not have overdue reports, OCRA's 2010 CDBG Method of Distribution

overdue responses to monitoring issues, or overdue grant closeout documents for projects funded by either the Office of Community and Rural Affairs or IHCDAs projects funded using state CDBG funds allocated to the IHCDAs by the Office of Community and Rural Affairs. All applicants for CDBG funding must fully expend all CDBG Program Income as defined in 24 CFR 570.489(e) prior to, or as a part of the proposed CDBG-assisted project, in order to be eligible for further CDBG funding from the State.

Other specific eligibility criteria are outlined in **General Selection Criteria** provided herein.

FY 2010 FUND DISTRIBUTION

Sources of Funds:

FY 2010 CDBG Allocation	\$34,059,120
CDBG Program Income(a)	\$0
Total:	\$34,059,120

Uses of Funds:

1. Community Focus Fund (CFF)	\$22,638,347
2. Housing Programs	\$4,799,000
3. Community Economic Development Fund	\$2,500,000
4. Flexible Funding Program	\$2,000,000
5. Planning Fund	\$1,000,000
6. Technical Assistance	\$340,591
7. Administration	<u>\$781,182</u>
Total:	\$34,059,120

(a) The State of Indiana (Office of Community and Rural Affairs) does not project receipt of any CDBG program income for the period covered by this FY 2010 Consolidated Plan. In the event the Office of Community and Rural Affairs receives such CDBG Program Income, such moneys will be placed in the Community Focus Fund for the purpose of making additional competitive grants under that program. Reversions of other years' funding will be placed in the Community Focus Fund for the specific year of funding reverted. The State will allocate and expend all CDBG Program Income funds received prior to drawing additional CDBG funds from the US Treasury. However, the following exceptions shall apply:

1. This prior-use policy shall not apply to housing-related grants made to applicants by the Indiana Housing & Community Development Authority (IHCDAs), a separate agency, using CDBG funds allocated to the IHCDAs by the Office of Community and Rural Affairs.
2. Program income generated by CDBG grants awarded by the Office of Community and Rural Affairs (State) using FY 2010 CDBG funds must be returned to the Office of Community and Rural Affairs, however, such amounts of less than \$25,000 per calendar year shall be excluded from the definition of CDBG Program Income pursuant to 24 CFR 570.489.

All obligations of CDBG program income to projects/activities require prior approval by the Office of Community and Rural Affairs. This includes use of program income as matching funds for CDBG-funded grants from the IHCDAs. Applicable parties should contact the Office of the Indiana Office of Community and Rural Affairs at (317) 232-8333 for application instructions and documents for use of program income prior to obligation of such funds.

Local Governments that have been inactive in using their program income are required to return their program income to the State. The State will use program income reports submitted by local governments and/or other information obtained from local governments to determine if they have been active or inactive in using their program income. Local governments that have an obligated/approved application to use their program income to fund at least one project in the previous 24 months will be considered active. Local governments that have not obtained approval for a project to utilize their program income for 24 months will be considered inactive.

Furthermore, U.S. Department of Treasury regulations require that CDBG program income cash balances on hand be expended on any active CDBG grant being administered by a grantee before additional federal CDBG funds are requested from the Office of Community and Rural Affairs. These US Treasury regulations apply to projects funded both by IHCD and the Office of Community and Rural Affairs. Eligible applicants with CDBG program income should strive to close out all active grant projects presently being administered before seeking additional CDBG assistance from the Office of Community and Rural Affairs or IHCD.

Eligible applicants with CDBG program income should contact the Office of Community and Rural Affairs at (317) 232-8333 for clarification before submitting an application for CDBG financial assistance.

METHOD OF DISTRIBUTION

The choice of activities on which the State (Office of Community and Rural Affairs) CDBG funds are expended represents a determination by Office of Community and Rural Affairs and eligible units of general local government, developed in accordance with the Department's CDBG program design and procedures prescribed herein. The eligible activities enumerated in the following Method of Distribution are eligible CDBG activities as provided for under Section 105(a) of the Federal Act, as amended.

All projects/activities funded by the State (Office of Community and Rural Affairs) will be made on a basis which addresses one (1) of the three (3) national objectives of the Small Cities CDBG Program as prescribed under Section 104(b)(3) of the Federal Act and 24 CFR 570.483 of implementing regulations promulgated by HUD. CDBG funds will be distributed according to the following Method of Distribution (program descriptions):

A. Community Focus Fund (CFF): \$22,638,347

The Office of Community and Rural Affairs will award community Focus Fund (CFF) grants to eligible applicants to assist Indiana communities in the areas of public facilities, and various other eligible community development needs/projects. Applications for funding, which are applicable to local economic development and/or job-related training projects, should be pursued under the Office of Community and Rural Affairs' Community Economic Development Fund (CEDF). Projects eligible for consideration under the CEDF program under this Method of Distribution shall generally not be eligible for consideration under the CFF Program. Eligible activities include applicable activities listed under Section 105(a) of the Federal Act. Typical Community Focus Fund (CFF) projects include:

1. Infrastructure improvements (water, sewer, storm water)	\$14,638,347
2. Emergency Services projects (fire trucks, fire stations, ems stations)	\$3,000,000
3. Other public facilities (i.e., senior centers, health centers, libraries)	\$3,000,000
4. Downtown revitalization projects	\$1,000,000
5. Historic preservation projects	\$500,000
6. Brownfield/Clearance projects	\$500,000

Applications will be accepted and awards will be made on a competitive basis two (2) times a year. Approximately one-half of available CFF funds shall be budgeted for each funding round. A third competitive round will be held in July of each program year at the discretion of the Office of Community and Rural Affairs (OCRA) to expend any remaining/de-obligated prior years OCRA's 2010 CDBG Method of Distribution

funding.

Awards will be scored competitively based upon the following criteria (total possible numerical score of 750 points):

1. Economic and Demographic Characteristics: 500 Points - Variable by Each Application:

- a. Benefit to low and moderate income persons: 250 points
- b. Community distress factors: 250 points

2. Project Design Factors: 200 Points - Variable by Each Application:

- a. Project Description
- b. Project Need
- c. Financial Impact

3. Local Match Contribution: 25 Points - Variable by Each Application:

4. Leveraging of Philanthropic Capital: 25 Points – Variable by Each Application:

Points assigned based on Philanthropic contribution as a percentage of total project costs.

The specific threshold criteria and basis for project point awards for CFF grant awards are provided in attachments hereto. The Community Focus Fund (CFF) Program shall have a maximum grant amount of \$600,000 for water, sewer and storm drainage projects, \$150,000 for fire trucks and \$500,000 for all other projects. The applicant may apply for only one project in a grant cycle. The only exception to these limits will be for those CFF applicants who apply for the Office of Community and Rural Affairs' Minority Business Enterprise (MBE) Utilization Program. Under this program, the Office of Community and Rural Affairs will allocate an additional amount of CDBG-CFF grant funds to those applicants who are awarded CFF grants and who have met the requirements of the MBE incentive program. The maximum additional allocation to the CFF grant amount will be five-percent (5%) of the CDBG award, not to exceed \$25,000.

Projects will be funded in two (2) cycles each year with approximately a six (6) month pre-application and final-application process. A third competitive round will be held in July each year at the discretion of OCRA to expend all CDBG funds in a timely manner. Projects will compete for CFF funding and be judged and ranked according to a standard rating system (Attachment D). The highest ranking projects from each category will be funded to the extent of funding available for each specific CFF funding cycle/round. The Office of Community and Rural Affairs will provide eligible applicants with adequate notice of deadlines for submission of CFF proposal (pre-application) and full applications. Specific threshold criteria and point awards are explained in Attachments C and D to this Consolidated Plan.

For the CFF Program specifically, the amount of CDBG funds granted will be based on a \$5,000 cost per project beneficiary.

B. Housing Program: \$4,799,000

The State (Office of Community and Rural Affairs) has contracted with the Indiana Housing & Community Development Authority (IHCDA) to administer funds allocated to the State's Housing Program. The Indiana Housing & Community Development Authority will act as the administrative agent on behalf of the Indiana Office of Community and Rural Affairs. Please refer to the Indiana Housing & Community Development Authority's portion of this FY 2010 Consolidated Plan for the method of distribution of such subcontracted CDBG funds from the Office of Community and Rural Affairs to the IHCDA.

