

**2010-2014 Consolidated Plan**

**Strategic Plan for  
Community Development Block  
Grant Programs**

Commonwealth of Kentucky

**May 2010**

**Kentucky Housing  
Corporation**

**Kentucky Department for  
Local Government**



## 3-5 Year Strategic Plan

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

### **NAME OF JURISDICTION: Commonwealth of Kentucky**

**Consolidated Plan Time Period:** July 1, 2010 to June 30, 2015

### **Contents**

Executive Summary .....	2
Strategic Plan .....	4
Consultation .....	5
Citizen Participation .....	7
Housing Needs .....	10
Homeless Needs .....	33
Non-homeless Special Needs including HOPWA .....	39
Lead-based Paint .....	45
Housing Market Analysis .....	49
Public and Assisted Housing .....	56
Homeless Inventory .....	57
Emergency Shelter .....	58
Special Need Facilities and Services .....	64
Barriers to Affordable Housing .....	65
General Priority Needs Analysis and Strategies .....	65
Specific Objectives .....	71
Priority Housing Needs .....	72
Specific Objectives/Affordable Housing .....	75
Sources of Funds .....	79
Federal and Non-federal Resources .....	79
Rental Housing Assistance .....	79
Homeownership Assistance .....	80
Homelessness Assistance .....	80
Special Needs Assistance .....	81
Community and Economic Development Assistance .....	81
Leveraging and Matching of Federal Dollars .....	82
Public Housing Strategy .....	84
Priority Homeless Needs .....	86
Homeless Strategy .....	88
Homelessness .....	88
Chronic Homelessness .....	93
Homelessness Prevention .....	94
Institutional Structure .....	95
Discharge Coordination Policy .....	98
Specific Objectives/Homeless .....	99
Priority Non-Homeless Needs .....	99
Specific Special Needs Objectives .....	104

Priority Community Development Needs .....	106
Specific Community Development Objectives .....	108
Neighborhood Revitalization Strategy Areas .....	115
Barriers to Affordable Housing .....	115
Lead-based Paint .....	117
Antipoverty Strategy .....	118
Institutional Structure.....	126
Coordination.....	129
Monitoring .....	136
Housing Opportunities for People with AIDS (HOPWA) .....	139
Specific HOPWA Objectives.....	141
Low-Income Housing Tax Credit.....	144
Fair Housing.....	144
Additional Information on Collaboration and Citizen Participation in Development of the Consolidated Plan .....	147

**GENERAL**

**Executive Summary**

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

*3-5 Year Strategic Plan Executive Summary:*

The Commonwealth of Kentucky 2010-2014 Consolidated Plan represents a collaborative endeavor and outlines the affordable housing and community development strategies the state will utilize in allocating funding from the following U.S. Department of Housing and Urban Development (HUD) block grant programs:

- HOME Investment Partnerships Program (HOME)
- Community Development Block Grant Program (CDBG)
- Emergency Shelter Grant Program (ESG)
- Housing Opportunities for Persons with AIDS Program (HOPWA)

Development of the plan allowed participants from sectors across the state opportunities to present their perspectives on the needs of their communities at regional public meetings, through surveys, ongoing collaboration at regularly scheduled periodic meetings and through a formal public hearing. Participants play a role in prioritizing housing and community development needs in Kentucky.

A result of this process was the creation of a unified strategy for addressing housing and community development priorities. An integral component of the Consolidated Plan, this strategy coordinates the linkages for revitalization efforts in the context of the identified priorities. These efforts, aimed at expanding

housing opportunities and invigorating local communities, will empower families with resources to achieve self-sufficiency in thriving localities.

In accordance with a mandate from HUD, the Consolidated Plan also serves as the application for funds under the programs listed above. Funds from these formula-grant programs provide the means for Kentucky Housing Corporation (KHC) and the Department for Local Government (DLG) to provide housing and other community development opportunities for low-income families in Kentucky.

Federal statutes governing these grant programs communicate three basic goals by which HUD evaluates performance under the plan. This Consolidated Plan announces Kentucky's strategy for pursuing these three statutory goals, which are:

**1. Decent Housing,** which includes

- assisting homeless persons obtain affordable housing;
- assisting persons at risk of becoming homeless;
- retaining affordable housing stock;
- increasing the availability of affordable permanent housing in standard condition to low-income and moderate-income families, particularly to members of disadvantaged minorities without discrimination on the basis of race, color, religion, sex, national origin, familial status or disability;
- increasing the supply of supportive housing which includes structural features and services to enable persons with special needs (including persons with HIV/AIDS) to live in dignity and independence; and
- providing affordable housing that is accessible to job opportunities.

**2. A Suitable Living Environment,** which includes

- improving the safety and livability of neighborhoods;
- eliminating blighting influences and the deterioration of property and facilities;
- increasing access to quality public and private facilities and services;
- reducing the isolation of income groups within areas through spatial de-concentration of housing opportunities for lower income persons and the revitalization of deteriorating neighborhoods;
- restoring and preserving properties of special historic, architectural or aesthetic value; and
- conserving energy resources and use of renewable energy sources.

**3. Expanded Economic Opportunities,** which includes

- job creation and retention;
- establishment, stabilization and expansion of small businesses (including micro-businesses);

- the provision of public services concerned with employment;
- the provision of jobs to low-income persons living in areas affected by those programs and activities, or jobs resulting from carrying out activities under programs covered by the plan;
- availability of mortgage financing for low-income persons at reasonable rates using non-discriminatory lending practices;
- access to capital and credit for development activities that promote the long-term economic and social viability of communities; and
- empowerment and self-sufficiency for low-income persons to reduce generational poverty in federally assisted housing and public housing.

These goals drive the Consolidated Plan strategy for addressing housing and community development needs. In addition, program administrators develop individual program action plans for carrying out the strategy and fulfilling these broad goals. Kentucky Housing Corporation develops action plans for the HOME, ESG and HOPWA programs, and the Department for Local Government prepares an action plan for the CDBG program. Each of these plans identifies the process by which the two agencies will distribute funds under the formula grant programs. KHC and DLG update the action plans annually. In addition, annual reporting of results achieved is published in the Consolidated Annual Performance and Evaluation Report (CAPER) submitted to HUD in September of each year.

The production goals set in each year's Action Plan are based upon the estimated number of persons served or units expected to be completed based upon past performance, current funding levels and active projects that are expected to file project completion reports in the current year.

Because of its broad scope, the statewide plan cannot provide the detailed information on local-level circumstances that plans from entitlement communities offer. Nevertheless, this state plan attempts to provide aggregate information that local communities and the public will find useful.

## **Strategic Plan**

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

### *Mission:*

Kentucky Housing Corporation's mission as the state housing finance agency, is to lead Kentucky in providing safe, affordable housing.

The Department for Local Government's mission, with regard to the CDBG program, is to provide financial assistance to communities for use in revitalizing neighborhoods, expanding affordable housing and economic opportunities,

providing infrastructure, and constructing/improving community facilities, and providing public services.

## MANAGING THE PROCESS

### **Consultation 91.200(b) (State: 91.300(b))**

1. *Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.*

Kentucky Housing Corporation (KHC) is the lead agency for overseeing development of the Consolidated Plan. The Department for Local Government (DLG) also plays an instrumental role in development the five-year plan, annual Action Plans and Consolidated Annual Performance and Evaluation Reports. DLG administers the CDBG program and KHC administers the HOME, ESG and HOPWA programs covered by this plan.

2. *Identify agencies, groups, and organizations that participated in the process. This should reflect consultation requirements regarding the following:*
  - **General** §91.100 (a)(1) - *Consult with public and private agencies that provide health services, social and fair housing services (including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, homeless persons) during the preparation of the plan.*
    - The following were consulted:
      - Continuum of Care agencies and non-profit agencies
      - HOPWA agencies
      - Independent Living Centers
      - Representatives from local government
      - Non-profit housing providers
      - Agencies and non-profits who assist persons with special needs and those who are homeless or at risk of becoming homeless
      - Multifamily housing developers
      - Community Housing Development Organizations
      - Housing program practitioners
      - Area Development Districts
      - Private consultants and developers
      - Consumers and private citizens
  - **Homeless strategy** §91.100 (a)(2) – *Consult with public and private agencies that provide assisted housing, health services, and social*

*services to determine what resources are available to address the needs of any persons that are chronically homeless.*

- The following agencies were consulted:
  - Continuum of Care Agencies
  - Kentucky Interagency Council on Homelessness
  - Kentucky Housing Policy Advisory Committee
  - Non-profit housing providers
  - Agencies and non-profits who assist persons with special needs and those who are homeless or at risk of becoming homeless
  
- **Lead lead-based paint hazards** §91.100 (a)(3) – *Consult with State or local health and child welfare agencies and examine existing data related to lead-based paint hazards and poisonings.*
  - State Cabinet for Health and Family Services was consulted
  
- **Adjacent governments** §91.100 (a)(4) -- *Notify adjacent governments regarding priority non-housing community development needs.*
  - Local Governments were consulted
  - Associations representing local government were consulted
  
- **Metropolitan planning** §91.100 (a)(5) -- *Consult with adjacent units of general local government, including local government agencies with metropolitan-wide planning responsibilities, particularly for problems and solutions that go beyond a single jurisdiction, i.e. transportation, workforce development, economic development, etc.*
  - Local Governments were consulted
  
- **HOPWA** §91.100 (b) -- *Largest city in EMSA consult broadly to develop metropolitan-wide strategy for addressing needs of persons with HIV/AIDS and their families.*
  - KHC’s HOPWA Program covers five Care Coordinator Regions which includes all non-entitlement areas of the state. These five regions work in concert with KHC on program activities.

For the HOPWA program, special needs service coordination and planning takes place broadly at Continuum of Care (CoC) meetings held across the state on a regular basis. HOPWA sub-grantees are encouraged to attend all CoC meetings. In order to ensure that all Kentuckians that need HOPWA assistance are afforded the opportunity, KHC endeavors to provide funding for an agency within each care coordinator region.

- **Public housing §91.100 (c)** -- *Consult with the local public housing agency concerning public housing needs, planned programs, and activities.*
  - KHC is the public housing agency for all counties in Kentucky that do not have a local public housing agency. In addition to consulting with internal staff, KHC obtained data related to public housing agencies in the state who administer project-based units as well as tenant-based assistance.

Representatives from all of these groups attended numerous meetings and public forums over the past two years designed to discuss needs, plan for activities to meet needs and provide information. This ongoing collaboration as is described further in other sections of the plan has allowed KHC and DLG to allocate funds to priority needs. In addition, these groups were provided access to numerous surveys over the past two years in preparation for the plan.

**Citizen Participation                      91.200 (c) (State: 91.300 (c))**

3. *Based on the jurisdiction's current citizen participation plan, provide a summary of the citizen participation process used in the development of the consolidated plan. Include a description of actions taken to encourage participation of all its residents, including the following:*
  - *low- and moderate-income residents where housing and community development funds may be spent;*
  - *minorities and non-English speaking persons, as well as persons with disabilities;*
  - *local and regional institutions and other organizations (including businesses, developers, community and faith-based organizations);*
  - *residents of public and assisted housing developments and recipients of tenant- based assistance;*
  - *residents of targeted revitalization areas.*

The State of Kentucky has adopted a citizen's participation plan to establish the policies and procedures that are used to solicit citizen's input for the Consolidated Plan process. The policies are designed to encourage participation by low- and moderate-income persons, particularly those living in slums and blighted areas and in areas where CDBG funds are proposed to be used. The state also encourages the participation of all Kentuckians, including minorities and non-English speaking persons, as well as persons with disabilities, and provides accommodations as needed.

Prior to the development of the Consolidated Plan the State of Kentucky, specifically the Department for Local Government and Kentucky Housing Corporation, holds public hearings to obtain views of citizens, public agencies, and other interested parties on community and housing needs. The hearings will be advertised at least fourteen (14) days in advance of the date of the hearing and are widely publicized through the use of direct electronic mail notification (to a list of at least 15,000 subscribers), Web announcements and newspaper advertisements. At these hearings the State presents information regarding the amount of assistance the State expects to receive and the range of activities that may be undertaken. Included are estimates of the amount of funds that will benefit persons of low- and moderate-income and the plans to minimize displacement of persons and to assist any persons that are displaced.

The State carefully considers the time and location of this and all hearings to ensure that they are convenient to potential and actual beneficiaries. Accommodation is made for persons with disabilities as requested. The needs of non-English speaking citizens are met through an interpreter in the case of a public hearing where a significant number of non-English speaking residents can be reasonably expected to participate. This accommodation is made as requested.

The state takes the comments received during the public hearing process into consideration when developing the Consolidated Plan.

Specific methods KHC and DLG used to request and obtain input on this plan from the individuals and groups listed above is located at the end of this plan in the section title "Other."

4. *Provide a description of the process used to allow citizens to review and submit comments on the proposed consolidated plan, including how the plan (or a summary of the plan) was published for review; the dates, times and locations of a public hearing, or hearings; when and how notice was provided to citizens of the hearing(s); the dates of the 30 day citizen comment period, and if technical assistance was provided to groups developing proposals for funding assistance under the consolidated plan and how this assistance was provided.*

The state publishes the proposed Consolidated Plan prior to submission to HUD for public comment by citizens, units of general local governments, public agencies and other interested parties. An announcement of the Consolidated Plan is published in the two major newspapers that serve large parts of the Commonwealth, through direct electronic mail notification, subscription eGram service and Web announcements. The announcement includes information indicating locations where citizens may have access to the entire plan. All copies of the draft as well as the final plan will be provided at no charge.

After the publication of the Consolidated Plan announcement, citizens and interested parties have thirty (30) calendar days to submit written comments.

Any written comments regarding the Consolidated Plan received during the review process and/or oral comments received at the public hearing are considered in preparation of the final Consolidated Plan. A summary of all comments is attached to the final Consolidated Plan along with the reasons for not accepting comments.

The final Consolidated Plan and any subsequent substantial amendments are made available on Kentucky Housing Corporation's Website. These materials will be available in a form accessible to persons with disabilities, upon request.

In the event of a substantial change in the programs that are part of the Consolidated Plan, the state formally amends the Consolidated Plan. The public is given reasonable notice and the opportunity to comment on any proposed amendment. Notification is made through direct electronic mail notification (to a list of over 15,000 subscribers), Web announcements and publication in newspapers. Citizens have thirty (30) days after the proposed amendment is published to submit written comments on the proposed amendment. The state reviews and takes into consideration any comments or views submitted in the preparation of an amendment to the Consolidated Plan. A summary of the comments or views are attached to the amendment to the plan as well as reasons for not accepting any comments.

The criteria that the state uses for determining what constitutes a substantial change are as follows:

1. A change in allocation priorities or in the method of distribution of funds.
2. Carrying out an activity not previously described in the action plan.
3. A change in the purpose, scope, location or beneficiaries of an activity.

In the event of a substantial change in the programs that are a part of the Consolidated Plan necessitated by an emergency or disaster as declared by the Governor, the state formally amends the Consolidated Plan and allows the public reasonable notice and opportunity to comment as described above. Due to the emergency nature of the change, the State will proceed with program activities during the comment period.

5. *Provide a summary of citizen comments or views received on the plan and explain any comments not accepted and reasons why these comments were not accepted.*

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

A summary of comments received during the public comment period and any comments not accepted is located at the end of the plan in the section titled "Other."

## HOUSING AND HOMELESS NEEDS

### Housing Needs

### 91.205 (State: 91.305)

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

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

Please see the Needs/Housing Table attached to this plan for additional information.

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

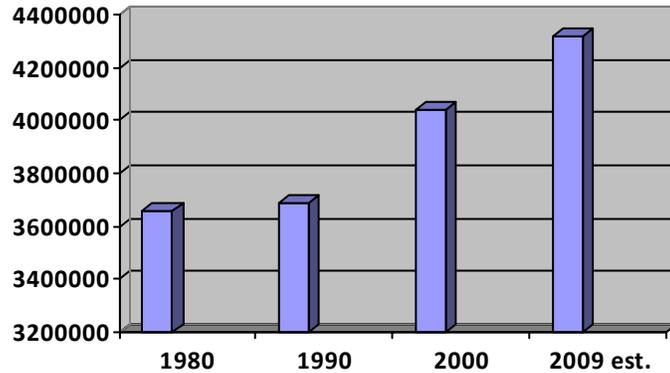
This section identifies the housing needs of individuals and families. Included is data that indicate the leading housing problem in Kentucky continues to be affordability. As is shown in the graphics below, the number of families with housing cost burden remains at a high rate for both renters and owners. The current economic climate, which continues to affect the values of property as well as the unemployment rate has contributed both to an increase in foreclosures and the number of families who are housing cost burdened.

Standard Condition is defined as: safe and adequate housing, well maintained, structurally sound, without visible deterioration or observable defects.

Substandard Condition but Suitable for Rehabilitation is defined as: dwelling units that do not meet standard conditions but are both financially and structurally feasible for rehabilitation. This does not include units that require only cosmetic work, correction or minor livability problems or maintenance work.

## General Population Demographics

Current population estimates released by the U.S. Census Bureau indicate that Kentucky's population continues to rise at a rate lower than the national rate, but higher than many bordering states. Kentucky's population grew from 2000 to 2009 by 6.74 percent (272,000 persons) as compared to the national rate of 9.09 percent. Only Missouri, Tennessee and Virginia have experienced a higher rate of growth during the same time period than Kentucky.

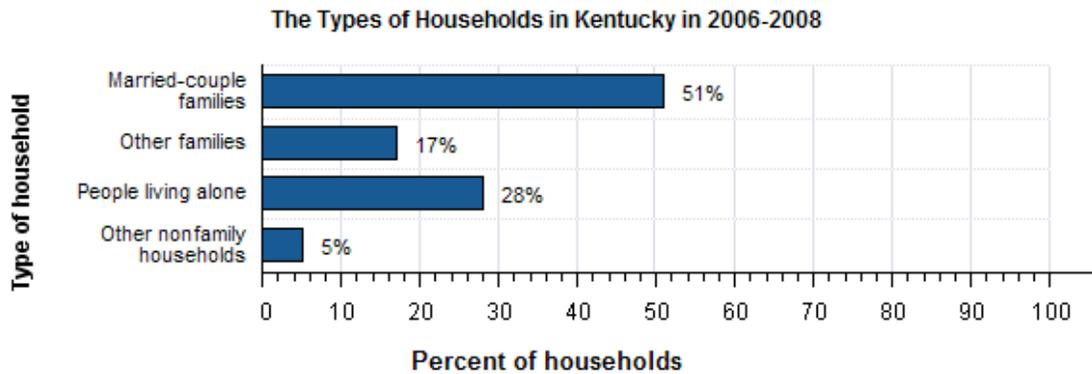


Counties with the highest rates of growth from 2000 to 2008 continued to be those in the central part of the state while far southeastern and western counties experienced a decline.

In 1990 there were about 1,380,000 households throughout Kentucky. Data from the 2000 Census show that the number of households increased by 210,000 to 1,590,647, a 15.3 percent rate of growth, exceeding the population growth rate by more than five percentage points. Census estimates for 2010 indicate the number of households in Kentucky has grown to 1,747,512, a 9.8 percent increase. The average size of households in Kentucky dropped from 2.82 people per household in 1980 to 2.60 people per household in 1990 and 2.47 people per household in 2000. The U.S. Census Bureau estimates that currently, the average number of persons per household in Kentucky is 2.40 and this trend is expected to continue.

American Community Survey Data (2006-2008 estimates) reveal the following:

**HOUSEHOLDS AND FAMILIES:** Families made up 67 percent of the households in Kentucky. This figure includes both married-couple families (51 percent) and other families (17 percent). Nonfamily households made up 33 percent of all households in Kentucky. Most of the nonfamily households were people living alone, but some were composed of people living in households in which no one was related to the householder.

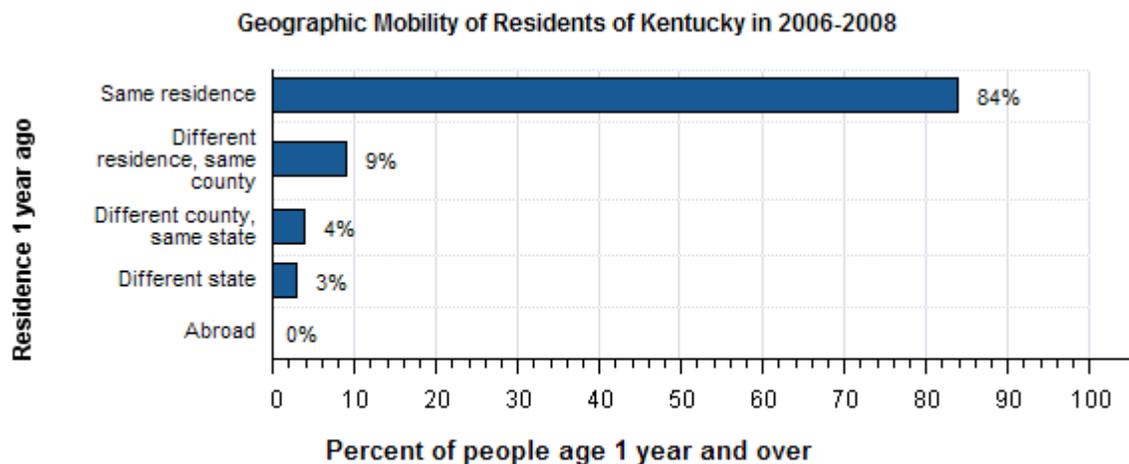


Source: American Community Survey, 2006-2008

**NATIVITY AND LANGUAGE:** Three percent of the people living in Kentucky in 2006-2008 were foreign born. Ninety-seven percent was native, including 71 percent who were born in Kentucky.

Among people at least five years old living in Kentucky in 2006-2008, 4 percent spoke a language other than English at home. Of those speaking a language other than English at home, 51 percent spoke Spanish and 49 percent spoke some other language; 44 percent reported that they did not speak English "very well."

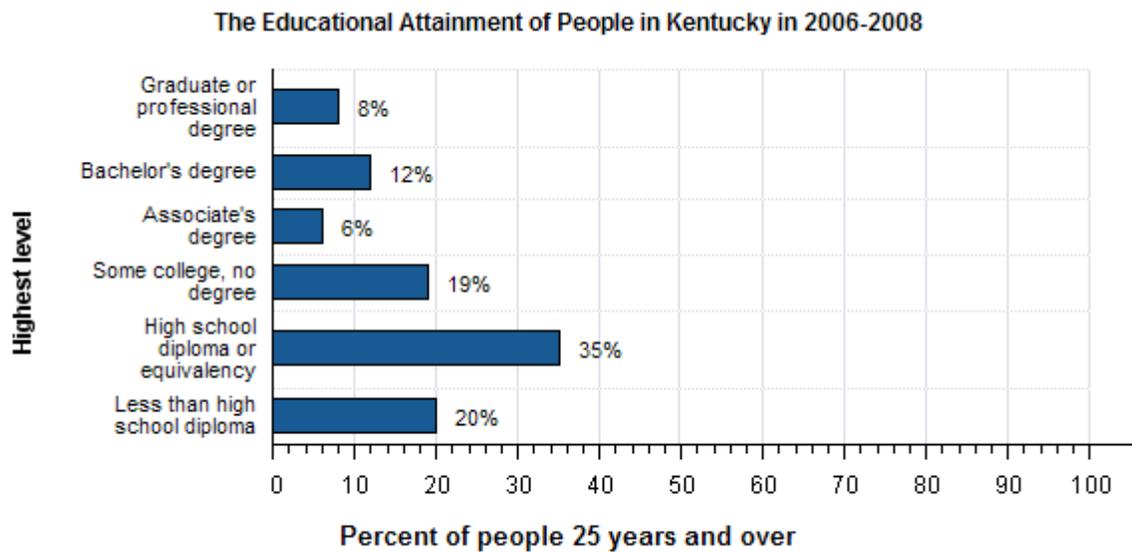
**GEOGRAPHIC MOBILITY:** In 2006-2008, 84 percent of the people at least one year old living in Kentucky were living in the same residence one year earlier; 9 percent had moved during the past year from another residence in the same county, 4 percent from another county in the same state, 3 percent from another state, and less than 0.5 percent from abroad.



Source: American Community Survey, 2006-2008

EDUCATION: In 2006-2008, 80 percent of people 25 years and over had at least graduated from high school and 20 percent had a bachelor's degree or higher. Twenty percent were dropouts; they were not enrolled in school and had not graduated from high school.

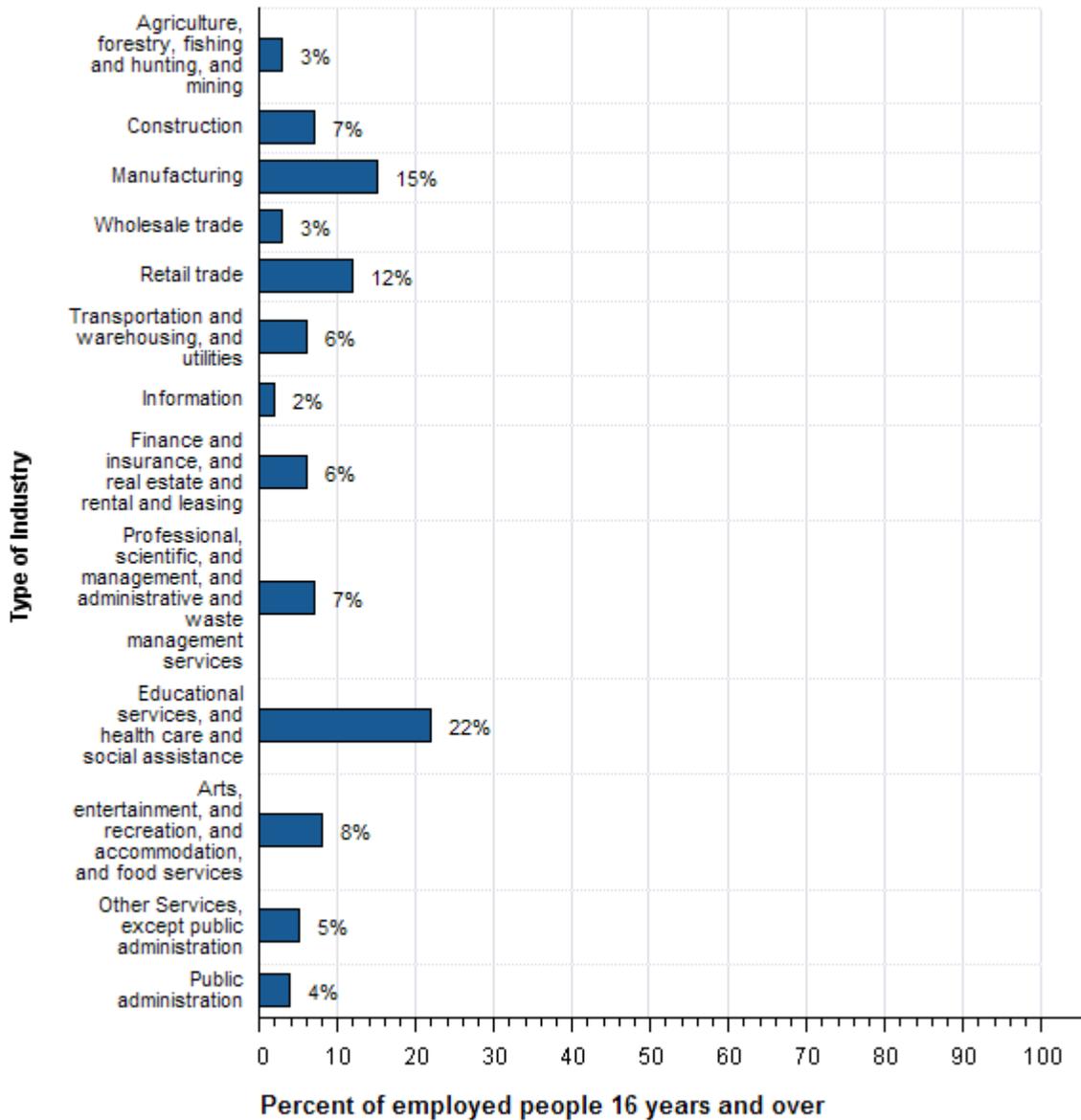
The total school enrollment in Kentucky was 1.0 million in 2006-2008. Nursery school and kindergarten enrollment was 118,000 and elementary or high school enrollment was 672,000 children. College or graduate school enrollment was 256,000.



Source: American Community Survey, 2006-2008

INDUSTRIES: In 2006-2008, for the employed population 16 years and older, the leading industries in Kentucky were Educational services, and health care, and social assistance, 22 percent, and Manufacturing, 15 percent.

Employment by Industry in Kentucky in 2006-2008



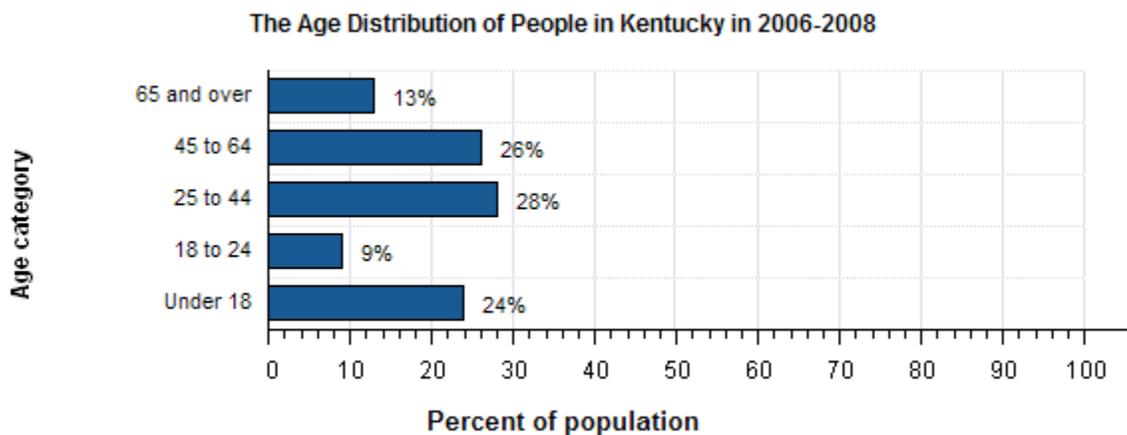
Source: American Community Survey, 2006-2008

OCCUPATIONS AND TYPE OF EMPLOYER: Among the most common occupations were: Management, professional, and related occupations, 31 percent; Sales and office occupations, 25 percent; Production, transportation, and material moving occupations, 17 percent; Service occupations, 16 percent; and Construction, extraction, maintenance and repair occupations, 10 percent. Seventy-eight percent of the people employed were Private wage and salary workers; 15 percent was Federal, state, or local government workers; and 6 percent was Self-employed in own not incorporated business workers.

**TRAVEL TO WORK:** Eighty-one percent of Kentucky workers drove to work alone in 2006-2008, 11 percent carpooled, 1 percent took public transportation, and 3 percent used other means. The remaining 3 percent worked at home. Among those who commuted to work, it took them on average 22.4 minutes to get to work.

**INCOME:** The median income of households in Kentucky was \$41,763. Seventy-five percent of the households received earnings and 19 percent received retirement income other than Social Security. Thirty-one percent of the households received Social Security. The average income from Social Security was \$13,871. These income sources are not mutually exclusive; that is, some households received income from more than one source.

**POPULATION OF Kentucky:** In 2006-2008, Kentucky had a total population of 4.2 million - 2.2 million (51 percent) females and 2.1 million (49 percent) males. The median age was 37.5 years. Twenty-four percent of the population was under 18 years and 13 percent was 65 years and older.

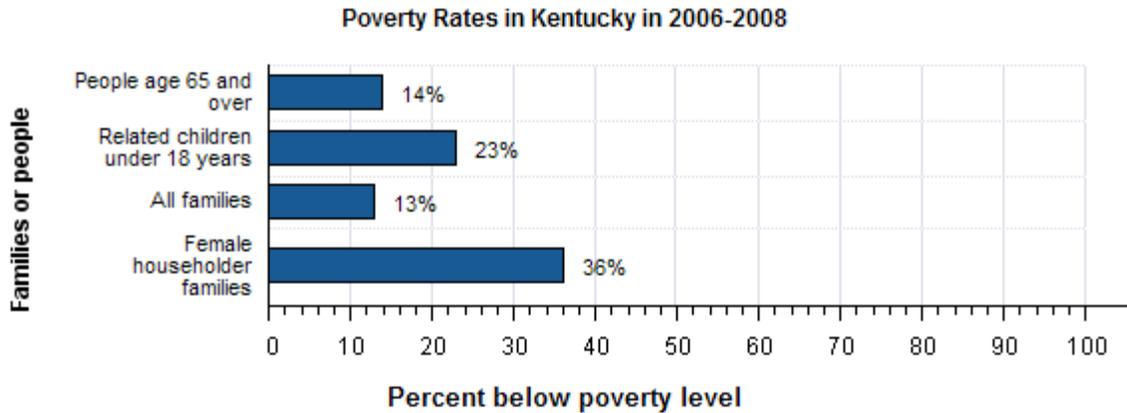


Source: American Community Survey, 2006-2008

## Poverty

Poverty is a long-standing problem in Kentucky. It has long presented many challenges for housing and community development in the state. The poverty level in 2000 for a family of four was \$17,463. The number of Kentuckians living in poverty in 2000 stood at approximately 621,000. At the time of the 2000 census, Kentucky was ranked as the seventh poorest state in the country.

In 2006-2008, 17 percent of people were in poverty. Twenty-three percent of related children under 18 were below the poverty level, compared with 14 percent of people 65 years old and over. Thirteen percent of all families and 36 percent of families with a female householder and no husband present had incomes below the poverty level.



Source: American Community Survey, 2006-2008

U.S. Census Bureau poverty data continue to indicate that the poverty rate in Kentucky is well above the national average and the number of persons living in poverty continues to grow. Data from the U.S. Census Bureau (2007) show 706,947 persons are now living in poverty in Kentucky. Poverty statistics in the table below from 2007 indicate a 13.0 percent national rate and a 17.2 percent poverty rate statewide. Kentucky's 120 counties are categorized as follows:

Kentucky counties below the national poverty rate	14
Kentucky counties above the national poverty rate	106
Kentucky counties equal to or greater than twice the national poverty rate (but less than three times)	24
Kentucky counties equal to or greater than three times the national poverty rate	2

The table below indicates the poverty rate in Kentucky by county. As has been the historical norm, the highest rates of poverty are in the Appalachian counties of eastern Kentucky.

Name	Poverty Estimate All Ages	Poverty Percent All Ages	Name	Poverty Estimate All Ages	Poverty Percent All Ages
United States	38,052,247	13.0	<b>Knott</b>	<b>5,324</b>	<b>31.7</b>
<b>Kentucky</b>	<b>706,947</b>	<b>17.2</b>	<b>Knox</b>	<b>9,873</b>	<b>31.1</b>
<b>Adair</b>	<b>3,653</b>	<b>21.4</b>	<b>Larue</b>	<b>2,028</b>	<b>15.1</b>
<b>Allen</b>	<b>3,361</b>	<b>18.1</b>	<b>Laurel</b>	<b>12,408</b>	<b>22.0</b>
Anderson	1,949	9.3	<b>Lawrence</b>	<b>4,103</b>	<b>25.3</b>
<b>Ballard</b>	<b>1,293</b>	<b>15.9</b>	<b>Lee</b>	<b>2,342</b>	<b>34.9</b>
<b>Barren</b>	<b>7,167</b>	<b>17.8</b>	<b>Leslie</b>	<b>3,608</b>	<b>31.0</b>
<b>Bath</b>	<b>2,724</b>	<b>23.9</b>	<b>Letcher</b>	<b>6,408</b>	<b>27.0</b>
<b>Bell</b>	<b>8,120</b>	<b>28.8</b>	<b>Lewis</b>	<b>3,939</b>	<b>28.9</b>
Boone	6,897	6.2	<b>Lincoln</b>	<b>5,047</b>	<b>20.3</b>

<b>Bourbon</b>	<b>3,136</b>	<b>16.1</b>	<b>Livingston</b>	<b>1,273</b>	<b>13.5</b>
<b>Boyd</b>	<b>7,627</b>	<b>16.4</b>	<b>Logan</b>	<b>4,372</b>	<b>16.4</b>
<b>Boyle</b>	<b>4,146</b>	<b>15.9</b>	<b>Lyon</b>	<b>1,005</b>	<b>15.0</b>
<b>Bracken</b>	<b>1,301</b>	<b>15.4</b>	<b>McCracken</b>	<b>9,227</b>	<b>14.6</b>
<b>Breathitt</b>	<b>4,564</b>	<b>30.0</b>	<b>McCreary</b>	<b>6,068</b>	<b>35.5</b>
<b>Breckinridge</b>	<b>3,235</b>	<b>17.2</b>	<b>McLean</b>	<b>1,536</b>	<b>16.0</b>
Bullitt	7,284	9.9	<b>Madison</b>	<b>14,115</b>	<b>18.7</b>
<b>Butler</b>	<b>2,364</b>	<b>18.2</b>	<b>Magoffin</b>	<b>4,092</b>	<b>31.6</b>
<b>Caldwell</b>	<b>2,222</b>	<b>17.8</b>	<b>Marion</b>	<b>3,168</b>	<b>17.8</b>
<b>Calloway</b>	<b>5,786</b>	<b>17.5</b>	Marshall	3,829	12.5
Campbell	8,494	10.0	<b>Martin</b>	<b>4,145</b>	<b>35.8</b>
<b>Carlisle</b>	<b>800</b>	<b>15.7</b>	<b>Mason</b>	<b>3,208</b>	<b>19.1</b>
<b>Carroll</b>	<b>1,568</b>	<b>15.2</b>	<b>Meade</b>	<b>3,886</b>	<b>14.4</b>
<b>Carter</b>	<b>5,164</b>	<b>19.3</b>	<b>Menifee</b>	<b>1,808</b>	<b>27.2</b>
<b>Casey</b>	<b>3,763</b>	<b>23.6</b>	Mercer	2,788	12.9
<b>Christian</b>	<b>14,101</b>	<b>19.0</b>	<b>Metcalf</b>	<b>2,403</b>	<b>23.8</b>
<b>Clark</b>	<b>5,197</b>	<b>14.8</b>	<b>Monroe</b>	<b>2,895</b>	<b>25.2</b>
<b>Clay</b>	<b>8,993</b>	<b>41.9</b>	<b>Montgomery</b>	<b>4,773</b>	<b>19.3</b>
<b>Clinton</b>	<b>2,279</b>	<b>24.1</b>	<b>Morgan</b>	<b>3,351</b>	<b>27.1</b>
<b>Crittenden</b>	<b>1,805</b>	<b>20.1</b>	<b>Muhlenberg</b>	<b>5,980</b>	<b>20.0</b>
<b>Cumberland</b>	<b>1,620</b>	<b>24.0</b>	Nelson	4,729	11.3
<b>Daviess</b>	<b>14,015</b>	<b>15.3</b>	<b>Nicholas</b>	<b>1,310</b>	<b>19.4</b>
<b>Edmonson</b>	<b>2,053</b>	<b>17.3</b>	<b>Ohio</b>	<b>4,501</b>	<b>19.4</b>
<b>Elliott</b>	<b>1,932</b>	<b>27.4</b>	Oldham	3,113	6.0
<b>Estill</b>	<b>3,895</b>	<b>26.3</b>	<b>Owen</b>	<b>1,722</b>	<b>15.3</b>
<b>Fayette</b>	<b>42,413</b>	<b>15.9</b>	<b>Owsley</b>	<b>2,002</b>	<b>44.4</b>
<b>Fleming</b>	<b>2,818</b>	<b>19.4</b>	<b>Pendleton</b>	<b>2,278</b>	<b>15.3</b>
<b>Floyd</b>	<b>13,487</b>	<b>32.9</b>	<b>Perry</b>	<b>9,045</b>	<b>31.4</b>
<b>Franklin</b>	<b>6,405</b>	<b>13.6</b>	<b>Pike</b>	<b>13,406</b>	<b>20.8</b>
<b>Fulton</b>	<b>1,922</b>	<b>29.4</b>	<b>Powell</b>	<b>3,489</b>	<b>25.6</b>
<b>Gallatin</b>	<b>1,208</b>	<b>15.3</b>	<b>Pulaski</b>	<b>12,732</b>	<b>21.7</b>
<b>Garrard</b>	<b>2,839</b>	<b>16.8</b>	<b>Robertson</b>	<b>475</b>	<b>22.3</b>
<b>Grant</b>	<b>3,882</b>	<b>15.6</b>	<b>Rockcastle</b>	<b>4,374</b>	<b>26.8</b>
<b>Graves</b>	<b>6,051</b>	<b>16.5</b>	<b>Rowan</b>	<b>4,774</b>	<b>24.5</b>
<b>Grayson</b>	<b>4,913</b>	<b>19.7</b>	<b>Russell</b>	<b>3,773</b>	<b>22.3</b>
<b>Green</b>	<b>1,957</b>	<b>17.2</b>	Scott	3,863	9.4
<b>Greenup</b>	<b>5,571</b>	<b>15.2</b>	<b>Shelby</b>	<b>5,206</b>	<b>13.3</b>
<b>Hancock</b>	<b>1,170</b>	<b>13.7</b>	<b>Simpson</b>	<b>2,331</b>	<b>13.9</b>
Hardin	10,478	11.2	Spencer	1,316	7.9
<b>Harlan</b>	<b>8,975</b>	<b>29.3</b>	<b>Taylor</b>	<b>3,970</b>	<b>17.1</b>
<b>Harrison</b>	<b>2,583</b>	<b>14.2</b>	<b>Todd</b>	<b>2,222</b>	<b>18.7</b>
<b>Hart</b>	<b>4,221</b>	<b>23.3</b>	<b>Trigg</b>	<b>2,251</b>	<b>17.0</b>
Henderson	5,642	12.7	<b>Trimble</b>	<b>1,290</b>	<b>14.5</b>
<b>Henry</b>	<b>2,279</b>	<b>14.6</b>	<b>Union</b>	<b>3,422</b>	<b>23.1</b>
<b>Hickman</b>	<b>864</b>	<b>18.1</b>	<b>Warren</b>	<b>17,726</b>	<b>18.0</b>
<b>Hopkins</b>	<b>8,265</b>	<b>18.2</b>	<b>Washington</b>	<b>1,636</b>	<b>14.6</b>
<b>Jackson</b>	<b>4,582</b>	<b>34.1</b>	<b>Wayne</b>	<b>5,504</b>	<b>27.0</b>
<b>Jefferson</b>	<b>101,567</b>	<b>14.6</b>	<b>Webster</b>	<b>1,795</b>	<b>13.2</b>

Jessamine	6,106	14.0	Whitley	10,253	27.7
Johnson	5,780	24.4	Wolfe	2,526	36.7
Kenton	19,883	12.9	Woodford	2,542	10.6

Household income, as well, plays a major role in determining the need for housing assistance. Families must have adequate incomes to afford basic shelter, which includes the cost of utilities. Housing is considered affordable if the cost of that housing consumes no more than 30 percent of the household's gross income.

During the 1990s, the unadjusted value of median income in Kentucky rose by 49 percent. By 2000 the state median household income had risen to \$33,672, still lagging far behind the national median income of \$41,994. American Community Survey data from 2008 indicates that the national median income was \$52,029, well above Kentucky's median income of \$41,538. Kentucky's 2008 median income is lower than the 2007 median of \$41,615. With current economic conditions, it is not expected that Kentucky's 2010 Census data will indicate a significant rise in median incomes.

Based on currently available Comprehensive Housing Affordability Strategy (CHAS) data, about 42.5 percent of Kentucky households (both renter and owner) had low incomes, which means their annual incomes were less than 80 percent of the median income. This is consistent with data from the 2000 Census. The following chart shows household totals and percentages by income category.

Household Income	Total Households	Percentage
Total Occupied Housing Units	1,345,445	
Moderate to High (>80% of median)	772,776	57.4%
Low Income (50.1 to 80% of median)	231,684	17.2%
Very Low Income (30.1 to 50% of median)	161,660	12%
Extremely Low Income (<30% of median)	179,264	13.3%

## Unemployment

Unemployment rates in Kentucky are among the highest in the nation. The current economic downturn has resulted in unemployment rates higher than have been experienced in many years. High unemployment exacerbates poverty levels, contributes to housing cost burdens and has contributed significantly to the current high rates of foreclosure in Kentucky.

In 2000, the average national unemployment rate was around four percent. The economic downturn of late 2001 and 2002 saw rates rise to between 5.7 percent and 6.0 percent. Over the past decade, national unemployment rates have fluctuated somewhat between four and six percent. Beginning in October and

November 2008, however, rates began to rise significantly rising to a high of 10.1 percent nationally in October 2009. As of February 2010 the national rate had stabilized around 9.7 percent, which is the same rate it was in December 2009.

Kentucky has historically experienced unemployment rates higher than the national average. Beginning in fall of 2008 when national rates began to climb, Kentucky's rate remained above the national rate by at approximately one percent, climbing to a high of 10.8 percent in June 2009 and remaining at or near this level through the writing of this plan. As of January 2010 Kentucky's unemployment rate was 10.7 percent.

The chart below details the unemployment rates by county in Kentucky as of December 2009. Counties with rates higher than the national rate of 9.7 percent are bolded.

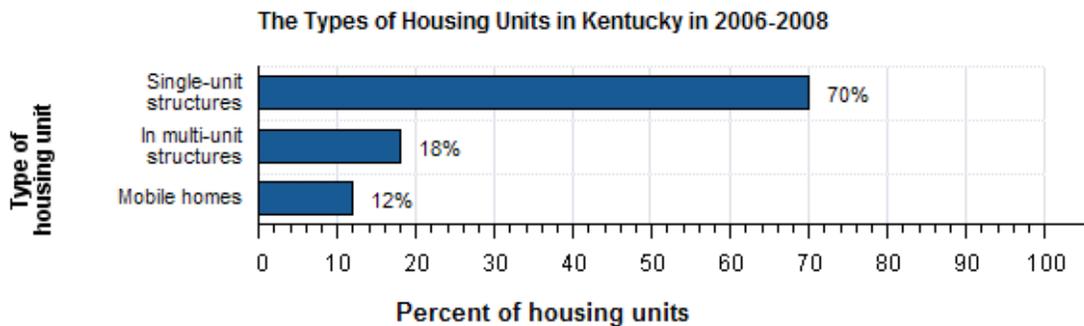
County	Rate	County	Rate	County	Rate
<b>Adair</b>	<b>11.1%</b>	<b>Grant</b>	<b>11.2%</b>	<b>Mason</b>	<b>9.7%</b>
<b>Allen</b>	<b>13.9%</b>	<b>Graves</b>	<b>10.6%</b>	<b>Meade</b>	<b>14.3%</b>
<b>Anderson</b>	<b>10.0%</b>	<b>Grayson</b>	<b>16.0%</b>	<b>Menifee</b>	<b>17.5%</b>
<b>Ballard</b>	<b>10.4%</b>	<b>Green</b>	<b>12.0%</b>	<b>Mercer</b>	<b>10.9%</b>
<b>Barren</b>	<b>12.1%</b>	Greenup	8.9%	<b>Metcalfe</b>	<b>14.4%</b>
<b>Bath</b>	<b>15.7%</b>	<b>Hancock</b>	<b>9.7%</b>	<b>Monroe</b>	<b>12.6%</b>
<b>Bell</b>	<b>12.6%</b>	<b>Hardin</b>	<b>10.1%</b>	<b>Montgomery</b>	<b>11.5%</b>
Boone	9.4%	<b>Harlan</b>	<b>12.5%</b>	<b>Morgan</b>	<b>15.1%</b>
Bourbon	9.1%	<b>Harrison</b>	<b>10.6%</b>	<b>Muhlenberg</b>	<b>10.5%</b>
Boyd	8.0%	<b>Hart</b>	<b>10.5%</b>	<b>Nelson</b>	<b>11.2%</b>
<b>Boyle</b>	<b>10.8%</b>	<b>Henderson</b>	<b>10.6%</b>	<b>Nicholas</b>	<b>12.0%</b>
<b>Bracken</b>	<b>10.1%</b>	<b>Henry</b>	<b>10.3%</b>	Ohio	9.3%
<b>Breathitt</b>	<b>10.7%</b>	<b>Hickman</b>	<b>10.0%</b>	Oldham	8.4%
<b>Breckinridge</b>	<b>12.0%</b>	Hopkins	9.2%	<b>Owen</b>	<b>9.8%</b>
<b>Bullitt</b>	<b>11.4%</b>	<b>Jackson</b>	<b>17.8%</b>	<b>Owsley</b>	<b>10.1%</b>
<b>Butler</b>	<b>12.8%</b>	<b>Jefferson</b>	<b>10.5%</b>	<b>Pendleton</b>	<b>12.3%</b>
<b>Caldwell</b>	<b>10.0%</b>	Jessamine	8.3%	<b>Perry</b>	<b>11.7%</b>
Calloway	8.2%	<b>Johnson</b>	<b>11.4%</b>	<b>Pike</b>	<b>10.1%</b>
<b>Campbell</b>	<b>10.8%</b>	<b>Kenton</b>	<b>10.2%</b>	<b>Powell</b>	<b>16.9%</b>
Carlisle	9.4%	<b>Knott</b>	<b>12.3%</b>	<b>Pulaski</b>	<b>10.6%</b>
<b>Carroll</b>	<b>13.8%</b>	<b>Knox</b>	<b>11.1%</b>	<b>Robertson</b>	<b>11.1%</b>
<b>Carter</b>	<b>11.6%</b>	<b>Larue</b>	<b>10.1%</b>	<b>Rockcastle</b>	<b>11.3%</b>
<b>Casey</b>	<b>10.5%</b>	<b>Laurel</b>	<b>10.2%</b>	Rowan	8.6%
<b>Christian</b>	<b>12.6%</b>	<b>Lawrence</b>	<b>12.8%</b>	<b>Russell</b>	<b>14.5%</b>
<b>Clark</b>	<b>11.75</b>	<b>Lee</b>	<b>12.8%</b>	Scott	8.5%
<b>Clay</b>	<b>13.3%</b>	<b>Leslie</b>	<b>13.2%</b>	Shelby	9.5%
<b>Clinton</b>	<b>10.0%</b>	<b>Letcher</b>	<b>11.3%</b>	<b>Simpson</b>	<b>11.9%</b>
<b>Crittenden</b>	<b>10.3%</b>	<b>Lewis</b>	<b>15.0%</b>	<b>Spencer</b>	<b>10.6%</b>
<b>Cumberland</b>	<b>13.4%</b>	<b>Lincoln</b>	<b>13.0%</b>	<b>Taylor</b>	<b>10.3%</b>
Daviess	8.9%	<b>Livingston</b>	<b>10.5%</b>	<b>Todd</b>	<b>11.6%</b>

County	Rate	County	Rate	County	Rate
<b>Edmonson</b>	<b>14.3%</b>	<b>Logan</b>	<b>10.1%</b>	<b>Trigg</b>	<b>16.5%</b>
<b>Elliott</b>	<b>13.0%</b>	<b>Lyon</b>	<b>12.8%</b>	<b>Trimble</b>	<b>12.4%</b>
<b>Estill</b>	<b>12.7%</b>	McCracken	9.0%	<b>Union</b>	<b>10.1%</b>
Fayette	7.3%	<b>McCreary</b>	<b>14.1%</b>	Warren	8.9%
<b>Fleming</b>	<b>12.4%</b>	<b>McLean</b>	<b>10.1%</b>	<b>Washington</b>	<b>11.8%</b>
<b>Floyd</b>	<b>12.3%</b>	Madison	8.2%	<b>Wayne</b>	<b>13.7%</b>
Franklin	8.6%	<b>Magoffin</b>	<b>21.4%</b>	<b>Webster</b>	<b>9.7%</b>
<b>Fulton</b>	<b>14.0%</b>	<b>Marion</b>	<b>11.8%</b>	<b>Whitley</b>	<b>11.6%</b>
<b>Gallatin</b>	<b>13.0%</b>	<b>Marshall</b>	<b>11.9%</b>	<b>Wolfe</b>	<b>15.6%</b>
<b>Garrard</b>	<b>12.0%</b>	<b>Martin</b>	<b>11.9%</b>	Woodford	7.7%

Source: LAUS Unemployment Rates December 2009

## General Housing Needs

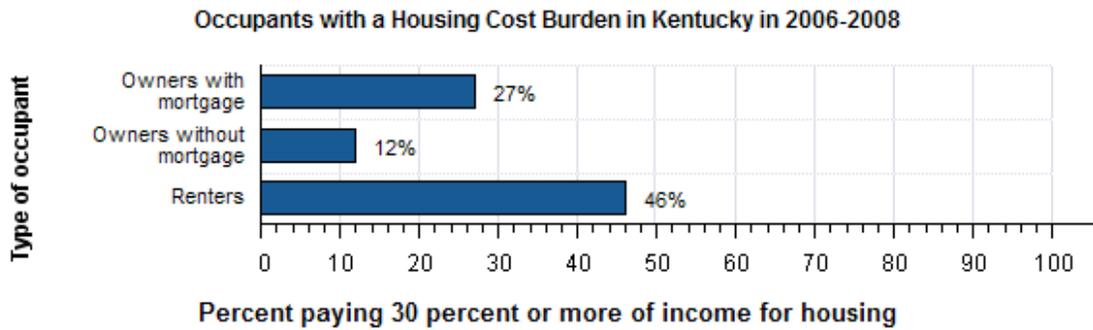
HOUSING CHARACTERISTICS: In 2006-2008, Kentucky had a total of 1.9 million housing units, 13 percent of which were vacant. Of the total housing units, 70 percent was in single-unit structures, 18 percent was in multi-unit structures, and 12 percent was mobile homes. Twenty-nine percent of the housing units were built since 1990.



Source: American Community Survey, 2006-2008

OCCUPIED HOUSING UNIT CHARACTERISTICS: In 2006-2008, Kentucky had 1.7 million occupied housing units - 1.2 million (70 percent) owner occupied and 494,000 (30 percent) renter occupied. Six percent of the households did not have telephone service and 8 percent of the households did not have access to a car, truck, or van for private use. Multi Vehicle households were not rare. Thirty-eight percent had two vehicles and another 21 percent had three or more.

HOUSING COSTS: The median monthly housing costs for mortgaged owners was \$1,063, nonmortgaged owners \$291, and renters \$581. Twenty-seven percent of owners with mortgages, 12 percent of owners without mortgages, and 46 percent of renters in Kentucky spent 30 percent or more of household income on housing.

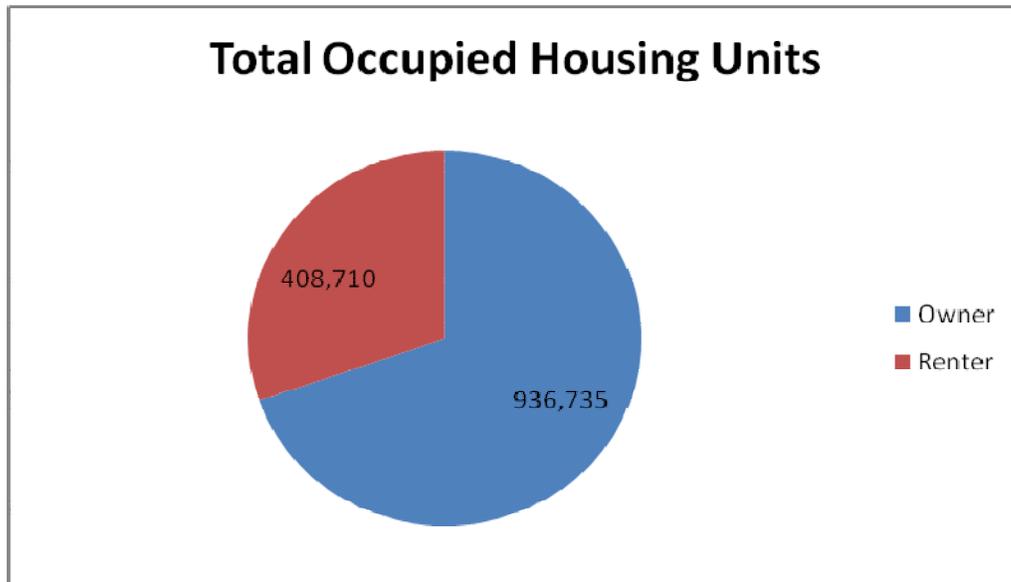


Source: American Community Survey, 2006-2008

Current CHAS data, which may differ slightly from ACS data above, indicates there are approximately 1,345,445 occupied housing units in Kentucky and 66,315 vacant units for a total of 1,411,760 total housing units.

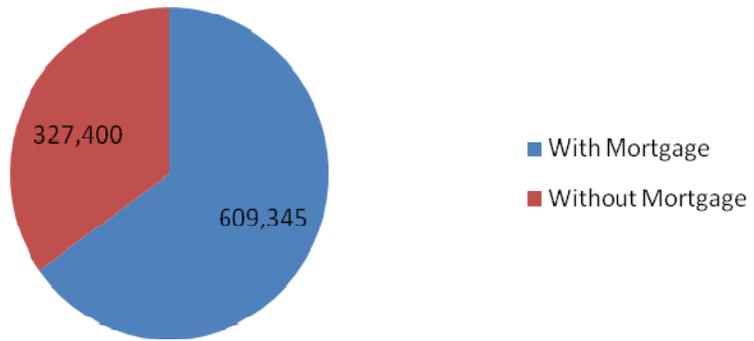
CHAS data show that 69.6 percent of Kentuckians own their homes, a slight increase in the homeownership rate from the 2000 Census (68.1 percent).

Of those who own their homes, 65 percent have outstanding mortgages.



## Owner-occupied Housing Units with and without mortgage

The charts below indicate the income levels of homeowners with and without mortgages.



### Homeowners With and Without Mortgages By Income Level

Income Level	Total (Mortgage)	Percentage (Mortgage)	Total (No Mortgage)	Percent (No Mortgage)
<30% of median	24,623	4%	39,538	12.1%
30.1 to 50% of median	33,919	5.6%	50,493	15.4%
50.1 to 80% of median	76,694	12.6%	66,288	20%
80.1 to 95% of median	46,503	7.6%	25,476	7.8%
>95% of median	425,900	69.9%	142,770	43.6%

### Mortgage Status of Owner Housing by Income Level



## Housing Problems

HUD categorizes “Housing Problems” as:

- Substandard Housing
- Overcrowded Housing
- Cost Burdened Housing

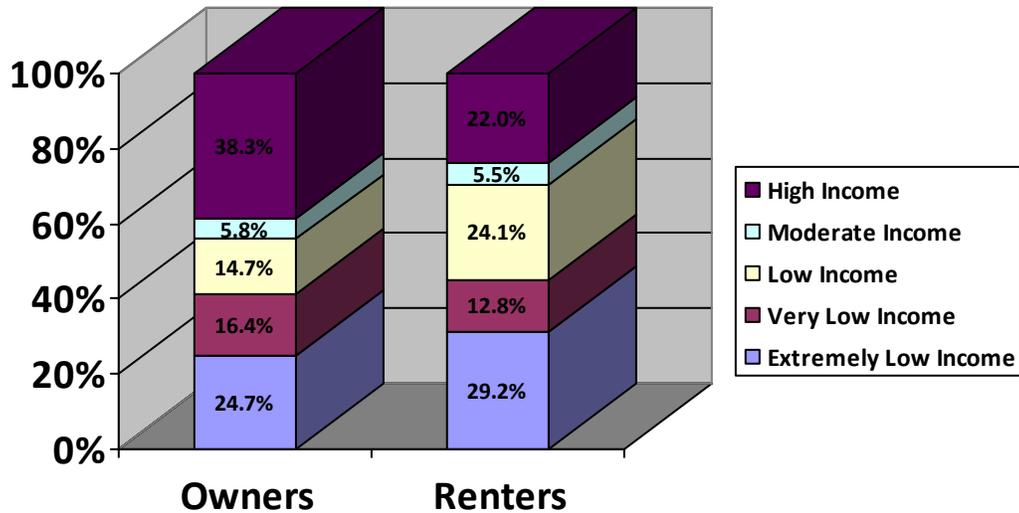
### Substandard Housing

For purposes of CHAS data analysis, substandard housing is defined as housing that lacks complete plumbing or kitchen facilities. Current CHAS data indicate that 9,269 owner or renter occupied housing units in Kentucky are categorized as substandard, of which 4,618 are owner-occupied and 4,651 are renter-occupied. Additional CHAS data indicate that an additional 6,430 vacant housing units (3,325 for sale and 3,105 for rent) are substandard. The chart below contains additional detail of the income levels of owner and renter occupied substandard housing units.

### Substandard Occupied Housing Units By Tenure and Income Level

Income Level	Substandard Owner-Occupied	Percent	Substandard Renter-Occupied	Percent
<30% of median	1,143	24.7%	1,659	29.2%
30.1 to 50% of median	758	16.4%	594	12.8%
50.1 to 80% of median	679	14.7%	1,120	24.1%
80.1% to 95% of median	270	5.8%	255	5.5%
>95% of median	1,768	38.3%	1,023	22%
TOTAL	4,618		4,651	

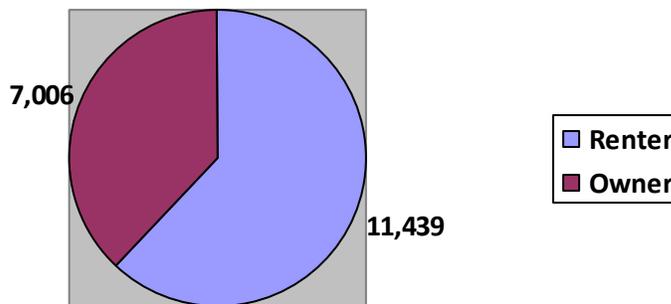
## Substandard Housing Units



### Overcrowding

Overcrowding and increased cost-burden have become more prevalent as incomes have decreased and unemployment has risen.

Overcrowding exists when the number of persons per room in a housing unit is greater than one or equal to 1.5. Severe overcrowding exists when the number of persons per room in a housing unit is greater than 1.5

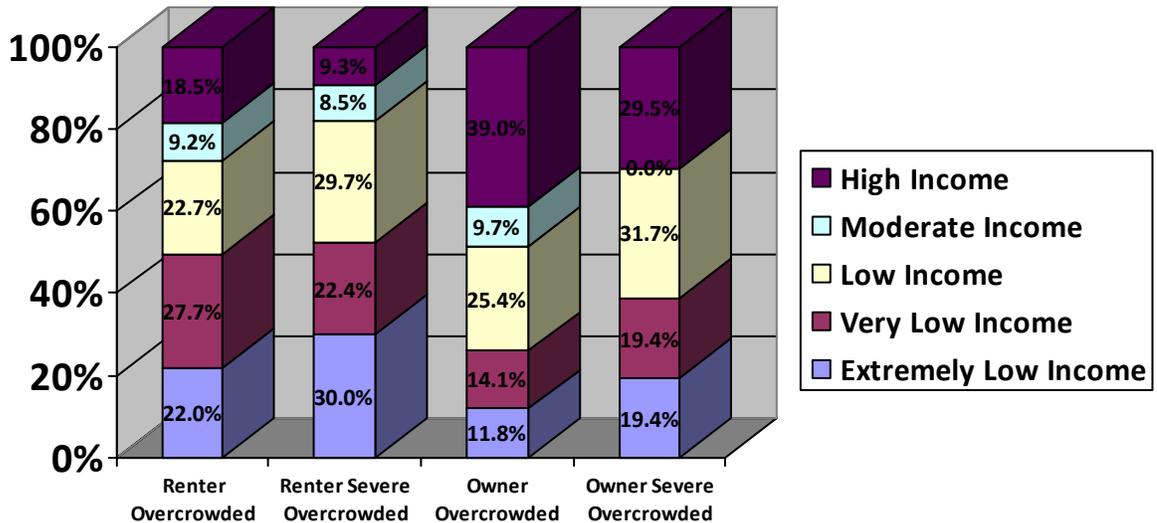


persons per room. Overcrowding in households composed of multiple families and unrelated individuals is an indicator of a greater risk of homelessness. The discussion of overcrowding in this section is limited to general statistics and greater detail can be found in sections discussing homeless and precariously housed families.

CHAS data indicate that 15,577 occupied housing units in Kentucky are overcrowded and 2,868 are severely overcrowded. Additional detail on income levels and occupancy tenure (renter vs. owner) is located in the chart below.

Income Level	Overcrowded	Percent	Severely Overcrowded	Percent
<b>Owner-Occupied (7,006)</b>				
<30% of median	749	11.8%	125	19.4%
30.1 to 50% of median	899	14.1%	125	19.4%
50.1 to 80% of median	1,615	25.4%	204	31.7%
80.1% to 95% of median	615	9.7%	0	0%
>95% of median	2,484	39%	190	29.5%
<b>Renter-Occupied (11,439)</b>				
<30% of median	2,029	22%	668	30%
30.1 to 50% of median	2,559	27.7%	499	22.4%
50.1 to 80% of median	2,093	22.7%	660	29.7%
80.1% to 95% of median	845	9.2%	190	8.5%
>95% of median	1,702	18.5%	207	9.3%

### Overcrowded Households by Income Category



## Housing Cost Burden

Moderate housing cost burden is present when a household's housing cost exceeds 30 percent of gross family income. Extreme housing cost burden exists when a household's housing cost exceeds 50 percent of gross family income.

Housing costs for renters generally includes rent payments and utility payments. For homeowners, mortgage payments (including principal, interest, property taxes and insurance) and utilities comprise the total. In 2000, the average monthly housing cost for homeowners with a mortgage was \$817 as opposed to \$214 for homeowners without a mortgage. Lower mortgage interest rates over the past decade as well as down payment and closing cost assistance, numerous mortgage programs designed to increase homeownership and other factors assisted many families in becoming first-time or move-up homebuyers.

Historically, extreme cost burden has represented a less significant problem for low-income owner households than for low-income renter households. Owners, however, have seen significant erosion in property values over the past four years as the real estate and mortgage lending markets have suffered a major turndown.

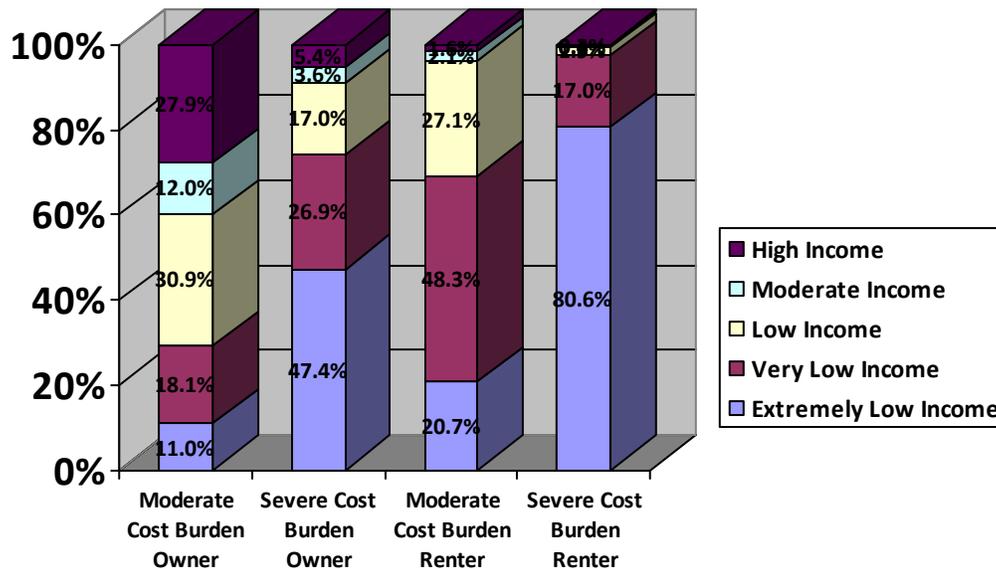
The table below contains data on owner and renter households with moderate and severe cost burdens by income level.

Income Level	Moderate Cost Burden	Percent	Severe Cost Burden	Percent
<b>Owner</b>				
<30% of median	13,010	11%	32,795	47.4%
30.1 to 50% of median	21,435	18.1%	18,694	26.9%
50.1 to 80% of median	36,600	30.9%	11,824	17%
80.1% to 95% of median	14,125	12%	2,520	3.6%
>95% of median	32,970	27.9%	3,744	5.4%
TOTAL	118,140		69,577	
<b>Renter</b>				
<30% of median	15,865	20.7%	65,685	80.6%
30.1 to 50% of median	36,895	48.3%	13,920	17%
50.1 to 80% of median	20,699	27.1%	1,524	1.9%
80.1% to 95% of median	1,639	2.1%	200	0.2%
>95% of median	1,224	1.6%	349	0.4%
TOTAL	76,322		81,678	

Generally, owner households are less likely than renter households to be cost-burdened. Current CHAS data indicate that 20 percent of all owner households are either moderately or severely cost burdened. Of severely cost burdened households, though, 47.4 percent are extremely low income and 26.9 percent are

very low income families. The majority of cost burdened owner households fall into the extremely low, very low and moderately low income categories. A high percentage of cost burdened homeowners in the high income category may be a contributor to the high rate of foreclosures experienced in Kentucky over the past few years. Additional information about foreclosures in Kentucky is available in the Housing Conditions Section below.

### Cost Burdened Households by Income Level



Overall, 38.7 percent of all renter households are either moderately or severely cost burdened (n=158,000). Of all very low income and extremely low income renter households in Kentucky (n=190,575), 69.5 percent (n=132,365) are either moderately or extremely cost burdened. Of severely cost burdened renter households, 80.6 percent are extremely low income. Extremely low income renters are more likely to be severely cost burdened (paying 50 percent or more of GMI) than moderately housing cost burdened (paying 30 percent or more of GMI).

It is clear that most low income renters experience affordability problems. Although various housing assistance programs are available, funding levels have not been sufficient to serve all those eligible to receive assistance.

7. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must provide an assessment

*of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.*

## General Demographics

Kentucky’s population predominantly identifies as White or Caucasian. While nationally the percentage of White/Caucasian individuals is 75.7 percent, in Kentucky White/Caucasian individuals account for 90.4 percent of the population.

Of Kentucky’s population, 8.1 percent identifies as Black or African-American. Nationally, 12.6 percent of the population identifies as Black/African-American. This indicates that the Black/African-American population is a slightly greater minority in Kentucky than nationally.

While 1.2 percent of Kentucky’s population identifies as Asian, 4.4 percent of the U.S. population identifies as Asian. Of Kentuckians, 0.6 percent identifies as American Indian or Alaska Native. The national average is not much higher with 0.8 percent identifying as American Indian or Alaska Native. Both nationally and in Kentucky, 0.1 percent of the population identifies as Native Hawaiian or Other Pacific Islander. (Data Source: U.S. Census 2007 American Community Survey).

Total Population: Race		
White/Caucasian	3,799,877	90.4%
Black/African-American	341,785	8.1%
American Indian/Alaska Native	24,419	0.6%
Asian	48,845	1.2%
Native Hawaiian/Other Pacific Islander	3,935	0.1%
Some other race	40,107	1.0%
Total Population	4,205,648	

American Community Survey 2006-2008 data indicate that people reporting one race alone, 89 percent were White; 7 percent were Black or African-American; less than 0.5 percent were American Indian and Alaska Native; 1 percent were Asian; less than 0.5 percent was Native Hawaiian and Other Pacific Islander, and 1 percent was some other race. One percent reported two or more races. Two percent of the people in Kentucky were Hispanic. Eighty-eight percent of the people in Kentucky were White non-Hispanic. People of Hispanic origin may be of any race.

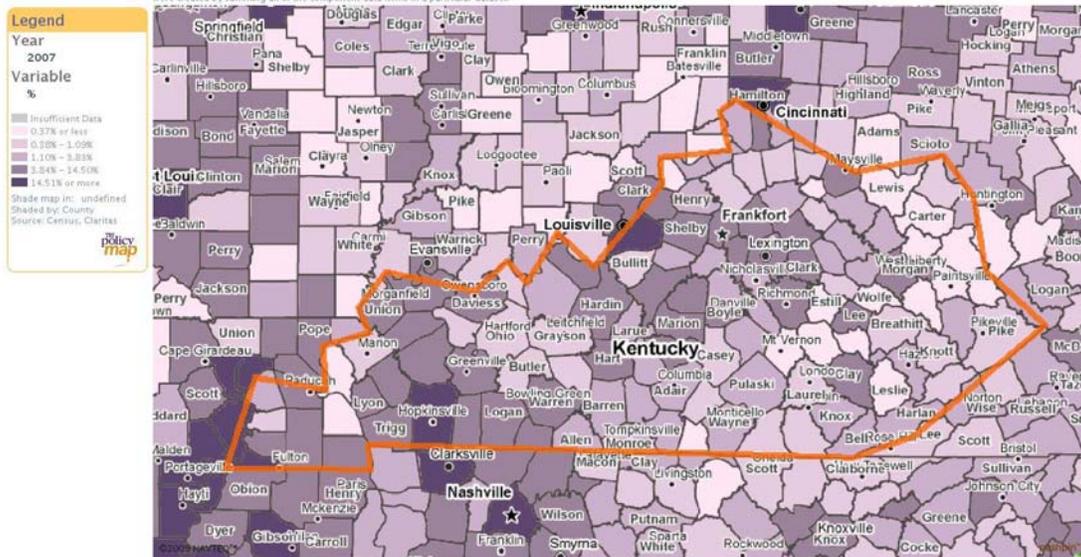
The following map depicts the geographic concentrations of African-American populations in Kentucky.



Map of Kentucky with Estimated percent of all people who were African American in 2007.

Estimated percent of all people who were African American in 2007.

Estimated percent of the population that is Black or African American, by single classification of Census race, in 2007. Percentage calculations were suppressed in cases where the denominator of the calculation was less than 10 of the unit that is being described (e.g. households, people, householders, etc). Such areas are represented as having "Insufficient Data" in the map. Denominators for percentage calculations were created by summing all of the component data items in a particular dataset.



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The two counties with the highest proportion of African-Americans are Jefferson (20.8 percent) and Christian (21.9 percent).

Although the proportion of Hispanic/Latino individuals is significantly lower in Kentucky (2.1 percent) than the national average (14.7 percent), the rate of growth in Kentucky is high.

According to Ron Crouch, with the State Data Center, in an article published by the Hispanic Latino Coalition (HLC) of Louisville, the Latino population grew by 37,955, or 172.6 percent, between 1990 and 2000 and by 85,938, or 43.3 percent, between 2000 and 2006.<sup>1</sup>

Total Population: Hispanic/Latino		
Hispanic/Latino	86,769	2.1%
Non-Hispanic/Latino	4,118,879	97.9%
<b>Total Population</b>	<b>4,205,648</b>	

Crouch also explains that there is a dramatic undercount of Hispanic/Latino individuals in Kentucky.

<sup>1</sup> Crouch, Ron. Director, Kentucky State Data Center. "A Key to Kentucky's Economic Vitality." Hispanic Latino Coalition of Louisville. <http://hlcoflouisville.org/?p=240>. April 26, 2009.

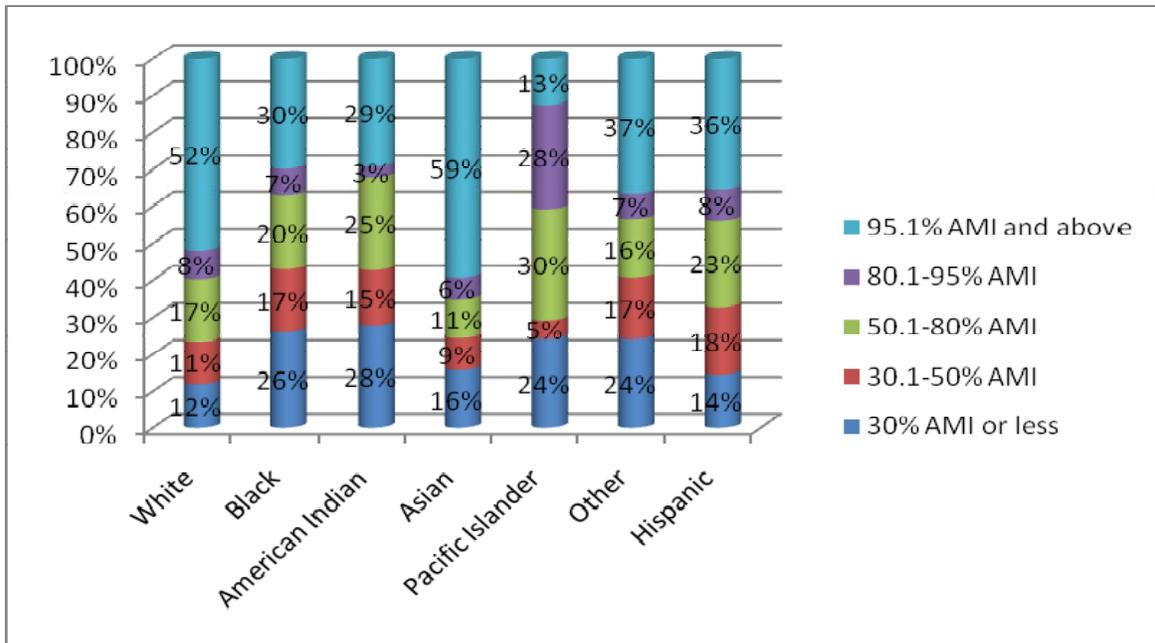
*The undercounted Hispanic/Latino population would significantly increase the Hispanic/Latino population in Kentucky and many think the undocumented Hispanic/Latino population is significantly larger and would increase the Hispanic/Latino population, probably by two to three times more than the official Hispanic/Latino count.<sup>2</sup>*

According to 2007 Census estimates, 2.1 percent of Kentuckians speak Spanish at home. Of the U.S. population, 12.1 percent speak Spanish at home. The 2010 Census Data will reveal more on the growth of the Hispanic/Latino population in Kentucky and the United States.

Total Population: Foreign-born		
All Foreign-born	107,833	2.5%
Latin America	41,362	38.4%
Asia	33,143	30.7%
Europe	21,050	19.5%
Africa	6,785	6.3%
Total Population		4,205,648

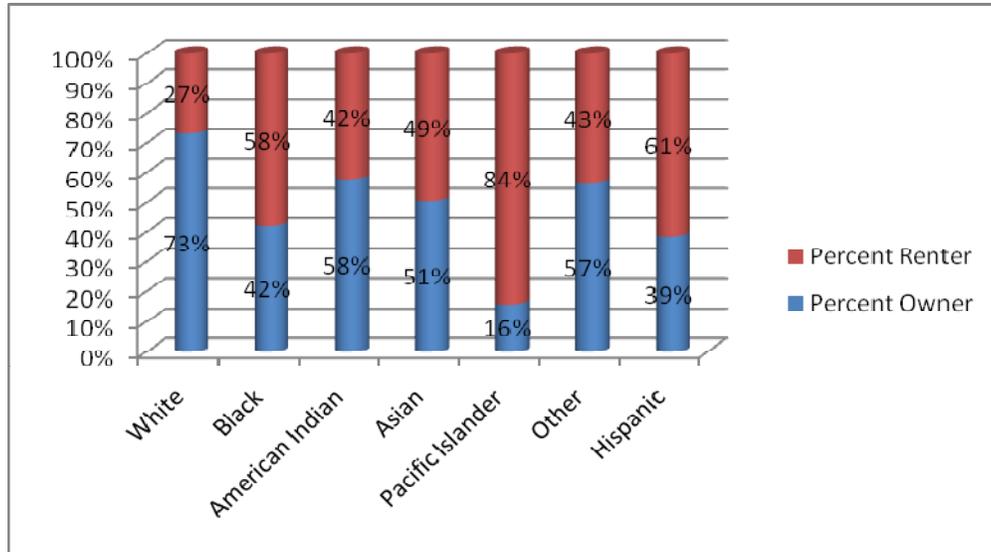
There are 107,833 foreign-born individuals in Kentucky. Foreign-born individuals account for 2.5 percent of the population. In the United States, there are 37,234,785 foreign-born individuals, making up 12.5 percent of the entire population. In both Kentucky and the U.S., the highest proportion of foreign-born individuals are from Latin America, followed by Asia then Europe.

Extremely low income White households in Kentucky comprise 12 percent of the total White population as compared to rates at least twice as high for minority households including African-American, American Indian and Pacific Islanders. Forty three percent of African-American households are at or below 50 percent of area median income as compared to 23 percent of White households.