C. Community Economic Development Fund/Program: \$2,500,000

The Community Economic Development Fund (CEDF) will be available through the Indiana Office of Community and Rural Affairs. This fund will provide funding for various eligible economic development activities pursuant to 24 CFR 507.203. The Office of Community and Rural Affairs will give priority for CEDF-IDIP funding to construction of off-site and on-site infrastructure projects in support of low and moderate income employment opportunities.

Eligible CEDF activities will include any eligible activity under 24 CFR 570.203, to include the following:

1. Construction of infrastructure (public and private) in support of economic development projects;
2. Loans or grants by applicants for the purchase of manufacturing equipment;
3. Loans or grants by applicants for the purchase of real property and structures (includes vacant structures);
4. Loans or grants by applicants for the rehabilitation of facilities (vacant or occupied);
5. Loans or grants by applicants for the purchase and installation of pollution control equipment;
6. Loans or grants by applicants for the mitigation of environmental problems via capital asset purchases.

Projects/applications will be evaluated using the following criteria:

1. The importance of the project to Indiana's economic development goals;
2. The number and quality of new jobs to be created;
3. The economic needs of the affected community;
4. The economic feasibility of the project and the financial need of the affected for-profit firm, or not-for-profit corporation; the availability of private resources;
5. The level of private sector investment in the project.

The review process by the Office of Community and Rural Affairs is based on the criteria above, in consultation with the Indiana Economic Development Corporation as necessary. Grant applications will be accepted and awards made until funding is no longer available. The intent of the program is to provide necessary public improvements or capital equipment for an economic development project to encourage the creation of new jobs. In some instances, the Office of Community and Rural Affairs may determine that the needed facilities/improvements may also benefit the project area as a whole (i.e. certain water, sewer, and other public facilities improvements), in which case the applicant will be required to also meet the "area basis" criteria for funding under the Federal Act.

1. Beneficiaries and Job Creation/Retention Assessment:

The assistance must be reasonable in relation to the expected number of jobs to be created or retained by the benefiting business(es) within 18 months following the date of grant award. Before CDBG assistance will be provided for such an activity, the applicant unit of general local government must develop an assessment, which identifies the businesses located or expected to locate in the area to be served by the improvement. The assessment must include for each identified business a projection of the number of jobs to be created or retained as a result of the assistance.

2. Public Benefit Standards:

The Office of Community and Rural Affairs will conform to the provisions of 24 CFR 570.482(f) for purposes of determining standards for public benefit and meeting the national objective of low and moderate income job creation or retention will be all jobs created or retained as a result of the public improvement or financial assistance by the business(es) identified in the job creation/retention assessment in 1 above. The investment of CDBG funds in any economic development project shall not exceed an amount of \$10,000 per job created; at least fifty-one percent (51%) of all such jobs, during the project period, shall be given to, or made available to, low and moderate income persons.

Projects will be evaluated on the amount of private investment to be made, the number of jobs for low and moderate income persons to be created or retained, the cost of the public improvement or financial assistance to be provided, the ability of the community (and, if appropriate, the assisted company) to contribute to the costs of the project, and the relative economic distress of the community. Actual grant amounts are negotiated on a case by case basis and the amount of assistance will be dependent upon the number of new full-time permanent jobs to be created and other factors described above. Construction and other temporary jobs may not be included. Part-time jobs are ineligible in the calculating equivalents. Grants made on the basis of job retention will require documentation that the jobs will be lost without such CDBG assistance and a minimum of fifty-one percent (51%) of the beneficiaries are of low and moderate income.

Pursuant to Section 105(e)(2) of the Federal Act as amended, and 24 CFR 570.209 of related HUD regulations, CDBG-CEDF funds allocated for direct grants or loans to for-profit enterprises must meet the following tests, (1) project costs must be reasonable, (2) to the extent practicable, reasonable financial support has been committed for project activities from non-federal sources prior to disbursement of federal CDBG funds, (3) any grant amounts provided for project activities do not substantially reduce the amount of non-federal financial support for the project, (4) project activities are determined to be financially feasible, (5) project-related return on investment are determined to be reasonable under current market conditions, and, (6) disbursement of CDBG funds on the project will be on an appropriate level relative to other sources and amounts of project funding.

A need (financial gap), which is not directly available through other means of private financing, should be documented in order to qualify for such assistance; the Office of Community and Rural Affairs will verify this need (financial gap) based upon historical and/or pro-forma projected financial information provided by the for-profit company to be assisted. Applications for loans based upon job retention must document that such jobs would be lost without CDBG assistance and a minimum of fifty-one percent (51%) of beneficiaries are of low-and-moderate income, or the recipient for-profit entity agrees that for all new hires, at least 51% of such employment opportunities will be given to, or made available to, persons of low and moderate income. All such job retention/hiring performance must be documented by the applicant/grantee, and the OCRA reserves the right to track job levels for an additional two (2) years after administrative closeout.

D. The Flexible Funding Program: \$2,000,000

The Office of Community and Rural Affairs recognizes that communities may be faced with important local concerns that require project support that does not fit within the parameters of its existing CDBG programs, but are nonetheless deserving of program funding.

The Flexible Funding Program is designed to provide funding for projects that are deemed a priority by the State but do not meet the timeframes of existing programs.

These activities must be eligible for funding under a national objective of the Federal Act and requirements of 24 CFR 570.208 and 24 CFR 570.483 of applicable HUD regulations.

The community must demonstrate that the situation requires immediate attention (i.e., that OCRA's 2010 CDBG Method of Distribution

participation in CFF program would not be a feasible funding alternative or poses an immediate or imminent threat to the health or welfare of the community) and that the situation is not the result of negligence on the part of the community. Communities must be able to demonstrate that reasonable efforts have been made to provide or obtain financing from other resources and that such effort where unsuccessful, unwieldy or inadequate. Alternatively, communities must be able to demonstrate that an opportunity to complete a project of significant importance to the community would be lost if required to adhere to the timetables of competitive programs.

E. Planning Fund: \$ 1,000,000

The State (Office of Community and Rural Affairs) will set aside \$1,000,000 of its FY 2010 CDBG funds for planning-only activities, which are of a project-specific nature. The Office of Community and Rural Affairs will make planning-only grants to units of local government to carry out planning activities eligible under 24 CFR 570.205 of applicable HUD regulations. The Office of Community and Rural Affairs will award such grants on a competitive basis and grant the Office of Community and Rural Affairs will review applications monthly. The Office of Community and Rural Affairs will give priority to project-specific applications having planning activities designed to assist the applicable unit of local government in meeting its community development needs by reviewing all possible sources of funding, not simply the Office of Community and Rural Affairs' Community Focus Fund or Community Economic Development Fund.

CDBG-funded planning costs will exclude final engineering and design costs related to specific activities which are eligible activities/costs under 24 CFR 570.201-204.

F. Technical Assistance Set-aside: \$340,591

Pursuant to the federal Housing and Community Development Act (Federal Act), specifically Section 106(d)(5), the State of Indiana is authorized to set aside up to one percent (1%) of its total allocation for technical assistance activities. The amount set aside for such Technical Assistance in the State's FY 2010 Consolidated Plan is \$340,591, which constitutes one-percent (1%) of the State's FY 2010 CDBG allocation of \$34,059,120. The State of Indiana reserves the right to set aside up to one percent (1%) of open prior-year funding amounts for the costs of providing technical assistance on an as-needed basis.

The amount set aside for the Technical Assistance Program will not be considered a planning cost as defined under Section 105(a)(12) of the Federal Act or an administrative cost as defined under Section 105(a)(13) of the Federal Act. Accordingly, such amounts set aside for Technical Assistance will not require matching funds by the State of Indiana. The Department reserves the right to transfer a portion or all of the funding set aside for Technical Assistance to another program hereunder as deemed appropriate by the Office of Community and Rural Affairs, in accordance with the "Program Amendments" provisions of this document. The Technical Assistance Program is designed to provide, through direct Office of Community and Rural Affairs staff resources or by contract, training and technical assistance to units of general local government, nonprofit and for-profit entities relative to community and economic development initiatives, activities and associated project management requirements.