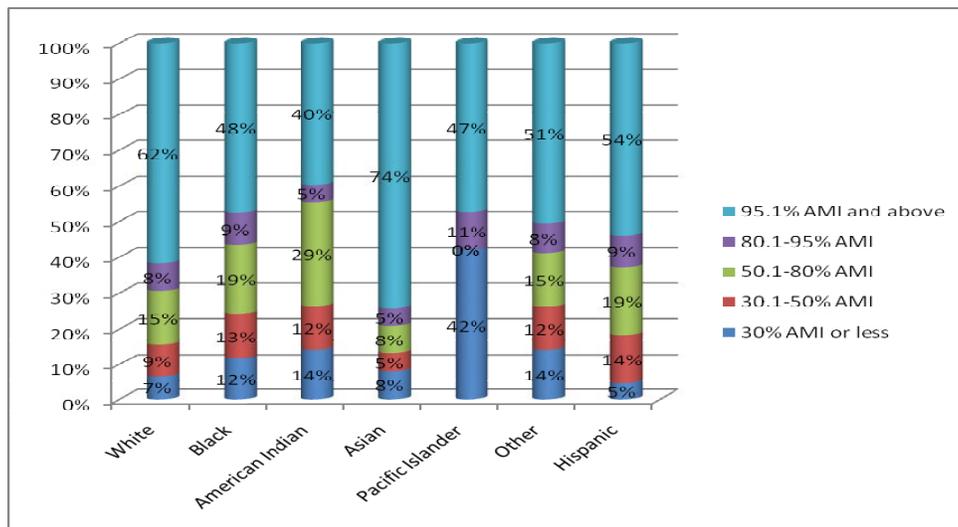


Information available on racial and ethnic status indicates that minorities in Kentucky, specifically low-income African-American households, have more housing needs than the population as a whole. Partly due to their lower incomes and higher poverty rates, minority households generally have more problems with cost burden and other housing problems than households as a whole.

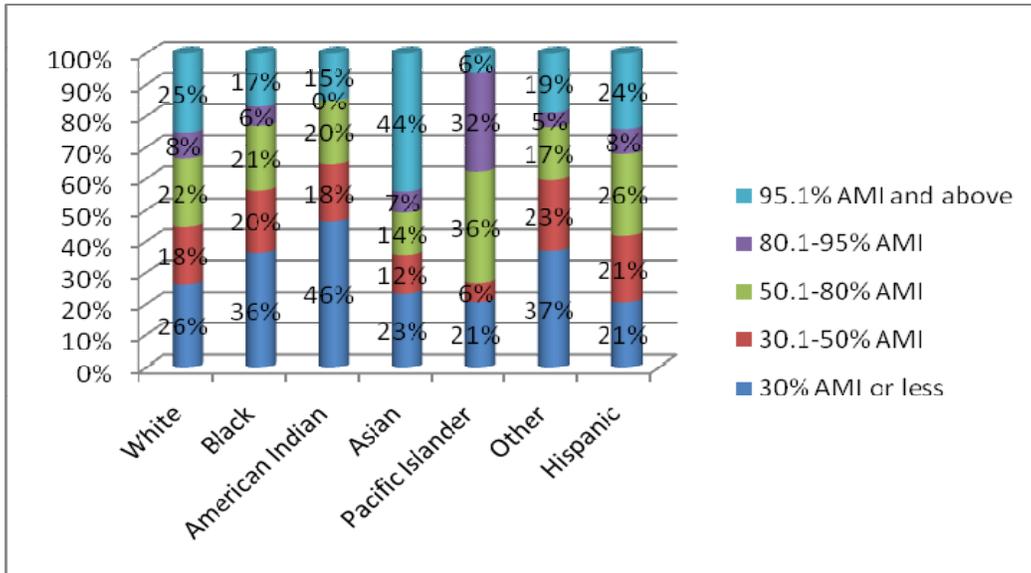
CHAS data indicates that African-American households are more likely to be renters than homeowners.



Owner households in Kentucky reflect similarities in income levels as compared to the population as a whole. The chart below displays the income levels of owner-occupied households in Kentucky. Twenty five percent of African-American owner households in Kentucky are below 50 percent of area median income as compared to 16 percent of White owner households.

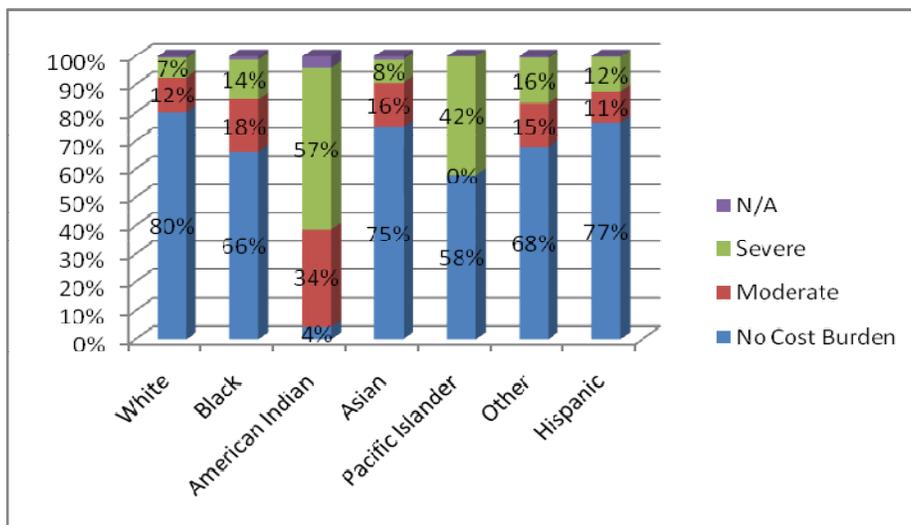


When comparing the race and income levels of renter-occupied households, data indicate that minority renter households in Kentucky are predominately below 50 percent of area median income when the household is African-American or American Indian.

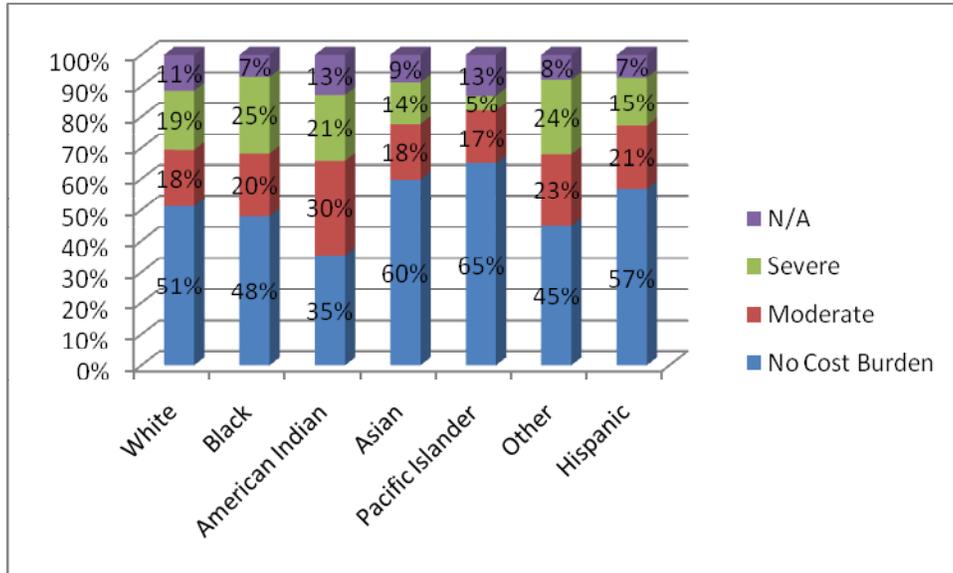


Cost burden for minority households is also higher than for White households overall. As the charts below show, both minority renter and owner households are more likely to have either a moderate or severe cost burden as compared to White households.

Nineteen percent of White owner households are cost-burdened as compared to 32 percent of African-American households. However, 91 percent of American Indian owner households are cost-burdened.



Similarly, when comparing renter households by race, 37 percent of White households are either moderately or severely cost-burdened as compared to 45 percent of African-American households. Again, American Indian households are disproportionately cost-burdened with 51 percent either moderately or severely cost burdened.



**Homeless Needs 91.205 (c) (State: 91.305 (c))**

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

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

The Specialized Housing Resources (SHR) Department at Kentucky Housing Corporation was created primarily to oversee the administration of and assist in

the coordination of all the U.S. Department of Housing and Urban Development (HUD) McKinney Act Homeless Programs for the state of Kentucky. Included in the list of programs administered by the SHR Department are the Emergency Shelter Grant program and Continuum of Care programs, which include the Supportive Housing program and the Shelter Plus Care programs.

As a recipient of Emergency Shelter Grant program funds, the state is required to provide data on the needs of Kentucky homeless persons and families as well as to help assist the state in better directing these limited resources.

KHC coordinates the statewide Homeless Point In Time Count each year. The 2008 count was the first time that all three Continuum of Care entities in Kentucky (Louisville, Lexington and Balance of State) undertook the count using the same survey instrument and on the same date. The count has been coordinated in this way since. Data below is from the 2009 count, as data from the 2010 count is not finalized.

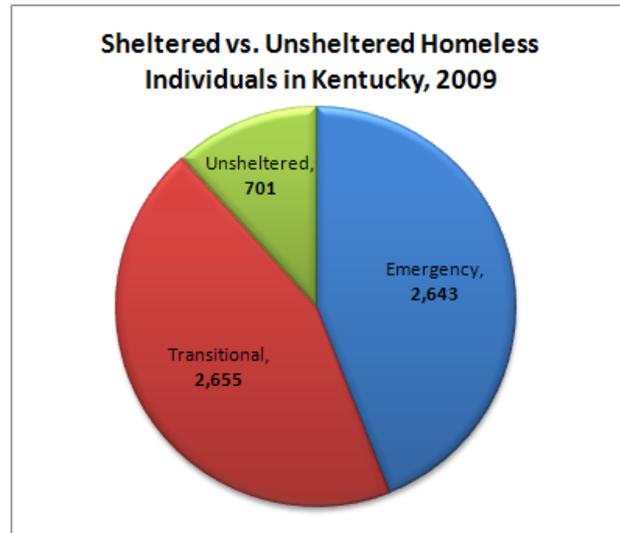
It warrants prefacing the presentation of the 2009 Point in Time Count (PITC) data to note that weather conditions on the date of the count in January caused a significant undercount of the homeless in Kentucky. A severe ice storm across the state resulted in over 83 percent of Kentucky counties being declared in states of emergency. In turn, the count was hindered by limited communication, the inability to activate volunteers, shelter closures and relocations due to widespread power outages and the imposition of curfews to ensure public safety. With a HUD waiver, the unsheltered count was rescheduled for three weeks later. Local coordinators found it difficult to engage and mobilize all of the volunteers needed to conduct the count on the rescheduled date. The data presented below are actual figures from the 2009 count, but it is widely believed that the true numbers are much higher.

Homelessness in Kentucky has many facets, each of which presents a complex set of unique challenges. In order to adequately respond to these challenges, programs must be established and updated to provide the most advantageous recovery options for those currently homeless and the most effective prevention mechanisms for those on the brink. The 2009 Point-In-Time Count data offer tremendous insight into a better understanding of homelessness in Kentucky and into how policy makers, advocates, and service providers can act to end homelessness and, in doing so, improve the quality of life for all Kentuckians.

In the winter of 2009, nearly 6,000 homeless persons were counted across the state. While this is a small portion of the state population, this figure is larger than the populations of at least four counties in Kentucky. Moreover, most cities in Kentucky have populations smaller than the number of homeless people counted at this point in time.

Fortunately, the majority of the homeless were able to access shelter on the night of the count. About half of those sheltered had entered emergency shelters and half were in transitional housing. However, over 700 Kentuckians did not have adequate shelter on the cold winter nights of the count.

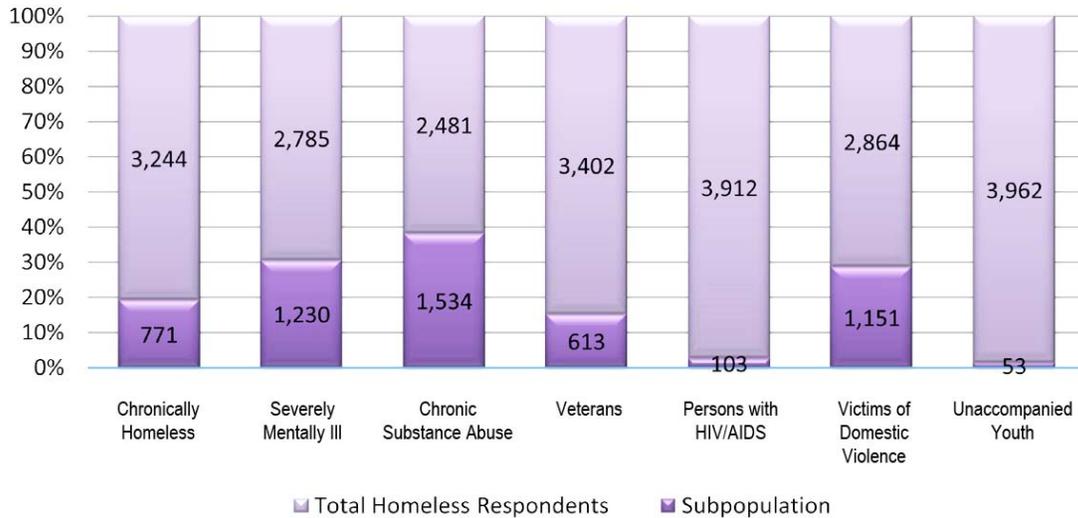
Even more stark is the statistic that over 1,600 children were homeless during the count. This represents 27 percent of the homeless persons counted. This has severe implications for the health and safety of these vulnerable young citizens, not to mention the numerous challenges created for schools charged with educating young Kentuckians who lack the rest, nourishment, and stability needed for learning.



The data also reveal racial and ethnic disparities with higher rates of homelessness among minority groups. African-American/Blacks are overrepresented among the homeless by an amount three times their proportion within the general population. Hispanics have a homeless rate twice their percentage of the state population. These circumstances are important for service providers to note and suggest the need to incorporate cultural competency into case management training.

Data from the 2009 count indicate that specialized services are needed to help the homeless deal with their personal challenges. Over 1,500 people reported a problem with chronic substance abuse and more than 1,200 self-identified with a severe mental illness. While 43 percent of count respondents were female, 57 percent of those reporting mental illness were female. This could suggest a bona fide higher prevalence of mental illness among women or simply a greater willingness of women to identify this as a factor in their lives. A smaller proportion of those with mental illness and/or substance abuse had acquired transitional housing with the large majority living in less stable situations. The role of mental health providers is obviously crucial in the fight to end homelessness. Adequate funding in the mental health system is necessary to address these special needs and get these individuals on a more secure path. Successful approaches, such as the housing first model, depend on the availability of intensive wrap-around services to sustain permanent housing.

## Subpopulations of Homeless Respondents in Kentucky, 2009



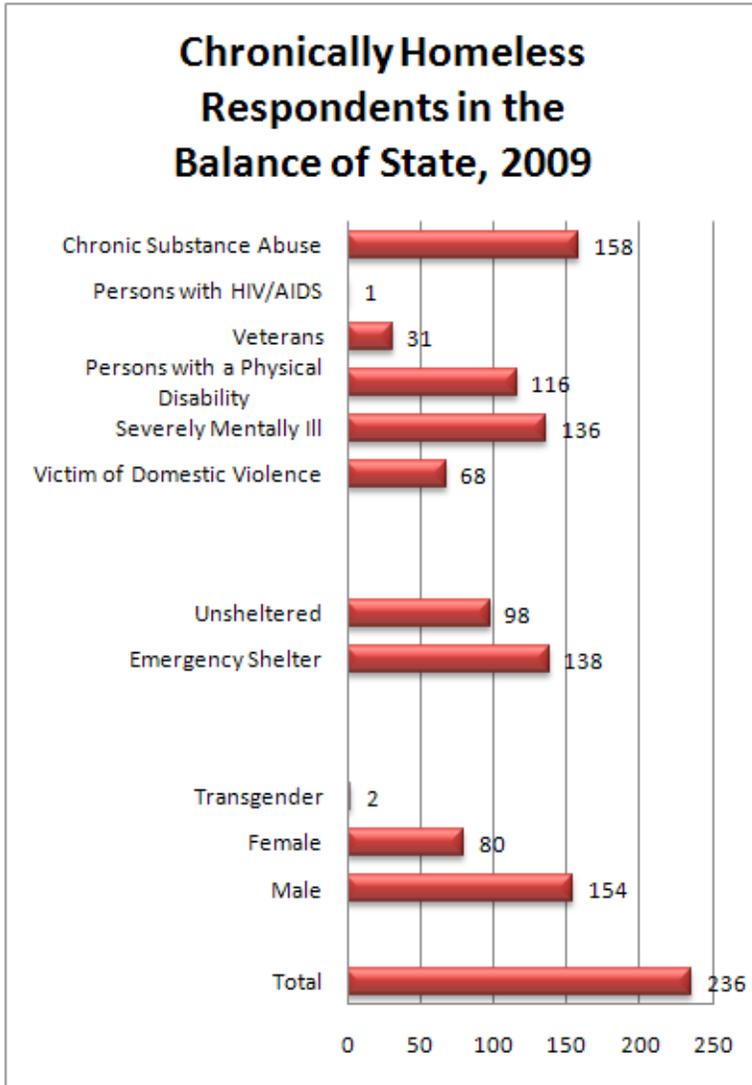
Similarly, domestic violence was reported as a problem for well over 1,100 respondents. It is not surprising that about 90 percent of these were women. This count, of course, does not include the numerous other victims who had not yet found an opportunity to escape their perpetrators in pursuit of a more dignified life. Many of those will likely be included in future counts. Adequate funding for the network of domestic violence programs is essential to ensure that services, support, and training opportunities are available when needed.

A sizeable number of respondents to the homeless count, 613, identified themselves as veterans. With many veterans having been engaged in active conflicts over the years, it is reasonable to expect that they often return with psychological scars. Conditions such as post traumatic stress disorder can be treated but can have effects of long duration. Mental health services and other support systems are important to enable former military personnel to reintegrate and adjust to civilian life.

With more than 400 respondents reporting some type of physical disability, accessibility is an important concern at all levels of the continuum of homeless assistance. Retrofitting structures to achieve accessibility can cost many thousands of dollars, yet few resources are available for this activity. In addition, purchasing assistive devices is also expensive and generally out of reach for the homeless without some form of assistance.

Chronic homelessness among individual adults has been the target of federal efforts for many years. In 2009, 236 chronically homeless persons were counted in the Balance of State (which excludes the metropolitan areas of Louisville and Lexington). Of these, 138 were in emergency shelter and 98 were unsheltered.

Consistent with descriptions of this population, 158 reported having a chronic substance abuse problem and 136 indicated that they were dealing with severe mental illness.



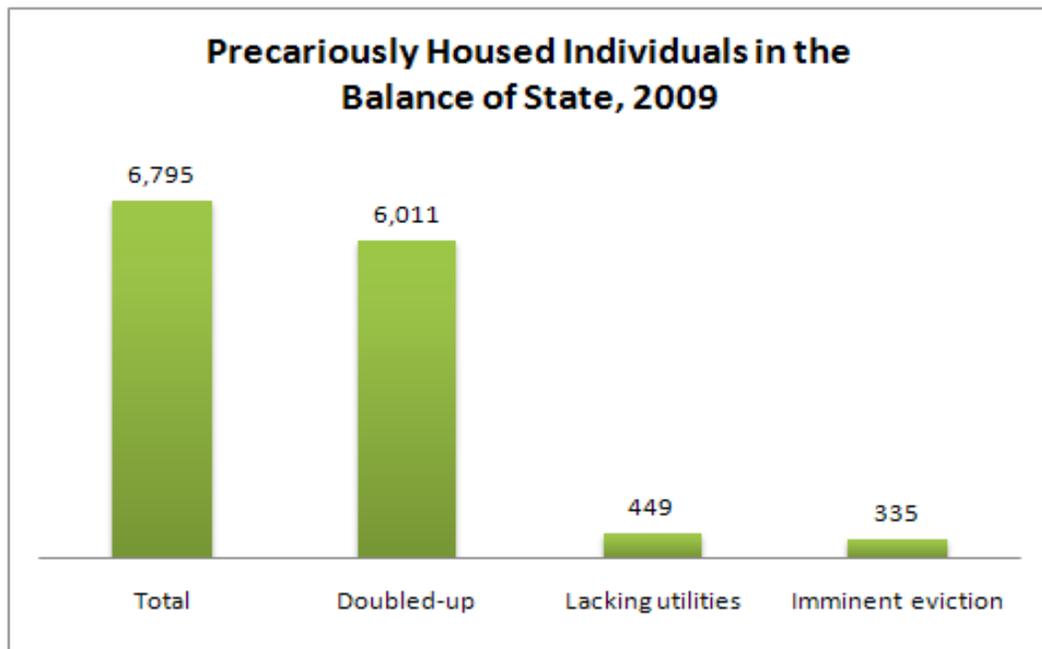
While the phenomenon of chronic homelessness is observed more in urban areas, the situation in most of Kentucky points to family households as presenting the greatest need. Significant federal budgetary concessions have focused many dollars on the chronically homeless (single) subpopulation. Many providers and advocates in Kentucky and across the nation are pleased that McKinney-Vento reauthorization legislation (i.e., the HEARTH Act) will broaden the scope of federal homeless programs and rebalance the allocation of funding to include more efforts to serve families.

Numerous studies have concluded that it costs much more to serve the homeless who do not have adequate shelter than to provide a combination of housing and services. Housing stability is a leading factor in turning around the lives of homeless individuals and halting their costly demands on emergency and crisis services. Kentucky lacks an adequate affordable housing stock to serve all of the financially challenged households in need. More funding is needed to provide long-term rent subsidies for those who cannot achieve financial independence in the short term.

A relatively small number, 103, reported having HIV/AIDS. Well over 80 percent of them, however, were living in transitional housing. While it is uncertain how

many of these individuals depend on the Housing Opportunities for Persons with AIDS (HOPWA) program for housing assistance, these numbers emphasize the importance of such programs aimed at helping specific subpopulations.

Precariously housed individuals, although not within HUD's definition of homeless, are a key component of homelessness in Kentucky. There are three general types of precariously housed situations: doubled-up, living in substandard housing or at risk of imminent eviction. Nearly 6,800 people were identified as precariously housed in the 2009 Balance of State count. As noted in this chart, the vast majority of these (6,011) indicated that they were doubled-up with family or friends.



Numbers related to the precariously housed population may foreshadow the incidence of homelessness in the coming months and years. The high number of precariously housed individuals in the 2009 count represents *twice* the number of those who meet the official definition of homelessness in this CoC region. This signifies a substantial increase from the 5,262 counted the previously year and convincingly counteracts the lower count in the number of homeless people. Many of the individuals in unstable living situations lack the resources to improve their condition. As a result, they have a very high likelihood of finding themselves among the ranks of the homeless in the future.

The current economic downturn lessens the prospects even further for these families slipping into homelessness. According to the homeless count data as well as the precariously housed data, the vast majority were without adequate housing because of affordability issues. Job losses, unemployment, and foreclosures are putting suitable housing out of reach for many Kentucky families. The fact that those who are precariously housed today could very well

be the homeless of tomorrow portends future increases in homelessness. This demands bold steps toward prevention and the creation of more permanent housing units with rental assistance.

Additional data and further analysis are available in the 2009 Point in Time Count Report on the Kentucky Housing Corporation Web page at [www.kyhousing.org](http://www.kyhousing.org) .

The Kentucky Ten-Year Plan to End Homelessness was updated in 2009. The need section of the plan relies heavily on the data from the 2009 Point-in-Time Count. The plan describes major gaps and barriers, noting:

[T]here continues to be an insufficient supply of all types of safe, quality, and affordable housing. Adequate funding for support services is critical to help find stable housing. There is a need for improved discharge planning for those aging out of foster care, persons exiting correctional institutions and persons with serious mental illness and/or substance abuse disorders leaving state facilities.

The Ten-Year Plan also lays out specific strategies for addressing homelessness in Kentucky. The complete plan can be accessed on the Kentucky Housing Corporation Web site at [www.kyhousing.org](http://www.kyhousing.org) .

### **Non-homeless Special Needs including HOPWA 91.305 (d)**

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

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

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

### **Age**

The population of Kentucky is slightly older on average than the overall population of the United States. The median age is 37.3 years with 12.8 percent of the total population at age 65 or older. As depicted on the following map, the

highest concentrations of older and aging individuals are in the Western and Southern regions of the state.

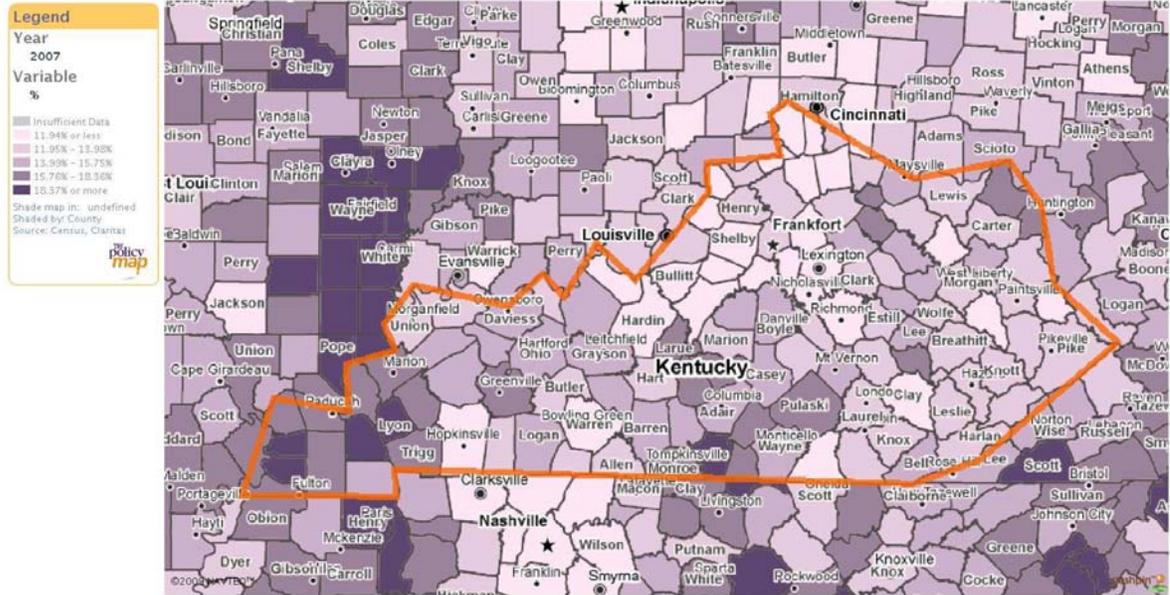
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Map of Kentucky with Estimated percent of all people 65 or older in 2007.

Estimated percent of all people 65 or older in 2007.

Estimated percent of the population age 65 years and older in 2007. Percentage calculations were suppressed in cases where the denominator of the calculation was less than 30 of the unit that is being reported (e.g. households, people, households, etc). Such areas are represented as having "insufficient data" in the map. Denominators for percentage calculations were created by summing all of the component data items in a particular dataset.



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## Disability

The percentage of Kentuckians with disabilities is one of the highest in the nation. In Kentucky, 21.2 percent of the population 5 years or older has a disability. Nationally, 15.1 percent of individuals 5 years or older has a disability.

Of Kentuckians, 18.6 percent between 16 and 64 years old are living with a disability. That is dramatically higher than the national average of 12.3 percent for the same demographic. Only Puerto Rico and West Virginia have a higher prevalence at 24.4 percent and 22.4 percent, respectively.

Total Population: Persons with a Disability		
Population 5 years and over	3,884,900	
With a Disability	824,251	21.2%
Population 16 to 64	2,758,808	
With a Disability	514,379	18.6%
Population 65 years and over	520,481	
With a disability	254,282	48.9%
Total Population	4,205,648	

Of the elderly population in Kentucky (age 65 and over), 48.9 percent are frail elderly (persons age 65 or older with a disability).

As the map below depicts, the Appalachian Region in Kentucky and surrounding states has the highest rate of persons with disabilities in the United States, averaging more than 20 percent in almost every county.

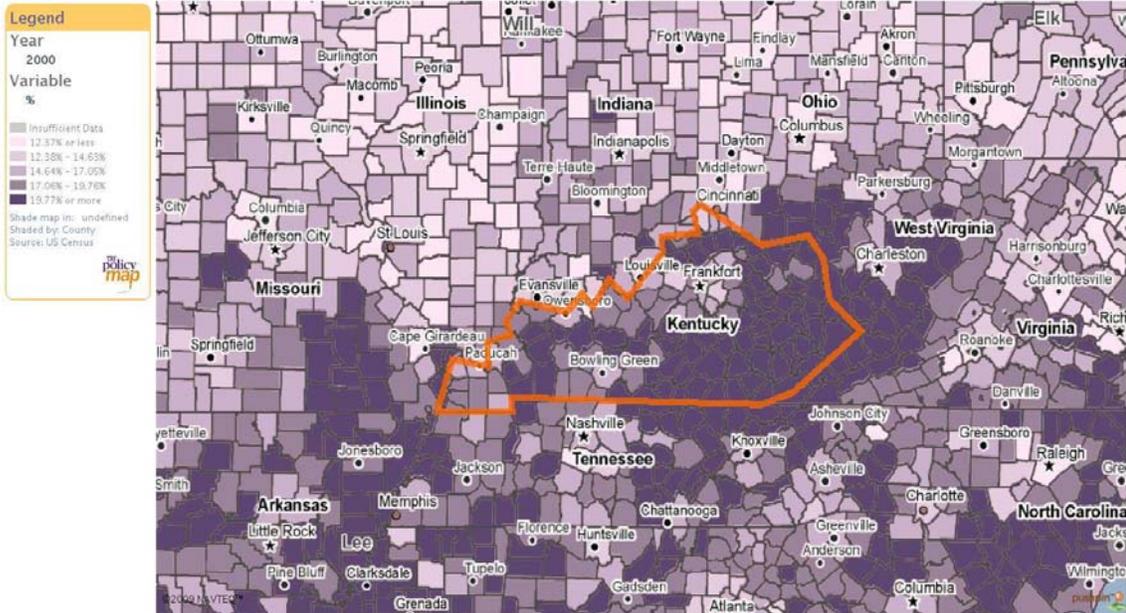
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Map of Kentucky with Percent of all people age 16-64 who have a disability in 2000.

Percent of all people age 16-64 who have a disability in 2000.

Percent of population 16 to 64 years old with a disability in 2000. An individual is considered disabled if they were 5 years and older and had a sensory, physical, mental or self-care disability; or they were 16 years and older and had a going outside the home disability; or they were 16 to 64 years old and had an employment disability. Percentage calculations were suppressed in cases where the denominator of the calculation was less than 10 of the unit that is being described (e.g. households, people, householders, etc). Such areas are represented as having "Insufficient Data" in the map. Denominators for percentage calculations were created by summing all of the component data items in a particular dataset.



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## Persons with Alcohol or Drug Addictions

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) provides data on drug and alcohol abuse including persons who seek but are unable to obtain treatment.

SAMHSA publishes data estimates that also compare current data to previously reported data to establish trends. Overall, in Kentucky, instances of illicit drug use and alcohol abuse are increasing in all age ranges. The number of persons needing treatment for addictions outnumber the persons receiving treatment. While cocaine use is shown as slightly decreasing from 2005/2006 to 2006/2007, alcohol abuse, prescription pain medication abuse, marijuana use and other illicit drug use continues to rise.

The table below includes SAMHSA data (both numbers of persons and percent of population) on illicit drug use and alcohol abuse.

### SAMHSA Kentucky Selected Drug Use by Age Group (estimated numbers – persons in thousands/percentages) Annual Averages based on 2006-2007 National Surveys on Drug Use and Health

MEASURE	12+	12-17	18-25	26+	18+
<b>ILLCIT DRUGS</b>					
Past month illicit drug use <sup>1</sup>	281 8.05	35 10.21	91 21.11	155 5.72	246 7.82
Past year marijuana use	350 10.03	47 13.76	118 27.39	185 6.82	303 9.62
Past month marijuana use	202 5.79	24 7.06	73 17.08	104 3.85	178 5.65
Past month use of illicit drugs other than marijuana <sup>1</sup>	137 3.92	18 5.15	44 10.13	76 2.79	1193. 79
Past year cocaine use	74 2.12	5 1.52	30 6.99	39 1.43	69 2.19
Past year nonmedical pain reliever use	218 6.23	28 8.30	70 16.33	119 4.39	189 6.01
<b>ALCOHOL</b>					
Past month alcohol use	1,442 41.38	55 15.98	249 57.81	1,139 42.01	1,387 44.15
Past month binge alcohol use <sup>2</sup>	742 21.29	33 9.63	175 40.68	534 19.70	709 22.56
Past month alcohol use (persons aged 12 to 20) <sup>3</sup>	140 27.57	--	--	--	--
Past month binge alcohol use (persons aged 12 to 20) <sup>2,3</sup>	94 18.53	--	--	--	--
<b>PAST YEAR DEPENDENCE, ABUSE AND TREATMENT<sup>4</sup></b>					

Illicit drug dependence <sup>1</sup>	73 2.08	9 2.77	27 6.37	36 1.32	63 2.01
Illicit drug dependence or abuse <sup>1</sup>	105 3.02	17 4.99	39 9.17	49 1.80	88 2.81
Alcohol dependence	102 2.94	6 1.90	31 7.26	65 2.39	96 3.05
Alcohol dependence or abuse	216 6.20	16 4.81	64 14.92	136 5.00	200 6.35
Alcohol or illicit drug dependence or abuse <sup>1</sup>	289 8.28	27 8.03	85 19.79	176 6.50	261 8.31
Needing but not receiving treatment for illicit drug use <sup>1,5</sup>	87 2.49	15 4.34	34 7.85	38 1.42	72 2.29
Needing but not receiving treatment for alcohol use <sup>6</sup>	201 5.76	16 4.54	59 13.73	126 4.65	185 5.89

<sup>1</sup> Includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically. Illicit drugs other than marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

<sup>2</sup> Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e. at the same time or within a couple of hours of each other) on at least one day in the past 30 days.

<sup>3</sup> Underage drinking is defined for persons aged 12 to 20; therefore, the "total" estimate reflects the 12-20 age group.

<sup>4</sup> Dependence or abuse is based on definitions found in the 4<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

<sup>5</sup> Needing but not receiving treatment refers to respondents classified as needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem at a special facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers.)

<sup>6</sup> Needing but not receiving treatment refers to respondents classified as needing treatment for alcohol, but receiving treatment for an alcohol problem at a special facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

## Victims of Domestic Violence

Domestic violence continues to be a serious public safety issue, according to data reported by the Kentucky State Police (KSP) in its latest annual crime report covering the time period of July 1, 2007 to June 30, 2008. KSP's report states that domestic violence includes crimes committed by one family member/partner against another, including: homicide, kidnapping, sex offenses, stalking, assault and terroristic threatening. The Kentucky Administrative Office of the Courts (AOC) gathers data from county court systems. AOC reports for this time period that 26,020 petitions were filed by persons seeking domestic violence protective orders. For the same time period there were 25,847 disposition case closings. Disposition data does not distinguish between cases dismissed and other types of case disposition.

The state Cabinet for Health and Family Services, Division of Protection and Permanency, Department for Community Based Services (DCBS) receives

reports of known or suspected cases of abuse each year as mandated by state legislation. DCBS has established a toll-free reporting hotline which reports the following information for FY2008:

Adult Protection Reports (adult abuse, spouse abuse, self neglect, caretaker neglect and exploitation)	54,701
Total Adult Protection Reports Resulting in Allegations	31,247
Domestic Violence Allegations Investigated (spouse, ex-spouse, paramour)	19,193
Adult Abuse Allegations Investigated	2,489
Caretaker Neglect, Self Neglect and Exploitation Allegations Investigated	9,565
Percent of Total Adult Protection Allegations due to Domestic Violence	35%
Percent Increase of Domestic Violence Allegations from FY2007	7.4%

Kentucky has a regionalized network of 15 domestic violence abuse shelters who provide crisis line services, shelter services (485 beds), counseling, referrals, advocacy, education and training. The Kentucky Domestic Violence Association (KDVA) received 35,636 domestic violence related calls and 74,781 information and referral calls during FY2008.

Unduplicated shelter statistics for FY 2008 indicate that 3,905 persons received shelter but that facilities were unable to provide shelter to an additional 2,357 persons. Non-residential clients served during the same time period totaled 28,568. These are clients who received services but did not stay in shelter.

### **Persons with HIV/AIDS**

The chart below reflects Kentucky's distribution of AIDS cases by age at diagnosis, by gender and by race and ethnicity. Additionally, it reflects the transmission categories.

### **AIDS IN KENTUCKY STATISTICS JUNE 30, 2008**

Characteristics	Total	%
<b>Sex</b>		
Male	4,100	81
Female	756	19
Total	4,856	100
<b>Age at Diagnosis</b>		
13-19	34	2
20-29	876	22
30-39	2,077	27
40-49	1,334	31

49 +	535	18
Total	4,856	100
<b>Race/Ethnicity</b>		
White, not Hispanic	3,159	57
Black, not Hispanic	1,515	35
Hispanic	156	4
Other/Unknown	26	4
Total	4,856	100
<b>Transmission Category</b>		
MSM	2,679	53
IDU	654	6
MSM and IDU	279	1
Hemophilia/Blood Disorder	84	0
Heterosexual	756	14
Transfusion/Transplant	36	0
Undetermined	368	26
Total	4,856	100

HIV/AIDS Semi-Annual Report, June, 2008  
Kentucky Cabinet for Health and Family Services  
Based on reported data through June 30, 2008  
MSM - Men Having Sex with Men  
IDU - Injection Drug Use

## Lead-based Paint

## 91.305 (e)

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

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

CHAS data provided for analysis does not include income levels of families with children under the age of six, who are at higher risk of poisoning from lead-based paint hazards. The data below indicates the numbers of housing units built in 1979 and earlier, prior to the ban on lead-based paint.

Description	Owner	Renter
Housing units built 1979 and earlier	520,625	251,210
Housing units built 1979 and earlier with children age 6 and younger	56,274	49,178
Percentage of older units occupied by children age 6 and younger	10.8%	19.6%

Data indicate that although the number of owner housing units that contain possible lead paint hazards are more than double those of renter housing units, nearly an equal number of renter and owner housing units throughout the state are occupied by children age 6 and under.

In 2007, the Kentucky Childhood Lead Poisoning Prevention Program tested over 35,000 children under the age of 10 for evidence of elevated blood lead levels. Although 134 cases were confirmed, this number represents a reduction in the percentage of positive cases as compared to the prior year (0.4% of tested children). High risk factors for childhood lead poisoning include older housing stock and poverty. In addition to exposure to lead-based paint in older homes, other transmission categories include contaminated water and soil, folk remedies, food/food containers and parental occupations.

The following table contains zip codes by county designated as high risk by the Kentucky Childhood Lead Poisoning Prevention program.

Adair	42715 42742 42761	Cumberland	42759	Jefferson	40202 40203 40204 40205 40206 40208 40209 40210 40211 40212 40213 40215 40217	Menifee	40322 40346 40387
Allen	42153	Edmonson	42275 42285	Johnson	41216 41219 41222 41228 41238 41240 41254 41255 41257 41260 41263 41265 41268 41274	Mercer	40310
Ballard	42060	Elliott	41171	Kenton	41011 41014 41015 41016	Metcalfe	42129 42154
Barren	42140 42160	Estill	40336 40472	Knott	41740 41822 41843 41844	Monroe	42167 42157

					41759 41772 41817 41834 41839 41859		
Bath	40374	Fayette	40508	Knox	40734 40771 40903 40906 40935 40953 40982 40995 40997	Morgan	41408 41421 41425
Bell	40845 40902 40958 40977 40988	Fleming	41049	Lawrence	41124 41159 41230	Muhlenburg	42374 42321 42332 42339
Bourbon	40348 40361	Floyd	41605 41606 41607 41612 41615 41619 41630 41635 41636 41640 41649 41650 41651 41653 41660 41666 41669	Lee	41311 41397	Nelson	40008
Boyd	41101	Fulton	42041 42050	Leslie	40827 40858 40874 41714 41730 41762 41775 41776	Ohio	42333 42338 42343 42369
Bracken	41002 41004	Garrard	40461	Letcher	40826 40862 41537 41819 41825 41826 41833 41835 41855 41810 41840	Owen	40355

					41845 41849		
Breathitt	41317 41339 41385	Graves	42040 42061	Lewis	41135 41170 41179	Owsley	41314 41364 41386
Breckinridge	40170	Grayson	42762	Lincoln	40448	Perry	41367 41701 41712 41723 41778 41735 41751 41773
Calloway	42076	Green	42743	Livingston	42047	Pike	41514 41524 41543 41546 41549 41553 41555 41563 41564 41567 41569
Campbell	41071 41073 41074 41085	Greenup	41174	Logan	42265	Pulaski	42501 42544 42553
Carlisle	42021 42023	Hardin	40155 40177	McCreary	42647 42653 42638	Robertson	41064
Carter	41146	Harlan	40801 40807 40810 40815 40819 40820 40823 40828 40830 40831 40843 40854 40855 40863 40870 40873	McLean	42371	Rowan	40313
Casey	42528 42539	Hart	42722 42729 42749	Magoffin	41426 41464 41632	Todd	42204
Christian	42266 42254	Henry	40007 40058	Marion	40009 40328	Warren	41070
Clay	40914 40941 40972	Hickman	42031	Martin	41203 41224 41250	Wayne	42633 42632

	40983				41262 41267		
Clinton	42602	Hopkins	42408 42410	Mason	41055 41056	Webster	42450 42463 42403
Crittenden	42064	Jackson	40447 40486	Meade	40104 40176	Whitley	40759 40763 40769
						Wolfe	41301 41332 41365

## HOUSING MARKET ANALYSIS

### Housing Market Analysis

**91.210 (State: 91.310)**

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

12. *Based on information available to the jurisdiction, describe the significant characteristics of the State's housing markets in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families.*

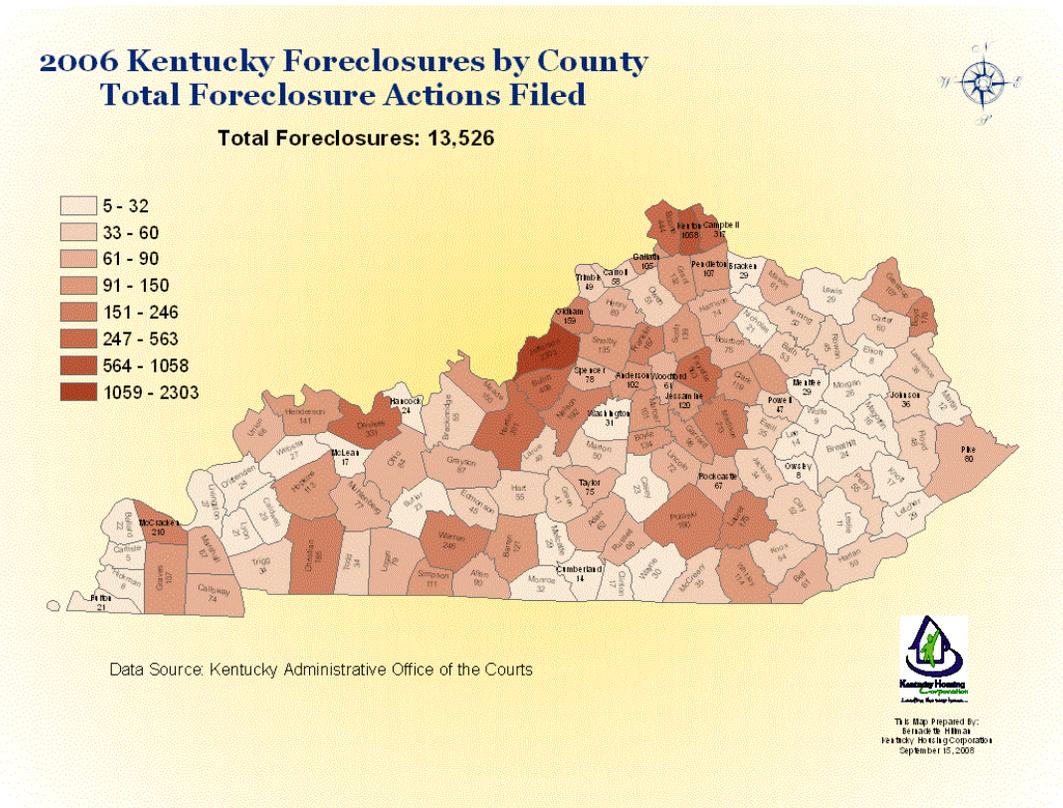
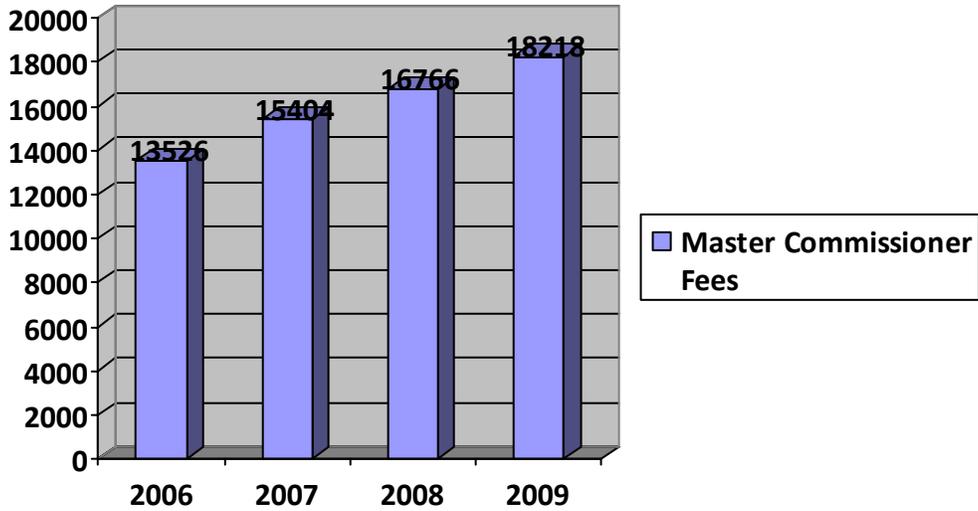
It is clear that there continues to be an insufficient supply of all types of affordable housing – from that targeted to working families to service-enriched housing for special needs populations likely to experience chronic homelessness. The demand for subsidized housing far outweighs the funds available. As a result, some Section 8 waiting lists closed because of the length of time before assistance could be offered. KHC's waiting list for its tenant-based program has experienced long waiting times and has been periodically closed over the past few years.

The current housing market in Kentucky has been greatly affected by the increase in the number of foreclosures over the past few years. Subprime mortgage loans, increased unemployment and decreases in property values have all contributed.

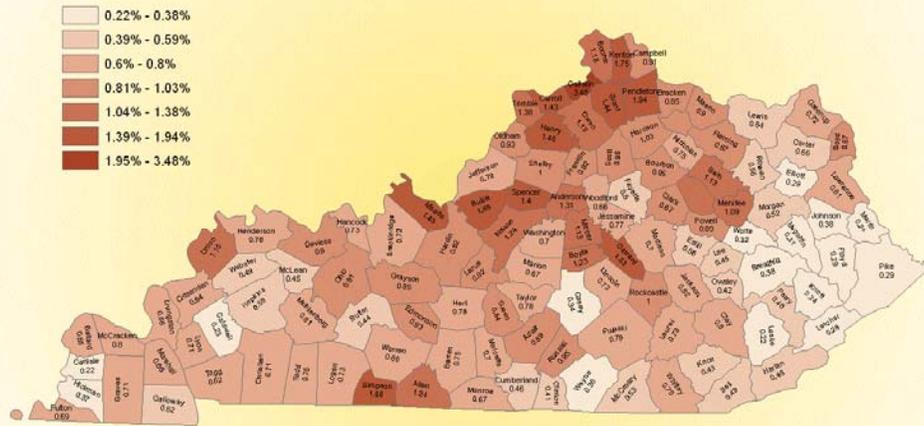
Data provided by HUD utilized for analysis for the Neighborhood Stabilization Program indicate that subprime mortgages constituted upwards of 38 percent of mortgage loans in some counties and more than 50 percent in some cities in Kentucky (data is from 2003 forward).

The Kentucky Administrative Office of the Courts (AOC) collects data monthly from county court systems on the number of foreclosure actions filed. Foreclosure actions in Kentucky have increased tremendously since 2006.

The highest number of foreclosures, as expected, occurred in the highest population centers in the state. However, the foreclosure rates are highest in the counties depicted in the maps below.



## 2006 Kentucky Foreclosures by County Percentage Per Total Households\*



\* Total Households Data is based on 2005 Estimated Households per the U.S. Census Bureau

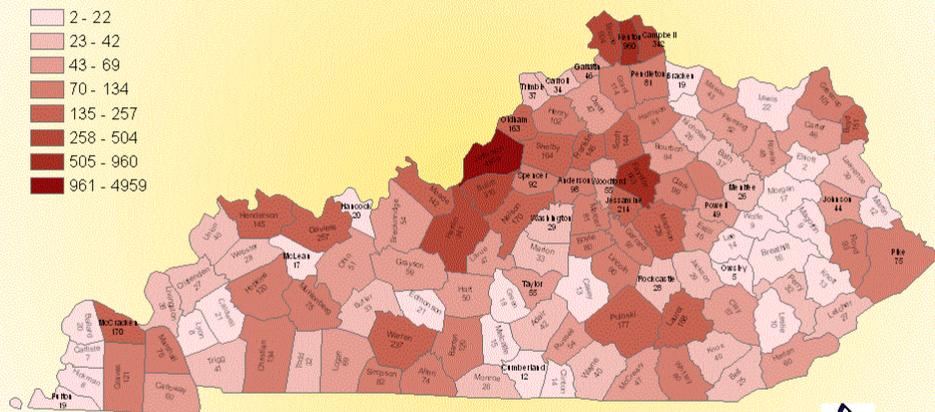
Data Source: Kentucky Administrative Office of the Courts and Kentucky Office of Financial Institutions



This Map Prepared By:  
Bernie Harms  
Kentucky Housing Corporation  
May 27, 2008

## 2007 Kentucky Foreclosures By County Total Foreclosure Actions Filed

Total Foreclosures: 15,404

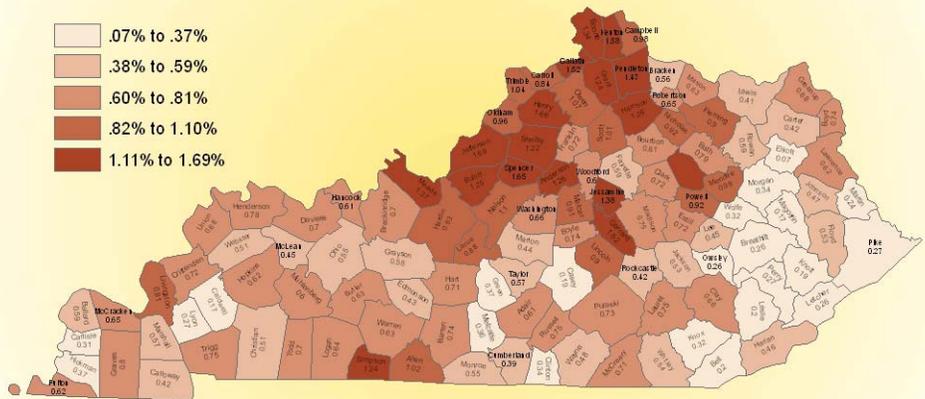


Data Source: Kentucky Administrative Office of the Courts



This Map Prepared By:  
Bernie Harms  
Kentucky Housing Corporation  
September 15, 2008

## 2007 Kentucky Foreclosure Rate by County Percentage Per Total Households\*



Data Source: Kentucky Administrative Office of the Courts and Kentucky Office of Financial Institutions

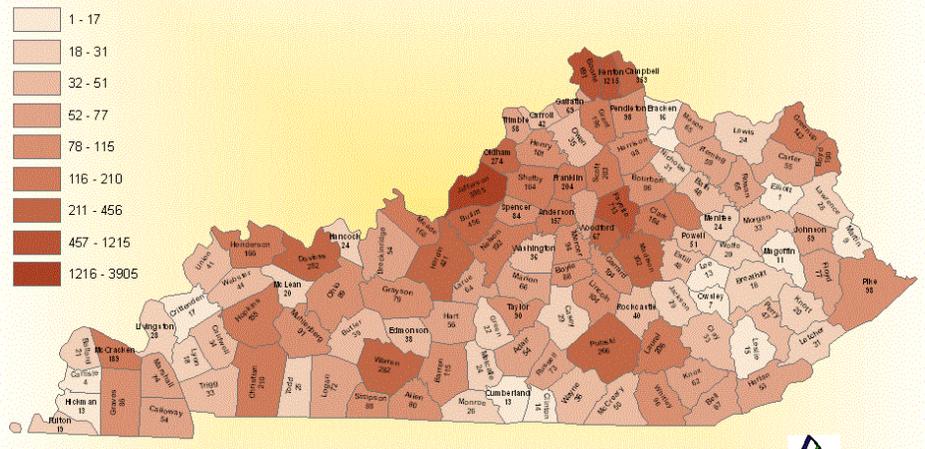
\* Total Households Data is based on 2005 Estimated Households per the U. S. Census Bureau



This Map Prepared By:  
Bernadette Hillman  
Kentucky Housing Corporation  
September 15, 2008

## 2008 Kentucky Foreclosures by County Total Foreclosure Actions Filed

Total Foreclosures: 16,766

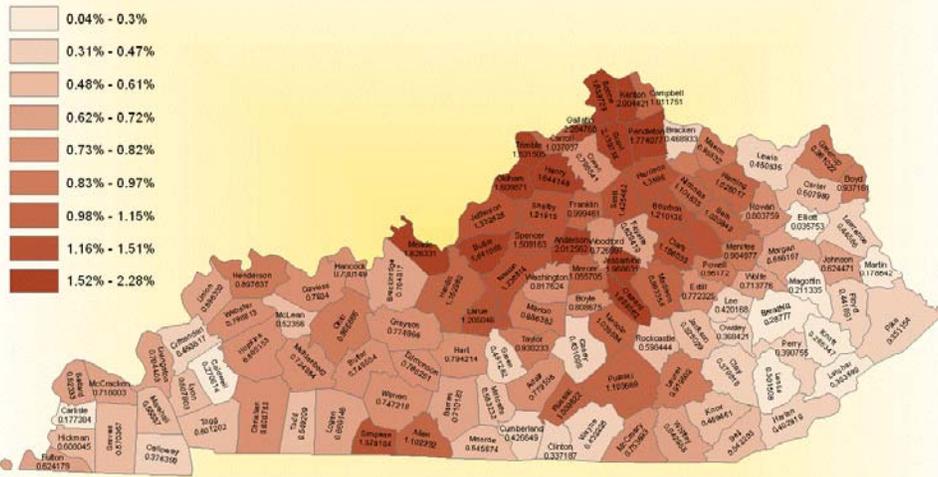


Data Source: Kentucky Administrative Office of the Courts



This Map Prepared By:  
Bernadette Hillman  
Kentucky Housing Corporation  
February 11, 2009

## 2008 Kentucky Foreclosure Rate by County



Data Source: Kentucky Administrative Office of the Courts

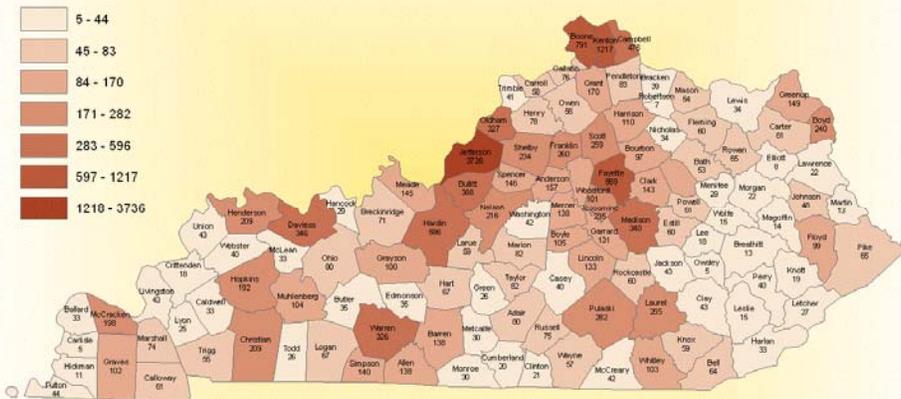
Foreclosure Rate = Total Households (U.S. Census Bureau 2005 Estimates) divided by Total Foreclosures



This Map Prepared By:  
Bernadette Hillman  
Kentucky Housing Corporation  
February 11, 2009

## 2009 Kentucky Foreclosures by County Total Foreclosure Actions Filed

Total Foreclosures: 18,218



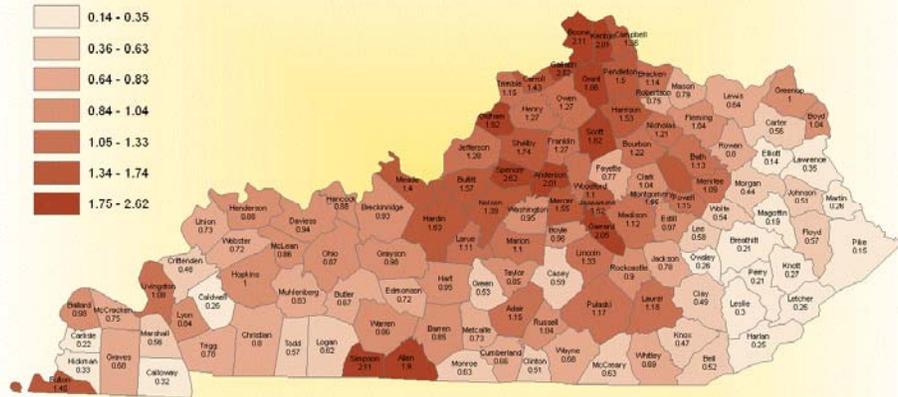
Data Source: Kentucky Administrative Office of the Courts



This Map Prepared By:  
Bernadette Hillman  
Kentucky Housing Corporation  
February 25, 2010

## 2009 Kentucky Foreclosures Rates by County Foreclosure Actions Filed

Total Foreclosures: 18,218



Data Source: Kentucky Administrative Office of the Courts

Foreclosure Rate - foreclosure actions filed divided by estimated housing units in each county (2005 Census Estimates)



This Map Prepared By  
Dorinda Hillman  
Kentucky Housing Corporation  
February 25, 2010

In April 2008, the National Coalition for the Homeless released the report *Foreclosure to Homelessness: the Forgotten Victims of the Subprime Crisis*. The report discusses the findings of a national survey of state and local homeless coalitions to determine if there was an increase in homelessness due to foreclosure. Nearly 61 percent of the survey respondents had seen an increase in homelessness since the foreclosure crisis began in 2007.

According to HUD, a high risk indicator for foreclosure and abandonment are households with low incomes, high cost burdens and living in older homes. The tables below indicate the number of cost-burdened owner and renter households living in older homes.

OWNER Income Level/Year Built	Moderate Cost Burden	Severe Cost Burden	Total
Less than 50% AMI/1960-1979	10,195	13,620	23,815
Less than 50% AMI/1940-1959	8,154	9,885	18,039
Less than 50% AMI/1939 or earlier	5,180	7,320	12,500
50.1 to 80% AMI/1960-1979	10,460	3,085	13,545
50.1 to 80% AMI/1940-1959	6,975	1,454	8,429
50.1 to 80% AMI/1939 or earlier	4,189	970	5,159
TOTAL	45,153	36,334	81,487

RENTER Income Level/Year Built	Moderate Cost Burden	Severe Cost Burden	Total
Less than 50% AMI/1960-1979	18,110	26,140	44,250
Less than 50% AMI/1940-1959	9,249	14,814	24,063
Less than 50% AMI/1939 or earlier	6,303	10,143	16,446
50.1 to 80% AMI/1960-1979	6,019	379	6,398
50.1 to 80% AMI/1940-1959	2,823	440	3,263
50.1 to 80% AMI/1939 or earlier	2,424	75	2,499
<b>TOTAL</b>	<b>44,928</b>	<b>51,991</b>	<b>96,919</b>

As is discussed above in the Housing Needs section, a large number of low income renter and owner households in Kentucky are cost-burdened. The tables below detail the number of owner and renter households who are housing cost burdened by income level. “Cost burdened” households are those paying more than 30 percent of gross monthly income for housing costs. “Severely cost burdened” households are those paying more than 50 percent of gross monthly income for housing costs.

	Cost Burdened	Severely Cost Burdened	Total
<b>OWNER-OCCUPIED</b>			
• Less than 30% AMI	12,765	31,910	44,675
• 30.1 to 50% AMI	20,985	15,594	36,579
• 50.1 to 80% AMI	36,060	11,770	47,830
<b>RENTER-OCCUPIED</b>			
• Less than 30% AMI	14,865	63,500	78,365
• 30.1 to 50% AMI	35,175	13,574	48,749
• 50.1 to 80% AMI	20,482	1,364	21,846
<b>TOTAL</b>	<b>140,332</b>	<b>137,712</b>	<b>278,044</b>

Specific information on housing available to serve persons with disabilities was not included in CHAS data. However, KHC has adopted a Universal Design policy that requires that certain units receiving financial assistance from KHC for construction or rehabilitation include features to assist persons with disabilities.

With regard to housing for Kentuckians with HIV/AIDS, persons with HIV/AIDS were surveyed to obtain information about housing needs and preferences. The results show:

- Persons with HIV/AIDS overwhelmingly prefer to live in their own houses or apartments for as long as possible.
- Persons with HIV/AIDS rank living near a doctor, clinic or hospital and living near family and friends as their top priorities in choosing their location.
- Persons with HIV/AIDS want to live in safe, quiet neighborhoods and maintain their privacy and independence.

- Persons with HIV/AIDS and their families continue to fear discrimination and harassment from landlords, service providers and communities.
- Individuals and families with HIV/AIDS continue to experience financial challenges because of low incomes and are at risk of homelessness. Approximately one-third of respondents indicated they had been homeless in the past.
- Persons with HIV/AIDS want and need assistance with rent, mortgage, utilities and repairs. This was the most often mentioned need in focus groups and the highest indicated need in the survey. More than half of survey respondents indicated this as a need.
- Persons with HIV/AIDS have a great need for transportation, especially to the doctor and hospital or clinic.
- A significant number of persons with HIV/AIDS continue to have diagnosis of mental illness and/or chemical dependencies in addition to their HIV/AIDS status. Resources for housing and treating persons with mental illness and/or chemical dependencies are especially limited.

13. *Provide an estimate; to the extent information is available, of the number of vacant or abandoned buildings and whether units in these buildings are suitable for rehabilitation.*

CHAS data provide a picture of available vacant housing units available for rent and for sale and whether or not those units are substandard. Data does not contain enough detail to determine if substandard units are suitable for rehabilitation.

Housing Unit Type	Substandard	Standard	Total
Vacant for-sale housing units	3,325	19,970	23,310
Vacant for-rent housing units	3,105	39,895	43,005

Affordability of available standard condition housing units is detailed below:

Affordability	Renter	Owner
Households at 30% AMI	7,900	---
Households at 50% AMI	24,500	8,015
Households at 80% AMI	6,905	6,109
Households above 80% AMI	575	---
Households at 100% AMI	---	1,935
Households above 100% AMI	---	3,900

### **Public and Assisted Housing 91.210 (b)**

14. *In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including*
- *the number of public housing units in the jurisdiction,*
  - *the physical condition of such units,*

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

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

This section not applicable to State Plans. See other sections of this plan for Public and Assisted Housing information.

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

This section not applicable to State Plans. See other sections of this plan for Public and Assisted Housing information.

## **Homeless Inventory**

## **91.210 (b) (State: 91.310 (b))**

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

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

**Homeless Continuum of Care: Housing Gap Analysis Chart**

BALANCE OF STATE REGIONS	Current Inventory	Under Development	Unmet Need/ Gap
--------------------------	-------------------	-------------------	-----------------

**Individuals**

Example	Emergency Shelter	100	40	26
<b>Beds</b>	Emergency Shelter	582	0	0
	Transitional Housing	270	0	274
	Permanent Supportive Housing	583	0	143
	Total	1,435	0	417
Chronically Homeless		201	0	236

**Persons in Families With Children**

<b>Beds</b>	Emergency Shelter	603	0	0
	Transitional Housing	1,122	0	0
	Permanent Supportive Housing	551	0	56
	Total	2,276	0	56

The following chart contains information about services available to homeless persons in each of the Balance of State Continuum of Care regions.

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
<b>Region 1</b>																		
Aaron McNeil House, Inc.	X	X	X															
Central City Ministerial Association		X	X															
Common Garments				X		X				X								X
Cooperative Ministries	X	X	X	X							X							X
Hopkins County Assistance Center		X	X															
Pennyrile Allied Community Services			X						X				X			X		
Pennyroyal Center		X							X	X	X	X				X		
Sanctuary, Inc. DV Shelter		X	X	X	X	X		X	X	X	X	X		X	X	X	X	X

Salvation Army of Hopkinsville		X	X	X					X										
Salvation Army of Madisonville			X									X							X
Todd County Interfaith Center			X								X								
Western State Hospital				X						X	X								
Alternative Resources for Kentucky			X									X							X
Annie Gardner Foundation		X	X									X							
Calloway County Family Resources Center																X			X
Family Service Society, Inc.		X	X									X							X
Four Rivers Behavioral Health, Inc.				X					X		X	X							
Fulton County A.R.K.			X											X	X				
Gentry House, Inc.				X					X										
Graves County Need Line			X									X							
Heartland CARES, Inc.	X	X	X	X		X	X		X	X	X	X	X	X	X				X
Lighthouse Ministries Shelter				X		X			X	X							X		X
Marshall County Safe Home				X	X			X	X	X									
Merryman House DV Shelter		X	X	X	X	X		X	X	X				X			X	X	X
Mission, Inc. Shelter				X		X				X									
Murray-Calloway County Need Line, Inc.	X	X	X											X					
Paducah Cooperative Ministry		X	X						X	X		X							X
Purchase Area Supportive Housing	X	X	X	X					X	X				X	X				
River City Mission				X		X			X	X									
West Kentucky Allied Services			X						X				X		X	X			
<b>Region 2</b>																			
Audubon Area Community Action Agency			X	X										X	X	X	X		
Barren River Safe Space, Inc.		X	X	X	X	X		X	X	X	X			X	X	X	X		
Barren County Community Relief Fund		X	X																X
Bowling Green/Warren Co. Welfare Center		X	X									X							
Boulware Mission, Inc.				X				X	X	X	X			X	X	X			X
Community Action of Southern Kentucky, Inc.		X	X						X										
Community Outreach Shelter						X			X							X			X
Communicare, Inc./Passages						X			X	X	X	X	X		X	X	X	X	
Daniel Pitino Shelter, Inc.						X			X	X									X
Central Kentucky Community Action Agency, Inc.	X	X	X	X	X	X			X					X	X	X	X		
GRADD Help Office		X	X									X							
Helping Hand of Elizabethtown			X									X							X
Holy Spirit Catholic Church/St. Vincent DePaul	X	X	X			X						X							
H.O.T.E.L. Inc.		X	X																

Jesus Community Center/Homeless Shelter			X		X			X	X				X	X	X	X
KY United Methodist Homes for Children			X					X								
North Hardin Hope, Inc.		X	X								X		X			
LifeSkills, Inc.	X	X	X	X	X			X	X	X	X				X	X
Marc Park Shelter			X		X											
Marion County Community Services		X	X													
Marion County Ministerial Association	X	X	X													X
Matthew 25 AIDS Services, Inc.	X	X	X	X	X			X	X		X	X	X			X
OASIS, Inc.			X	X				X	X	X	X	X	X	X	X	X
Phoenix House			X					X	X	X						
River Valley Behavioral Health Services			X					X		X	X					
St. Joseph Catholic Church/St. Vincent De Paul	X	X	X		X							X				
St. Vincent De Paul of Owensboro		X	X									X				
Salvation Army of Bowling Green			X	X	X			X						X		X
Salvation Army of Owensboro	X	X	X	X				X							X	X
Shelter for Women and Children, Inc.			X	X	X	X	X	X	X			X	X	X	X	X
SpringHaven Domestic Violence Shelter			X	X	X	X	X	X	X				X			X
The Caring Place			X		X	X	X	X	X							
<b>Region 3</b>																
Campbell County Fiscal Court		X	X									X				
Center for Independent Living Options					X			X								X
Center for Women & Families, Inc.		X	X	X	X	X	X	X	X		X		X	X		X
Boone County Services (BAWAC, Inc.)					X	X								X		
Boone County Human Services		X	X													
Brighton Center		X	X					X					X	X	X	X
Family Service of Northern KY			X					X		X	X					
Good News Shelter		X	X	X	X	X		X	X				X	X		X
Home of the Innocents								X	X							
Interfaith Hospitality Network			X											X		
Mathew's House			X		X							X	X			
Multi-Purpose Community Action	X	X	X	X				X	X				X	X		
Northern Kentucky Area Development District			X					X								
Northern Kentucky Community Action Commission	X	X	X	X				X						X		
Northern Kentucky Health Department	X	X	X	X	X			X	X			X				X
Northern Kentucky Housing and Homeless Coalition, Inc.			X					X								
NorthKey Community Care		X		X	X	X	X	X	X	X	X			X		
Operation Care		X	X		X	X	X	X	X		X			X		X
Pathways, Inc. of Northern KY											X					

Red Cross of Oldham County	X	X	X																
RoseHaven Transitional Home		X	X	X	X			X	X	X						X	X		X
Salvation Army of Newport		X	X									X							
Serenity Center	X	X	X	X				X	X	X	X	X			X	X			X
Shepard's Shelter				X		X													
Tri-County Community Action Agency		X	X																
Transitions, Inc.				X					X	X	X		X			X	X	X	
Veterans' Administration Domiciliary				X					X		X	X	X						
Welcome House of Northern Kentucky		X				X			X	X						X			X
Wellspring				X								X							
Women's Crisis Center – Northern KY				X	X	X		X	X	X		X	X		X	X			X
United Ministries		X	X										X						
<b>Region 4</b>																			
Appalachian Foothills Housing Agency, Inc.		X		X															
CARES, Inc.			X	X					X	X									X
Christian Appalachian Project		X	X										X						
Christian Community Center		X	X	X									X						X
City of Ashland		X	X	X					X	X	X	X	X	X	X	X	X	X	X
Comprehend, Inc.				X								X	X						
D.O.V.E.S.				X		X		X	X	X									
Elliott County Christian Community Center		X	X											X					
Frontier Housing, Inc.	X	X		X															
Gateway Community Service Org.			X	X										X					
Gateway House	X	X	X	X	X	X		X	X	X	X	X	X		X	X	X	X	X
Gateway Juvenile Services Center				X					X	X	X	X			X	X			
Greenup County Homeless Education Program						X			X	X					X				X
Good Samaritans of Carter County	X	X	X																
Helping Hands			X										X						
Louisa/Ft. Gay Ministerial Association			X																
Maysville Initiatives, Inc.		X	X	X					X	X	X	X			X	X	X	X	X
Northeast KY Area Development Council				X												X			
Pathways, Inc.									X		X	X							
People's Self-Help Housing	X	X	X						X	X									X
Safe Harbor of Northeast Kentucky	X	X	X	X	X	X		X	X	X	X	X	X		X	X	X	X	X
Salvation Army of Ashland		X	X						X										
Salvation Army of Grayson			X										X						
Women's Crisis Center – Maysville				X		X		X	X	X					X	X	X	X	X
<b>Region 5</b>																			
Adanta Group		X	X	X					X	X	X	X							

Appalachian Research & Defense Fund			X	X															
Baptist Care Homes		X	X		X			X	X	X				X	X	X	X		
Beattyville Housing & Development Corp.	X		X																
Bell County Homeless & Housing Coalition								X											X
Bell-Whitley Community Action Agency	X	X						X	X					X	X	X			
Bethany House Abuse Shelter, Inc.			X	X				X	X		X	X		X	X	X	X		
Big Sandy Community Action Agency		X	X											X					
Big Sandy Family Abuse Center			X	X	X	X	X	X			X			X	X				
Casey Clinic			X							X	X	X							
Casey County Fiscal Court	X																		
Christ Church	X	X	X																
Christian Appalachian Project		X	X	X	X	X	X	X					X						
Christian Family Services		X	X																
Christian Service Ministry			X	X								X		X					X
Christian Shelter for the Homeless, Inc.					X			X	X			X		X	X				X
Clinton Clinic			X							X	X								
Cooperative Christian Ministry		X	X	X										X					
Corbin United Effort		X	X	X															
Cumberland Ministerial Association		X	X										X						X
Cumberland River Comprehensive Care			X					X	X	X	X	X							
Daniel Boone Development Council	X	X	X	X				X	X					X	X	X	X		
Emergency Christian Ministries			X	X															X
Foothills Academy, Inc.			X							X				X	X				
Green Clinic											X	X	X						
Green County Ministerial Association			X										X						
Green River Ministries, Inc.								X	X					X		X	X		
Harlan Countians for a Healthy Community	X	X	X		X			X				X							
Harlan County Community Action Agency		X	X		X			X	X					X	X	X	X		
Harlan Presbyterian Church		X	X																
Hazard-Perry County Ministries, Inc.		X	X	X	X			X	X			X					X	X	
Hazard-Perry County Housing Development Alliance, Inc.	X		X																
Henderson Settlement			X	X	X			X				X				X	X		
Holy Cross Catholic Church			X																X
Holy Family Catholic Church			X																X
Interfaith of Breathitt County			X	X								X							
Kentucky Communities Economic Opportunities Council		X	X	X	X			X						X	X				X
Kentucky River Community Care					X			X	X	X	X								X



Salvation Army of Woodford County		X	X	X								X					X
Simon House								X	X	X				X	X		X

**Special Need Facilities and Services 91.210 (d)  
(State: 91.310 (c))**

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

An estimated 80,000 Kentuckians have severe mental illness (SMI), including schizophrenia, major depression, or bipolar disorder. Nearly 36,000 (approximately 30,000 of whom are adults) receive services through regional community mental health centers. Others receive services through other public and private service providers, or are not in any treatment program. Most individuals with SMI and households headed by someone with SMI (an estimated 64 percent) live in permanent housing (either owned or rented), with most living in rental housing. According the Division of Mental Health’s 1997 Consumer Housing Preference Survey, living independently in permanent housing is the preferred housing option for the vast majority of persons with SMI.

Recovery Kentucky is a statewide initiative designed to provide peer-based recovery programs combined with phased housing for persons who are addicted to alcohol and drugs. Each center houses 100 men or women with two either in operation or under development in each of Kentucky’s six congressional districts.

The Kentucky Transitions program (Money Follows the Person) provides housing and support for special accommodations for persons living in nursing homes or institutional care settings (for six months or longer) and who want to return to independent living in their home community. This partnership between the Kentucky Department of Medicaid Services and KHC, through a contractual relationship, allows persons living in institutional settings to live in publically assisted or private housing with medical and social supports provided through the Kentucky Department of Medicaid Services. KHC staff assist referred MFP individuals to navigate the housing process through their contacts in the community in order to support these individuals to return to his or her home community.

Additional information about services and programs to assist special needs persons including discharge planning is located later in this plan.

## **Barriers to Affordable Housing 91.210 (e) (State: 91.310 (d))**

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

Although regulatory barriers to affordable housing exist in Kentucky, they are generally found on the local level rather than on the state level. Zoning and land use control laws are localized as are adoption of building codes. The high cost of land, especially in difficult to develop areas is an ongoing barrier.

Non-regulatory obstacles to meeting the affordable housing needs of persons of low to moderate income are numerous and are described in several sections of this plan.

## **STRATEGIC PLAN**

*The strategic plan must describe how the jurisdiction plans to provide new or improved availability, affordability, and sustainability of decent housing, a suitable living environment, and economic opportunity, principally for extremely low-, low-income, and moderate-income residents.*

## **General Priority Needs Analysis and Strategies 91.215 (a) (State: 91.315 (a))**

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

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

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

NOTE: CHAS data provided does not contain data in all categories in the table below.

## Housing Needs

Household Type	Elderly Renter	Small Renter	Large Renter	Other Renter	Total Renter	Owner	Total
<b>0 –30% of MFI</b>	21,347				113,950	65,314	179,264
%Any housing problem	12,835 60.1%				82,176 72%	46,687 71.5%	128,863 71.9%
%Cost burden > 30					14,865 13%	12,765 19.5%	27,630 15.4%
%Cost Burden > 50					63,500 55.8%	31,910 48.9%	95,410 53.2%
<b>31 - 50% of MFI</b>	17,470				76,545	85,115	161,600
%Any housing problem	10,330 59%				52,406 68.5%	41,361 48.6%	93,767 58%
%Cost burden > 30					35,175 46%	20,985 24.7%	56,161 34.8%
%Cost Burden > 50					13,574 17.7%	18,594 21.8%	32,168 19.9%
<b>51 - 80% of MFI</b>	13,179				88,039	143,645	231,684
%Any housing problem	4,700 35.7%				25,715 29.2%	50,329 35%	76,0443 32.8%
%Cost burden > 30					20,482 23%	36,060 25.1%	56,542 24.4%
%Cost Burden > 50					1,364 1.5%	11,770 8.2%	13,134 5.7%

Special Needs (Non-Homeless) Subpopulations	Unmet Need
1. Elderly	37,010
2. Frail Elderly	22,493
3. Severe Mental Illness	10,000
4. Developmentally Disabled	
5. Physically Disabled	28,660
6. Persons w/Alcohol/Other Drug Addictions	
7. Persons w/HIV/AIDS	4,856
8. Victims of Domestic Violence	6,000
9. Other – PRECARIOUSLY HOUSED RENTERS	6,373

20. Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.

The geographic jurisdiction of the state is all 120 Kentucky counties. However, Louisville/Jefferson County, Lexington/Fayette County, Ashland, Bowling Green, Covington, Elizabethtown, Henderson, Hopkinsville and Owensboro are entitlement jurisdictions that receive direct allocations of funds under some or all of the block grant programs directly from HUD. These jurisdictions may be eligible for funds under some of the programs under this plan as described in each program plan.

Areas of low income and minority concentration are discussed earlier in this plan. Many of the high minority concentration census tracts in Kentucky are located in the larger metropolitan entitlement communities. The highest poverty rates in Kentucky are located in the Appalachian counties in the southeastern part of the state.

The Commonwealth has completed an analysis of impediments to fair housing and incorporated those findings into this Consolidated Plan. While there is no direct set-aside of funding for minorities in this Plan, Kentucky will encourage applications which address minority concentrations and low-income concentrations.

*21. If applicable, identify the census tracts for Neighborhood Revitalization Strategy Areas and/or any local targeted areas.*

Not applicable.

*22. Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.315(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.315(a)(2)).*

The geographic distribution for each block grant program will be different due to differences in each program and the federal regulations that govern them. Within each program's distribution plan is a specific description of how funds will be distributed throughout the state. The following is a summary of each block grant's geographic distribution system:

All cities and counties in Kentucky are eligible for participation in the CDBG Program with the exception of the cities of Ashland, Bowling Green, Covington, Elizabethtown, Henderson, Hopkinsville, Owensboro, Lexington/Fayette County and Louisville/Jefferson County Metro Government which receive a direct allocation of CDBG funds from the federal government.

Based upon demand for available funds, KHC will make every effort to ensure that the HOME funds are disbursed geographically. Reservations of HOME funds will be monitored throughout the year. If deemed appropriate, KHC may discontinue allowing applications from certain areas of the state if the area has already received greater funding as compared to other areas of the state. Such a hold on applications would only continue until KHC could ascertain the demand for funds in all areas of the state.

KHC distributes HOPWA funds to five regions of Kentucky established by the state's Health and Family Services Cabinet. The regions are Barren River, Cumberland Valley, Lexington, Northern Kentucky and Purchase. Applicants in Boone, Bullitt, Campbell, Gallatin, Grant, Kenton, Oldham, Pendleton, Shelby

and Spencer Counties apply for funding through Cincinnati or Louisville, which run their own programs.

The amount of available funding is based on a formula that uses the number of reported persons living with AIDS in each of the regions. The number of reported cases is obtained from the Cabinet for Health and Family Services. Citizen input is also sought at annual statewide hearings. An evaluation committee made up of Kentucky Housing's Specialized Housing Resources Department staff reviews applications. KHC's credit committee makes final approval of grant award.

All Emergency Shelter Grant (ESG) funds allocated to the state are made available cities and counties or private nonprofit organizations where the unit of local government certifies that it approves each project. Applications for funding from jurisdictions of the state that are not entitlement jurisdictions receiving a direct allocation from HUD (entitlement jurisdictions of Lexington/Fayette County, Louisville/Jefferson County) will receive first priority in the allocation process.

*23. If appropriate, the jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to Neighborhood Revitalization Strategy Areas and/or any local targeted areas.*

Not applicable.

*24. Identify any obstacles to meeting underserved needs.*

Both KHC and the DLG have been active in the pursuit of affordable housing for all Kentuckians and will continue to work towards overcoming all obstacles to affordable housing in the coming years.

Some of the obstacles to meeting underserved housing needs in Kentucky generally affect all low-income populations in Kentucky while special needs populations must overcome additional obstacles to obtain and maintain affordable housing.

It is clear that there continues to be an insufficient supply of all types of affordable housing – from that targeted to working families to service-enriched housing for special needs populations likely to experience chronic homelessness. In most of the state, there exists a shortage of all housing stock, but in the larger metropolitan areas, the shortage is very specific to affordable housing. The demand for subsidized housing far outweighs the funds available. As a result, some Section 8 waiting lists closed because of the length of time before assistance could be offered. Additionally, these gaps and barriers were identified related to affordable housing:

- Lack of fair housing policies.
- Limited or lack of affordable housing policies in local governments.
- Need for additional access to transitional housing options.