1. Distribution of the Technical Assistance Program Set-aside: Pursuant to HUD regulations and policy memoranda, the Office of Community and Rural Affairs may use alternative methodologies for delivering technical assistance to units of local government and nonprofits to carry out eligible activities, to include:

- a. Provide the technical assistance directly with Office of Community and Rural Affairs or other State staff;
- b. Hire a contractor to provide assistance;
- c. Use sub-recipients such as Regional Planning Organizations as providers or securers of the assistance;
- d. Directly allocate the funds to non-profits and units of general local governments to

- secure/contract for technical assistance.
- e. Pay for tuition, training, and/or travel fees for specific trainees from units of general local governments and nonprofits;
- f. Transfer funds to another state agency for the provision of technical assistance; and,
- g. Contracts with state-funded institutions of higher education to provide the assistance.

2. Ineligible Uses of the Technical Assistance Program Set-aside: The 1% set-aside may not be used by the Office of Community and Rural Affairs for the following activities:

- a. Local administrative expenses not related to community development;
- b. Any activity that can not be documented as meeting a technical assistance need;
- c. General administrative activities of the State not relating to technical assistance, such as monitoring state grantees, rating and ranking State applications for CDBG assistance, and drawing funds from the Office of Community and Rural Affairs; or,
- d. Activities that are meant to train State staff to perform state administrative functions, rather than to train units of general local governments and non-profits.

G. Administrative Funds Set-aside: \$781,182

The State (Office of Community and Rural Affairs) will set aside \$781,182 of its FY 2010 CDBG funds for payment of costs associated with administering its State Community Development Block Grant (CDBG) Program (CFDA Number 14.228). This amount (\$781,182) constitutes two-percent (2%) of the State's FY 2010 CDBG allocation (\$681,182), plus an amount of \$100,000 ($\$34,059,120 \times 0.02 = \$681,182 + \$100,000 = \$781,182$). The amount constituted by the 2% set aside (\$681,182) is subject to the \$1-for-\$1 matching requirement of HUD regulations. The \$100,000 supplement is not subject to state match. These funds will be used by the Office of Community and Rural Affairs for expenses associated with administering its State CDBG Program, including direct personal services and fringe benefits of applicable Office of Community and Rural Affairs staff, as well as direct and indirect expenses incurred in the proper administration of the state's program and monitoring activities respective to CDBG grants awarded to units of local government (i.e. telephone, travel, services contractual, etc.). These administrative funds will also be used to pay for contractors hired to assist the Office of Community and Rural Affairs in its consolidated planning activities.

PRIOR YEARS' METHODS OF DISTRIBUTION

This Consolidated Plan, statement of Method of Distribution is intended to amend all prior Consolidated Plans for grant years where funds are still available to reflect the new program designs. The Methods of Distribution described in this document will be in effect commencing on July 1, 2010, and ending June 30, 2010, unless subsequently amended, for all FY 2010 CDBG funds as well as remaining residual balances of previous years' funding allocations, as may be amended from time to time subject to the provisions governing "Program Amendments" herein. The existing and amended program budgets for each year are outlined below (administrative fund allocations have not changed and are not shown below). Adjustments in the actual dollars may occur as additional reversions become available.

At this time there are only nominal funds available for reprogramming for prior years' funds. If such funds should become available, they will be placed in the CFF Fund. This will include reversions from settlement of completed grantee projects, there are no fund changes anticipated. For prior years' allocations there is no fund changes anticipated. Non-expended funds, which revert from the financial settlement of projects funded from other programs, will be placed in the Community Focus Fund (CFF).

PROGRAM APPLICATION

The Community Economic Development Fund Program (CEDF), Flexible Funding Program (FF), and Planning Fund/Program (PL) will be conducted through a single-stage, continuous application process throughout the program year. The application process for the Community Focus Fund (CFF) will be divided into two stages. Eligible applicants will first submit a short program proposal for such grants. After submitting proposal, eligible projects under the Federal Act will be invited to submit a full application. For each program, the full application will be reviewed and evaluated. The Office of Community and Rural Affairs, as applicable, will provide technical assistance to the communities in the development of proposals and full applications.

An eligible applicant may submit only one Community Focus Fund (CFF) application per cycle. Additional applications may be submitted under the other state programs. The Office of Community and Rural Affairs reserves the right to negotiate Planning-Only grants with CFF applicants for applications lacking a credible readiness to proceed on the project or having other planning needs to support a CFF project.

OTHER REQUIREMENTS

While administrative responsibility for the Small Cities CDBG program has been assumed by the State of Indiana, the State is still bound by the statutory requirements of the applicable legislation passed by Congress, as well as federal regulations promulgated by the U. S. Department of Housing and Urban Development (HUD) respective to the State's CDBG program as codified under Title 24, Code of the Federal Register. HUD has passed on these responsibilities and requirements to the State and the State is required to provide adequate evidence to HUD that it is carrying out its legal responsibilities under these statutes.

As a result of the Federal Act, applicants who receive funds through the Indiana Office of Community and Rural Affairs selection process will be required to maintain a plan for minimizing displacement of persons as a result of activities assisted with CDBG funds and to assist persons actually displaced as a result of such activities. Applicants are required to provide reasonable benefits to any person involuntarily and permanently displaced as a result of the use of assistance under this program to acquire or substantially rehabilitate property. The State has adopted standards for determining reasonable relocation benefits in accordance with HUD regulations.

CDBG "Program Income" may be generated as a result of grant implementation. The State of Indiana may enter into an agreement with the grantee in which program income is retained by the grantee for eligible activities. Federal guidelines require that program income be spent prior to requesting additional draw downs. Expenditure of such funds requires prior approval from the Office of Community and Rural Affairs (OCRA). The State (Office of Community and Rural Affairs) will follow HUD regulations set forth under 24 CFR 570.489(e) respective to the definition and expenditure of CDBG Program Income.

All statutory requirements will become the responsibility of the recipient as part of the terms and conditions of grant award. Assurances relative to specific statutory requirements will be required as part of the application package and funding agreement. Grant recipients will be required to secure and retain certain information, provide reports and document actions as a condition to receiving funds from the program. Grant management techniques and program requirements are explained in the OCRA's CDBG Grantee Implementation Manual, which is provided to each grant recipient.

Revisions to the Federal Act have mandated additional citizen participation requirements for the State and its grantees. The State has adopted a written Citizen Participation Plan, which is available for interested citizens to review. Applicants must certify to the State that they are following a detailed Citizen Participation Plan which meets Title I requirements. Technical assistance will be provided by the Office of Community and Rural Affairs to assist program OCRA's 2010 CDBG Method of Distribution

applicants in meeting citizen participation requirements.

The State has required each applicant for CDBG funds to certify that it has identified its housing and community development needs, including those of low and moderate income persons and the activities to be undertaken to meet those needs.

INDIANA OFFICE OF COMMUNITY AND RURAL AFFAIRS (OCRA)

The Indiana Office of Community and Rural Affairs intends to provide the maximum technical assistance possible for all of the programs to be funded from the CDBG program. Lieutenant Governor Rebecca Skillman heads the Office of Community and Rural Affairs. Principal responsibility within the OCRA for the CDBG program is vested in Kathleen Weissenberger, Director of Community Affairs. The Office of Community and Rural Affairs also has the responsibility of administering compliance activities respective to CDBG grants awarded to units of local government.

Primary responsibility for providing "outreach" and technical assistance for the Community Focus Fund and Planning Fund process resides with the Office of Community and Rural Affairs. Primary responsibility for providing "outreach" and technical assistance for the Community Economic Development Program and award process also resides with OCRA. Primary responsibility for providing "outreach" and technical assistance for the Housing award process resides with the Indiana Housing & Community Development Authority who will act as the administrative agent on behalf of the Indiana Office of Community and Rural Affairs.