Rent restrictions are a barrier that has resulted due to requirements under the HOME Program. HOME funds are used extensively to assist with the development of affordable rental housing, often in combination with other sources of funds and housing tax credits. As required by the HOME Program, the rent limitation is often the fair market rent (FMR) for the county in which the project is located. In fact, in most counties in Kentucky, the FMR is the most restrictive rent limitation and must be the imposed rent cap on each of the HOME units in a project. As a result, these low rents often make the project financially infeasible. Relief is needed in the form of higher rent limits for the HOME Program so that financially feasible, safe, decent and affordable housing may be produced throughout the state.

### **Public Housing**

In general, public housing agencies (both those that administer public housing units and housing vouchers) experience long waiting lists for assistance. The average waiting list time for public housing in Kentucky is nearly six months.

### **Homeless and Other Special Needs Populations**

Housing alone will not solve the problem of homelessness. Without adequate support services to prevent and end homelessness, many of those who have experienced homelessness find themselves unable to remain in stable housing. The number one gap identified is the lack of funding for these supportive services. HUD and other government agencies stress that mainstream resources should be prioritized to meet the need for these supportive services. However, the inability to access mainstream services is cited by many as a clear barrier by those seeking to serve homeless populations. Consequently, inadequate funding has led to providers having limited staffs with a lack of cross training on the types of support services offered by other service providers. For certain special needs populations, the lack of funding for 24-hour per day support services is a critical gap. Additionally, these gaps and barriers were identified related to services:

- Current definition of “homelessness” is too restrictive to address reality of need for Kentucky families to achieve.
- Lack of transportation – both within counties and especially cross-county.
- Lack of employment options.
- Difficulty in supporting access to mainstream services benefits.
- Access to helping resources overly restricted.
- Conflict in rules and regulations for different programs that serve the same purpose.

- Limited access to supportive housing services – especially on-site services.
- Lack of access to medical assistance for single individuals.
- Difficulty integrating programs for homeless children and/or youth.
- Limited knowledge of all available services and resources.
- Lack of knowledge of state and federal homeless rights legislation.
- Lack of substance abuse treatment – particularly treatment that is affordable and available in a timely fashion.
- Lack of mental health services that are available in a timely fashion, easily accessible, and well funded.

A lack of coordination among programs that provide services to the homeless and those at-risk of becoming homeless hinders the ability to use resources in the most effective, efficient way possible. One of the most commonly cited gaps was inadequate discharge planning. This contributes to homelessness among persons aging out of foster care, persons exiting correctional institutions and persons with serious mental illnesses and/or substance abuse disorders leaving state facilities. However, while adequate discharge planning is a critical component of homeless prevention, there are a number of other issues that, when properly addressed, can prevent those who are at-risk from becoming homeless. These include:

Prevention Funds. In many cases, individuals and families who are at-risk become homeless because they cannot pay rent or utilities. For example, they lose their job because they cannot get the car repaired to get to work, then they cannot pay the rent and it spirals from there. Unfortunately, there are limited emergency funds to pay those bills and prevent homelessness. There are also insufficient funds available to pay for preventive care to avoid hospitalization or institutional care. The funds that exist for payment of rent and utility deposits are very limited.

Coordination. Blending varied funding streams for programs to serve the homeless presents many challenges, particularly with the inflexibility of many of these funding sources. The limited coordination of existing resources provides further challenges for providers.

Rules. From application requirements that are perceived as too stringent to processing delays, many current administrative procedures and rules are often viewed as barriers.

Financial Literacy. Without “blaming the victim,” many who are at-risk become homeless in part because of limited financial management skills. A lack of understanding of credit, which can lead to overspending, combined with predatory lending practices that target those with low income, can create a situation that can lead to homelessness. Financial literacy is an integral part of support services for families who are homeless or at imminent risk of

homelessness. For individuals who are required by the Social Security Administration to have a payee, there are limited resources for this service when there is no available/appropriate family or friend to fulfill this responsibility. On a more temporary basis, there is a need for direct management of finances for individuals or families while they learn the skills to do so for themselves.

Additionally, these gaps and barriers were identified related to prevention:

- Lack of funds focused on homeless prevention.
- Need for additional utilities assistance.
- Limited knowledge of all available services and resources.

**Specific Objectives 91.215 (a) (4) (State: 91.315 (a) (4))**

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

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

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

<input checked="" type="checkbox"/>	providing affordable housing that is accessible to job opportunities	<input checked="" type="checkbox"/>	conserving energy resources and use of renewable energy sources	<input checked="" type="checkbox"/>	access to capital and credit for development activities that promote the long-term economic social viability of the community
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**Identify Specific Objectives and Proposed Outcomes by completing Table 1C or 2C – Summary of Specific Objectives**

**Summary of Specific Objectives Table is located later in the plan.**

## HOUSING

### Priority Housing Needs 91.215 (b) (State: 91.315 (b))

26. Describe the relationship between the allocation priorities and the extent of need given to each category specified in the Housing Needs Table (**Table 2A** or Needs.xls). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.

See Table 2A Below. Based on Consolidated Plan guidance, the state is required to note whether or not funds will be available to assist housing units in each of the categories listed below. “Y” indicates that the state will make funds available to assist persons in each category listed below.

<b>PART 1. PRIORITY HOUSING NEEDS</b>		<b>Priority Level</b> Indicate High, Medium, Low, checkmark, Yes, No	
<b>Renter</b>	<b>Small Related</b>	0-30%	Y
		31-50%	Y
		51-80%	Y
	<b>Large Related</b>	0-30%	Y
		31-50%	Y
		51-80%	Y
	<b>Elderly</b>	0-30%	Y
		31-50%	Y
		51-80%	Y
	<b>All Other</b>	0-30%	Y
		31-50%	Y
		51-80%	Y
<b>Owner</b>	0-30%	Y	
	31-50%	Y	
	51-80%	Y	
<b>PART 2 PRIORITY SPECIAL NEEDS</b>		<b>Priority Level</b> Indicate High, Medium, Low, checkmark, Yes,	
Elderly		Y	
Frail Elderly		Y	
Severe Mental Illness		Y	
Developmentally Disabled		Y	

Physically Disabled	Y
Persons w/ Alcohol/Other Drug Addictions	Y
Persons w/HIV/AIDS	Y
Victims of Domestic Violence	Y

State Priority Housing Activities/Investment Plan Table

PART 3	Priority Level
PRIORITY HOUSING ACTIVITIES	Indicate High, Medium, Low, checkmark, Yes, No
<b>CDBG</b>	
Acquisition of existing rental units	Y
Production of new rental units	Y
Rehabilitation of existing rental units	N
Rental assistance	N
Acquisition of existing owner units	Y
Production of new owner units	Y
Rehabilitation of existing owner units	Y
Homeownership assistance	Y
<b>HOME</b>	
Acquisition of existing rental units	Y
Production of new rental units	Y
Rehabilitation of existing rental units	Y
Rental assistance	Y
Acquisition of existing owner units	Y
Production of new owner units	Y
Rehabilitation of existing owner units	Y
Homeownership assistance	Y
<b>HOPWA</b>	
Rental assistance	Y
Short term rent/mortgage utility payments	Y
Facility based housing development	N
Facility based housing operations	Y
Supportive services	Y

27. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category, particularly among extremely low-income, low-income, and moderate-income households.

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

As the previous chart indicates, the State intends to provide funding for the activities indicated and does not prioritize. Because the housing market in Kentucky is as diverse geographically as the communities served by the programs under this plan, funding will be made available for eligible activities based on local needs. Applications for eligible activities will be accepted, scored competitively and funded based on application scores and availability of funding.

Information received from public meetings and surveys during the past two years indicate that the general needs can be categorized and ranked as follows:

- New Construction of rental housing units, rehabilitation of existing deteriorating housing stock – both renter-occupied and owner-occupied
- Rental Assistance
- Assistance for Special Needs Populations
- General administrative and funding needs
- Financing and education for homebuyers
- Housing accessible to jobs
- Self sufficiency programs
- Disaster assistance

Numerous comments have been received as part of surveys conducted and many of them indicate that:

- Decent, safe affordable rental housing is in short supply statewide;
- Owner-occupied housing needs rehabilitation as does rental housing;
- Working families don't earn enough money to afford housing, but earn too much to qualify for housing assistance;
- Families who obtain a housing choice voucher have difficulty finding landlords who will accept it and/or housing that passes inspection;
- Transitional housing is still a need;
- Emergency assistance for homeowners in danger of foreclosure or who are already in foreclosure is needed;
- Housing designed to serve persons with disabilities and the elderly is needed;
- Rural areas do not have enough emergency shelters and domestic violence shelters;
- There are large numbers of precariously housed persons, especially in rural areas.

In general, housing needs in Kentucky include lack of affordable, decent housing for owners, renters and persons with special needs. Any housing activities that will increase the supply of all types of housing and improve its condition and accessibility are needed.

28. *Identify any obstacles to meeting underserved needs.*

Obstacles to meeting underserved needs are discussed in the General Priorities Needs Analysis above and in the Special Needs Analysis below.

### **Specific Objectives/Affordable Housing**

#### **91.215 (b) (State: 91.315 (b))**

*Note: Specific affordable housing objectives must specify the number of extremely low-income, low-income, and moderate-income households to whom the jurisdiction will provide affordable housing as defined in 24 CFR 92.252 for rental housing and 24 CFR 92.254 for homeownership. (24 CFR 91.315(b)(2))*

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

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

The Summary of Specific Objectives Table follows on the next page:

Specific Obj. #	Outcome/Objective	Sources of Funds	Performance Indicators	Program Year	Expected Number	Actual Number	Percent Completed
	Specific Annual Objectives						
<b>DH-1</b>	<b>Availability/Accessibility of Decent Housing</b>						
<b>DH-1.1</b>	Address the need for available/accessible decent housing by offering direct homebuyer assistance (down payment, closing costs) to qualified families	HOME	<ul style="list-style-type: none"> <li>Number of households receiving homebuyer assistance</li> </ul>	2010	684		
				2011	710		
				2012	710		
				2013	710		
				2014	710		
<b>MULTI-YEAR GOAL</b>				<b>3,524</b>			
<b>DH-2</b>	<b>Affordability of Decent Housing</b>						
<b>DH-2.1</b>	Address the need for affordable decent housing by offering tenant-based rental assistance	HOME	<ul style="list-style-type: none"> <li>Households assisted</li> </ul>	2010	240		
				2011	240		
				2012	240		
				2013	240		
				2014	240		
<b>MULTI-YEAR GOAL</b>				<b>1,200</b>			
<b>DH-2.2</b>	Address the need for affordable decent housing and supportive services for families with persons who have HIV/AIDS by providing short-term rental/mortgage and utility assistance, longer term rental assistance and supportive services.	HOPWA	<ul style="list-style-type: none"> <li>Households assisted</li> </ul>	2010	575		
				2011	575		
				2012	575		
				2013	575		
				2014	575		
<b>MULTI-YEAR GOAL</b>				<b>2,875</b>			
<b>DH-2.3</b>	Address the need for affordable decent housing by rehabilitating existing single family housing stock and creating new single family housing stock	CDBG	<ul style="list-style-type: none"> <li>Number of units</li> </ul>	2010	40		
				2011	40		
				2012	40		
				2013	40		
				2014	40		
<b>MULTI-YEAR GOAL</b>				<b>200</b>			

<b>DH-2.4</b>	Address the need for affordable decent housing by offering assistance for the acquisition, rehabilitation and new construction of rental housing to serve low and very low income households	HOME	• Number of units	2011	250		
				2012	250		
				2013	250		
				2014	250		
				2015	250		
			<b>MULTI-YEAR GOAL</b>	<b>1,250</b>			
<b>DH-2.5</b>	Address the need for affordable decent housing by offering assistance for the acquisition and new construction of rental housing to serve LMI families	CDBG	• Number of units	2010	5		
				2011	5		
				2012	5		
				2013	5		
				2014	5		
			<b>MULTI-YEAR GOAL</b>	<b>25</b>			
<b>DH-2.6</b>	Address the need for affordable decent housing by offering homeowner housing development	HOME	• Number of units	2010	60		
				2011	60		
				2012	70		
				2013	70		
				2014	70		
			<b>MULTI-YEAR GOAL</b>	<b>330</b>			
<b>DH-3</b>	<b>Sustainability of Decent Housing</b>						
<b>DH-3.1</b>	Address the need for sustainable decent housing by offering owner-occupied housing rehabilitation assistance to qualified households.	HOME	• Number of households receiving rehabilitation assistance	2010	70		
				2011	70		
				2012	70		
				2013	70		
				2014	70		
			<b>MULTI-YEAR GOAL</b>	<b>350</b>			
<b>SL-3</b>	<b>Sustainability of Suitable Living Environment</b>						
<b>SL-3.1</b>	Address the need for sustaining a suitable living environment by supporting facilities that provide services, homeless prevention and emergency shelter housing.	ESG	• Number of persons	2010	9,600		
				2011	9,600		
				2012	9,600		
				2013	9,600		
				2014	9,600		
			<b>MULTI-YEAR GOAL</b>	<b>48,000</b>			

<b>EO-1</b>	<b>Availability/Accessibility of Economic Opportunity</b>						
<b>EO-1.1</b>	Provide economic opportunity through Economic Development, Microenterprise Development and Community Projects that will benefit LMI persons	CDBG	<ul style="list-style-type: none"> <li>• Number of loans/grants <ul style="list-style-type: none"> <li>• New businesses assisted</li> <li>• Existing business assisted</li> <li>• Jobs created/retained</li> </ul> </li> </ul>	2010	7		
				2011	7		
				2012	7		
				2013	7		
		2014	7				
		<b>MULTI-YEAR GOAL</b>			<b>35</b>		
<b>CR-1</b>	<b>Community Revitalization</b>						
<b>CR-1.1</b>	Enhance the availability/accessibility of neighborhoods through the new construction of public facilities to benefit qualifying communities with higher levels of LMI persons	CDBG	<ul style="list-style-type: none"> <li>• Number of facilities</li> </ul>	2010	18		
				2011	18		
				2012	18		
				2013	18		
		2014	18				
		<b>MULTI-YEAR GOAL</b>			<b>90</b>		

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

## **Sources of Funds**

### **Federal and Non-federal Resources**

Listed below are federal resources (F) and nonfederal resources (N) that the state anticipates will be available to address the priority needs identified in the strategic plan. The list includes programs that support each strategic priority. Those in **bold** type are covered under the Consolidated Plan. Those marked with “\*” are funded under the 2009 American Recovery and Reinvestment Act (ARRA).

### **Rental Housing Assistance**

- **HOME Investment Partnerships Program (F)**
- **Community Development Block Grant (F)**
- **\*Neighborhood Stabilization Program (F)**
- Low Income Housing Tax Credit (F)
- **\*Tax Credit Assistance Program (F)**
- **\*Homeless Prevention and Rapid Re-Housing Program**
- Historic Tax Credits (F)
- Risk-Sharing (F)
- Public Housing (F)
- Housing Choice Vouchers (F)
- U.S. Department of Justice Transitional Housing for Domestic Violence Victims (F)
- Project-Based Rental Assistance (F)
- Appalachian Regional Commission (F)
- Rural Housing Services (F)
- Lead-Based Paint Abatement (F)
- Fannie Mae (F)
- Federal Home Loan Bank (N)
- KHC Mortgage Revenue Bonds – Conduit Financing (N)
- KHC Nonprofit Housing Production and Rehabilitation Loan Program (N)
- KHC Affordable Housing Trust Fund (N)
- KHC Small Multifamily Affordable Loan Program (N)
- KHC Housing Development Fund (rental modernization program) (N)
- KHC Housing Assistance Fund (fee income from various areas) (N)
- DOE Weatherization Assistance Program (F)
- **\*DOE ARRA Weatherization Assistance Program (F)**
- **\*U.S. Treasury Tax Credit Exchange Program (F)**

## Homeownership Assistance

- **HOME Investment Partnerships Program (F)**
- **Community Development Block Grant Program (F)**
- **\*Neighborhood Stabilization Program (F)**
- Appalachian Regional Commission (F)
- Department of Energy Programs (F)
- Lead-Based Paint Abatement (F)
- Weatherization Program (F)
- Rural Housing Services (F)
- Housing Counseling (F)
- Predatory Lending Education (F)
- Housing Choice Homeownership Vouchers (F)
- Veterans Administration (F)
- FHA Mortgage Insurance (F)
- Federal Home Loan Bank (N)
- Nonprofit Housing Providers (N)
- KHC Mortgage Revenue Bonds (N)
- KHC Flexible Rate Funds (N)
- KHC Recoveries of Principal (N)
- KHC Nonprofit Housing Production and Support (N)
- KHC Homeownership Trust Fund (N)
- KHC Housing Development Fund (N)
- KHC Community Repair Affair (N)
- KHC Affordable Housing Trust Fund (N)
- KHC Pre-Purchase and Post-Purchase Housing Counseling (N)
- Housing Choice Voucher Program (F)
- KHC Housing Assistance Fund (fee income from various sources) (N)
- Neighborworks Foreclosure Assistance Funds (F)
- DOE Weatherization Assistance Program (F)
- \*DOE ARRA Weatherization Assistance Program (F)
- \*Home Performance with Energy Star (F)

## Homelessness Assistance

- **Emergency Shelter Grants (F)**
- Federal Emergency Management Agency (F)
- HOME Investment Partnerships Program (F)
- Low Income Housing Tax Credits (F)
- Section 8 for SROs (F)
- Shelter Plus Care (F)
- Supportive Housing (F)
- **Community Development Block Grants (F)**
- **\*Neighborhood Stabilization Program (F)**

- **\*Homeless Prevention and Rapid Re-Housing Program (F)**
- KHC Affordable Housing Trust Fund (N)
- KHC Housing Assistance Fund - Homeless Matching Fund (N)
- Kentucky Domestic Violence Service Funds (N)
- Kentucky Department of Corrections (N)

### **Special Needs Assistance**

- **Housing Opportunities for Persons With AIDS (F)**
- **HOME Investment Partnerships Program (F)**
- Section 202 Elderly (F)
- Section 811 Handicapped (F)
- **Shelter Plus Care (F)**
- **Supportive Housing (F)**
- **\*Neighborhood Stabilization Program (F)**
- Department for Mental Health/Mental Retardation Funding (N)
- KHC Small Multifamily Affordable Loan Program (N)
- HOME Investment Partnerships Program (TBRA) (F)
- KHC Affordable Housing Trust Fund (N)
- KHC Housing Assistance Fund – Group Home Loan Program (N)

### **Community and Economic Development Assistance**

- **Community Development Block Grant Program (F)**
- Appalachian Regional Commission (F)
- Department of Justice – Bureau of Prisons (F)
- Economic Development Administration (F)
- Rural Development (F)
- Rural Housing and Economic Development (F)
- Small Business Administration (F)
- U.S. Army Corps of Engineers (F)
- Bluegrass State Skills Corporation (N)
- Kentucky Economic Development Cabinet (N)
- Kentucky Justice Cabinet – Department of Corrections (N)
- Kentucky Association of Counties (KACo) Loans (N)
- Kentucky Economic Development Finance Authority (KEDFA) (N)
- Kentucky Infrastructure Authority (N)
- Kentucky League of Cities (N)
- Kentucky Transportation Cabinet (N)
- Commonwealth Small Business Development Centers (N)
- **\*Neighborhood Stabilization Program (F)**
- **\*CDBG-R Program (F)**
- Kentucky Rural Economic Development Authority (N)

## **Leveraging and Matching of Federal Dollars**

Federal funds will continue to be leveraged with nonfederal resources to achieve the objectives of this plan. Matching requirements will be achieved through a variety of methods. Kentucky is fortunate in that a majority of our recipients – nonprofits, private developers and units of local government – have contributed a large amount of matching funds with their projects. In fact, in the past, HOME recipients have provided enough matching funds annually to allow the state to carry match forward to future years. In addition, KHC will continue to provide matching funds, if needed.

There are several block grant programs that are allocated by the state through a competitive system. This system provides an incentive for applicants to include leverage and matching funds in the project that count toward federal match requirements. Some programs award points to applicants that propose more than the required leverage and matching funds. This encourages applicants to blend funds with other programs to provide for affordable housing opportunities. Other programs require a set amount of proposed match and/or leverage to be eligible for funding.

For example, KHC requires all HOME Program applicants match their total HOME request with at least 10 percent of HOME-eligible matching sources. Applicants are also encouraged to contribute additional funds to their project, including, but not limited to, bank loans and other state and federal grants/loans.

KHC and DLG encourage applicants to utilize several sources of funds from the private sector, state programs and local programs to assist in meeting HUD matching requirements to increase the amount of funds available to provide affordable housing.

Each ESG recipient must match the funding provided by ESG with an equal amount of funds from other sources. These funds must be provided after the date of the grant award. In calculating matching funds, recipients may include the value of any donated material or building, the value of the lease of a building, staff salaries paid by the grantee and volunteer time (calculated at \$5/hour). The recipient may not include funds used to match any previous ESG grant.

HOPWA recipients are not required to meet a minimum match requirement, but recipients must coordinate their funding with the administration of federal and state AIDS service funding. Leverage is also one of the five factors used in evaluating and ranking HOPWA proposals.

In general, CDBG applicants receive higher priority for funding if they provide matching funds.

The financial institutions throughout the Commonwealth are playing an active role in providing products, services and credit opportunities. These activities take a variety of forms, ranging from reduced rate mortgages for first-time home buyers to equity investment in affordable housing development initiatives. Some banks require that first-

time home buyers complete a homeownership counseling program. Others require a minimum down payment and are willing to waive closing costs for low-income home buyers.

The Federal Home Loan Bank of Cincinnati also works with numerous nonprofit agencies throughout the Commonwealth to provide affordable housing through its Affordable Housing Program (AHP). A subsidy program designed to finance housing for low- and moderate-income families, AHP uses funds in a variety of ways to fund new construction, purchase and/or rehabilitation of owner-occupied and rental housing for very low-, low- and moderate-income households. In addition, the Federal Home Loan Bank offers the Community Investment Program (CIP) to address the economic needs of low- to moderate-income neighborhoods. In order for the Federal Home Loan Bank to work in a specific geographic area, a local member bank must be located there.

*31. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units.*

The long waiting lists for assistance around the state, including the waiting list maintained by KHC for its Housing Choice Voucher Program indicate that affordable rental unit availability remains a problem. Housing data in previous sections also indicate that a high percentage of low-income Kentucky families are cost-burdened in their housing, overcrowded and doubled up. The annual Point-in-Time homeless count in Kentucky indicates thousands of persons across the state are precariously housed and on the verge of homelessness because they can't afford housing on their own.

American Recovery and Reinvestment Act (ARRA) funds under the Kentucky HEARTH program, Tax Credit Assistance Program, Tax Credit Exchange Program, CDBG-R and Neighborhood Stabilization programs are expected to make a positive impact on these characteristics of the market during the first two years of this Consolidated Plan by:

- Preventing homelessness and rapidly re-housing those who are homeless
- Providing new or rehabilitated multi-family affordable housing units
- Stabilizing neighborhoods by providing funds for the acquisition of abandoned properties

In addition, ARRA Weatherization Funds and ARRA Kentucky Home Performance funds address the characteristic of aging housing stock by providing assistance to households in making housing units more energy efficient, thereby reducing monthly housing costs.

*32. If the jurisdiction intends to use HOME funds for tenant-based rental assistance, specify local market conditions that led to the choice of that option.*

HOME funds will be utilized for tenant-based rental assistance programs due to the high percentage of cost-burdened low-income rental households in the state, the lack of

existing affordable housing units and the long waiting lists for voucher assistance.

Each year KHC takes a portion of the state's HOME funds and uses it to provide tenant-based rental assistance. The amount has varied over the years. In 2009 the HOME TBRA allocation was \$1,000,000 in project funds and \$100,000 in administrative funds.

These funds are then provided, on a competitive basis, to agencies that in turn provide rental subsidy vouchers to households that are homeless and often have a head, or co-head of household with a disability. The agencies are required to provide services to the households, which greatly assists them in maintaining housing stability.

Income of the households assisted must be at, or below, sixty percent of the area median income at time of receipt of the voucher and cannot go higher than eighty percent of the area median income. KHC provides technical assistance to the agencies to help them adhere to the requirements of the HOME program.

Each year there is approximately twice as much in requests from agencies than funds available to be awarded. Because of this situation, most agencies have their funding reduced, and other agencies are denied any funding. The KHC HOME allocation is used in the balance-of-state, outside the urban HOME jurisdictions. Therefore, the need for the resources the HOME TBRA program provides is uniformly distributed across rural Kentucky.

Since all KHC HOME TBRA programs operate in rural areas of the state where the need is equally great, competitive HOME TBRA programs have become widely distributed from one end of the state to the other, and in all regions.

## **Public Housing Strategy**

## **91.215 (c) (State: 91.315(c))**

*33. Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list).*

Although public housing is primarily administered at the local and not the state level, there have been many efforts undertaken to encourage and assist the population served through public housing to obtain economic self-sufficiency.

- The Family Self-Sufficiency (FSS) Program, administered by KHC, provides supportive services to participants who possess a housing choice voucher when they sign a five-year contract of participation. The ultimate goal of this program is to help participants become self-sufficient by obtaining employment and becoming free of government assistance, including public housing. FSS participants receive employment skills training, budget and credit counseling, money management tips and homeownership education. KHC also establishes a savings account with monthly deposits based on the participant's increased earnings. FSS graduates are encouraged to use the escrow funds as a down payment on a home, but this is

not mandatory. Currently, 191 families are participating in FSS and 117 of these participants have funds in escrow.

- The *Yes You Can...Own A Home* Program, sponsored by KHC and local lenders, also targets people currently living in rental or public housing who would like to own their own home. Classes are offered to participants to teach the basics of becoming a homeowner. Classes discuss the mortgage loan process, finding the right house, budget and credit, loan closing, foreclosure prevention, basic home maintenance and more. This program will continue into the next fiscal year and will attempt to further reduce the number of Kentuckians dependent upon public housing assistance to survive.

The KHC Rental Assistance Department administers the Housing Choice Voucher Program in areas of the state that are not served by a local public housing authority (PHA). As of early 2010, KHC was again at maximum capacity under its voucher program and has closed the waiting list. KHC aggressively pursues any new voucher funding opportunities.

There are approximately 106 public housing agencies in Kentucky that manage conventional public housing units. PHAs play an important role in filling the gap between the need and supply of affordable rental housing. These agencies provide housing for over 23,000 families statewide.

*34. Describe the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing.*

Not applicable.

*35. Describe the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.*

See question 33 above.

*36. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k)) (State: 91.315(c) (1))*

KHC has established a partnership with local housing authorities that administer Housing Choice Voucher Programs to allow families housed by local housing authorities the knowledge and qualifications to access KHC's single-family loan programs. In addition, KHC has established a homeownership voucher program that allows qualifying families to use their Housing Choice Voucher for homeownership.

37. *If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))*

In the event KHC and DLG are notified by HUD that a public housing agency in Kentucky is designated by HUD as "troubled," KHC and DLG will determine if KHC and DLG can provide financial and/or technical assistance to the public housing agency.

## HOMELESS

### Priority Homeless Needs

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

38. *Describe the jurisdiction's choice of priority needs and allocation priorities, based on reliable data meeting HUD standards and reflecting the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals.*

39. *Provide an analysis of how the needs of each category of residents (listed in question #38) provided the basis for determining the relative priority of each priority homeless need category.*

40. *Provide a brief narrative addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.*

*A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.*

Data from the 2009 Point In Time Count (PITC) indicates that while federal efforts have targeted the chronically homeless in recent years, Kentucky Balance of State (BoS) is seeing an increase in the number of homeless families. The starkest statistic from this data is that during the 2009 PITC, a total of 1,600 children were homeless among those families.

In addition, numbers related to those precariously housed foreshadow what the incidence of homelessness may be in future years. Those precariously housed represented twice the number of those that met the official HUD definition of homelessness. With the new HEARTH Act, the numbers for those considered homeless is expected to increase in 2011. The current economic downturn is also expected to be reflected in the data from 2010 and beyond.

Data from the 2009 PITC and the 2009 Housing Inventory Chart have been utilized to complete the CoC Homeless Population and Subpopulation Chart. The needs and gaps reflected from this chart are:

- Emergency Shelter Needs – 96 beds for individuals and 36 for families (132 total)
- Transitional Housing Needs – 2 beds for individuals and 48 for families (50 total)
- Permanent Housing Needs – 291 beds for individuals and 789 for families (1080 total)

With the upcoming enactment of the federal HEARTH program, KHC will be looking at new ways to utilize the Emergency Solutions Program, formerly Emergency Shelter Program, to either prevent homelessness or expand opportunities for rapid re-housing. From recent information on HEARTH, it appears some limitations will be placed on the expansion of actual emergency shelter beds. Thus, opportunities for shelters to expand or be developed may not be possible. Therefore, KHC has not set any goals for the addition of beds in the Emergency Shelter category of the CoC Homeless Population and Subpopulation Chart. With the chart indicating a need for a total of 132 emergency shelter beds, KHC plans to utilize the current Homelessness Prevention and Rapid Re-Housing Program (HPRP) and any future funding with the new HEARTH Emergency Solutions Grant to either prevent homelessness or re-house participants quickly instead of them residing in shelters.

The CoC Homeless Population and Subpopulation Chart indicate that a total of 50 beds were needed for transitional housing, based on data from 2009. This data was collected prior to the HPRP initiative being funded. Kentucky BoS has utilized the HPRP program to its fullest with some homeless service providers offering prevention funds and other providers focusing on rapid re-housing. The rapid re-housing funds have enabled homeless families and individuals to be re-housed quickly, thus opening up more shelter beds and helping to address that gap. Preliminary data indicates that almost 9,500 homeless or precariously-housed households will potentially be served with prevention or homeless assistance through HPRP over the next three years. KHC will continue to focus on utilizing HPRP to address this transitional housing gap. Kentucky BoS will also utilize the upcoming Emergency Solutions Grant in HEARTH as it appears from recent information that rapid re-housing will be a key component of this re-organized program.

The greatest need, as indicated in the CoC Homeless Population and Subpopulation Chart, is for permanent housing beds. The chart shows that a total of 1080 additional permanent housing beds are needed across the state. KHC will encourage agencies to utilize KHC's Safe Havens program (not CoC funded), KHC project-based units, housing choice vouchers, local PHAs, and homeownership programs, when appropriate, to address some of this need. In addition, the Kentucky BOS CoC applied for the 2009 Permanent Housing Bonus in the form of a new program, Housing Now, which will offer 22 vouchers to homeless families across 118 counties of the Commonwealth of Kentucky over two years.

KHC currently operates two Samaritan Housing Programs (110 beds) that are renewing in 2010. The 2009 Kentucky BoS CoC application included one new application for the chronically homeless, the Estill County Rental Project, a new construction four-plex. Based on demand for the two current Samaritan Housing Programs, these resources appear to be adequate to address the need for beds for the chronically homeless in rural Kentucky. The main efforts over the next five years will be to maximize the utilization of the current Samaritan Housing Program vouchers and thus, house more chronically homeless individuals across the state.

In the future, Kentucky BoS CoC will focus on creating beds for the 'newly-defined' chronically homeless as outlined in the HEARTH Act. As stated earlier, Kentucky BoS has seen an increase in the number of homeless families with children and a decline in the number of chronically homeless individuals. Therefore, KY BoS CoC will pursue new funding opportunities in future CoC NOFAs to add vouchers and/or new construction/rehab project to increase the number of beds available for chronically homeless, as the need dictates. The Kentucky BoS CoC will utilize the Housing Inventory Chart, regional CoC meetings and HMIS data to study gaps in the current system and find the most effective way to create new permanent housing beds and maximize those beds currently available.

The Kentucky BoS will also work with the Kentucky Interagency Council on Homelessness (KICH) to implement plans outlined in the 10-Year-Plan to End Homelessness and the KICH Housing Committee to look at ways of increasing affordable housing opportunities, address barriers, evaluate needs and offer/implement resolutions as it relates to affordable and accessible housing for homeless households.

## **Homeless Strategy                      91.215 (d) (State: 91.315 (d))**

### **Homelessness**

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

In the Kentucky Balance of State (BOS) CoC, service providers, developers, community leaders, advocates, financial institutions and homeless service clients meet as local CoC Planning Boards in each of the six regions. At monthly planning meetings, participants evaluate their service delivery system, coordinate plans in order to avoid duplication, share resources and establish goals for eliminating gaps in the local delivery system. This community-based process assesses services from prevention to self-sufficiency in permanent housing.

Each regional planning board also assesses barriers to service delivery and special populations that may find it more or less difficult to access available services. CoC planning helps communities develop a common vision and a set of common goals. Each year CoC members across the state work with KHC to conduct the annual Point In Time Count (PITC) of the Homeless and provide data for the CoC Housing Inventory Chart (HIC). Following the PITC and the processing of the data for the HIC, Regional Planning Boards review the results to determine the overall regional needs and identify gaps or under-served areas of the homeless.

HUD has established several benchmark goals for CoCs to meet in the effort to address and end homelessness. One of those goals in 2009 was for 65 percent of clients in transitional housing (TH) moving onto permanent housing (PH) at program exit. The Kentucky BOS CoC exceeded this HUD benchmark with 72 percent of clients exiting TH programs moving on to PH. Over the next 12 months, to continue to exceed this benchmark, KHC staff will continue to encourage TH programs to utilize KHC project-based units (when available) to transfer TH clients to PH. Additionally KHC publishes, on a monthly basis, a vacancy report for all KHC project-based units and disseminates this list to CoC agencies and homeless service providers across the state. KHC staff, along with TH program agencies, will work with local PHAs and KHC Housing Choice Voucher programs, when available, to move TH clients to PH. KHC also applied for the 22 beds in the 2009 Permanent Housing Bonus Initiative therefore resulting in more PH beds being available for TH clients to move on to PH.

The 2009 HUD goal for increasing the percentage of persons employed at program exit was 20 percent. The 2009 Kentucky Balance of State CoC application, this goal was not only achieved but exceeded at 37 percent. CoC homeless agencies will continue to provide services that enable homeless clients to achieve employment at exit of any of the CoC programs. These include but are not limited to mental health and substance use management and recovery services; vocational and employment services; money management and benefits advocacy; coordinated support and case management; community building and tenant advocacy; medical and wellness services.

Kentucky BOS CoC is at Hold Harmless which means that current funding exceeds the pro-rata funding need determined by HUD thus no additional funds are available at this time for new projects other than those offered in the Permanent Housing Bonus Initiative. KHC will accept new application proposes in 2010 for the Permanent Housing Bonus Initiative.

### **Access to Homeless Services**

In order to improve access to homeless services statewide, KHC uses the lists of existing homeless services to maintain a CoC Resource Guide. This guide is made available on KHC's and the Kentucky Interagency Council on Homelessness Web site to persons seeking assistance and to service agencies that provide assistance ([www.kyhousing.org](http://www.kyhousing.org) and [www.kyhomeless.org](http://www.kyhomeless.org)). To ensure the publication's accuracy, KHC solicits updates and makes changes regularly on the Web site. In addition, the

Commonwealth of Kentucky also operates a statewide, web-based referral system of all mainstream services called KyCARES.

### **Access to Mainstream Services**

The Kentucky Interagency Council on Homelessness has developed an assessment tool to assist the CoC systematically helps homeless persons identify, apply for and receive mainstream benefits. It is included in the statewide HMIS system.

In addition, the Kentucky Interagency Council on Homelessness has developed a training program on the needs of homeless persons and the barriers to mainstream services. This program is mandatory for all new employees of the state Cabinet for Health and Family Services and includes TANF, food stamps, SSI, SSDI, Medicaid, Medicare, foster care and S-CHIP programs. HUD and local community leaders have offered workshops on access to Mainstream Services and Legal Aid helps with appeals for mainstream services. Information about all mainstream services administered by the state can be accessed at state government's main website and several applications for services are accessible at [KyCares.net](http://KyCares.net).

The Kentucky Interagency Council on Homelessness in partnership with Barren River Area Safe Space (BRASS) and Continuum of Care Regions 1 and 2 are currently developing a publication titled *Under the Bridge - Homeless Rights and Resource Manual*.

Kentucky Housing and the Kentucky Interagency Council on Homeless partnered to move forward the state's involvement with the SSI/SSDI Outreach Access and Recovery (SOAR). SOAR is a national initiative in cooperation with Policy Research Associates and the Social Security Administration which trains case managers from local agencies to assist their clients with the application process to access disability income. History has shown that a low percentage of people who qualify for such income are approved due to the complicated and time-consuming process of application. SOAR has goals to increase the percentage of successful applications, to reduce the number of appeals of negative decisions and to decrease the time between application and decision. The SOAR training program typically is a two-day event providing case managers with a hands-on experience working with certified SOAR trainers and representatives from Social Security and Disability Determination Services. More information about SOAR is available at [www.prainc.com/SOAR](http://www.prainc.com/SOAR) or at [www.kyhousing.org](http://www.kyhousing.org). To date, 400 case managers and other staff around the state have been trained.

Kentucky has made concerted statewide efforts to insure the inclusion of representatives of all appropriate subpopulations of homeless Kentucky citizens. Applicants for Continuum of Care funds are required to work with representatives of these subpopulations to provide outreach, referrals and program evaluations for their Supportive Housing and Shelter Plus Care Programs. Statewide efforts to ensure equal access to homeless services by all subpopulations are listed below.

## **Recovery Kentucky**

The Recovery Kentucky Task Force provides oversight and direction for a network of ten newly established 100-bed Recovery Kentucky Centers - drug and alcohol free housing for persons who are homeless or at risk for homelessness due to their continued dependence on alcohol and drugs. These drug-free, Project-Based assisted housing centers provide a safe and secure environment for men and women to begin a process of “self-help” and “peer-led” education that leads to long term sobriety. The Recovery Kentucky program model is designed to help the recovering alcoholic/addict regain a life of sobriety and to begin a journey toward permanent housing and self-sufficiency.

The Recovery Kentucky Task Force is made up of Kentucky Cabinet Secretaries, Commissioners, the Governor’s Office and Recovery Kentucky leaders throughout the state who are interested in providing housing for potentially homeless and chemically dependent individuals in need of non-medical recovery services. In addition, the Task Force is interested in providing housing and supportive addiction recovery services for non-violent, persons facing jail or prison time related to their drug dependency and related criminal activity. As a result of the success of these substance abuse recovery housing centers, the Recovery Kentucky Task Force has recommended that KHC initiate plans to expand the Recovery Kentucky Centers from ten facilities to fourteen facilities over the next five years.

## **Veterans**

The Kentucky Department of Veteran Affairs (KDVA) employs a homeless coordinator that works with KHC and Kentucky homeless service agencies to insure access to services for veterans. The KDVA has partnered with Louisville, Lexington and Bowling Green in hosting Project Homeless Connect/Stand Down events in which homeless veterans are able to connect with vital service providers within the community. The KDVA homeless coordinator also serves on the Kentucky Interagency Council on Homelessness that establishes the goals and strategies of the Kentucky CoC.

## **Seriously Mentally Ill and Substance Abuse**

Case management, psychiatry, therapy, therapeutic rehabilitation, job counseling and placement, chemical dependency counseling, and respite care services for the mentally ill and Kentuckians recovering from substance abuse are provided by the 14 Comprehensive Care Centers. Regional CoC Planning boards work closely with the Comprehensive Care Centers to insure program coordination, appropriate referrals and the distribution of outreach materials. Comprehensive Care Centers in five of the six CoC regions are Supportive Housing Program or Shelter Plus Care grantees in the Kentucky Balance of State CoC Program. Their program consists of permanent housing and support services for persons with disabilities that might not otherwise receive the assistance needed if not for these programs.

KHC has created outreach materials for set-aside programs for persons with disabilities that are distributed with all Section 8 and home mortgage applications. KHC also has a strong working relationship with the Kentucky Department for Mental Health/Mental Retardation Services (DMH/MRS), the state agency responsible for oversight of the Comprehensive Care Centers and mental health funding. The Commonwealth of Kentucky has formed an Olmstead working group to develop responses and resources that insure that persons with disabilities have appropriate housing access and are not required to remain institutionalized due to a lack of housing resources. A representative of the DMH/MRS also serves on the Kentucky Interagency Council on Homelessness that helps establish the goals and strategies of the Kentucky CoC.

Additional information on activities to serve this population is provided below in the discharge planning section.