The Business Office will provide internal fiscal support services for program activities, development of the Consolidated Plan and the CAPER. The Grant Support Division of OCRA has the responsibilities for CDBG program management, compliance and financial monitoring of all CDBG programs. The Indiana State Board of Accounts pursuant to the federal Office of Management and Budget Circular A-133 will conduct audits. Potential applicants should contact the Office of Community and Rural Affairs with any questions or inquiries they may have concerning these or any other programs operated by the Office of Community and Rural Affairs.

Information regarding the past use of CDBG funds is available at the:

**Indiana Office of Community and Rural Affairs
Office of Community and Rural Affairs
One North Capitol, Suite 600
Indianapolis, Indiana 46204-2288
Telephone: 1-800-824-2476
FAX: (317) 233-6503**

DEFINITIONS

Low and moderate income - is defined as 80% of the median family income (adjusted by size) for each county. For a county applicant, this is defined as 80% of the median income for the state. The income limits shall be as defined by the U. S. Department of Housing and Urban Development Section 8 Income Guidelines for "low income families." Certain persons are considered to be "presumptively" low and moderate income persons as set forth under 24 CFR 570.208(a)(2); inquiries as to such presumptive categories should be directed to the OCRA's Grants Management Office, Attention: Ms. Beth Goeb at (317) 232-8831.

Matching funds - local public or private sector in-kind services, cash or debt allocated to the CDBG project. The **minimum** level of local matching funds for Community Focus Fund (CFF) projects is ten-percent (10%) of the **total estimated project costs**. This percentage is computed by adding the proposed CFF grant amount and the local matching funds amount, and dividing the local matching funds amount by the total sum of the two amounts. The 2010 definition of match has been adjusted to include a maximum of 5% pre-approved and validated in-kind contributions. The balance of the ten (10) percent must be in the form of either cash or debt. Any in-kind over and above the specified 5% may be designated as local effort. Funds provided to applicants by the State of Indiana such as the Build Indiana Fund are not eligible for use as matching funds.

Private investment resulting from CDBG projects does not constitute local match for all OCRA-CDBG programs except the Community Economic Development Fund (CEDF); such investment will, however, be evaluated as part of the project's impact, and should be documented. The Business Office reserves the right to determine sources of matching funds for CEDF projects.

Proposal (synonymous with "pre-application") - A document submitted by a community which briefly outlines the proposed project, the principal parties, and the project budget and how the proposed project will meet a goal of the Federal Act. If acceptable, the community may be invited to submit a full application.

Reversions - Funds placed under contract with a community but not expended for the granted purpose because expenses were less than anticipated and/or the project was amended or canceled and such funds were returned to the Office of Community and Rural Affairs upon financial settlement of the project.

Slums or Blight - an area/parcel which: (1) meets a definition of a slum, blighted, deteriorated, or deteriorating area under state or local law (Title 36-7-1-3 of Indiana Code); and (2) meets the requirements for "area basis" slum or blighted conditions pursuant to 24 CFR 570.208(b)(1) and 24 CFR 570.483(c)(1), or "spot basis" blighted conditions pursuant to 24 CFR 570.208(b)(2) and 24 CFR 570.483(c)(2).

Urgent Need - is defined as a serious and immediate threat to health and welfare of the community. The Chief Elected Official must certify that an emergency condition exists and requires immediate resolution and that alternative sources of financing are not available. An application for CDBG funding under the "urgent need" CDBG national objective must adhere to all requirements for same set forth under 24 CFR 570.208(c) and 24 CFR 570.483(d).

DISPLACEMENT PLAN

1. The State shall fund only those applications, which present projects and activities, which will result in the displacement of as few persons or businesses as necessary to meet the goals and objectives of the state and local CDBG-assisted program.
2. The State will use this criterion as one of the guidelines for project selection and funding.
3. The State will require all funded communities to certify that the funded project is minimizing displacement.
4. The State will require all funded communities to maintain a local plan for minimizing displacement of persons or businesses as a result of CDBG funded activities, pursuant to the federal Uniform Relocation and Acquisitions Policies Act of 1970, as amended.
5. The State will require that all CDBG funded communities provide assistance to all persons displaced as a result of CDBG funded activities.
6. The State will require each funded community to provide reasonable benefits to any person involuntarily and permanently displaced as a result of the CDBG funded program.

GENERAL SELECTION CRITERIA

The Office of Community and Rural Affairs (OCRA) will consider the following general criteria when evaluating a project proposal. Although projects will be reviewed for this information at the proposal stage, no project will be eliminated from consideration if the criteria are not met. Instead, the community will be alerted to the problem(s) identified. Communities must have corrected any identified deficiencies by the time of application submission for that project to be considered for funding.

A. General Criteria (all programs - see exception for program income and housing projects through the IHCD in 6 below):

1. The applicant must be a legally constituted general purpose unit of local government and eligible to apply for the state program.
2. The applicant must possess the legal capacity to carry out the proposed program.
3. If the applicant has previously received funds under CDBG, they must have successfully carried out the program. An applicant must not have any overdue closeout reports, State Board of Accounts OMB A-133 audit or OCRA monitoring finding resolutions (where the community is responsible for resolution.) Any determination of "overdue" is solely at the discretion of the Indiana Office of Community and Rural Affairs.
4. An applicant must not have any overdue CDBG semi-annual Grantee Performance Reports, subrecipient reports or other reporting requirements of the OCRA. Any determination of "overdue" is solely at the discretion of the Indiana Office of Community and Rural Affairs.
5. The applicant must clearly show the manner in which the proposed project will meet one of the three national CDBG objectives and meet the criteria set forth under 24 CFR 570.483.
6. The applicant must show that the proposed project is an eligible activity under the Act.
7. The applicant must first encumber/expend all CDBG program income receipts before applying for additional grant funds from the Office of Community and Rural Affairs; EXCEPTION – these general criteria will not apply to applications made directly to the Indiana Housing & Community Development Authority (IHCD) for CDBG-funded housing projects.

B. Community Focus Fund (CFF), Flexible Funding (FF) and Planning Fund (PL):

1. To be eligible to apply at the time of application submission, an applicant must not have any:
 - a. Overdue grant reports, subrecipient reports or project closeout documents; or
 - b. More than one open or pending CDBG-CFF grant or CDBG-Planning grant (Indiana cities and incorporated towns).
 - c. For those applicants with one open CFF, a "Notice of Release of Funds and Authorization to Incur Costs" must have been issued for the construction activities under the open CFF contract, and a contract for construction of the principal (largest funding amount) construction line item (activity) must have been executed prior to the deadline established by OCRA for receipt of applications for CFF funding.

- d. For those applicants who have open Planning Fund grants, the community must have final plan approved by the Office of Community and Rural Affairs prior to submission of a CFF application for the project.
 - e. An Indiana county may have two (2) open CFF's and/or Planning Grants and apply for a third CFF or Planning Grant. A county may have only three (3) open CFF's or Planning Grants. Both CFF contracts must have an executed construction contract by the application due date.
2. The cost/beneficiary ratio for CFF funds will be maintained at \$5,000, except for economic development projects where that ratio will not exceed \$10,000. Housing-related projects are to be submitted directly to the Indiana Housing & Community Development Authority (IHCDA) under its programs.
 3. At least 5% leveraging (as measured against the CDBG project, see definitions) must be proposed. The Indiana Office of Community and Rural Affairs may rule on the suitability and eligibility of such leveraging.
 4. The applicant may only submit one proposal or application per round. Counties may submit either for their own project or an "on-behalf-of" application for projects of other eligible applicants within the county. However, no application will be invited from an applicant where the purpose is clearly to circumvent the "one application per round" requirement for other eligible applicants.
 5. The application must be complete and submitted by the announced deadline.
 6. For area basis projects, applicants must provide convincing evidence that circumstances in the community have so changed that a survey conducted in accordance with HUD survey standards is likely to show that 51% of the beneficiaries will be of low-and-moderate income. This determination is not applicable to specifically targeted projects.

C. Housing Programs:

Refer to Method of Distribution for Indiana Housing & Community Development Authority. Information, within this FY 2010 Consolidated Plan.

D. Community Economic Development Program/Fund (CEDF):

Applicants for the Community Economic Development Fund assistance must meet the General Criteria set forth in Section A above, plus the specific program requirements set forth in the "Method of Distribution" section of this document.

GRANT EVALUATION CRITERIA – 750 POINTS TOTAL
Community Focus Fund (CFF), Flexible Funding (FF) and Planning Grant (PL)

Community Focus Fund (CFF) and Planning Grants (PL) must achieve a minimum score of 450 points (60%) to be eligible for award.

NATIONAL OBJECTIVE SCORE (250 POINTS):

Depending on the National Objective to be met by the project, one of the following two mechanisms will be used to calculate the score for this category.

1. National Objective = Benefit to Low- and Moderate-Income Persons: 250 points maximum awarded according to the percentage of low- and moderate-income individuals to be served by the project. The total points given are computed as follows:

$$\text{National Objective Score} = \% \text{ Low/Mod Beneficiaries} \times 3.125$$

The point total is capped at 250 points or 80% low/moderate beneficiaries, i.e., a project with 80% or greater low/moderate beneficiaries will receive 200 points. Below 80% benefit to low/moderate-income persons, the formula calculation will apply.

2. National Objective = Prevention or Elimination of Slums or Blight: 250 points maximum awarded based on the characteristics listed below. The total points given are computed as follows:

$$\text{National Objective Score} = (\text{Total of the points received in each category below}) \times 3.125$$

- ___ Applicant has a Slum/Blight Resolution for project area (30 pts.)
- ___ Community is an Indiana Main Street Senior Partner or Partner, and the project relates to downtown revitalization (5 pts.)
- ___ The project site is a brownfield* (10 pts.)
- ___ The building or district is listed on the Indiana or National Register of Historic Places (10 pts.)
- ___ The building or district is eligible for listing on the Indiana or National Register of Historic Places (10 pts.)
- ___ The building is on the Historic Landmarks Foundation of Indiana's "10 Most Endangered List" (15 pts.)

* The State of Indiana defines a brownfield as an industrial or commercial property that is abandoned, inactive, or underutilized, on which expansion or redevelopment is complicated due to actual or perceived environmental contamination.

COMMUNITY DISTRESS FACTORS (250 POINTS):

The community distress factors used to measure the economic conditions of the applicant are listed below. Each is described with an explanation and an example of how the points are determined. Each factor can receive a maximum of 50 points with the total distress point calculation having a maximum of 250 points. The formula calculation for each measure is constructed as a percentage calculation along a scale range. The resulting percentage is then translated into a point total on a fifty point scale for each measure.

Unemployment Rate (50 points maximum): Unemployment rate for the county of the lead applicant. The most recent average annual rate available is used.

- a. If the unemployment rate is above the maximum value, 50 points are awarded.
- b. If the unemployment rate is below the minimum value, 0 points are awarded.
- c. Between those values, the points are calculated by taking the unemployment rate, subtracting the minimum value, dividing by the range, and multiplying by 50.

Unemployment Rate Points = $(((\text{Unemployment rate} - \text{minimum})/\text{range}) \times 50)$

For example, if the unemployment rate is 4.5%, the minimum value is 2.6%, maximum value is 9.7%, and range is 7.1%, take unemployment rate of 4.5%, subtract the minimum value of 2.6%, divide by a range of 7.1%, and multiply by 50. The score would be 13.38 point of a possible 50; $(((4.5 - 2.6)/7.1) \times 50)$.

Net Assessed Value/capita (50 points maximum): Net assessed value per capita (NAV pc) for lead applicant¹. The most recent net assessed valuation figures², as well as the most recent population figures are used.

To determine the NAV pc, divide the net assessed valuation by the population estimate for the same year. For example, for 2002 NAV pc, you would divide the 2002 NAV by the Census Bureau's estimate of the population on July 1, 2002.

NAV per capita = NAV/Total Population

- d. If the net assessed value per capita for the lead applicant is above the maximum value, 0 points are awarded.
- e. If the net assessed value per capita for the lead applicant is below the minimum value, 50 points are awarded.
- f. Between those values, the points are calculated by subtracting 50 from the NAVpc minus the minimum value, divided by the range and multiplied by 50.

NAV per capita points = $50 - (((\text{NAV pc} - \text{minimum})/\text{range}) \times 50)$

For example, if the NAVpc is \$29,174, the minimum value is \$2,589 (excluding outliers), maximum value is \$75,524 (excluding outliers), and the range is \$72,935, take 50, subtract the NAV/capita of \$29,174 minus the minimum value of \$2,589, divide by the range of \$72,935, and multiply by 50. The score would be 31.78 points of a possible 50 points; $50 - (((29,174 - 2,589)/72,935) \times 50)$.

¹ For unincorporated areas, the NAV pc will be calculated based on data at the township level.

² All applicants will utilize the same basis, i.e., true tax value or market value, for the NAV pc calculation.

Median Housing Value (50 points maximum): Median Housing Value (MHV) for lead applicant³. Data from the most recent census are used.

Median Housing Value Points = 50 – [((MHV – minimum)/range) X 50]

- g. If the median housing value for the lead applicant is above the maximum value, 0 points are awarded.
- h. If the median housing value for the lead applicant is below the minimum value, 50 points are awarded.

For example, if the median housing value is \$79,000, the minimum value is \$24,300 (excluding outliers), maximum value is \$246,300 (excluding outliers) and the range is \$222,000. Take the MHV of \$79,000 minus the minimum value of \$24,300, divide the difference by the range of \$222,000, and multiply by 50 then subtract this amount from 50. The score would be 37.68 points out of a total possible of 50; $50 - [((79,000 - 24,300)/222,000) \times 50]$.

Median Household Income (25 points maximum): Median household income (MHI) for the lead applicant⁴. Data from the most recent census are used.

Median Household Income Points = 25 – [((MHI – minimum)/range) X 25]

- i. If the median household income is above the maximum value, 0 points are awarded.
- j. If the median household income is below the minimum value, 25 points are awarded.
- k. Between those values, the points are calculated by subtracting 25 from the MHI minus the minimum value, divided by the range, and multiplied by 25.

For example, if the Median Household Income is \$35,491, the minimum value is \$16,667 (excluding outliers), maximum value is \$97,723 (excluding outliers), range is \$81,056, take 25, subtract the MHI of \$35,491, minus the minimum value of \$16,667, divide by the range of \$81,056, and multiply by 25. The score would be 19.19 points out of a possible 25; $25 - [((35,491 - 16,667)/81,056) \times 25]$.

Family Poverty Rate (25 points maximum): Family poverty rate for the lead applicant⁵. Data from the most recent census are used.

Family Poverty Rate Points = [((Family Poverty Rate – minimum)/range) X 25]

- l. If the family poverty rate is above the maximum value, 25 points are awarded.
- m. If the family poverty rate is below the minimum value, 0 points are awarded.
- n. Between those values, the points are calculated by subtracting the Family Poverty Rate from the minimum value, then dividing by the range, and multiplying by 25.

For example, if the family poverty rate is 1.4%, the minimum value is 0% (excluding outliers), maximum value is 25% (excluding outliers), and range is 25%, take family poverty rate of 1.4%, subtract the minimum value of 0%, divide by a range of 25%, and multiply by 25. The score would be 1.4 points of a possible 25; $[((1.4 - 0)/25) \times 25]$

³ For unincorporated areas MHV will be calculated based on data at the township level.

⁴ For unincorporated areas MHI will be calculated based on data at the township level.

⁵ For unincorporated areas Family Poverty Rate will be calculated based on data at the township level.

Percentage Population Change (50 points maximum): Percentage population change from 1990 to 2000 for the lead applicant⁶. The percentage change is computed by subtracting the 1990 population from the 2000 population and dividing by the 1990 population. Convert this decimal to a percentage by multiplying by 100.