### **Victims of Domestic Violence**

When KHC discovered that victims of domestic violence represented the largest sub-population of our state's homeless population, KHC increased the collaborative efforts with the Kentucky Domestic Violence Association (KDVA). KDVA represents the domestic violence shelters across the state. These nonprofit agencies participate with Regional CoC Planning Boards and KDVA provides valuable needs data for the CoC. KDVA member groups provide prevention services by speaking to local community groups, purchasing billboard ads, distributing brochures and posters to service agencies, offices and schools. The local police statewide provide free transportation for victims of domestic violence to all domestic violence services and shelters. The KDVA housing coordinator also serves on the Kentucky Interagency Council on Homelessness that helps establish the goals and strategies of the Kentucky CoC.

KDVA is in the preliminary stages of developing 48 supportive housing units for survivors of domestic violence with tax credits from KHC and ARRA funding through HUD's Tax Credit Assistance Program and U.S. Treasury's Tax Credit Exchange Program. The units will be built in Louisville, Paducah, and Murray.

KDVA, in partnership with KHC, provides an opportunity for survivors to participate in an Individual Development Account (IDA) program matching a participant's savings (up to \$2,000) 2:1. Most participants complete the program with the maximum of \$6,000. During the program, participants receive one-on-one credit coaching and financial education. While the IDA program is only five years old, substantial results are already apparent in the lives of the survivors. To date, 102 IDA participants have completed the program. Of those who have completed, 52 participants are now homeowners, 45 participants pursued postsecondary education, and five participants are small business owners. The program has expanded to include additional services including free "no hit" credit reports, bankruptcy counseling, and free tax preparation.

To assist participants with further economic empowerment, KDVA started a micro loan program to provide an alternative to payday loans. Twenty-five participants have taken

out a no interest loan ranging from \$250 to \$500. The micro loan is secured by the IDA account and provides an opportunity for participants to establish credit as KDVA reports the loan payments to the credit bureaus. KDVA has received federal grants from the U.S. Assets for Independence Program totaling \$713,000. KDVA receives matching funds from KHC, Fifth Third Bank, and other public and private resources.

## **Youth**

The Kentucky Cabinet for Families and Children is responsible for all planning and distribution of state and federal funds for youth programs. Funds are distributed through per diem payments to facilities in all 15 area development districts. A representative of the Cabinet for Families and Children, Department of Education, Family Resources and Youth Service Centers and Juvenile Justice also serve on the Kentucky Interagency Council on Homelessness that helps establish the goals and strategies of the Kentucky CoC.

In collaboration with the Division of Federal Programs & Instructional Equity (Department of Education) KHC developed some protocols to streamline the utilization of the Department of Education data management system (Infinite Campus). The expansion will enable the statewide Point-In-Time Count to incorporate data on homeless children in the school system.

*42. Describe the jurisdiction's strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.*

The recent American Recovery and Re-Investment Act (ARRA) included several provisions that enable Kentucky BOS CoC members to access funds and help address some critical needs. ARRA funding offered the Homelessness Prevention and Rapid Re-Housing Program (HPRP), or KY HEARTH, to homeless service providers across the state. KY HEARTH or HPRP provides funding for much needed prevention services as well as funding for vouchers to get homeless individuals and families into housing quickly thus enabling them to focus on critical services and moving toward self-sufficiency. Prevention services under this initiative give agencies the critical funding to help extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.

Additional information on homelessness prevention is provided in question 45 below.

## **Chronic Homelessness**

*43. Describe the jurisdiction's strategy for eliminating chronic homelessness. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented in Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness.*

44. *Describe the efforts to increase coordination between housing providers, health, and service agencies in addressing the needs of persons that are chronically homeless.(91.215(l))*

KHC serves as the coordinating entity for the balance of state Continuum of Care (CoC) and currently operates two Samaritan Housing Programs (110 beds) that are renewing in 2010. The 2009 Kentucky Balance of State (BoS) CoC application included one new application for Chronically Homeless (CH), the Estill County Rental Project, a new construction four-plex. Based on demand for the two current Samaritan Housing Programs, these resources appear to be adequate to address the need for beds for the chronically homeless in rural Kentucky. The main efforts over the next year will be to maximize the utilization of the current Samaritan Housing Program vouchers and thus house more chronically homeless individuals across the state.

The Kentucky BoS CoC will focus on creating beds for the newly-defined Chronically Homeless (CH) as outlined in the new HEARTH Act. During the 2009 Point –In-Time Count, the Kentucky BoS has seen an increase in the number of homeless families with children and a decline in the number of Chronically Homeless individuals. The KY BoS CoC will pursue new funding opportunities in future CoC NOFAs to add vouchers and/or new construction/rehab project to increase the number of beds available for CH, as the need dictates. In the 2009 CoC application, KHC applied for 22 beds in the Permanent Housing Bonus in addition to the Estill County Rental Project application. The KY BoS CoC will utilize the Housing Inventory Chart, regional CoC meetings and HMIS data to study gaps in the current system and find the most effective way to create new permanent housing beds for the CH, when needed, and maximize those beds currently available.

### **Homelessness Prevention**

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

The Kentucky Interagency Council on Homelessness focuses on collaborative prevention efforts as a key to reducing the number of people who experience homelessness. Kentucky’s Ten Year Plan to End Homelessness recognizes the importance of prevention and includes a number of prevention strategies

The state’s plan – while originally focused on a more specific target population (i.e., the “chronically homeless”) -- identified five broadly applicable areas for action to end homelessness, including: (1) housing,(2) services, (3) prevention, (4) data development and (5) building public support and political will. This plan established a comprehensive array of strategic objectives from a state level perspective; however, it was determined that local regions had access to different resources and partners and demonstrated some different needs when compared to the state as a whole.

## **Institutional Structure**

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

KHC participates in HUD's Continuum of Care (CoC) programs and serves as the lead applicant in the annual CoC application for the Balance of State region. Kentucky's CoC process is a local or regional system for helping people who are homeless, or at risk of homelessness, by providing housing and services appropriate to the whole range of homeless needs in the community.

KHC facilitates Regional CoC Planning Board meetings to assist in the planning and implementation of the CoC process. Kentucky's CoC Regional Planning Board meetings incorporate all McKinney-Vento funding programs including Emergency Shelter Grants (ESG), Housing Opportunities for Persons with AIDS (HOPWA) and the three competitive programs under the CoC applications umbrella (Supportive Housing, Shelter Plus Care and Single-Room Occupancy).

The Kentucky Interagency Council on Homelessness (KICH), as discussed in other sections of this plan, plays a major role in the state. In 2007, KICH began work with local partners to expand the existing ten-year plan by identifying strategies for building on the initiative and energies of regional partners and providers in a commitment to statewide action for change.

In September 2007, homeless and housing service leaders throughout Kentucky came together to kick off a year-long planning process intended to develop local priorities, recommendations and action strategies for implementing Kentucky's Ten-Year Plan to End Homelessness. Led by KICH, the Homeless and Housing Coalition of Kentucky and Kentucky Housing Corporation, regional leaders and community-based homeless assistance providers met to articulate a preferred way toward achieving the objectives established by Kentucky's ten-year plan.

This process was designed to build on the planning framework established by the statewide plan to end homelessness. As such, each region focused its energies on the five central issues noted above that had been defined as core concerns in Kentucky's ten-year plan. This document compiles and summarizes the key recommendations in each of these issue areas as they have emerged from Kentucky's BOS CoC planning regions. Commitments expressed in the ten-year plans that had already been developed in both Lexington and Louisville also are reflected in this overview.

To create local regional plans, regions held intensive planning meetings and retreats, as well as encouraged participation from a broad base of stakeholders from their communities to become involved in the process.

These meetings included discussions of the common problems and solutions, networking and consensus forming on overall issues and collaboration building.

There were also statewide forums, produced by HHCK, during the year as part of the process with the final plans presented at the 2008 Kentucky Affordable Housing Conference in October and were posted at [www.kyhomeless.org](http://www.kyhomeless.org). The following month, the working committees of the KICH reviewed the plans and they were presented to the full KICH in January 2009, along with the update to the Ten-Year Plan to End Homelessness.

Outreach is an important component of the institutional structure and each CoC region has established specialized plans as follows:

#### Region 1 CoC Planning Board (Pennyrite and Purchase ADDs)

Members from Region 1 hosted local voter registration drives among their homeless clients and have hosted a Homelessness Summit in the City of Paducah during Hunger and Homelessness Awareness week. Members are working to collect unmet needs data for their agencies and are currently planning a regional Homeless Summit for 2010. This regional will be using Regional Implementation Strategies grant funds for additional printing of *Under The Bridge* homeless rights manual for distribution among service providers and community-based agencies.

#### Region 2 CoC Planning Board (Barren River, Green River and Lincoln Trail ADDs)

Members from this region partnered with Western Kentucky University, KHC Legal Department and local homeless service providers to develop of a user-friendly comprehensive manual of homeless services, provider agencies and homeless rights.

*Under the Bridge* includes a variety of services that may benefit an individual or family, such as food banks, hours of operation and what is needed to access food, criteria for accessing a homeless shelter, criteria for receiving support, etc. It also includes a comprehensive list of all agencies, churches, etc., that provide some type of support to homeless individuals and families and is cross-referenced based on various types of support.

A section of the manual also focuses on “homeless rights,” both federal and state. These rights include access to fair housing, access to a free and appropriate education, voting rights, rights to an ID without a permanent address, etc. The homeless rights section also includes a list of Kentucky Revised Statutes and federal laws for easy access and reference.

#### Region 3 (Northern Kentucky ADD and Rural KIPDA ADD)

Members of Region 3 have collaborated with urban service providers in Louisville and Covington to provide outreach teams and services to rural county agencies. As part of their objectives in achieving this goal, the members have worked to identify best practices and resources available; develop a transportation task force and develop

working relationships with local landlords and affordable housing developers. Other efforts include working to decrease the number of renters cost-burdened, create market-based units in sustainable communities, increase the supply of starter bank account products for low-income and unbanked, numerous efforts to raise awareness among the unbanked, work with local officials to reduce number of inactive landlords, support legislation to reduce check-casher and payday lenders, and expand support for production of low- and moderate-priced housing and low-income homeownership programs.

#### Region 4 (Buffalo Trace ADD, Gateway ADD and FIVCO ADD)

Existing partnerships have been strengthened and new partnerships sought and created. In that respect, the Buffalo Trace Workforce Investment Board (TENCO) has signed a memorandum of agreement with all the members in the Buffalo Trace ADD. The memorandum leverages referrals, case management and job placements for homeless persons in the targeted communities.

As far as new partnerships are concerned, members of region 4 Continuum of Care (CoC) have individually networked with the Kentucky Youth Advocates. To materialize the partnership, all region 4 CoC participants attended in November 2009 a workshop on Taxes, Budget and Fiscal Analysis. The workshop was conducted by the statewide coordinator of the institution. A bi-weekly fiscal analysis update is now sent to members in the region. The Region has recently developed some new relationships with the City of Huntington CoC (WA). The Coordinator will start to attend Region 4 meetings when held in cities bordering the state line.

In terms of targeted outreach, to induce political will, the region is planning to roll out the regional implementation strategies by convening meetings, awareness raising events and public education sessions with community based stakeholders in the spring of 2010.

#### Region 5 CoC Planning Board (Big Sandy ADD, Cumberland Lake ADD, Cumberland Valley and Kentucky River ADDs)

To engage more Public Will in the area, Region 5 convened several outreach events all through its four Area Development Districts. Leveraging the statewide Point-In-Time Count several awareness-raising events were organized across the region with successful participation of state representatives and local stakeholders. A special needs one-stop-shop (homeless connect) was conducted to bring awareness on the multi faces of homelessness. The region also used the result of the Point-In-Time Count to specifically build public will around the precariously housed individuals who live in the area and successfully demonstrated specific needs for homeless prevention. The region also conceptualizes a special outreach approach through the trade marking of "Region 5 ALIVE" a rallying slogan printed on T-shirts and distributed to colleges, community based services, local governments etc.. Through individual members, region 5 has instituted a community based homeless - friendly landlord network that meets regularly.

## Region 6 CoC Planning Board (Bluegrass ADD)

Members from Region 6 are in the process of developing a homeless awareness video, brochure on homeless issues and needs, and a power point presentation. These items will allow the region to implement a Homeless Awareness Campaign to gain public empathy and support in ending homelessness. The overall strategic plan for this region will be to educate, gain media coverage and then lobby for changes to be made at the state and federal level.

The proposed project directly relates to the identified strategies by creating professional visual aids to educate the public, gain awareness, assist in fundraising and gather support for the fight to end homelessness. The materials presented will allow the region to present homelessness in a whole new light. Public awareness is critical to implement changes at a local and state level. If the region can gain support and empathy for homeless individuals and families we will be one step closer to bringing about real and sustained change for the people we serve.

Members from this region are collaborating on several projects including Emergency Shelter Grant and the Homelessness Prevention and Rapid Re-Housing Program under the American Recovery and Reinvestment Act of 2009. Additionally, members are seeking additional funding through the Continuum of Care Samaritan Housing to support permanent housing units.

### **Discharge Coordination Policy**

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

Pursuant to Kentucky Revised Statute 194A.735, the Cabinet for Health and Family Services and the Department for Mental Health and Mental Retardation (MHMR) Services, in collaboration with the Louisville Coalition for the Homeless, Families and Children First, and Lake Cumberland MHMR Board, Inc., developed and implemented a homelessness prevention pilot project. It offers institutional discharge planning on a voluntary basis to persons exiting state-operated or supervised institutions involving mental health and foster care programs, and persons serving out their sentences at the Kentucky State Reformatory, the state-operated prison in Oldham County.

The primary goal of the project is to prepare a limited number of persons for return or reentry into the community and to offer information about any necessary linkage of the person to needed community services and supports. These include employment, medical and mental health services, housing, education, social supports and other community-based services, and thereby decreasing the number of persons discharged from state-operated institutions into homelessness.

Data from June 2005 through June 2007 show that in the prison system, with a total of 54 referrals, the recidivism rate was reduced from 27.5 percent to 5.3 percent with only three of the expected 15 persons returning to prison. In mental health facilities, with a total of 22 referrals, the hospital readmission rate was reduced from 37.7 percent to 18 percent, with only 4 of the expected 8 persons readmitted to a psychiatric hospital. In the foster care system, 11 children aging out of the system were assisted into housing and services and kept from homelessness. Subtracting the number of referrals that reentered the system, a total of 80 people were kept from homelessness.

**Specific Objectives/Homeless (91.215) (State: 91.315)**

48. *Identify specific objectives that the jurisdiction intends to initiate and/or complete in accordance with the tables\* prescribed by HUD, and how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan. For each specific objective, identify proposed accomplishments and outcomes the jurisdiction hopes to achieve in quantitative terms over a specified time period (one, two, three or more years) or in other measurable terms as defined by the jurisdiction. Complete and submit Table 1C Summary of Specific Objectives or, if using the CPMP Tool, the Summaries.xls worksheets.*

See the table containing a summary of specific objectives in Question 29 above.

**NON-HOMELESS SPECIAL NEEDS**

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

**Priority Non-Homeless Needs 91.215 (e) (State: 91.315 (e))**

49. *Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.*

Special Needs (Non-Homeless) Subpopulations	Unmet Need
1. Elderly	37,010
2. Frail Elderly	22,493
3. Severe Mental Illness	10,000
4. Developmentally Disabled	

<b>Special Needs (Non-Homeless) Subpopulations</b>	<b>Unmet Need</b>
5. Physically Disabled	28,660
6. Persons w/Alcohol/Other Drug Addictions	
7. Persons w/HIV/AIDS	4,856
8. Victims of Domestic Violence	6,000
9. Other – PRECARIOUSLY HOUSED RENTERS	6,373

50. Describe the basis for assigning the priority given to each category of priority needs.

The state does not assign priorities for serving special needs populations. Funding will be made available to assist special needs households in all subpopulations equally.

51. Identify any obstacles to meeting underserved needs.

### **Obstacles common to all special needs populations**

While there are differences among the special needs categories in regard to their housing and service needs, there are problems that stand in the way of acquiring decent, safe and affordable housing that are common to all.

- Low Income – All of the different types of disabling conditions result, to varying degrees, in difficulty in maintaining full-time employment. If supported employment services are present, part time employment can be a realistic possibility for many. Those whose disability struck at a young age must live on SSI payments of \$674 per month (2009) supplemented with part time employment. This amount of income typically puts the individual at or below 30 percent of median in most counties in the state.
- Discrimination – While there are differences in the intensity of opposition to housing for the different special needs populations, NIMBY (Not In My Back Yard) is a constant among them. Developers of special needs housing must take into account and address community opposition, in addition to the difficult issues of inadequate funding and scarcity of services.
- Social skills – Many of the disability categories have a negative effect on an individual’s social skills. Even those disabilities such as mental illness, which can be controlled by medication, can interfere with an individual’s education and socialization. This puts the person at a disadvantage in the competition for scarce affordable housing resources.
- Lack of Funding – There is insufficient funding at all governmental levels to create more safe, decent and affordable housing. This is not a special needs issue, but affects all low-income families. The problem is compounded for special needs housing developers due to the need to link the housing to supportive services. Along with a lack of funding for housing, there is also a lack of funding for the

supportive services necessary for persons with a disability to live productively and independently.

### **Elderly, frail elderly and persons with disabilities**

Most of the disabling conditions previously listed result in some degree of physical impairment, ranging from slightly limited mobility to the need for the use of a wheelchair. Even a small degree of mobility impairment, however, can make a standard home or apartment an inhospitable environment.

KHC has identified a need for more accessible units to accommodate both people with existing disabling conditions and those who may experience disabilities in the future brought about by disease, accident, or the natural processes of aging. To this end, KHC stresses the need for adherence to fair housing construction requirements in new construction projects and has implemented an expanded requirement for universal design in new construction projects. KHC further recognizes the need for resources for modifications to existing housing units.

Several years ago, HUD began allowing public housing authorities and owners of privately-owned apartment projects built with HUD financing to designate portions of the developments as elderly-only. Nationwide this has resulted in the loss of thousands of units of housing for persons with special needs.

In order to designate elderly-only housing, public housing authorities are required to file a plan with HUD that describes the actions to be taken. This plan is supposed to be prepared with the input of community groups and advocacy agencies. HUD has set aside Section 8 vouchers for the benefit of residents displaced by elderly-only designations.

So far, this has not been a large problem in Kentucky, but advocates of those with special needs should remain vigilant and become familiar with their local public housing authority in order to become aware of and mitigate the effects of such actions.

### **Persons with severe mental illness**

Persons with severe mental illness (SMI) suffer from one or more of a group of disorders that cause mental disorganization and disturbances in thought processes, resulting in difficulties in relating to others. Their disability is often invisible, which can cause misconceptions and misunderstandings about persons with SMI. Typical types of severe mental illness are schizophrenia, major depression and bi-polar (manic/depressive) disorder. All types of mental illness can be effectively treated with psychotropic drugs, although the effectiveness of drug treatment varies among individuals and types of illness. The extent to which an individual with SMI can function in society depends on his or her specific illness, the effectiveness of the medications for its treatment and the motivation of the individual in adhering to a treatment regimen.

## **Persons with drug/alcohol addiction**

Persons who continue to relapse from the disease of alcohol and drug dependency or who have a dual diagnosis of substance dependency and mental illness are often involved with the judicial/correctional system as a result of their unacceptable behavior or their criminal activity related to seeking drugs.

## **Persons with HIV/AIDS**

There are a variety of barriers that influence rural HIV/AIDS housing and service provision. In Kentucky many representatives of nonprofit and healthcare organizations feel confident as service providers but are intimidated and overwhelmed by the prospect of developing and maintaining housing programs. Additionally, the majority of persons living with HIV/AIDS do not want to live in housing that has a stigma associated with it. They want to live in permanent, independent housing.

Financing can be very difficult to secure even in rural areas where development is feasible. For example, rural projects are challenged to compete with urban projects, which typically can show a greater numeric need and can leverage a wider variety of financing options. Rural communities, like urban areas, experience the consequences of NIMBYism. Lack of zoning enforcement and underutilization of protections offered under Fair Housing laws often make this opposition more formidable in rural areas. Persons living with HIV/AIDS are often on fixed incomes and cannot afford all the costs associated with homeownership without a deep subsidy. Lastly, a successful housing initiative must include a plan for the provision of supportive services. However, in rural areas, services, especially medical care specific to the needs of persons living with HIV/AIDS, are nominal or nonexistent.

Stigma continues to be the highest and most feared and perceived barrier that persons with HIV/AIDS must overcome. Many are afraid to receive services for fear someone will find out about their HIV status. This fear is particularly higher in our African-American and Hispanic clients.

Rural areas present another barrier. Some of the most rural counties do not have housing units available that meet affordable and decent safe living needs. Clients living far away also have very limited transportation available to connect to services and entitlements such as SSI, SSDI, Medicaid and food stamps.

The inability of HOPWA to cover the first month's rent and deposit as well as utility deposits continues to be a barrier. The Fair Market Rents, particularly on the one bedroom units, are far below the average rent costs in most service areas.

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

The Kentucky Department for Mental Health and Mental Retardation (MHMR) recognizes the importance of system coordination among the numerous agencies and programs involved with services to this population. The Kentucky MHMR contracts with 14 regional MHMR boards to offer individualized services designed to alleviate homelessness, as well as to provide “mainstream” mental health treatment to persons who are homeless and mentally ill. A breakout of services provided show that:

- All regions give a service priority to homeless individuals.
- 13 regions participate in regional Continuum of Care meetings.
- 12 regions provide consultation with local shelters.
- 6 regions have staff dedicated to working with homeless individuals.
- 3 regions do street outreach.
- 8 regions do regular visits to local homeless shelters.
- 11 regions have walk-in clinics.

In addition, several regions receive referrals from the community and other agencies and provide case management and/or assertive community treatment services for homeless persons. The KY MHMR also provides state funds to the St. Johns’ Day Center in Louisville to hire an outreach worker to provide on-site assessment and link individuals with services at Seven Counties Services. Community Mental Health Services (CMHS) Block Grant funds also support a Rural Homeless Outreach program in the Mountain Regional MH/MR board area. This program identifies and links individuals with serious mental illness who are homeless with mainstream mental health services and provides consultation and training to homeless service providers.

Persons with severe mental illness (SMI) are capable of living independently if sufficient support services are available. The most important components are emergency shelter and access to permanent supportive housing. Emergency housing linked to psychiatric services, called crisis stabilization, is typically provided by regional community mental health agencies and serves as an alternative to psychiatric hospitalization.

The Kentucky Transitions program (Money Follows the Person) provides housing and support for special accommodations for persons living in nursing homes or institutional care settings (for six months or longer) and who want to return to independent living in their home community. This partnership between the Kentucky Department of Medicaid Services and KHC, through a contractual relationship, allows persons living in institutional settings to live in publically assisted or private housing with medical and social supports provided through the Kentucky Department of Medicaid Services. KHC staff assist referred MFP individuals to navigate the housing process through their contacts in the community in order to support these individuals to return to his or her home community.

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

Safe Havens and KHC's in-house emergency housing assistance program are funded through HOME Tenant-Based Rental Assistance (TBRA) funds. Safe Havens, funded through HOME TBRA, serves the entire state and is available to homeless families with children, domestic violence victims and individuals with severe and persistent mental illness. The program is offered statewide; however, it is mostly utilized in areas that have active case management agencies making referrals and providing case management to participants. In the 87 counties that KHC serves with its Section 8 housing choice voucher program, Safe Havens participants are given preference on the waiting list to move to permanent housing. In jurisdictions served by PHAs, KHC attempts to establish partnerships resulting in PHAs moving Safe Havens participants to the PHA's Section 8 housing choice voucher programs.

KHC's in-house emergency housing assistance program, funded through HOME TBRA, serves the counties within KHC's Section 8 jurisdiction. This program serves homeless individuals, elderly, victims of hate crimes, and persons displaced due to disaster areas.

As discussed earlier in the plan, the number of shelter beds available to serve victims of domestic violence and the special needs of the homeless, elderly and other populations provide special challenges for housing. The need far outweighs available resources for all of these populations.

### **Specific Special Needs Objectives      91.215 (e) (State: 91.315 (e))**

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

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

See table in question 49 above.

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

In general, the financial resources available to KHC, DLG or subrecipients for serving special needs populations are listed above in the Affordable Housing Specific Objectives section. In addition, the following initiatives are expected to continue to be available to meet the needs of special populations.

## **Elderly, frail elderly and persons with disabilities**

### Universal Design

Universal design is the concept of housing design that allows for continuous use by occupants regardless of their physical condition. It is also sometimes referred to as “aging in place.” By incorporating accessible design and assistive technology features, housing can be developed that will not require the occupants to abandon their homes because of illness, accidents, or the natural physical changes resulting from aging.

Universal design is not just a special needs issue. All of us, at some point in our lives, can benefit from housing that has accessible features. If new housing could incorporate these features as standard practice, the cost of installation would be lowered and in the future more of the housing stock would be usable, not only by special needs persons, but the entire population.

In recognition of the importance of universal design, in 2003 KHC adopted a policy mandating the inclusion of universal design features in housing projects funded with 50 percent or more of KHC funds. KHC and DLG continue to encourage builders, developers and design professionals to incorporate universal design into new single-family and multi-family housing to the greatest extent possible. Both agencies make staff available to provide technical assistance to those requesting it.

### Kentucky Transitions

The Kentucky Transitions program (Money Follows the Person) provides housing and support for special accommodations for persons living in nursing homes or institutional care settings (for six months or longer) and who want to return to independent living in their home community. This partnership between the Kentucky Department of Medicaid Services and KHC, through a contractual relationship, allows persons living in institutional settings to live in publically assisted or private housing with medical and social supports provided through the Kentucky Department of Medicaid Services. KHC staff assist referred MFP individuals to navigate the housing process through their contacts in the community in order to support these individuals to return to his or her home community.

### **Persons with drug/alcohol addiction**

Recovery Kentucky partners with community mental health centers, the Department of Corrections, the Administrative Office of Courts and other agencies to provide supportive housing and professional peer-supported substance abuse recovery services for this special needs population.

## Persons with mental illness

### PATH Program

The Projects for Assistance in Transitioning from Homelessness (PATH) Program provides federal funds in the form of block grants to serve individuals who are suffering from a serious mental illness and who may have a co-occurring substance abuse disorder and are homeless or at imminent risk of becoming homeless. The goal of the PATH Program is to provide services that will enable eligible persons to acquire appropriate housing and to engage them in mental health treatment. One of the most important services is outreach, to identify and engage individuals reluctant to accept treatment and services.

Five regions have current PATH Programs: Adanta, Bluegrass, Kentucky River, NorthKey, and SevenCounties Services. In 2008, 778 persons total were served, with 422 enrolling in PATH provided services. Services offered include outreach, case management, rehabilitation, housing support, and payee services.

## COMMUNITY DEVELOPMENT

### **Priority Community Development Needs**

#### **91.215 (f) (State: 91.315 (f))**

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

*56. Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table\* – i.e., public facilities, public improvements, public services and economic development.*

Table 2B is utilized by localities to assign project priorities. State CDBG programs allocate funds to projects submitted by localities under competitive applications. Therefore, specific projects have not been determined in advance.

*57. Describe the basis for assigning the priority given to each category of priority needs provided on Table 2B or the Community Development Table in the CPMP Tool's Needs.xls worksheet.*

DLG is committed to ensuring that the Kentucky CDBG Program strives for and reaches the goals set forth in its Program Guidelines. Serving low and moderate income persons is the primary objective for Kentucky's CDBG program, ensuring that not less than 70% of the total amount of CDBG funds received are used for the support of programs and activities that will benefit this segment of the population.

The Priority Housing Needs table above and the Specific Objectives table above contain information on goals for each eligible activity. Additional information below indicates DLG’s objectives for the CDBG program.

The following chart indicates the estimated benchmarks for CDBG activities through the term of this Consolidated Plan. These benchmarks are an estimated percentage of CDBG funds that will be committed to the corresponding activity based on needs. The activities listed below are eligible to be funded through the CDBG program.

<u>Program Area</u>	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
*Economic Development	29%	25-35%	25-35%	25-35%	25-35%
Public Facilities	26%	25-35%	25-35%	25-35%	25-35%
Housing	15%	10-20%	10-20%	10-20%	10-20%
**Community Projects	16%	10-20%	10-20%	10-20	10-20
Public Services	11%	5-15%	5-15%	5-15%	5-15%
Community Emergency Relief Fund	3%	2-5%	2-5%	2-5%	2-5%

\*Includes Microenterprise Development

\*\*Includes Renaissance Kentucky

Economic Development activities will continue to be an integral segment of the Commonwealth’s community development strategy. The mission of creating more and higher quality opportunities for all Kentuckians by building an expanding sustainable economy is a major focus of the state. The use of Community Development Block Grant funds will continue to be a major focus of economic development as the state strives to provide employment and job enhancement opportunities to the lower income segment of the population. The major focus of this initiative is to aid in the reduction of unemployment and increasing the per capita income levels of the citizens. Such effort is a segment of the overall community development strategy as job creation has a direct effect on the housing market and the creation of a suitable environment, which sustains the community as a viable long-term asset. Such activity must coexist for a community to grow and prosper.

*58. Identify any obstacles to meeting underserved needs.*

There are many challenges in meeting needs in the area of public facilities, especially water and sewer. The most obvious problem is insufficient funding. It is estimated that the Commonwealth of Kentucky has demonstrated need for \$1.4 billion for water projects and \$1.5 billion for sewer projects over the next two years. For state fiscal years 2009 and 2010 primary state and federal financial resources totaled \$770,647,360. The figure is only 26 percent of the funding expected to be needed for the upcoming two year period. The primary state and federal sources are the Community Development Block Grant, Kentucky Infrastructure Authority, Rural Development, Appalachian Regional Commission and state grants written directly into

the state budget. It should be pointed out that significant funding is also provided by local water and sewer utilities, Environmental Protection Agency SPAP grants, the PRIDE program, Economic Development Administration and the Corp of Engineers but those amounts are unknown.

Other challenges to meeting needs in the Commonwealth include education. Education is needed to stop the use of straight pipes and contamination of groundwater and surface water by illegal dumps and use of pesticides. It is also important that emphasis is placed on maintaining existing infrastructure. More work is needed in the area of capacity development and monitoring of system operation and maintenance. Federal water quality requirements are getting more stringent which is a challenge for local utilities to remain in compliance. While the Commonwealth has made great strides in providing water and sewer infrastructure to unserved areas, that infrastructure is now beginning to age and more and more applications are being received for rehabilitation and replacement projects. Consequently, the challenge now is not just extending service into new areas and expanding to accommodate growth, it is also replacement and rehabilitation.

Addressing water and sewer needs is a process that requires a great deal of time and planning. Efforts are need to encourage local utilities to being this process before their systems break down. The Kentucky Division of Water works with local utilities to develop 20 year facilities plans to identify new service areas and growth. The Kentucky Rural Water Association also works with utilities to identify and research problems. Regional Water Management Planning Councils were started a few years ago and are instrumental in identifying needs and coordinating projects.

Economic Development opportunities in the CDBG program have been slow during the last few years. Many companies are not able to maintain their current workforce and therefore are not expanding. Banks are not lending as they once did and growth has been difficult. However, companies are indicating that they are optimistic that a turn-around in the economy is in the near future. The state feels optimistic that CDBG funding opportunities will increase as the economy starts improving.

## **Specific Community Development Objectives**

*59. Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.*

***Complete and submit Table 2C Summary of Specific Objectives or, if using the CPMP Tool, the Summaries.xls worksheets.***

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

*achieve in quantitative terms, or in other measurable terms as identified and defined by the jurisdiction. 24 CFR 91.215(a)(4)*

See the Specific Objectives table located in the Specific Objectives/Affordable Housing Section.

The following is a list of the long-term objectives to be accomplished through the CDBG program.

- Encouraging private investment that will result in the creation of new jobs for the unemployed and underemployed.
- Discouraging the out migration of businesses that employ and serve the local population.
- Improving existing public facilities.
- Providing new facilities when warranted by recent population growth or when essential needs exist.
- Enabling local communities to provide services they have determined are important but cannot normally afford.
- Fostering a revitalization of community structure to help communities help themselves.
- Improving the quality of life through the funding community projects requested by individual communities to enhance community pride and involvement, and perpetuate local identity.
- Enabling local communities to plan for future community development needs.
- Providing operational costs for new/existing Recovery Kentucky Substance Abuse Centers.

Kentucky's short-term objectives encompass the same program areas and reflect the goals of the long-term objectives. These overall objectives are to assure that the required percentage of CDBG funds be used for support of activities which benefit low- and moderate- income people through expansion of economic opportunities, provision of public facilities that are necessary for public health and safety and improvement of quality of life through funding community projects requested by individual communities to enhance community pride and involvement. The distribution of how CDBG funds will be used throughout the state is revised yearly. The short-term goals or the eligible funding activities are identified each year in the Annual Action Plan.

Kentucky's first goal is to improve local economies and the economic well-being of the people of Kentucky while protecting the environment by encouraging private investment that will result in the creation of new jobs, primarily for the unemployed and underemployed, while discouraging the out migration of businesses that employ and serve the local population. Economic development is the key to advancement in so many of the areas that Kentucky lags behind the rest of the nation in. By focusing CDBG Economic Development activities on serving low and moderate income persons, this segment of the population is offered opportunities that will allow them to lead happier, healthier, and more productive lives.

In addition to providing Economic Development opportunities to low and moderate income Kentuckians, DLG strives to improve the condition of housing and expand fair housing opportunities especially for persons of low and moderate income. Kentucky does this by encouraging the rehabilitation of appropriate existing housing units; encouraging the creation of new housing units including adaptive reuse of suitable structures; and by eliminating slum/blight conditions in residential areas through demolition, code enforcement and related activities. All Kentuckians, regardless of their income level, deserve safe and affordable housing and Kentucky works to use and leverage CDBG dollars to make safe and affordable housing more available for low and moderate income persons.

Funds are set aside through the Community Emergency Relief Fund (CERF) to provide assistance to communities that have experienced a flood, tornado, earthquake, or other disaster event.

### **Community Development/Public Facilities Objectives**

In addition to providing economic opportunities and housing to low and moderate income persons, Kentucky strives to provide public facilities to eliminate conditions which are detrimental to the public health and safety and which thus detract from further community development or which are necessary to meet other essential community needs. In order to achieve this goal, DLG funds projects that improve existing public facilities and provide new facilities when warranted by recent population growth or when essential needs exist. Projects in this activity area are also primarily targeted at serving low and moderate income persons.

Public facilities and infrastructure projects include construction and rehabilitation of sanitary sewer system facilities and sewer line extension, construction and rehabilitation of water treatment facilities and water line extension, storm sewer construction and rehabilitation, community centers, health departments, fire stations, and other facilities for use by the public.

In 2000, the Kentucky Legislature directed that county or planning-area water management councils be established, to supersede earlier water supply planning councils. The management councils were charged with developing and implementing plans for the provision of safe and reliable water and wastewater treatment to un-served and under-served areas of the Commonwealth. Fifteen planning areas have been established, corresponding to Area Development District (ADD) boundaries. With the assistance of the ADD water coordinator, planning councils for each area began their activities. Water management areas within, or in some cases extending beyond, each planning area have been identified by the councils. Water management areas define those regions where water and wastewater treatment service may be most effectively addressed through coordinated development--shared resources, consolidation of facilities, mergers, etc.

Water management plans developed by area councils will be consistent with existing water supply plans, will examine regional approaches to development, and will also include all information needed to address issues by the regional approach. The end result of this planning process has been the implementation of the Water Resource Information System.

### **The Water Resource Information System – WRIS**

The Water Resource Information System (WRIS) has been developed through the cooperative efforts of water and wastewater treatment systems and local, regional, and state agencies. The system, which is maintained by the Kentucky Infrastructure Authority, is used by all these entities, and provides much of the information needed for all aspects of water resource planning--from watershed protection to infrastructure development. The WRIS includes a geographic information system (GIS), and information on water resources, drinking water systems, wastewater treatment systems, project development, emergency response, regulations, and planning.

The WRIS is comprised of strategic plans, water resource maps and publications, systems management information, reporting and regulatory requirements, guidance and training documents, procedural guidance and forms for project implementation and funding, and internet links to support services. Interactive maps in the system support planning and regionalization efforts. The interactive maps also facilitate drought monitoring and response, and rapid response to contamination emergencies. The GIS contains data for water and wastewater treatment facilities, water lines, water sources, storage facilities, sewer lines, and a database of non-spatial systems information. The GIS provides the fundamental data needed for the planning and emergency response activities. Using the GIS infrastructure data in computer models allows for cost-effective analysis of engineering alternatives, and facilitates the efficiencies needed to meet the needs of Kentucky's infrastructure development.

### **Water Needs**

The Kentucky Water Management Plan estimates that over the next two years the State of Kentucky has water projects scheduled with a cost of approximately \$1.4 billion. It also projects that over the next ten years more than \$1.7 billion will be needed to meet Kentucky's water project needs.

### **Wastewater Needs**

The Kentucky Water Management Plan estimates that over the next two years the State of Kentucky has sewer projects scheduled with a cost of approximately \$1.5 billion. Over the next ten years it is estimated that Kentucky will require in excess of \$2.05 billion to meet its sewer project needs.

## **Community Development/Public Improvements Objectives**

CDBG funds are used to improve the quality of life through funding community projects requested by individual communities to enhance community pride and to perpetuate local identity. In particular, DLG awards grants for projects that enable local communities to provide services that they have determined are important but generally cannot afford, foster a revitalization of community structure to help communities help themselves, and improve the condition of housing and expand fair housing opportunities, especially for persons of low and moderate income.

The community projects program provides funds for community development projects that address human service needs, such as senior centers, crisis centers and facilities that provide services to low-income persons. The program has infused a large amount of funds into buildings for senior/community centers, health departments, fire stations, and facilities for handicapped persons.

Additionally, many Kentucky communities, while they are able to provide human service needs, are unable to provide a facility to house these programs. Lack of funds for construction or renovation of an existing building can keep vital services from being available to citizens. Funding for facilities to house public services addresses the non-housing community development need and concern. This enables local communities to provide services they have determined are important but they cannot normally afford. Financial assistance from the Kentucky CDBG program makes it possible to assist in providing these services by providing the facility.

Without the infusion of CDBG funding into infrastructure projects, the cost of these services to all citizens would be greatly increased. The greatest financial impact would be placed upon the population that falls into the low-and moderate-income bracket. The persons/families whose incomes are severely limited would suffer the greatest hardship if the cost of water and sewer services were disproportionately expensive. Additionally the assistance provided by funding facilities for public services makes it possible for low and moderate-income persons to have access to these programs. Budget constraints would preclude many of these persons from accessing these types of services. The ability to provide water and sewer services and access to public services to its citizens at an affordable rate is a goal of all Kentucky communities. This goal is assisted by Kentucky CDBG program funds.

## **Community Development/Public Services Objectives**

Kentucky provides public service funds to provide operational costs for Recovery Kentucky Substance Abuse Centers. These funds serve individuals with a history of substance abuse, with an emphasis on the homeless, those at risk of becoming homeless and those referred by the judicial system.

Public service projects include the provision of public services, including but not limited to those concerned with employment, crime prevention, child care, health, drug abuse,

education, energy conservation, welfare or recreational needs. Funds may be used for labor, supplies, materials and other costs.

At present, DLG public services projects focus on Recovery Kentucky (Transitional Supportive Housing). As mentioned in the Kentucky Housing Corporation's 2005-2006 Allocation Plan, *"it has been estimated that as many as one-third of homeless adults suffer from mental illness, and as many as one half suffer from some sort of addiction, and many are dually diagnosed with both. Often they have difficulty finding and keeping employment, basic life skills are underdeveloped and they have complex health issues. The needs of this population are extensive and complex and cannot be solved solely by providing safe and affordable housing. Therefore, DLG, along with the Kentucky Housing Corporation, entered into a cooperative initiative with other agencies of the Commonwealth to address this need"*.

CDBG funds, up to 15% of its annual allocation, will be made available in 2010 for transitional supportive housing, operational cash, and developments that serve individuals that have a history of substance abuse, with an emphasis on homeless, those at risk of becoming homeless and those referred by the judicial system.

## **Community Development/Economic Development Objectives**

The main focus of the Economic Development program will address the following initiatives:

- Grants to develop industrial infrastructure for local or regional industrial parks to attract industries and business that will employ low-and moderate-income workers.
- Loans, grants or other initiatives to attract industries and businesses to locate in low-to moderate-income communities and/or employ low-to moderate- income workers.
- Loans or grants to businesses to develop or rehabilitate commercial districts to help attract and retain businesses in low income areas and increase job opportunities for predominantly low-to-moderate income workers.
- Job training, counseling and placement services to equip and prepare low-to moderate-income workers to fill existing job opportunities in their area.
- Transportation, child care or other services that eliminate barriers to low-to moderate-income workers obtaining or maintaining employment in their area.
- Technical assistance or other incentives for low-to moderate-income entrepreneurs to begin or expand small and microenterprise ventures.
- Accessibility to the Section 108 Loan Guarantee Program to provide an additional source of funds to address significant economic development and community projects which have a regional or statewide impact.