Percentage Population Change = [(2000 population - 1990 population)/1990 population] X 100

- o. If the population changed above the maximum percentage value, 0 points are awarded.
- p. If the population changed below the minimum percentage value, 50 points are awarded.
- q. Between those values, the points are calculated by subtracting 50 from the percentage population change minus the minimum value divided by the range, and multiplied by 50.

Percentage Population Change points = 50 – [(Percentage population change – minimum)/range] X 50]

For example, if the population increased by 16.61%, the minimum value is –61.33% (excluding outliers), maximum value is 181.27% (excluding outliers), range is 242.60%, take 50, subtract 16.61% minus the minimum value of –61.33%, divide the range of 242.60%, and multiply by 50. The score would be 33.94 points out of a total possible of 50; $50 - [(16.61 - (-61.33)/242.60) \times 50]$.

LOCAL MATCH CONTRIBUTION (25 POINTS):

Up to 25 points possible based on the percentage of local funds devoted to the project. This total is determined as follows:

Total Match Points = % Eligible Local Match X .5

Eligible local match can be local cash, debt or in-kind sources. Government grants are not considered eligible match. In-kind sources may provide eligible local match for the project, but the amount that can be counted as local match is limited to 5% of the total project budget or a maximum of \$25,000. Use of in-kind donations as eligible match requires approval from the Indiana Office of Community and Rural Affairs, Community Affairs Division four weeks prior to application submission.

PROJECT DESIGN FACTORS (200 POINTS):

200 points maximum awarded according to the evaluation in three areas:

- Project Description** – is the project clearly defined as to determine eligibility? – 40 points
- Project Need** - is the community need for this project clearly documented? – 80 points
- Financial Impact** - why is grant assistance necessary to complete this project? – 80 points

The points in these categories are awarded by the OCRA review team when evaluating the projects. Applicants should work with OCRA to identify ways to increase their project's scores in these areas.

⁶ For unincorporated areas percentage population change will be calculated based on data at the township level.

LEVERAGING PHILANTHROPIC CAPITAL (25 POINTS):

Points are assigned based on Philanthropic contribution as a percentage of total project costs.

0- ½ %	0 pts
½ - 1%	10 pts
1-1½%	15 pts
1 ½ -2%	20 pts
2%+	25 pts

POINTS REDUCTION POLICY:

It is the policy of OCRA not to fund more than one phase or component of a single project type in different funding rounds. This applies to all project types, although it is particularly relevant to utility projects. If a community needs to phase a project in order to complete it, they should consider which phase would be most appropriate for CFF assistance. Even if a community doesn't intentionally phase a project, OCRA will take into account previously awarded projects for the same project type. A Community that has previously been awarded a grant for the same project type will likely not be competitive and will be subject to the follow point reduction. This applies to all project types, although it is particularly relevant to utility projects.

0 – 5 years since previous funding – 50pts

5 – 7 years since previous funding – 25pts

Example:

Community submits and receives a CFF award for a new water tower in Round I of 2004. When applying for a water system upgrade (or a new water tower because the one they purchased failed) in Round I of 2010, they would be subject to a point reduction of 50pts. In Round II of 2010 they would be subject to a point reduction of 25pts.

**CITIZEN PARTICIPATION PLAN
INDIANA OFFICE OF COMMUNITY AND RURAL AFFAIRS (STATE)**

The State of Indiana, Office of Community and Rural Affairs, pursuant to 24 CFR 91.115, 24 CFR 570.431 and 24 CFR 570.485(a) wishes to encourage maximum feasible opportunities for citizens and units of general local government to provide input and comments as to its Methods of Distribution set forth in the Office of Community and Rural Affairs' annual Consolidated Plan for CDBG funds submitted to HUD as well as the Office of Community and Rural Affairs' overall administration of the State's Small Cities Community Development Block Grant (CDBG) Program. In this regard, the Office of Community and Rural Affairs will perform the following:

1. Require each unit of general local government to comply with citizen participation requirements for such governmental units as specified under 24 CFR 570.486(a), to include the requirements for accessibility to information/records and to furnish citizens with information as to proposed CDBG funding assistance as set forth under 24 CFR 570.486(a)(3), provide technical assistance to representatives of low-and-moderate income groups, conduct a minimum of two (2) public hearings on proposed projects to be assisted by CDBG funding, such hearings being accessible to handicapped persons, provide citizens with reasonable advance notice and the opportunity to comment on proposed projects as set forth in Title 5-3-1 of Indiana Code, and provide interested parties with addresses, telephone numbers and times for submitting grievances and complaints.
2. Consult with local elected officials and the Office of Community and Rural Affairs Grant Administrator Networking Group in the development of the Method of distribution set forth in the State's Consolidated Plan for CDBG funding submitted to HUD.
3. Publish a proposed or "draft" Consolidated Plan and afford citizens, units of general local government, and the CDBG Policy Advisory committee the opportunity to comment thereon.
4. Furnish citizens and units of general local government with information concerning the amount of CDBG funds available for proposed community development and housing activities and the range/amount of funding to be used for these activities.
5. Hold one (1) or more public hearings respective to the State's proposed/draft Consolidated Plan, on amendments thereto, duly advertised in newspapers of general circulation in major population areas statewide pursuant to I.C. 5-3-1-2 (B), to obtain the views of citizens on proposed community development and housing needs. The Consolidated Plan Committee published the enclosed legal advertisement to thirteen (13) regional newspapers of general circulation statewide respective to the public hearings held on the 2010 Consolidated Plan. In addition, this notice was distributed by email to over 1,000 local officials, non-profit entities, and interested parties statewide in an effort to maximize citizen participation in the FY 2010 consolidated planning process:

**The Republic, Columbus, IN
Indianapolis Star, Indianapolis, IN
The Journal-Gazette, Fort Wayne, IN
The Chronicle-Tribune, Marion, IN
The Courier Journal, Louisville, KY
Gary Post Tribune, Gary, IN
Tribune Star, Terre Haute, IN
Journal & Courier, Lafayette, IN
Evansville Courier, Evansville, IN
South Bend Tribune, South Bend, IN
Palladium-Item, Richmond, IN
The Times, Munster, IN
The Star Press, Muncie, IN**

6. Provide citizens and units of general local government with reasonable and timely access to records regarding the past and proposed use of CDBG funds.
7. Make the Consolidated Plan available to the public at the time it is submitted to HUD, and;
8. Follow the process and procedures outlined in items 2 through 7 above with respect to any amendments to a given annual CDBG Consolidated Plan and/or submission of the Consolidated Plan to HUD.

In addition, the State also will solicit comments from citizens and units of general local government on its CDBG Performance Review submitted annually to the U.S. Department of Housing and Urban Developments (HUD). Prior to its submission of the Review to HUD, the State will advertise regionally statewide (pursuant to I.C. 5-3-1) in newspapers of general circulation soliciting comments on the Performance and Evaluation Report.

The State will respond within thirty (30) days to inquiries and complaints received from citizens and, as appropriate, prepare written responses to comments, inquiries or complaints received from such citizens.

**NOTICE OF PUBLIC HEARING
FY 2010 CONSOLIDATED PLAN FOR FUNDING**

**INDIANA OFFICE OF COMMUNITY AND RURAL AFFAIRS
INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY**

Pursuant to 24 CFR part 91.115(a)(2), the State of Indiana wishes to encourage citizens to participate in the development of the State of Indiana Consolidated Plan for 2010. In accordance with this regulation, the State is providing the opportunity for citizens to comment on the 2010 Consolidated Plan draft report, which will be submitted to the US Department of Housing and Urban Development (HUD) on or before May 15, 2010. The Consolidated Plan defines the funding sources for the State of Indiana's four (4) major HUD-funded programs and provides communities a framework for defining comprehensive development planning. The FY 2010 Consolidated Plan will set forth the method of distribution of funding for the following HUD-funded programs:

**State Community Development Block Grant (CDBG) Program
Home Investment Partnership Program
Emergency Shelter Grant Program
Housing Opportunities for Persons With AIDS Program**

These public hearings will be conducted on **Friday, April 30** at several **Ivy Tech Community College** campuses (<http://www.ivytech.edu/>) across the state. Your choices of Ivy Tech campuses are:

Indianapolis

Fairbanks Building,
Room F250
9301 E. 59th St.
Lawrence, IN 46208
2:30-4:30 p.m. or
5:30-7:30 p.m.