The state proposes a large arsenal of programs to address the economic development needs of the Commonwealth. The Traditional Economic Development component of the CDBG program will continue to play a vital role in this initiative. Utilizing

approximately 30 percent of the annual CDBG allocation, this program focuses on employment in the private market. This program provides grant assistance to communities for projects that specifically address the creation or retention of jobs through the provision of assistance to specific industrial or commercial clients. Assistance is provided in the form of loans or leases which have allowed for the purchase of fixed assets for use by the industrial client. Historically, funds have also been used for the installation of public facilities and infrastructure to support industrial growth.

Focusing on the job enhancement opportunities that must be provided to assure gainful employment, the Non-Traditional Economic Development component of the CDBG program provides assistance in areas of economic development that are not necessarily directly related to job creation. This program provides funding of activities including but not limited to job training and placement, and other support services including peer support, counseling, child care and transportation services. These activities enhance a person's ability to obtain employment and provide for mobility, both monetarily and in skills development. In most instances, the needs for non-traditional facilities are not supported by the private market, thus requiring government intervention to provide the services.

Microenterprise development programs allow for services to commercial enterprises comprised of five or fewer employees in an effort to encourage the development of small business by lower income entrepreneurs. Small businesses represent the greater number of new business startups. They also represent the greater number of failures. Part of the reason for such failure is linked to the lack of business knowledge and savvy to assure success. The microenterprise program is designed to meet this need by providing technical services to low-income clients interested in opening a small business. Participating communities are encouraged to establish a local loan pool for capitalization of loans.

The Department of Housing and Urban Development has many other options available to states that can be utilized either individually or in concert with the Small Cities Community Development Block Grant Program. These initiatives can provide resources and opportunities above and beyond the programs that the state has used traditionally. The state is considering the use of these concepts as part of its overall long range plan to address the low income and poverty needs of its citizens. Short term testing of these products is proposed through demonstration grants and technical assistance. Although initially focused toward Economic Development initiatives, some of these conceptual programs have the ability to be used in other program areas, including housing. The specific development of the concepts and criteria for their implementation will be included in the annual program plan as required. A brief description of potential proposals is contained in this document to exhibit the potential intent of their implementation.

Neighborhood Revitalization Strategy Areas (NRSA) can be designated with HUD approval to take advantage of employment and other community development

opportunities that present themselves in particularly depressed and impoverished segments of the state. By having such designation, CDBG funds can be used to attract potential employers into these regions while providing a comprehensive approach to the overall economic development. Additionally, housing, public facilities and other eligible CDBG activities can be carried out in these designated areas. NRSA requirements include the projection of both long and short-term goals for the designated area as well as the development of measurable results. The potential use of regional approaches will be a priority of this effort.

Brownfields Economic Development Initiatives (BEDI) offer an opportunity for the state to tap additional HUD resources that will allow for specific economic development opportunities in non-conventional and innovative fashions. This is a competitive initiative which offers the potential of additional HUD revenues for use by communities in the state. Individual incentives and coupling with Section 108 Loans (described below) would allow the state an opportunity to increase the resources available to address economic development needs on a comprehensive basis.

Section 108 Loan Guarantee fund resources will provide an added opportunity for the use of CDBG funding that can address long term needs of the Commonwealth by providing the opportunity to leverage the annual revenues of the program. Having the availability of five times the annual CDBG allocation, currently \$27 million, would allow the state to initiate large-scale initiatives to address economic development needs. Additionally, funds from this program can be used to address housing needs and public facilities concerns. The program requires that the proposed project be properly underwritten and exhibits the ability to provide an income stream sufficient to meet the debt requirements of the obligation. In addition to the security or collateral provided by the project, the state has the ability to utilize future CDBG allocations as backup collateral for the debt service of the loan.

## **Neighborhood Revitalization Strategy Areas 91.215(g) (State: 91.315(g))**

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

There are currently no Neighborhood Revitalization Strategy Areas in the service area of the state plan, excluding local entitlement jurisdictions.

## **Barriers to Affordable Housing 91.215 (h) (State: 91.315(h))**

*61. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State*

*requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.*

On the state level, there are numerous examples of state agencies working in cooperation to reduce barriers to affordable housing:

- The Kentucky Infrastructure Authority has also enacted a Water and Waste-Water Plan.
- The Recovery Kentucky program, a partnership among DLG, Kentucky Department of Corrections and KHC, is an example of state agencies working together to remove barriers that unintentionally arise because of compartmentalization.
- Safe Havens partners with service providers, nonprofit advocacy organizations and state agencies to remove barriers and move more homeless individuals into transitional housing on the path to self-sufficiency.
- The Kentucky Interagency Council on Homelessness (KICH) has established five subcommittees that are also exploring regulatory barriers specifically affecting the homeless population. KICH identified lack of fair housing policies and limited or lack of affordable housing policies at the local government level as barriers. And specifically, the need for additional access to transitional housing type options is a pressing need.
- The Kentucky Homeownership Protection Center was established by the state legislature in 2008 to address the foreclosure crisis in Kentucky. While the number of foreclosures in Kentucky has not increased as rapidly as in other states, the issue is still one that affects many Kentuckians and their communities. The Protection Center is a joint effort of the Department of Financial Institutions, Kentucky Housing Corporation, and many other agencies and groups across the state. The Protection Center provides counseling at no cost to a homeowner and is a centralized location for information on public services to assist Kentuckians in keeping their homes. Homeowners can find information on the foreclosure process, utility assistance, and home repair assistance. The Protection Center has also formed a partnership with Legal Aid to help those who qualify and cannot recover from their circumstances through counseling. The Protection Center is a resource for homeowners who may become homeless or precariously housed if they lose their home.

## **Lead-based Paint 91.215 (i) (State: 91.315 (i))**

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

Both KHC and DLG have a commitment to ensure that recipients of HOME, CDBG, NSP, ESG and HOPWA funds administer programs that adequately limit the risks associated with lead-based paint. Program administrators assist in statewide and local efforts to detect and abate lead-based paint as appropriate. Recipients of funding through these block grant programs are required to comply with all federal, state and local lead-based paint regulations. KHC and DLG staff members take several steps to fulfill their responsibility regarding lead-based paint hazards.

Applicants for HOME, ESG and HOPWA funds are made aware of the requirements of the lead-based paint regulations as they apply for funds. If funded, applicants receive additional formal training and individual technical assistance provided by staff. This technical assistance is available through the life of the project. Inquiries regarding lead-based paint hazards, evaluation and screening are often referred to the Environmental Lead Program administrator at the Kentucky Department of Public Health. To assist with the cost of lead-based paint removal activities, KHC allows HOME funds to be used in the form of a grant for homeowners receiving assistance for homeowner rehabilitation activities.

KHC adopted an environmental assessment policy several years ago. During the next fiscal year, KHC anticipates a review of the current policy to determine whether it requires revision. The current policy requires a Phase I environmental assessment for many projects. Dependent upon the findings of a Phase I review, a Phase II review may be required.

KHC staff members perform visual inspections to identify possible lead-based paint hazards for projects wishing to use block grant funds. Several inspections of projects involving rehabilitation are performed during the construction process. In addition, Housing Quality Standards (HQS) inspections are performed at rental properties throughout the state.

DLG has adopted a policy on lead hazard reduction in keeping with federal regulations. For projects involving a home constructed prior to 1978, grantees are notified of the hazards of lead-based paint. In addition, if housing built prior to 1978 is being rehabilitated, the housing must be inspected for defective paint. If surfaces are found to be defective, they must be treated in the course of rehabilitation.

Full abatement of lead-burdened housing is a worthwhile goal. However, it is costly and caution must be taken to ensure that the work is performed in a safe manner by certified workers. Additional information about lead-based paint abatement is available through

the Department of Public Health, the federal Environmental Protection Agency, KHC and DLG.

## **Antipoverty Strategy**

## **91.215 (j) (State: 91.315(j))**

*63. Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually).*

KHC and DLG have been providing affordable housing opportunities to low-income families across the Commonwealth for more than 30 years. KHC's programs range from homeless assistance and Section 8 rental assistance to homeownership and housing financing programs. DLG programs are typically, but not limited to, single-family housing rehabilitation.

Kentucky believes that the CDBG activities described previously also address the anti-poverty goals of the program. Employment opportunities offered by the programs when linked with the job enhancement opportunities will provide for the attainment of the economic needs of the low-and-moderate income citizens that the CDBG program addresses. The state has a strong desire to address the Welfare to Work initiatives that have been established in the past years. Through these efforts, the means of gainful support will be provided for many of the citizens of the Commonwealth.

DLG will continue to fund traditional economic development activities that create or retain jobs principally benefiting low- and moderate-income persons through the CDBG Program.

Nontraditional economic development projects are those which provide funding of activities including, but not limited to, job training and placement of other support services including peer support counseling, child care and transportation.

Microenterprise development is designated to provide funds to local communities and community-based organizations for the purpose of providing assistance and technical services to low- to moderate-income persons who either currently own a small business or are interested in starting one.

Housing – whether rental or ownership – is viewed as one of the major components in assisting individuals and families in overcoming the struggles of poverty. When a family has a decent, safe place to live, they also obtain the stability needed to work toward self-sufficiency. It takes a combination of many activities, such as job training and education, health and child care assistance as well as a place to call home to effectively assist families on the continuum towards self-sufficiency. A variety of affordable housing programs across the state not only provide direct financial assistance with housing costs, but combine housing assistance with social programs, such as life skills training, job training and homeownership counseling.

KHC's Homeownership Trust Fund program was designed to further extend affordable housing opportunities to eligible low-income clients with special needs. KHC offers fixed interest rates ranging from one to six percent for individuals or families with extensive needs. The interest rate is assigned to qualified applicants based on a rate that their income can support. Eligible households include single parents, people age 62 or older, and individuals or families with a disability. Funds for this program are limited and are provided on a first-come, first-served basis. This program assists in poverty reduction by allowing families with monetary and other living challenges to purchase a home.

KHC's Homeownership Counseling Program works directly with people that were denied a KHC home loan due to poor credit histories. The program is designed to help them get their finances in order to put them in a better position to successfully undertake the homeownership process and purchase a home. Through the Homeownership Counseling Program, KHC provides eligible persons with a list of housing counselors in their area to contact. Upon completion of the counseling program, participants are better able to understand financial and debt management as well as the home buying process. These skills are valuable in purchasing a home and help put new homeowners in a better position to plan for their future.

Recovery Kentucky is an example of how DLG partners with KHC to support a plan to provide permanent housing coupled with substance abuse recovery services for persons who are homeless, jobless and in need of long term substance abuse recovery services and housing as the residents take on a new identity that supports an alcohol and drug free lifestyle.

KHC participates in and offers to other agencies that serve the homeless across the state the opportunity to participate in the HUD's Continuum of Care (CoC) Program. Kentucky's CoC is a regional system for helping people who are homeless, or at risk of homelessness, by providing housing and services appropriate to the whole range of homeless needs in the community. This includes a set of three supportive housing programs based on the law of the McKinney - Vento Homeless Assistance. These three programs include the Supportive Housing Program (SHP), Shelter Plus Care Program (S + C) and Single Room Occupancy Program (SRO).

KHC's supportive housing programs are for families and individuals who, in addition to safe, decent and affordable housing, need access to supportive services in order to stay housed permanently. Supportive housing combines permanent, affordable housing with flexible support services to help the tenants stay housed and build the skills to live as independently as possible.

Target populations include individuals and families who:

- Are very poor;
- Have persistent health conditions or multiple barriers to housing stability;
- Are homeless and/or do not have access to appropriate and stable housing in the community; and

- Would be unable to access or retain housing without tightly linked services.

To address the housing needs of these homeless populations, KHC has several model and strategies that include:

- Apartment or SRO buildings developed by non-profits for people with special needs
- Single family homes (may be shared)
- Rent Subsidized apartments leased in the private market
- Units set aside for people with special needs in rent subsidized apartments
- Units secured by project sponsors through long term master lease with private owners
- Services integrated within existing affordable housing

To help ensure clients long-term success and to move from homelessness to self-sufficiency and break the cycle of poverty, KHC has several services strategies that include:

- Mental health and substance use management and recovery
- Vocational and employment
- Money management and benefits advocacy
- Coordinated support and case management
- Community building and tenant advocacy
- Medical and wellness

The Kentucky Balance of State CoC and KHC's supportive housing programs process begins at the local level with a combination of the 15 Area Development Districts serving as six regional planning entities for 118 counties across the state. Regional Planning Boards in each of the six regions include service providers, developers, community leaders, advocates, financial institutions and homeless service clients meet as local CoC. At regularly scheduled local planning meetings, participants evaluate their service delivery system, coordinate plans in order to avoid duplication, share resources and establish goals for eliminating gaps in the local delivery system. This community-based process assesses services from prevention to self-sufficiency in permanent housing.

KHC and Regional Planning Boards recognize that employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. The Kentucky Balance of State CoC application includes HUD's goal for increasing the percentage of persons employed at program exit to at least 20 percent. In the 2009 Kentucky Balance of State CoC application, this goal was not only achieved but exceeded at 37 percent.

Each local planning board also assesses barriers to service delivery and special populations that may find it more or less difficult to access available services. COC

planning helps communities develop a common vision and a set of common goals to address the needs of the homeless.

Since re-authorization of Temporary Assistance Needy Families in 2006, KHC began a self-sufficiency trend in housing programs. From the inception of Safe Havens, which focuses on economic self-sufficiency while using housing as a base component to other instituted programs such as Family Self-Sufficiency (FSS), KHC instills in housing participants, case management agencies, and other state partners the importance self-sufficiency plays. KHC partners with agencies throughout the state to ensure participants receive case management to develop self-sufficiency goal plans and receive accountability striving to reach those goals. KHC implemented economic self-sufficiency in three housing programs, Safe Havens, FSS and Samaritan Project through the development of specialized components and using existing resources.

KHC began the Safe Havens program, which works homeless families and individuals toward self-sufficiency through case management services. Kentucky Housing provides transitional housing vouchers throughout Kentucky to domestic violence victims and homeless families with the Safe Start Program and homeless individuals with severe and persistent mental illness through Safe Place, which fulfills one area of self-sufficiency. The temporary housing vouchers are available for one year and may be renewed after the first year if no other housing options have been identified. Case management partners provide the other aspects of economic self-sufficiency, with KHC building collaborations to support their efforts.

Local communities provide case management through agreements and partnerships as well as serving as the main source of referrals to the Safe Haven Project. Over 70 case management agencies throughout Kentucky make referrals to Kentucky Housing; these agencies include but are not limited to homeless shelters, domestic violence shelters and community mental health agencies.

Kentucky Housing Corporation requires Safe Havens participants to go to case management, which will include participation in activities to lead to economic self-sufficiency (i.e. full-time employment, education, attendance in financial literacy classes). If participants do not make progress toward economic self-sufficiency, they could forfeit their housing vouchers.

Case management will help Safe Havens participants identify skills and resources to gain economic self-sufficiency. This approach will be based upon the goals of the participants and will be participant-driven as long as the goals are not counter-productive. In cases where participants are not making progress toward their goals due to effort, they will be terminated from the Safe Havens program.

To move Safe Havens participants toward self-sufficiency, KHC moves them to Section 8 housing choice vouchers when possible. Once they are on Section 8, KHC requires Safe Start participants to participate in FSS.

The second KHC program, available to all HCV participants, is Family Self-Sufficiency (FSS), a federal program designed to promote economic self-sufficiency. HCV participants voluntarily enroll in this program, which establishes an escrow account based upon their rent subsidy. When FSS Participants' rent increases due to an increase in earned income, a portion of the rent increase goes into an escrow account for the participant, which may be used for any of the following four reasons: starting a small business, pursuing post-secondary education, purchasing a car or car repairs, or buying a house. The accounts are opened for five years due to a contract established between Kentucky Housing and the participant. The contract includes three goals, which must be obtained by the end of the contract term to receive funds in their escrow accounts. (Contracts may be extended or shortened if need be.) The average FSS graduate receives about \$2,587 in funds upon completion of the program, and 85 percent achieve market rent status by the end of the contract. In 2007, Kentucky Housing received the Kentucky FSS Program of the Year from HUD.

Kentucky Housing receives a grant from HUD to fund three positions for the administration of FSS. In return, Kentucky Housing commits \$25,000 of HAF to help reimburse case management agencies for their time spent in FSS case management.

In order to assist participants toward economic self-sufficiency, Kentucky Housing Corporation identifies resources for participants and cultivates local partnerships to create additional resources.

### Partners and Services

*Resource Partnerships and Programs.* Kentucky Housing Corporation identifies partners and creates other opportunities to enhance the self-sufficiency component for Safe Havens and FSS participants. Many of these resources are free to the Safe Havens Program. Identified resources and partnerships are as follows.

- Individual Development Accounts (IDAs) – Kentucky Housing assists with funding for two IDA programs through Kentucky Domestic Violence Association (KDVA). Financial literacy may be one of the biggest barriers to reaching economic self-sufficiency and homeownership. IDAs can only be used for homeownership, post-secondary education, or starting a small business. Eligible candidates will need incomes at or below the federal poverty line, possess a credit score of at least 500, and have earned income. They must save at least \$20 per month and participate in financial management counseling. For every dollar, participants save in an IDA, they receive \$2. IDAs maximize at \$6,000.
  - Kentucky Housing funded another IDA program using HAF funds, which were awarded to KDVA and the Center for Women and Children. IDAs are available to all eligible Safe Havens participants, FSS participants and others in a homeownership counseling component. Kentucky Housing is currently conducting a pilot project to use these accounts with homeownership counseling clients as well.

- Office of Vocational Rehabilitation – Kentucky Housing has a list of contacts in each Vocational Rehabilitation office for program referrals. Kentucky Housing and this office have a Memorandum of Understanding recognizing our commitment to the referral partnership. This department will work with individuals with disabilities to move them to economic self-sufficiency.
- Education – Kentucky Housing can make referrals to KCTCS’s Ready-to-Work program to help participants who want to pursue post-secondary education. In addition, Kentucky Housing educates case managers on the certificate and degree programs at KCTCS as well as other accredited institutions. Case managers are encouraged to refer Safe Havens participants to Adult Basic Education if they are not ready for post-secondary education. Adult Basic Education helps to identify grade levels in reading and math and creates a study plan for individuals to increase these skills. They also teach General Equivalency Diploma classes and do Work Keys Assessments.
- Education Bonus Program - All participants, who are enrolled in an educational activity, in the Safe Havens and FSS programs are eligible to enroll in the Education Bonus Program. This program provides an educational bonus for obtaining a General Equivalency Diploma (GED), certificate, and/or successful semester completion. The bonuses help reward participants for positive steps toward education so they can obtain better employment.
- Earned Income Tax Credit - Nationally, EITC lifts 19.4 billion people out of poverty. EITC is designed for persons who are United States’ citizens and have earned income during the year. The maximum EITC for 2009 is \$5,657. Most of the participants of the Safe Haven Project, who earned income, will qualify for EITC. Kentucky Housing sends information on EITC to Safe Havens case managers as well as a list of free tax preparation sites in their area.
- Food/Nutrition – The UK Cooperative Extension office under UK College of Agriculture hosts a food stamp and education food nutrition program. Both programs operate in particular counties in the state. These programs work with individuals and families to teach proper nutrition and preparing meals on a budget.
- Parenting - Parenting is an ancillary service for participants to reach self-sufficiency, but when focusing on the well-being of children, it may be one of the most important components of self-sufficiency. Each county extension office can provide parenting classes to referrals. This vital piece will ensure that parents learn correct ways to discipline their children while earning respect as well as how to cope with difficult parenting situations.
- Financial Literacy - UK Cooperative Extension offices also have the ability to teach financial literacy classes. In areas where case managers identify this as a need, Kentucky Housing is forging those relationships.

- Kentucky Transitional Assistance Program (KTAP) – Kentucky Housing and the Cabinet for Health and Family Services work closely together to ensure that Safe Havens case managers are aware of policies and benefits that may affect Safe Havens participants, who also receive KTAP.

*Newsletters.* Two different newsletters will be distributed through the Safe Havens project. First, an email newsletter will be distributed throughout case management agencies, highlighting changes in the program, updates, and self-sufficiency resources. In addition, Safe Havens participants will receive newsletters through the mail. A bi-monthly newsletter, written by UK Cooperative Extension Office, highlighting financial literacy, EITC and job readiness tips, will be sent to Safe Havens and FSS participants. Kentucky Housing will create a newsletter for the alternate months, which will feature successes, job readiness tips, communication strategies, and resources.

*Case Management Professional Development.* Kentucky Housing conduct trainings for Safe Havens and FSS case management agencies, focusing self sufficiency as well as referral documentation and housing information. The majority of the trainings focus on new exciting resources to move participants toward economic self-sufficiency.

In addition to these trainings, KHC partners with the state Division of Mental Health to host SOAR (SSI/SSDI, Outreach, Access, and Recovery) trainings throughout the state. SOAR teaches case managers how to complete disability applications more thoroughly. With techniques from these trainings, more disability applications will be approved upon the first submission. Although SSI/SSDI will not lift households above the poverty line, it certainly can help households sustain an income, and with housing assistance, can be as sufficient as the individual has capacity to be.

Another program that KHC implemented to assist with lifting families out of poverty is the Samaritan Project. The Samaritan Project is a Supportive Housing Program that serves unaccompanied adults with documented disabilities. It is designed as part of the CoC strategy to promote the development of housing and supportive services to assist homeless persons in the transition from streets and shelters to permanent housing and maximum self-sufficiency. It is renewable annually through the CoC application.

Because Supportive Housing is a federal grant program authorized by the McKinney-Vento Homeless Assistance Act of 1987, participants must meet the following U.S. Department of Housing and Urban Development definition of chronically homeless: “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.”

The Samaritan Project is a permanent housing program. A housing voucher is issued to the participant following third-party verification of income, chronic homelessness, disability and household composition. Kentucky Housing operates two Samaritan

Projects in the balance-of-state. One bedroom apartments are leased for program participants.

Participants of the Samaritan Project must receive services from a referring agency, such as the local comprehensive care agency. Referring agencies will be responsible for ongoing case management, access to psychiatric care, housing support and services. While this program targets a different target group than Safe Havens and FSS, the design lends itself to ameliorating homelessness through sustaining housing and securing income (whether through employment or disability earnings).

The three self-sufficiency programs within KHC encompass many partnerships with non-profits, federal and state agencies. Without these partnerships, the ability to work toward economic self-sufficiency (defined by individual capacity) for these participants would be hindered. However, without the ability to use the vouchers to stabilize housing, economic self-sufficiency is an idea rather than an activity. Safe Havens, FSS, and Samaritan project, along with other established federal housing programs, brings housing and self-sufficiency together in an innovative approach to meeting needs and providing opportunities to Kentuckians while cultivating resource partnerships to fulfill gaps in services.

*64. Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.*

Kentucky's strategy for reducing poverty across the state focuses on coordinating the major components of economic development, education, housing, childcare, health care and transportation. In order to accomplish this task, coordination among all levels, such as public agencies, private businesses and local and state government agencies is crucial. Since the overall purpose is to assist families in becoming self-sufficient, the strategy must ensure that these families are equipped with all of the necessary tools to accomplish this task. In many cases, families need assistance in many different areas, such as job development and training, childcare and affordable housing. Providing assistance with one of these components alone will not accomplish the task of helping a family become self-sufficient. To meet the goal of raising the standard of living for all low-income individuals and families, the state is committed to assisting individuals in achieving employment; continuing adult education and post-secondary education; childhood development intervention; adequate and affordable child care for working families; increased access to health insurance coverage and the provision of affordable housing opportunities.

The programs described above, as well as other housing programs across the state, focus primarily on helping lower income families obtain homeownership. Besides financial assistance for housing, many programs include a wide range of social components that aim to build these families' knowledge and skills for achieving and maintaining financial independence. Along with the benefits of homeownership come pride, stability and the ability to build wealth. Homeownership is an investment, which allows families to acquire wealth through building equity in their homes. This equity in

turn can be used to purchase future housing, education or serve as a retirement security. Providing families with the tools needed to build wealth and over-come poverty is the main strategy for the state in reducing the number of persons in poverty.

## **Institutional Structure**

## **91.215 (k) (State: 91.315 (k))**

*65. Provide a concise summary of the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, community and faith-based organizations, and public institutions.*

KHC and DLG will continue to partner with a diverse number of entities from private industry, non-profit organizations and public institutions in carrying out activities under the Consolidated Plan.

DLG works directly with eligible units of local government in distributing CDBG funds, which are awarded on a competitive basis through an open application process. Local governments are best equipped to understand the needs of their individual communities and, through an open application process, present projects for funding that are ready to proceed. To strengthen gaps in this process, DLG conducts training for local officials and grant administrators. Training acquaints the officials with the regulatory requirements of the program. Information included that assists in ensuring strong applications and successful projects includes environmental requirements, labor standards, procurement standards, fair housing and equal opportunity and concerns related to construction and housing.

KHC is responsible for the administration of the HOME, ESG and HOPWA Programs. HOME funds are made available through an application process detailed in the program guidelines. An applicant will work with a KHC staff member, as needed, to receive technical assistance in completing the application. If the proposed project is deemed viable, funds will be allocated, if available. Eligible applicants include, but are not limited to, units of local government, Community Housing Development Organizations (CHDOs), nonprofit housing organizations and for-profit developers. Direct technical assistance from program staff for the HOME, ESG and HOPWA Programs is provided on a statewide basis to all eligible applicants. After funding is awarded, implementation and administration training is available to all recipients. In addition to administering the federal block grant programs, KHC and DLG administer other programs that partner with units of local government, CHDOs, nonprofit housing organizations and for-profit developers.

Both KHC and DLG depend on the active participation of partners to accomplish the overall goals of these programs of providing affordable housing opportunities to lower-income families and individuals across Kentucky:

- KHC is the state public housing agency and administers Housing Choice Voucher Program funds in counties where there is no housing authority to administer this program.

- KHC also works directly with HUD in the administration of the Risk-Sharing Program in order to increase the number of safe, decent and affordable rental units throughout the state. KHC processes and underwrites the loan applications and, in the event of default, the mortgage insurance risk is shared between KHC and HUD.
- The Governor's Local Issues Conference is held annually and is attended by local officials from cities and counties throughout the Commonwealth.
- The Kentucky Affordable Housing Conference, traditionally held in the fall, is attended by representatives of various organizations that deal with housing throughout the state. Conferences such as these often generate new and innovative ideas on the best processes to better serve the housing needs of the people of Kentucky.
- The Housing Management Conference, an event sponsored and coordinated by KHC and HUD, is attended by owners and managers of project-based housing developments. This conference provides the opportunity for training and technical assistance and sharing of innovative ideas and best practices.
- KHC works with the Recovery Kentucky Task Force that advocates for substance abuse recovery services through long-term supportive housing, recovery programs aimed at addressing homelessness and recovery from addiction within the commonwealth.
- KHC coordinates the state's Housing Policy Advisory Committee and Kentucky Interagency Council on Homelessness which are discussed below.

The role of the nonprofit organizations has proven to be an essential component of the overall delivery system of funding for affordable housing programs. KHC began working with nonprofit organizations that provided affordable housing opportunities in the early 1970s by providing technical assistance and administrative dollars. These funds were also used to aid in the creation of new nonprofit agencies. Currently, KHC is working with hundreds of nonprofit organizations across the state, through the various programs offered at KHC.

Over the past several years, the number of private housing developers that have participated with KHC programs has increased. Many of these private housing developers utilize the Housing Credit Program as well as other federal and state housing programs for the development of affordable rental housing across the state. This has helped increase the number of safe, decent and affordable housing units for lower income renters. Likewise, the number of private developers utilizing HOME funds to provide homeownership opportunities has increased during recent years.

In addition to private housing developers, KHC, through its single-family loan program, works with over 250 private lending institutions in the origination and processing of KHC mortgages. The lender network expands across the state and enables lower income families the opportunities to access KHC's loan products.

Governmental agencies that KHC works with in providing affordable housing programs include the Federal Housing Administration (FHA) and the U.S. Department of Agriculture Rural Development Office. Both of these agencies provide mortgage insurance for KHC's single-family loan programs. Other federal affordable housing programs that are available throughout the commonwealth are listed under "Sources of Funds" in this plan.

*66. Provide an assessment of the strengths and gaps in the delivery system.*

Generally, the delivery system for activities under the Consolidated Plan is strong. KHC and DLG have forged partnerships with numerous partners throughout the state that include non-profit, for-profit and government entities.

The funds allocated under the four block grant programs are distributed in an open process, through competitive applications that are scored based on criteria that are established and disseminated prior to the announcement of funding availability. The network of local governments, nonprofit and for profit entities engaged in community and housing development in Kentucky is active, widespread and includes entities with technical expertise to undertake the projects funded. Because KHC and DLG also collaborate between themselves and on a regular basis with members of the housing and community development network in the state, programs are designed and administered in a manner that best meets the needs of each area of the state. That being said, however, efforts will continue to be made in addressing gaps that still exist through the information-sharing, continued coordination between federal, state and local agencies and by strengthening and enhancing existing partnerships with the for-profit and nonprofit affordable housing providers across the state.

In addition to administering the federal block grant programs, KHC and DLG administer other programs that include units of local government, Community Housing Development Organizations (CHDOs), nonprofit housing organizations and for-profit developers. Both KHC and DLG depend on the active participation of these entities to accomplish the overall goals of these programs of providing affordable housing opportunities to lower-income families across Kentucky.

Lack of funding for social service components needed to strengthen special needs housing programs continues to be an issue. This is especially evident when seeking funding for additional special needs housing vouchers where other state agencies must commit to case management and counseling. State budget shortfalls in recent years have precluded these agencies from assuming additional case management responsibilities. Youth aging out of foster care is an area that has been specifically affected.



The KICH Steering Committee consists of representatives of the Executive Committee, state government agencies, homeless advocates and service providers. The KICH Steering Committee has five policy subcommittees that mirror the “core concerns” identified in the Ten-Year Plan to End Homeless. The policy subcommittees are: housing, services, prevention, public will and data.

### **Kentucky Commission on Community Volunteerism and Service**

A statewide, bi-partisan group comprised of at least 15 members, appointed by the governor, with diverse service and volunteerism backgrounds. The KCCVS actively engages citizens in community service opportunities that enable volunteers, organizations and businesses to share ideas and effectively collaborate to address Kentucky's needs. The KCCVS funding is provided by the Corporation for National and Community Service and the Kentucky General Assembly. KCCVS has oversight for 13 AmeriCorps\* State programs including the Build Corps sponsored by the Homeless and Housing Coalition of Kentucky. The Build Corps program assists low-income families/individuals access permanent and/or transitional housing and serve as construction assistants with nonprofit agencies, rehabilitating and building housing in low-income communities.

### **Governor’s Reentry Task Force – Statewide Reentry Steering Team**

By Executive Order 2009-36 of the Commonwealth of Kentucky, the Governor’s Reentry Task Force was established to develop policy recommendations regarding the reduction of recidivism, enhancement of public safety and the furtherance of reentry efforts in the Commonwealth. The mission of Kentucky’s Reentry initiative is to integrate successful offender reentry principles and practices in the Commonwealth of Kentucky state agencies and communities resulting in partnerships that improve public safety, enhance offender self-sufficiency, and reduce recidivism. The Kentucky Statewide Reentry Steering Team is developed to create a multidisciplinary work team to develop recommendations and provide information to the Governor’s Reentry Task Force.

A collaboration of the Kentucky Affordable Housing Trust Fund and Department of Mental Health/Mental Retardation is another example of agencies coordinating to better the housing situation of citizens of the Commonwealth. The 1996 Kentucky General Assembly appropriated state general fund dollars to the Department for Mental Health and Mental Retardation Services (DMH/MRS) to support the housing needs of their priority populations. Recognizing that KHC was the state housing finance agency for Kentucky, DMH/MRS proposed a partnership between the two agencies. KHC would be responsible for administering DMH/MRS’s funds through its Affordable Housing Trust Fund. The coordination between these two agencies ensures that these funds are distributed in the most efficient and effective way possible, assisting the maximum number of Kentuckians in need.

In 2009, the annual allocation of \$383,000 from the Cabinet for Health and Family Services, Department of Behavioral Health, Developmental and Intellectual Disabilities,

given to KHC was reprogrammed to better address the needs of the state of Kentucky. This annual amount is now focused on the needs of that portion of the Olmstead population with severe and persistent mental illness. These funds are used to move individuals from psychiatric hospitals and nursing facilities to apartments in the communities of their choice. Eligible and appropriate individuals are identified by staff of the Department of Behavioral Health, Developmental and Intellectual Disabilities, and the program, called the Olmstead Housing Initiative is administered by staff of KHC Department of Specialized Housing Resources

Another partnership between KHC and the DMH/MRS (renamed Department of Behavioral Health, Developmental and Intellectual Disabilities) is the hiring of a Supportive Housing Specialist. This KHC employee's salary and expenses are paid equally by KHC and the DBH/DID. The Specialist has worked with both agencies to sponsor statewide conferences for nonprofit providers on how to combine housing and services. He also provides one-on-one technical assistance to these agencies and holds monthly meetings with them to improve their knowledge of resources and coordination of services by distributing outreach materials and information for their clients about the Kentucky Continuum of Care. The Commonwealth of Kentucky has formed an Olmstead working group to develop responses and resources that insure that persons with disabilities have appropriate housing access and are not required to remain institutionalized due to a lack of housing resources. A representative of the DBH/DID also serves on the Kentucky Council on Homeless Policy that establishes the goals and strategies of the Kentucky COC.

Staff of KHC's SHR Department also serve on statewide planning and coordinating agency committees. These include the Hart-Supported Living Council which creates policy for the Hart-Supported Living Program, a program that provides a flexible source of funding that goes directly to individuals with a variety of physical and mental disabilities. Staff also serve on the Kentucky Mental Health Planning and Advisory Council with sets policy and coordinates the programs created by the Mental Health Block grant received by the state, and the Kentucky Partners for Youth Transition which is charged with easing the transition to adulthood of youth receiving services from the state's mental health service delivery system.

### **Continuum of Care**

Kentucky Housing Corporation participates in and offers to other agencies that serve the homeless across the state the opportunity to participate in the U.S. Department of Housing and Urban Development's Continuum of Care (COC) Program. The CoC is a local or regional system for helping people who are homeless, or at risk of homelessness, by providing housing and services appropriate to the whole range of homeless needs in the community. This includes a set of three competitive programs based on the law of the McKinney - Vento Homeless Assistance. These three programs include the Supportive Housing Program (SHP), Shelter Plus Care Program (S + C) and Single Room Occupancy Program (SRO).

The Kentucky Balance of State COC process begins at the local level with a combination of the 15 ADD districts serving as six regional planning entities for 118 counties across the state. The City of Lexington as well as the City of Louisville have their own CoC application and are funded separately from the Balance of State CoC.

Eligible applicants include state, local governments, other government agencies (such as public housing agencies), private nonprofit organizations, and community mental health associations that are public nonprofit organizations.

Those applying for one of the three CoC programs do so annually. Once a program is funded, that program is then eligible for renewal funding on an annual basis as well. The application process begins after HUD publishes a Notice of Funding Availability (NOFA) for the CoC Program in the Federal Register. All renewal applications are ranked based on most recently completed program year performance, HUD guidelines and participation in the overall CoC process.

Kentucky Balance of State Continuum of Care is at Hold Harmless which means that current funding exceeds the pro-rata funding need determined by HUD thus no additional funds are available at this time for new projects.

In the Kentucky Balance of State CoC, service providers, developers, community leaders, advocates, financial institutions and homeless service clients meet as local COC Planning Boards in each of the six regions. At monthly local planning meetings, participants evaluate their service delivery system, coordinate plans in order to avoid duplication, share resources and establish goals for eliminating gaps in the local delivery system. This community-based process assesses services from prevention to self-sufficiency in permanent housing.

Each local planning board also assesses barriers to service delivery and special populations that may find it more or less difficult to access available services. COC planning helps communities develop a common vision and a set of common goals.

Each local COC planning board works with Kentucky Housing Corporation's (KHC) Specialized Housing Resources Department staff members in the planning and implementation of the CoC process. KHC also serves as the applicant and grantee for the majority of Kentucky's COC projects to ensure administrative capacity and uniformity in program review. KHC does not determine who is funded through the CoC process.

### **UK Cooperative Extension**

The KHC Self-Sufficiency manager serves on a statewide University of Kentucky Family and Consumer Sciences Extension Advisory Council to give input and guidance for our program efforts within Kentucky. With the partnership with UK Cooperative Extension for newsletters for self-sufficiency participants, UK recruited KHC for this advisory

council in order to keep goals and needs of participants in their consideration when developing initiatives. The term will for the next two years beginning in April 2010.

### **FSS Provider Coordinating Committee**

The FSS Provider Coordinating Committee (PCC) is established to assist KHC with planning and implementing the FSS Program. Members are representatives from state, local and private groups who have resources to assist low-income families and have a commitment to family self-sufficiency. The PCC serves as an advisor in the administration of the FSS Program. KHC staff consults with PCC members and case managers; however, final decisions remain the responsibility of KHC.

The KHC administrator for the FSS Program will be an ex-officio member of the committees. KHC will also recruit one participating FSS head of household to participate on each PCC.

In recent years, KHC explored the needs of self-sufficiency and its impact on those in housing assistance programs. Establishing a small self-sufficiency component in a select number of programs enabled KHC to develop partnerships within agencies that would not ordinarily seem to fit into a housing mission. The creation of Safe Havens enhanced already existing partnerships and created new partnerships with agencies. Due to the vast array of services needed to help participants reach economic self-sufficiency, a rather new area for KHC to do work at a larger scale, the following statewide partnerships were established.

- Kentucky Domestic Violence Association receives grants from KHC to administer statewide Individual Development Accounts (IDA) programs;
- Cabinet for Health & Family Services (CHFS) allows KHC to send Safe Havens participants to their job readiness classes, easy access to Ready-to-Work programs throughout the state, and access to their statewide computer system which contains benefits information.
- Office for Vocational Rehabilitation serves on the statewide Provider Coordination Committee (PCC) required through the FSS grant from HUD.
- UK Cooperative Extension office writes newsletters for KHC to send to self-sufficiency participants. Newsletter topics include financial literacy, inexpensive recipes, parenting tips, clothing tips, etc.

As KHC develops self-sufficiency further, local partnerships must be established to assist participants. The CHFS open child protection cases with participants from time-to-time. In these cases, KHC must develop relationships with local office to provide support to families as well as to CHFS. With mental illness, local partnerships with the community mental health agencies have been established so referrals are easily made. In addition, the community mental health agencies may refer to Safe Havens and the Samaritan Project, which assists chronically homeless.

In future years, KHC will continue to enhance these partnerships and develop new partnerships as needs arise with participants. The PCC is open to new members, and KHC constantly recruits needed partnerships for this committee.

## **Fair Housing**

KHC and DLG have fair housing specialists on staff. Their primary purpose is to coordinate with recipients of funds, especially those receiving federal dollars, to promote awareness and provide education in the area of fair housing. This position is also actively involved in the development of the Consolidated Plan and has worked directly on developing the Analysis of Impediments to Fair Housing. The fair housing specialist works and coordinates directly with other fair housing organizations across the state in the exchange of information and organizing events and workshops.

*69. Describe efforts in addressing the needs of persons that are chronically homeless with respect to the preparation of the homeless strategy.*

As described above, the KICH, CoC and other organizations have been instrumental in establishing a statewide Ten-Year Plan to End Homelessness which includes addressing the needs of persons who are chronically homeless. The statewide point-in-time homeless count has been coordinated with all CoC agencies, including Louisville and Lexington over the past three years.

KHC continues to broaden the base of statewide stakeholders in order to build comprehensive data on homeless persons and families, including children in the school systems. To that end, several actions have been taken.

- In partnership with Division of Federal Programs & Instructional Equity (Department of Education) KHC developed a joint awareness initiative consisting of sensitizing school systems homeless education coordinators on the importance of collaborating with the regional Continuum of Care and the advantages in terms of building community based service providers network for a more comprehensive advocacy for homeless children in the school systems.
- For networking purposes, KHC also attended the statewide annual conference of the District Pupil's Personnel and facilitated workshop on the statewide Point-In-Time Count of homeless persons.
- In collaboration with the Division of Federal Programs & Instructional Equity (Department of Education) KHC developed some protocols to streamline the utilization of the Department of Education data management system (Infinite Campus). The expansion will enable the statewide Point-In-Time Count to incorporate data on homeless children in the school system.
- For outreach and training purposes, KHC published a Point-In-Time Count guidebook that includes outreach materials. These include, sample letters, talking points, timeline, etc. pertaining to the annual count.