Lafayette

3101 South Creasy Lane
Ivy Hall, Room 2121
Lafayette, IN 47903
2:30-4:30 p.m. or
5:30-7:30 p.m.

Portland

John Jay Center
101 South Meridian Street
Room 106
Portland, IN 47371
2:30-4:30 p.m. or
5:30-7:30 p.m.

Valparaiso

3100 Ivy Tech Drive
Valparaiso, IN 46383
2:30-4:30 p.m. or
5:30-7:30 p.m.

Evansville

3501 North First Avenue
Room 322
Evansville, IN 47710
1:30-3:30 p.m. or
4:30-6:30p.m.

Madison

590 Ivy Tech Drive
Lecture Hall
Madison, IN 47250
2:30-4:30 p.m.

All members of the public are invited to review the draft Plan prior to submission April 9, 2010 through May 10, 2010 during normal business hours of 8:30am to 5:00pm, Monday-Friday, at the Indiana Office of Community and Rural Affairs. A draft Plan will also be available on the IHCDA website (www.in.gov/ihcda) and the OCRA website (www.in.gov/ocra).

Written comments are invited from Friday, April 9, 2010 through Monday, May 10, 2010, at the following address:

**Consolidated Plan
Indiana Office of Community and Rural Affairs
One North Capitol – Suite 600
Indianapolis, IN 46204-2288**

Persons with disabilities will be provided with assistance respective to the contents of the Consolidated Plan. Interested citizens and parties who wish to receive a free copy of the Executive Summary of the FY 2009 Consolidated Plan or have any other questions may contact the Indiana Office of Community and Rural Affairs at its toll free number 800.824.2476, or 317.232.8911, during normal business hours or via electronic mail at bdawson2@ocra.in.gov.

APPENDIX F.
IHCDA 2010 Method of Distribution

IHCDA Investment Statement

IHCDA creates housing opportunity, generates and preserves assets, and revitalizes neighborhoods by investing technical and financial resources into the development efforts of its partners across Indiana.

Within this framework, IHCDA seeks partnerships that offer solutions to community challenges. As evidenced from the socio-demographic data and the survey results included in this Consolidated Plan, IHCDA has identified the following strategic priorities for its investment decisions: comprehensive development, aging in place, ending homelessness, and high performance building.

Comprehensive Community Development

While the opportunities and challenges may vary from Adeyville to Angola or Patriot to Peru, every community strives to be a place people choose to live, work, and play. Comprehensive development recognizes that a community's potential lies in the identification and creation of a shared vision, planned by local leadership, and carried out by a wide array of partners. When successful, it yields results beyond what can be achieved by individual organizations or disparate programs because the value they add to each other.

A thriving community is a community with job opportunities, strong schools, safe neighborhoods, diverse housing, and a vibrant culture. Comprehensive development marshals resources and deploys comprehensive strategies in a concentrated footprint to serve as a catalyst for community vitality. The demolition of blighted structures, the rehabilitation of housing units, and the creation of new uses such as recreational amenities, retail services, or employment centers serve as a tipping point for future development by market forces.

Aging in Place

Aging in place refers to adapting our living environment for aging in place involving home modifications which can make it safer, more comfortable, and increases the likelihood of remaining independent and living where you have lived for years by using products, services, and conveniences which allow you to remain in your home as circumstances change.

Ending Homelessness

It is in no one's best interest to manage homelessness. IHCDA and its partners are focused on systematically preventing and ending homelessness for those most vulnerable in our communities. By identifying an individual's or family's barriers to self-sufficiency and targeting the most appropriate housing solution, the number of people that enter and the duration of time they spend in the homeless delivery system can be minimized.

For the chronically homeless, those who cycle through health care institutions and correctional facilities seeking services and shelter, linking services with housing provides them stability and reduces the burden on other community systems. At the end of the day, our collective goal is to ensure that everyone has a place to call home.

High Performance Building

How we create community solutions is equally as important to what solutions are desired. High performance building integrates with and optimizes the surrounding environment through architectural and site design, construction techniques and materials, as well as resource use and recovery. Done right, high performance building while maximizes quality and durability by minimizing environmental impacts and operating costs.

Activities

Partners are encouraged to engage in an array of activities necessary to attain the solutions desired by a community.

- Pre-development loans – limited to eligible nonprofits
- Operating capacity grants – limited to eligible nonprofits
- Permanent Supportive Housing – Applicants must participate in the Indiana Permanent Supportive Housing Institute to be considered for an IHCDCA investment.
- Rental assistance
- Acquisition, rehabilitation, refinance, or construction of rental housing
- Homeownership counseling and down payment assistance
- Acquisition, rehabilitation, refinance, or construction of homebuyer housing
- Rehabilitation, modification, and energy improvements to owner-occupied housing

2010 Investment Process

IHCDA's commitment to investing in community solutions meant its method of distributing a variety of resources had to fundamentally change. Traditionally IHCDA was organized around pots of money. Applications were linked to a discrete funding source. The move to funding solutions places the focus on the strategic fit of a proposed activity, the strength of the sponsor and its development team, and the financial feasibility and readiness of the development. IHCDA's new process includes the following phases:

1. Strategic Assessment;
2. Project Assessment;
3. Investment Negotiation and Structuring; and
4. Investment Execution and Disbursement.

Sponsors will submit information materials to an IHCDA Community Development Representative. The Community Development Representative is responsible for seeing a proposed development through the Investment Process. An internal review team comprised of representatives from various departments will evaluate the proposal and provide a go/no-go/modify decision (see following flowchart and narrative). The feedback inherent to this process naturally creates opportunity for dialogue between IHCDA and the sponsor. Depending on the proposed activity, the sponsor's credentials, and their readiness to proceed, the investment process is anticipated to take between 60-90 days.

Availability of funds

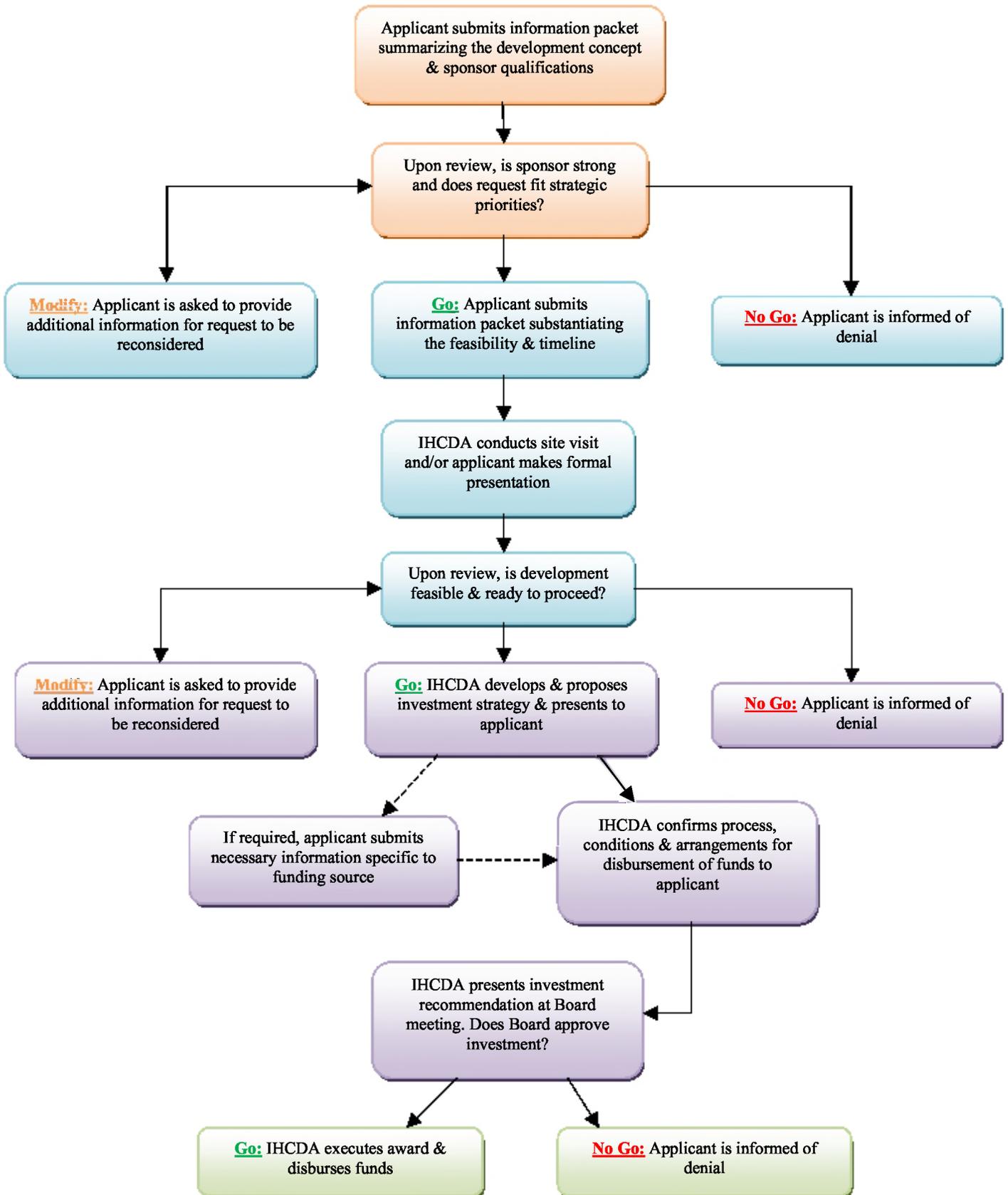
Applications may be accepted, reviewed, and funded on a first-come, first-served basis beginning July 1, 2010 and ending June 30, 2011 as funding is available.

Applicants

Eligible applicants include cities, towns, counties, townships, public housing authorities, CHDO's, and not-for-profit 501(c)3 or 501(c)4 corporations, and for-profit developers in good standing with IHDCA.

Except for permanent supportive housing projects, activities located within a participating jurisdiction or entitlement community must demonstrate equal and comparable financing from the local unit of government to be considered for an IHCDA investment:

Investment Process Flowchart



IHCDA Investment Process

1. **Strategic Assessment** – Applicants submit information packet summarizing the development concept and the sponsor’s qualifications. An IHCDA Review Team evaluates the request for its fit with the Authority’s strategic priorities and for the strength of applicant and its development team.
 - a. **Strategic Priority Review**
 - i. The development concept is assessed for its alignment with the strategic priorities of IHCDA: Ending Homelessness, Aging in Place, High Performance Building, and Comprehensive Development.
 - b. **Sponsor Review**
 - i. The sponsor and its development team are assessed for their qualifications and experience in the proposed activity, their performance on past/current IHCDA awards/projects, and their capacity to take on this additional work.
 - ii. The sponsor is assessed for its financial strength based on previous three audits and YTD financials as well as ratio and trend analyses.
 - c. IHCDA follows up with sponsor to clarify or secure supplemental information.

Go/No-Go/Modify Decision

2. **Project Assessment** – Applicants submit information packet substantiating the feasibility and timeline of the proposed activity. An IHCDA Review Team will evaluate the development for its financial soundness and the sponsor for its readiness to proceed.
 - a. **Feasibility Review:**
 - i. The proposed activity is assessed for its demand from and impact on the local market and the intended beneficiaries (e.g., market survey and/or pre-qualified waiting list).
 - ii. All revenue and cost assumptions are tested and verified in the construction and operating pro-formas.
 - b. **Readiness Review**
 - i. The sponsor is assessed on its readiness to proceed with the proposed activity including site control, architectural schematics, construction estimates, and other funding commitments.
 - ii. The development is assessed on submission of Environmental Review Record and initiation of Section 106 Review process.
 - c. IHCDA conducts site visit or applicant makes formal presentation.

Go/No-Go/Modify Decision

3. **Investment Negotiation and Structuring** – An IHCDA Review Team develops and proposes an investment strategy. Applicant accepts or negotiates investment terms as needed.
- a. IHCDA identifies any potential and known regulatory requirements based on the proposed activity and its scope (e.g., Davis-Bacon, URA).
 - b. IHCDA develops investment strategy based on highest and best use of available resources and an acceptable deal structure.
 - c. IHCDA provides investment summary to the applicant.
 - d. Applicant submits necessary information and forms specific to the proposed activity and recommended funding source (Wage determination, relocation costs, Section 106 determination).
 - e. IHCDA and applicant negotiate and adjust investment amount and terms as needed.
 - f. IHCDA confirms the process, conditions and arrangements for disbursement of funds to the applicant.
 - g. IHCDA presents investment to its Board for approval.

Go/No-Go/Modify Decision

4. **Investment Execution and Disbursement** – An IHCDA Review Team executes award and disburses funds.
- a. IHCDA prepares award/loan documents including “closing” or monitoring checklist.
 - b. Applicant prepares necessary information and forms in accordance with appropriate checklist (Certifications, Title Insurance, etc.).
 - c. IHCDA schedules and completes “closing” or award execution with the sponsor.
 - d. All requisite documents are recorded (lien, covenants, deed restriction, income restriction, mortgages) in appropriate venue.
 - e. IHCDA schedules and provides mandatory compliance training with the sponsor.
 - f. IHCDA provides disbursement.

Investment Process Checklist

1. Strategic Assessment

1a. Strategic Priority Review

1	How will your project meet community needs in at least one of the following strategic areas: Ending Homelessness, Aging in Place, High Performance Building, and Comprehensive Development?
2	Concise overview of the development concept that includes a history of the project, the partnerships created or anticipated, as well as the impact on community and intended customers, affordability levels, location (including street address) and goals. Discuss how the project fits into the overall development of the neighborhood, community or city. Also discuss partnerships created or anticipated to enhance the project and its impact on the community. Finally, discuss the history of the project concept, including how it came to be in its proposed form and who has been involved in conversations regarding the project.
3	Back-of-the Envelope Sources and Uses Statement.

1b. Sponsor Review

1	Resumes of development team members, including lists of projects completed.
2	List of IHEDA awards, if any, for review of status by staff.
3	For new applicants (non-CHDO): evidence of existence in good standing with the Indiana Secretary of State, evidence of public charity status (if appropriate).
4	Audited financial statements for prior three years.
5	Interim financials for current year, including balance sheet, profit and loss, and budget-to-actual.
6	Board member list with contact information, terms, officers, and constituency represented.

2. Project Assessment

2a. Feasibility Review

1	General Development Information Form
2	Appraisal (As-is/As-Improved, as appropriate).
3	Final Development Pro Forma, with explanation for the basis for the numbers.
4	Final Operating Pro Forma, with explanation for the basis of the numbers.
5	Evidence of Demand (description of intended beneficiaries and market study/market survey, waiting list, pre-qualified buyer list).
6	Capital Needs Assessment (for rehab projects only).
7	Documentation of funding commitments.
8	Site and Neighborhood Characteristics
9	Project Timeline, with key milestones and dates identified.

2b. Readiness Review

1	Evidence of site control and evidence of proper zoning.
2	Evidence of clear title.
3	Engineered architectural drawings and site plan

	4	Evidence of utility availability
	5	Documentation of pricing commitments (such as purchase agreement, construction estimates, and term sheets for leveraged loan funding).
	6	Documentation to initiate Historic Review process.
	7	Documentation to initiate Environmental Review process.
	8	Evidence of Banked Match (See Attached).

3. Negotiation and Structuring

	1	Documentation to confirm conformance with appropriate regulatory and administrative requirements as appropriate: Displacement Assessment, URA Displacement Plan, etc.
	2	Confirm processes, conditions and arrangements for disbursement processing as needed.

4. Closing/Disbursement

	1	HMIS Certification
	2	Affordable Housing Database
	3	Affirmative Marketing Procedures and Certifications
	4	Drug-Free Workplace Certification
	5	Assurances and Certification