*70. Describe the means of cooperation and coordination among the state and any units of general local government in the metropolitan area in the implementation of the plan.*

See other sections – not applicable to state plan.

*71. Describe efforts to enhance coordination with private industry, businesses, developers, and social service agencies, particularly with regard to the development of the jurisdiction's economic development strategy.*

CDBG funds are allocated to local government entities in Kentucky who are required to seek input and coordinate with local private industry, businesses, developers and social service agencies prior to application for funding for specific projects. At the state level, DLG collaborates with other state-level groups including the following:

### **Kentucky Sewer and Water Infrastructure Group**

DLG is a partner in the Kentucky Sewer and Water Infrastructure Group (KSWIG), a group composed of local, state, and federal agencies involved in the planning, funding, and operation of water and wastewater systems in Kentucky. Its purpose is to improve and extend wastewater and water services for the citizens of the Commonwealth by promoting communication and collaboration among involved utility and governmental entities, thus fostering partnerships, protecting the environment and promoting economic development.

### **State Clearinghouse**

DLG is the agency responsible for coordinating the efforts of the Kentucky State Clearinghouse, which is designated as the State's Single Point of Contact and is charged with providing state and local input to appropriate federal agencies. This task is accomplished by identifying those state agencies that should be involved in the planning and development of activities and providing these agencies with the opportunity to evaluate proposals in a timely and effective fashion. The Clearinghouse processes 3,000-4,000 applications annually.

### **Kentucky Infrastructure Authority**

CDBG Public Facilities projects are coordinated between DLG, Kentucky Infrastructure Authority (KIA), Rural Development (RD) and the Kentucky Division of Water. This coordination is critical in addressing Kentucky's water and sewer needs, and is important to develop and strengthen the partnership of these agencies. DLG will continue to draw upon these agencies to coordinate the experience and expertise of staff to best utilize the resources necessary to develop the water and sewer projects in the state.

## **Kentucky Cabinet for Economic Development**

DLG works closely with the Kentucky Cabinet for Economic Development, the primary state agency in Kentucky responsible for creating new jobs and investment in the state. Programs administered by the Cabinet are designed to support and promote economic development within the state, primarily by attracting new industries, assisting in the development of existing industries, and assisting communities in preparing for economic development opportunities. Staffs of the two agencies interact on a project by project basis to determine the best allocation of funds and project worthiness. Both agency websites provide direct links to the other's financial resources for economic development projects.

*72. Describe the jurisdiction's efforts to coordinate its housing strategy with local and regional transportation planning strategies to ensure to the extent practicable that residents of affordable housing have access to public transportation.*

Because Kentucky is a primarily rural state and metropolitan areas that do have public transportation are entitlement communities, this section does not apply in general. However, projects applying for funding under Consolidated Plan programs must take into consideration the availability of transportation for its residents during program design.

### **Monitoring 91.230 (State: 91.330)**

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

KHC's Compliance Department is responsible for conducting monitoring review visits on completed HOME projects. KHC reserves the right to conduct a compliance review at any time during the term of the HOME grant. KHC performs additional monitoring of HOME rental projects every one, two or three years based on the number of units in the project.

This review covers four major areas:

- Quality of housing and service
- Financial statement
- Recordkeeping and files
- Adherence to program policies and procedures as detailed in 24 CFR Part 92

After the monitoring review, subrecipients receive a written response to any issues discovered during the review. These issues will be divided into findings (issues which

affect program regulations or federal laws) and observations (issues which do not). Subrecipients must respond in writing to all finding within a specified time frame.

Multifamily projects funded with HOME funds are required to submit annual reports throughout the term of affordability. HOME recipients area also required to submit copies of their audited financial statements, conducted in accordance with the Single Audit Act, if they expend more than \$500,000 of federal funds in a fiscal year.

KHC's Compliance Department is responsible for conducting monitoring review visits on closed out HOPWA projects. However, KHC reserves the right to conduct a compliance review at any time during the term of the HOPWA grant.

This review covers four major areas:

- Quality of housing and service
- Financial statement
- Recordkeeping and files
- Adherence to program policies and procedures

After the monitoring review, sub-recipients receive a written response to any issues discussed during the review. These issues will be divided into findings (issues which affect program regulations or federal laws) and observations (issues which do not). Subrecipients must respond in writing to all finding within 30 days.

The SHR department has developed training materials for HOPWA sub-recipients and coordinates training on special topics as needed.

Each year, recipients of HOPWA funding are required to submit annual reports. They must also submit a copy of their annual report audit (if required) to the Audit staff. In addition to the formal compliance monitoring requirements, KHC program staff overseeing the HOPWA funds will also conduct on-site technical assistance visits to sub-grantees. This will allow for one-on-one training of agency staff as well as allow KHC program staff to do a preliminary review of program policies and expenditures. As a second phase to the on-site technical assistance to the agencies, KHC HOPWA staff will also conduct random desk reviews of expenditure documentation prior to releasing requested funds. All sub-grantees will have a minimum of one visit and one desk review during the term of their grant; however, KHC reserves the right to perform additional reviews of any program if concerns exist.

KHC's Compliance Department is responsible for conducting monitoring review visits on closed out ESG projects. However, KHC reserves the right to conduct a compliance review at any time during the term of the ESG grant.

This review covers four major areas:

- Quality of housing and service
- Financial statement

- Recordkeeping and files
- Adherence to program policies and procedures

After the monitoring review, subrecipients receive a written response to any issues discussed during the review. These issues will be divided into findings (issues which affect program regulations or federal laws) and observations (issues which do not). Subrecipients must respond in writing to all finding within 30 days.

The SHR department has developed training manuals for ESG subrecipients and holds day-long training on the requirements of the programs after funding notifications. The SHR department also coordinates training on special topics as needed.

Each year, recipients of ESG funding are required to submit annual reports. They must also submit a copy of their annual report audit (if required) to the Audit staff. In addition to the formal compliance monitoring requirements, KHC program staff overseeing the ESG funds will also conduct on-site technical assistance visits to sub-grantees. This will allow for one-on-one training of agency staff as well as allow KHC program staff to do a preliminary review of program policies and expenditures. As a second phase to the on-site technical assistance to the agencies, KHC ESG staff will also conduct random desk reviews of expenditure documentation prior to releasing requested funds. All sub-grantees will have a minimum of one visit and one desk review during the term of their grant; however, KHC reserves the right to perform additional reviews of any program if concerns exist.

DLG is responsible for conducting monitoring review visits on funded CDBG projects. DLG reserves the right to conduct a compliance review at any time during the term of the CDBG grant. The depth and location of the monitoring will depend upon which compliance areas need to be reviewed at that particular point in a project's life cycle. However, a full scope monitoring of all compliance areas will be conducted at least once for each funded activity. The monitoring review includes acquisition and relocation (if applicable), environmental, contracts, labor standards, fair housing compliance, and financial review.

After the monitoring review, grantees receive a written response to any issues discussed during the review. These issues will be divided into findings (issues which affect program regulations or federal laws) and recommendations (issues which do not). Grantees must respond in writing to all findings within a specified time frame.

CDBG recipients are also required to submit copies of their audited financial statements, conducted in accordance with the Single Audit Act, if they expend more than \$500,000 of federal funds in a fiscal year.

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

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

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

KHC will continue the HOPWA Program as in the past to provide funding to non-profit agencies for the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of low-income persons with HIV/AIDS and their families and prevent homelessness.

Eligible activities will continue to be:

- Housing information services (i.e. counseling, information, and referral services to assist eligible individuals to locate, acquire, finance and maintain housing
- Resource identification to establish, coordinate and develop housing assistance resources for eligible persons
- Project- or tenant-based rental assistance
- Short-term rent, mortgage, and utility payments to prevent the homelessness of the tenant or mortgagor of a dwelling
- Supportive services to eligible persons
- Operating costs of housing facilities for eligible persons
- Administrative expenses
- Permanent Housing Placement

*75. Identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.*

There are a variety of barriers that influence rural HIV/AIDS housing and service provision. In Kentucky many representatives of nonprofit and healthcare organizations feel confident as service providers but are intimidated and overwhelmed by the prospect of developing and maintaining housing programs. Additionally, the majority of persons living with HIV/AIDS do not want to live in housing that has a stigma associated with it. They want to live in permanent, independent housing.

Financing can be very difficult to secure even in rural areas where development is feasible. For example, rural projects are challenged to compete with urban projects, which typically can show a greater numeric need and can leverage a wider variety of financing options. Rural communities, like urban areas, experience the consequences of NIMBYism. Lack of zoning enforcement and underutilization of protections offered

under Fair Housing laws often make this opposition more formidable in rural areas. Persons living with HIV/AIDS are often on fixed incomes and cannot afford all the costs associated with homeownership without a deep subsidy. Lastly, a successful housing initiative must include a plan for the provision of supportive services. However, in rural areas, services, especially medical care specific to the needs of persons living with HIV/AIDS, are nominal or nonexistent.

*76. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.*

The following annual program activity goals have been established for the following HOPWA activities:

Number of Households to be provided short-term rent, mortgage and utility assistance payments	350
Number of households to be provided tenant-based rental assistance	20
Number of units provided in housing facilities that are being developed, leased or operated with HOPWA funds	0

*77. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).*

No housing facility projects are being developed with HOPWA funds.

*78. Provide an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.*

KHC will continue to provide funding for the five Care Coordinator regions within the balance of state.

These regions are:

1. Barren River Region
2. Cumberland Valley Region
3. Lexington region
4. Northern Kentucky Region
5. Purchase Region

KHC will distribute the funds for the HOPWA formula funds based on the number of reported cases of HIV/AIDS to the Department for Public Health's HIV/AIDS Surveillance Program in each of the five Care Coordinator regions.

Beginning with the 2007 allocation, applications for HOPWA funds were submitted by eligible applicants on a three-year renewable funding cycle. In 2010 which is the last year of the three-year cycle, applications will be taken for applicants within the five balance of state care coordinator regions.

Adjustments in the contract amounts will be made each year to reflect changes in the percentage of AIDS cases in each region.

*79. Describe the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.*

This question is applicable to local entitlement entities. Information on the state's consultation is included in the general section at the beginning of the plan.

### **Specific HOPWA Objectives**

*80. Identify specific objectives that the jurisdiction intends to initiate and/or complete in accordance with the tables\* prescribed by HUD. Complete and submit Table 1C Summary of Specific Objectives or, if using the CPMP Tool, the Summaries.xls worksheets.*

See above section.

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

The Housing Opportunities for Persons with AIDS (HOPWA) Program is a program designed to provide states and localities with resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons living with

Acquired Immunodeficiency Syndrome or related diseases and their families. The program awards grants for housing assistance and services. The Commonwealth of Kentucky received its first entitlement allocation of federal HOPWA funding in 1996. The distribution process for the Kentucky HOPWA program is coordinated by KHC's Specialized Housing Resources (SHR) Department.

Persons with HIV/AIDS reside in every region of Kentucky and in most Kentucky counties. AIDS in Kentucky continues to be largely an urban issue, but significant numbers of cases appear in smaller towns and rural areas. The largest numbers of persons with HIV/AIDS are located in the three urban centers of Louisville, Lexington and Northern Kentucky, which together account for 74 percent of the Commonwealth's cases. The remaining 26 percent of persons with HIV/AIDS are scattered throughout the rest of the state, with concentrations in small cities and towns such as Ashland, Bowling Green, Elizabethtown, Frankfort, Henderson, Hopkinsville, Madisonville, Owensboro, Paducah, Radcliff, Richmond and Somerset.

All recipients of HOPWA assistance must have a diagnoses of HIV/AIDS and have an income level at 80 percent or below of the area median income. Persons living with HIV/AIDS can receive assistance from various sources including: Ryan White CARE Act federal and state-funded HIV-specific programs that include; 1) the Kentucky Care Coordinator Program; 2) the Kentucky AIDS Drug Assistance Programs; 3) the Kentucky Health Insurance Assistance Program; and 4) the Kentucky Outpatient Health Care and Supportive Services Program.

Assistance is also obtained through Section 8 certificates and vouchers; Shelter Plus Care; HOPWA housing and services; and public housing.

Other types of benefits that persons living with HIV/AIDS rely upon include: Social Security Disability Income (SSDI); Supplemental Security Income (SSI); Medicaid; Medicare; private insurance benefits; veterans benefits; food stamps and Temporary Aid to Needy Families (TANF).

The chart below reflects Kentucky's distribution of AIDS cases by age at diagnosis, by gender and by race and ethnicity. Additionally, it reflects the transmission categories.

**AIDS IN KENTUCKY  
STATISTICS  
JUNE 30, 2008**

Characteristics	Total	%
Sex		
Male	4100	81
Female	756	19
Total	4856	100
Age at Diagnosis		
13-19	34	2
20-29	876	22

30-39	2077	27
40-49	1334	31
49 +	535	18
Total	4856	100
Race/Ethnicity		
White, not Hispanic	3159	57
Black, not Hispanic	1515	35
Hispanic	156	4
Other/Unknown	26	4
Total	4856	100
Transmission Category		
MSM	2679	53
IDU	654	6
MSM and IDU	279	1
Hemophilia/Blood Disorder	84	0
Heterosexual	756	14
Transfusion/Transplant	36	0
Undetermined	368	26
Total	4856	100

HIV/AIDS Semi-Annual Report, June, 2008  
Kentucky Cabinet for Health and Family Services  
Based on reported data through June 30, 2008  
MSM - Men Having Sex with Men  
IDU - Injection Drug Use

Eligible HOPWA activities include: emergency housing assistance; shared housing assistance; rental assistance; community residence assistance; housing information services; acquisition, rehabilitation, conversion, lease and repair of housing facilities; new construction of single-room occupancy or community residence; rental subsidies; rent, mortgage and utility payments; operating costs for housing facilities, support services and administration costs of up to seven percent. Eligible applicants are nonprofit agencies and local governments. Eligible recipients are low-income persons (80 percent or below of area median income) who are diagnosed with HIV/AIDS and their family members.

Applications for funding are submitted to KHC's SHR Department, who review and evaluate the applications. Funding recommendations must be approved by the KHC Special Needs Housing Committee. If more than one plan is submitted in any one of the six HIV Care Coordinator regions of the state, KHC staff will rank those plans according to a point system.

Appeals: All requests for appeals should be submitted in writing within 30 days of notification from KHC. The KHC SHR Department will review and respond to these appeals within ten working days of the appeal. If the applicant is not satisfied with the response from the SHR staff, they may file a written appeal to the KHC chief programs officer and finally to the chief executive officer. Each of these written appeals will also

receive a response within ten working days of receipt. The decision of the chief executive officer is final.

## OTHER NARRATIVES AND ATTACHMENTS

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

### **Low-Income Housing Tax Credit**

**(91.315 (m))**

*Describe the strategy to coordinate the Low-income Housing Tax Credit with the development of housing that is affordable to low-income and moderate income families.*

Kentucky uses the Housing Credit (HC) Program, administered by Kentucky Housing Corporation, as one incentive to increase affordable rental housing. Credits will be used to create tax incentives for qualified developers to build affordable rental housing. Applicants have two options for requesting the credits: a competitive round for approximately \$4.25 million from the urban and rural pools and the Open Window process for an additional \$2.5 million. During the 2005 and 2006 allocation years, the Open Window process will be limited to the development of 10 facilities to provide transitional supportive housing that serves individuals who have a history of substance abuse, with an emphasis on the homeless and those referred by the judicial system. Housing Credits can be leveraged with other funds, such as CDBG, HOME, Rural Development and other resources, to provide rental assistance to the maximum number of low-income families. To use the HC Program as leverage, the developer must show that s/he has a commitment from the program and will receive the amount of tax credits the project needs to be economically viable.

The HC program is designed to return a substantial portion of the acquisition and/or construction cost to the owner/investor over a ten-year period. The housing credit is a percentage of the eligible cost, which is allocable to the units that are occupied by low-income persons. Only the low-income units in a building qualify for housing credits. Since 1986, when the HC Program began, cooperation among developers, lenders, nonprofits, Rural Development (RD) and KHC has produced more low-cost rental units in 104 out of 120 Kentucky counties, and this trend is expected to continue in the future.

### **Fair Housing**

In 2009, Kentucky Housing Corporation undertook an update to the state's Analysis of Impediments to Fair Housing. The complete analysis is available here: <http://www.kyhousing.org/uploadedFiles/Resources/Analysis.pdf?n=7476>

The Fair Housing Act was introduced as a component of the Civil Rights Act of 1968. The act provides equal opportunity to all who buy, sell, rent, finance, or insure housing.

The act protects each individual's basic right to choose where to live and ensures equal treatment after obtaining housing.

The Fair Housing Act prohibits discrimination in housing based on race, color, national origin or religion. The Kentucky General Assembly later broadened the law to prohibit discrimination in housing based on disability, gender, and familial status. Discrimination based on sexual orientation is also forbidden in Covington, Lexington, and Louisville.

Fair housing law covers real property (home, apartments, lots, etc.), rented or sold, whether by or through a real estate broker, sales agent or operator, or directly by the owner with the intent of being used or occupied, or is designed or arranged as a home or residency for one or more families.

Based on fair housing law, in the sale or rental of housing, it is illegal to:

- Refuse to rent or sell to someone based on a status, if protected.
- Provide different services or facilities based on status, if protected.
- Falsely deny housing is available based on a status, if protected.
- Impose different rules on different people based on a status, if protected.

It is illegal for lending institutions to:

- Refuse to accept mortgage loan applications based on status, if protected.
- Refuse to provide loan information based on a status, if protected.
- Give people different terms/conditions on a loan based on a status, if protected.
- Discriminate in the appraisal of property based on a status, if protected.

It is illegal for any person involved in any aspect of housing to:

- Threaten, intimidate, or interfere with any person's fair housing rights.
- Advertise any availability of housing that states a preference or limitation based on a person's race, color, gender, national origin, religion, disability (handicap), familial status, and in some areas, sexual orientation.

## **Impediments to Fair Housing**

The U.S. Department for Housing and Urban Development (HUD) defines impediments to fair housing as:

- Actions, omissions, or decisions taken because of race, color, religion, sex, disability, familial status, or national origin that restrict housing choices or the availability of housing choice –
- Can constitute violations, or potential violations, of the Fair Housing Act.
- Are counter-productive to fair housing choice, such as:
  - (1) Community resistance when minorities, persons with disabilities and/or low-income person moves into white and/or moderate- to high-income areas.

- (2) Community resistance to housing facilities for persons with disabilities because of the persons who will occupy the housing.
- (3) Have the effect of restricting opportunities on the basis of race, color, religion, sex, disability, familial status, or national origin.

### **The Analysis of Impediments to Fair Housing in Kentucky**

The Commonwealth of Kentucky is committed to fulfill its responsibility of promoting equal housing opportunity. As a recipient of funds from the U.S. Department of Housing and Urban Development, the state is required to be in compliance with the Consolidated Plan rule published in Federal Register (24 CFR 91.225) on January 25, 1995. The state receives funding from HUD through the Community Development Block Grant, HOME Investment Partnerships, Housing for Persons With AIDS, and Emergency Shelter Grant Program. This report is an integral part of the state's Consolidated Plan. The state is required to certify that it is affirmatively furthering fair housing through:

1. Conducting an analysis of impediments to fair housing choice within the state;
2. Taking appropriate actions to overcome the effects of any impediments identified through that analysis; and
3. Maintaining records reflecting that analysis and actions in that regard.

The state is also required to ensure that any state-funded jurisdiction comply with their Affirmatively Furthering Fair Housing Certification. Therefore this analysis has been undertaken for the non-entitlement communities. Kentucky Housing Corporation (KHC) and the Department for Local Government (DLG) have drafted this plan and analysis on behalf of the Commonwealth. A part of these agencies' responsibility is to administer over \$50 million in federal housing and economic development funds allocated each year to the state by the U.S. Department of Housing and Urban Development (HUD). They are used to assist low- and moderate-income Kentuckians in overcoming their housing problems.

The Department for Local Government and Kentucky Housing Corporation have two functions within the housing arena. The agencies provide the financial resources for the construction and rehabilitation of affordable housing and are tasked with the responsibility of enforcing the fair housing laws of HUD programs and the state law. The agencies provide considerable financial resources for the construction of affordable housing which substantially increases the opportunity for residents of the Commonwealth to exercise their right to fair housing choice. In support of the second responsibility, the agencies have identified six impediments to the exercise of fair housing choice to be addressed in the next five years. They are:

- The residents of Kentucky lack knowledge of their fair housing laws and rights.

- Filing a discrimination complaint in Kentucky is complicated and burdensome.
- There is not enough funding for fair housing agencies in Kentucky.
- Subprime lending practices have disproportionately impacted minority populations in Kentucky.
- The housing stock in Kentucky is not adequately accessible and/or visitable.
- The majority of the state has inadequate landlord-tenant protection.

Each of the four programs covered by the Consolidated Plan (CDBG, HOPWA, HOME, ESG) undertake efforts to ensure that grantees remain compliant with Fair Housing laws. The specific efforts and requirements of each program are contained in program guidelines and in the Analysis of Impediments to Fair Housing.

**Additional Information on Collaboration and Citizen Participation in Development of the Consolidated Plan**

Activities undertaken to obtain input into the Consolidated Plan began in 2008 and included forums and surveys. In addition, numerous regularly scheduled meetings of the Kentucky Interagency Council on Homelessness, the State Housing Advisory Committee, Continuum of Care regional meetings, programmatic technical assistance forums and other meetings have been held during which information pertaining to needs affecting the Consolidated Plan was discussed.

In the summer of 2008, KHC and DLG conducted an online survey to obtain information from housing partners, legislators, local government leaders, citizens and others regarding forecasted needs. The survey asked respondents to rank housing and community development needs and to provide additional insight on specific needs for their communities. Responses were received from 68 counties by the following categories of respondents:

RESPONDENT CATEGORY	NUMBER	PERCENT
State Senator	0	0%
State Representative	0	0%
Mayor	10	14%
County Judge Executive	1	1%
City Manager	1	1%
City/County Housing Department	1	1%
Public Housing Authority	3	4%
USDA State/Local Offices	0	0%
HUD State Office	1	1%
Rural Development State Office/Local Offices	0	0%
Council of Government Officials	2	3%
Community Action Agency	7	10%
Comprehensive Care Agency	1	1%

Area Development District		9	13%
Housing Developer		4	6%
Housing Provider		4	6%
Local or Regional Housing Association		0	0%
Other – general public		25	36%
<b>Total</b>		69	100%

Twenty percent of the communities represented had performed a local housing needs assessment in the past three years. Forty nine percent of respondents ranked housing assistance (including homebuyer down payment assistance, home repair/construction, rental payment assistance, homebuyer purchase or refinance) as their highest priority need. Development of new or rehabilitation of existing rental units was ranked as the second highest priority by 40 percent of respondents. Energy assistance (utility payments and weatherization) and assistance for special needs populations were ranked equally as the third highest need by respondents. Capacity building assistance, local community development projects and education/outreach were all ranked as priorities, but lower than the top three.

When asked to further prioritize housing assistance categories, respondents answered as follows:

**Direct Housing Assistance:**

Assistance to purchase a home		10	14%
Home repair assistance		23	33%
<b>Rental payment assistance</b>		<b>34</b>	<b>49%</b>
Homeowner refinancing assistance		1	1%
There is a minimal need for direct housing assistance in my community		1	1%
Unknown		1	1%
<b>Total</b>		70	100%

**Rental Development:**

Rehabilitation of existing units		12	17%
Construction of new apartment complexes		9	13%
Construction of scattered site or smaller rental projects		10	14%
<b>The need for all of the above is approximately the same</b>		<b>33</b>	<b>47%</b>
There is minimal need for rental housing development in my community		5	7%
Unknown		1	1%
<b>Total</b>		70	100%

**Energy Assistance:**

Educational Activities		1	1%
Repair and Replacement of Existing Heat/Air Equipment		8	11%
<b>Utility Payment Assistance</b>		<b>33</b>	<b>47%</b>
Weatherization and Minor Home Repairs to Increase Energy Assistance		26	37%
There is minimal need for energy assistance in my community		1	1%
Unknown		1	1%
<b>Total</b>		<b>70</b>	<b>100%</b>

Note: This survey was undertaken prior to the transfer of the state Weatherization program to KHC including both formula and stimulus programs.

**Assistance for Homeless Persons:**

Creation or Renovation of Short-Term, Emergency Shelters		16	23%
<b>Essential Services for the Homeless (Counseling/Case Management, Job Training, Assistance in Obtaining Housing, Medical Care)</b>		<b>19</b>	<b>27%</b>
Homeless Prevention Services (Rent/Mortgage and Utility Assistance and Case Management)		17	24%
Maintenance and Operating Costs for Homeless Facilities		4	6%
There is minimal need for assistance for homeless persons in my community		10	14%
Unknown		4	6%
<b>Total</b>		<b>70</b>	<b>100%</b>

**Capacity Building:**

<b>Assistance with Operating Costs</b>		<b>44</b>	<b>63%</b>
Predevelopment Loans		3	4%
Training and Technical Assistance		12	17%
There is minimal need for capacity building assistance in my community		3	4%
Unknown		8	11%
<b>Total</b>		<b>70</b>	<b>100%</b>

Note: the request for assistance with operating costs has been a consistent need for quite some time.

**Special Needs Populations:**

<b>Poverty-level households</b>		<b>48</b>	<b>69%</b>
Elderly households		9	13%
Persons with disabilities		4	6%
Persons with HIV/AIDS		1	1%
Homeless Persons		5	7%
Immigrant Populations		1	1%
Unknown		2	3%
<b>Total</b>		<b>70</b>	<b>100%</b>

Questions were also asked about the priority needs level for training and education pertaining to fair housing, predatory lending and general counseling:

**Fair Housing Training and Education:**

High		10	14%
<b>Medium</b>		<b>32</b>	<b>46%</b>
Low		22	31%
Unknown		6	9%
<b>Total</b>		<b>70</b>	<b>100%</b>

**Predatory Lending:**

<b>High</b>		<b>27</b>	<b>39%</b>
<b>Medium</b>		<b>27</b>	<b>39%</b>
Low		8	11%
Unknown		8	11%
<b>Total</b>		<b>70</b>	<b>100%</b>

**Counseling and Education (homeownership, credit counseling):**

<b>High</b>		<b>39</b>	<b>56%</b>
Medium		25	36%
Low		3	4%
Unknown		3	4%
<b>Total</b>		<b>70</b>	<b>100%</b>

Note: this survey was undertaken prior to the establishment of the state Homeownership Protection Center administered by KHC.

Respondents were also asked a series of questions pertaining to community development (CDBG-funded activities). First, they were asked to rank their community's need for various community development activities, from one (lowest) to five (highest).

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	1	2	3	4	5
Public Infrastructure (Water, Sewer, Street Improvements)	12 21%	9 16%	14 25%	17 30%	5 9%
Economic Development (Job Creation, Job Retention, Infrastructure, Microenterprise Training)	23 40%	20 34%	10 17%	3 5%	2 3%
Community Facilities (Community Meeting Facilities, Senior Citizens Centers, Health Centers, Public Services)	2 3%	14 23%	21 34%	22 35%	3 5%
Disaster Recovery for Damaged Infrastructure	3 5%	4 7%	4 7%	7 12%	41 69%
Housing	25 39%	15 23%	12 19%	7 11%	5 8%

Respondents were then asked, for each CDBG-eligible activity, to prioritize specific sub-activities:

**Public Facilities:**

Water Treatment Improvements	5	8%
<b>Water Line Development or Improvements</b>	<b>22</b>	<b>34%</b>
Sewer Treatment Improvements	5	8%
Sewer Line Development or Improvements	7	11%
Gas Line Development or Improvements	1	2%
Road or Sidewalk Improvements	16	25%
Flood or Drainage Improvements	4	6%
Our community has no projects of this type planned in the next five years	5	8%
<b>Total</b>	<b>65</b>	<b>100%</b>

**Economic Development:**

Infrastructure	11	17%
<b>Job Creation</b>	<b>39</b>	<b>61%</b>
Job Retention	4	6%
Microenterprise Training	2	3%
Child Care	0	0%
Other	4	6%
Our community has no projects of this type planned in the next five years	4	6%
<b>Total</b>	<b>64</b>	<b>100%</b>

**Community Projects:**

Community Meeting Facilities	11	17%
<b>Youth Activity Facilities</b>	<b>14</b>	<b>22%</b>
Senior Citizens Center	5	8%
Health Centers	4	6%
Public Services	9	14%
Other	11	17%
Our community has no projects of this type planned in the next five years	9	14%
<b>Total</b>	<b>63</b>	<b>100%</b>

**CDBG-funded Housing Projects:**

<b>Scattered Site Rehabilitation</b>	<b>20</b>	<b>33%</b>
Neighborhood Redevelopment	11	18%
Conversion of a Building to Housing for Persons of Moderate to Low Income	13	21%
Our community has no projects of this type planned in the next five years	17	28%
<b>Total</b>	<b>61</b>	<b>100%</b>

Respondents were asked about assistance for homeowners facing foreclosure. This survey was taken prior to the institution of the state Homeownership Protection Center which is administered by KHC.

**Foreclosure Assistance:**

<b>Counseling and Education</b>	<b>31</b>	<b>47%</b>
Foreclosure Prevention Assistance	21	32%
Services and Assistance to Families who have Experienced a Recent Foreclosure	4	6%
Investment in Neighborhoods with High Foreclosure Density	2	3%
Other	8	12%
<b>Total</b>	<b>66</b>	<b>100%</b>

Respondents were asked about the current DLG policy that gives higher priority to projects with health and safety problems in non-housing community development project needs scoring and whether or not DLG should continue the policy:

<b>Yes</b>	<b>37</b>	<b>54%</b>
No	14	20%
Unknown	18	26%
<b>Total</b>	<b>69</b>	<b>100%</b>

Respondents were asked questions about waiting list time and dollars needed to serve the needs of persons on their waiting lists.

**Waiting List Time:**

Less than six months		6	10%
<b>More than six months, but less than one year</b>		<b>14</b>	<b>22%</b>
<b>One to three years</b>		<b>13</b>	<b>21%</b>
Over three years to five years		4	6%
Over five years		3	5%
We do not keep a waiting list		23	37%
<b>Total</b>		<b>63</b>	<b>100%</b>

**Dollars Needed to Serve Clients on Waiting List:**

Under \$250,000		10	16%
\$250,000 to \$499,999		8	13%
\$500,000 to \$1,000,000		8	13%
\$1,000,001 to \$2,000,000		6	10%
Over \$2,000,000		6	10%
We do not keep a waiting list		25	40%
<b>Total</b>		<b>63</b>	<b>100%</b>

Respondents were asked to describe how KHC and DLG could assist them in meeting their housing goals for the next five to 10 years. The responses fell into the following categories, ranked by the number of respondents in each category:

- New Construction of rental housing units, rehabilitation of existing deteriorating housing stock.
- Rental Assistance
- Assistance for Special Needs Populations
- General administrative and funding needs
- Financing and education for homebuyers
- Housing accessible to jobs
- Self sufficiency programs
- Disaster assistance

A series of public meetings was held in December 2008 and January 2009 to allow interested citizens and housing partners to contribute to development of the strategic plan. Six regional public meetings were held in Lexington, Louisville, Paducah, London, Bowling Green and Erlanger to discuss housing issues. These meetings provided an opportunity for the public to present information to KHC about housing issues across the state as well as share thoughts on the programs themselves.

<b>Location</b>	<b>Date</b>	<b>Attendees</b>
<b>Lexington</b>	<b>December 1, 2008</b>	<b>53 general public + 13 staff</b>
<b>Bowling Green</b>	<b>December 2, 2008</b>	<b>17 general public + 13 staff</b>
<b>Paducah</b>	<b>December 3, 2008</b>	<b>19 general public + 9 staff</b>
<b>London</b>	<b>December 15, 2008</b>	<b>39 general public + 10 staff</b>
<b>Louisville</b>	<b>December 17, 2008</b>	<b>68 general public/15 staff</b>
<b>Erlanger</b>	<b>January 9, 2009</b>	<b>25 general public/11 staff</b>

Listed below is a summary of key housing issues that emerged during these meetings.

- An overwhelming need exists throughout the state to address sub-standard housing stock especially for the elderly and special needs populations. It was commonly agreed that KHC's HouseWorks Program would be an effective resource to address this need in the future.
- There is a need to concentrate on the mortgage foreclosure crisis throughout the state, specifically in urban areas.
- The state has a shortage of transitional housing units.
- KHC should be more flexible with the use of resources, specifically the Affordable Housing Trust Fund and HOME Investment Partnerships Program dollars.
- The need was expressed for KHC to assist recipients with the use of the Low Income Housing Tax Credit (Housing Credit) Program to include assistance in locating investors and increased flexibility in awarding Housing Credits so they can best be used in a timely manner.
- KHC needs to take more of an active role in the National Council of State Housing Agencies and housing legislation on the national front.
- There is a need to continue and enhance KHC's efforts to serve Kentucky's homeless population.

In addition to the statewide needs related to housing and comments on KHC's corporate policies and programs, additional housing issues were also voiced that are individually unique to rural and urban communities. Listed below is a summary of the key housing issues that emerged in rural areas of the state.

- In both eastern and western Kentucky, there is a significant need for increased housing stock for all populations (i.e., elderly, special needs, low-income, service-enriched).

- KHC needs to increase resources and flexibility to aid in the development of Community Housing Development Organizations (CHDOs) and nonprofits in rural areas. Several possibilities for achieving this were noted including, but not limited to, recycling CHDO proceeds, adding incentive fees and utilizing flexible resources.

Listed below is a summary of the key housing issues that emerged in urban areas of the state.

- There is a lack of affordable rental and homeowner energy-efficient properties in urban areas, with an expressed need for the development of housing in the \$60,000 to \$90,000 range.
- Ways to address high utility cost for renters in urban areas was discussed, as well as using resources to make existing housing more energy-efficient.
- The need exists in urban Kentucky for more permanent supportive and service-enriched housing.
- In urban areas, vacant housing units need to be identified and utilized to house Kentuckians in need of affordable housing.

In March 2010 KHC undertook surveys to obtain additional needs information specific to the housing programs under the Consolidated Plan. In addition to asking respondents to rank the priority of needs in their communities, KHC also asked residents of public housing and housing choice voucher holders questions pertaining to homeownership and resident advisory board participation.

KHC received responses from 273 persons to its general housing needs survey and 36 to its rental resident survey.

Rental program participants were asked if they are aware they may access self-sufficiency services.

Answer Options	Response Percent	Response Count
Yes	38.9%	14
<b>No</b>	<b>61.1%</b>	<b>22</b>

Rental program participants were also asked if they were aware of a program that allows them to use their rental assistance payment as the monthly payment on a home loan.

Answer Options	Response Percent	Response Count
Yes	5.6%	2
<b>No</b>	<b>94.4%</b>	<b>34</b>

It is apparent from responses that the majority of participants in tenant-based and project-based programs are unaware of self-sufficiency programs and the voucher homeownership program.

The following questions were asked of both rental program participants and general survey respondents. Of the general survey respondents, the categories of respondents are as follows (respondents could choose more than one):

Answer Options	Response Percent	Response Count
Member of the general public	42.9%	117
Single-family or multi-family housing developer	13.2%	36
Homeless housing or services provider	15.8%	43
Supportive housing or services provider	22.3%	61
Special needs services provider	11.4%	31
Social services provider	18.7%	51
Local government	8.4%	23
Independent living center	1.5%	4
Healthcare provider	4.4%	12
Fair housing agency	6.6%	18

The high number of responses in the most popular categories may be due in part to the marketing of the survey not only on KHC’s website, but also on Facebook through KICH.

The remaining questions were asked on both surveys where respondents were asked to rank the importance of different needs in their communities.

## **RENTAL HOUSING QUESTIONS**

### Acquisition of Rental Units

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>36.7%</b>	<b>95</b>
Medium priority	25.9%	67
Low priority	15.1%	39
I'm not sure of the priority	22.4%	58

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	33.3%	12
Medium priority	19.4%	7
Low priority	8.3%	3
<b>I'm not sure of the priority</b>	<b>38.9%</b>	<b>14</b>

Production of New Rental Units

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>41.9%</b>	<b>109</b>
Medium priority	22.3%	58
Low priority	15.8%	41
I'm not sure of the priority	20.0%	52

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>50.0%</b>	<b>18</b>
Medium priority	13.9%	5
Low priority	11.1%	4
I'm not sure of the priority	25.0%	9

Rehabilitation of Existing Rental Units

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>35.3%</b>	<b>88</b>
<b>Medium priority</b>	<b>35.7%</b>	<b>89</b>
Low priority	12.4%	31
I'm not sure of the priority	16.5%	41

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>47.2%</b>	<b>17</b>
Medium priority	22.2%	8
Low priority	11.1%	4
I'm not sure of the priority	19.4%	7

Need for Rental Assistance

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>69.1%</b>	<b>172</b>
Medium priority	15.7%	39
Low priority	4.8%	12
I'm not sure of the priority	10.4%	26

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>77.8%</b>	<b>28</b>
Medium priority	13.9%	5
Low priority	5.6%	2
I'm not sure of the priority	2.8%	1

**HOMEOWNER-OCCUPIED HOUSING QUESTIONS**

Acquisition of Existing Owner Units

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
High priority	23.0%	56
<b>Medium priority</b>	<b>34.4%</b>	<b>84</b>
Low priority	13.9%	34
I'm not sure of the priority	28.7%	70

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	14.3%	5
Medium priority	22.9%	8
Low priority	5.7%	2
<b>I'm not sure of the priority</b>	<b>57.1%</b>	<b>20</b>

Production of New Owner Units

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>29.5%</b>	<b>72</b>
Medium priority	27.5%	67
Low priority	20.5%	50
I'm not sure of the priority	22.5%	55

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	34.3%	12
Medium priority	8.6%	3
Low priority	8.6%	3
<b>I'm not sure of the priority</b>	<b>48.6%</b>	<b>17</b>

Rehabilitation of Existing Owner Units

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
High priority	33.1%	79
<b>Medium priority</b>	<b>38.9%</b>	<b>93</b>
Low priority	9.2%	22
I'm not sure of the priority	18.8%	45

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	34.3%	12
Medium priority	22.9%	8
Low priority	2.9%	1
<b>I'm not sure of the priority</b>	<b>40.0%</b>	<b>14</b>

Need for Homeownership Assistance

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
High priority	<b>59.0%</b>	<b>141</b>
Medium priority	23.0%	55
Low priority	8.4%	20
I'm not sure of the priority	9.6%	23

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>70.6%</b>	<b>24</b>
Medium priority	20.6%	7
Low priority	5.9%	2
I'm not sure of the priority	2.9%	1

**HOMELESS HOUSING AND SERVICES**

Need for Emergency Shelters for Individuals

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>51.9%</b>	<b>123</b>
Medium priority	27.4%	65
Low priority	11.0%	26
I'm not sure of the priority	9.7%	23

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>61.8%</b>	<b>21</b>
Medium priority	20.6%	7
Low priority	8.8%	3
I'm not sure of the priority	8.8%	3

Need for Transitional Housing for Individuals

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>53.6%</b>	<b>127</b>
Medium priority	27.8%	66
Low priority	8.9%	21
I'm not sure of the priority	9.7%	23

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>52.9%</b>	<b>18</b>
Medium priority	20.6%	7
Low priority	5.9%	2
I'm not sure of the priority	20.6%	7

Need for Permanent Supportive Housing for Individuals

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>56.6%</b>	<b>133</b>
Medium priority	22.1%	52
Low priority	8.9%	21
I'm not sure of the priority	12.3%	29

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>67.6%</b>	<b>23</b>
Medium priority	11.8%	4
Low priority	5.9%	2
I'm not sure of the priority	14.7%	5

Need for Emergency Shelters for Families

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>55.8%</b>	<b>130</b>
Medium priority	21.9%	51
Low priority	10.7%	25
I'm not sure of the priority	11.6%	27

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>64.7%</b>	<b>22</b>
Medium priority	17.6%	6
Low priority	2.9%	1
I'm not sure of the priority	14.7%	5

Need for Transitional Housing for Families

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>48.5%</b>	<b>112</b>
Medium priority	30.7%	71
Low priority	9.1%	21
I'm not sure of the priority	11.7%	27

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>44.1%</b>	<b>15</b>
Medium priority	35.3%	12
Low priority	2.9%	1
I'm not sure of the priority	17.6%	6

Need for Permanent Supportive Housing for Families

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>53.0%</b>	<b>122</b>
Medium priority	27.4%	63
Low priority	7.8%	18
I'm not sure of the priority	11.7%	27

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>45.5%</b>	<b>15</b>
Medium priority	30.3%	10
Low priority	6.1%	2
I'm not sure of the priority	18.2%	6

Assistance for Chronically Homeless Persons

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>42.8%</b>	<b>95</b>
Medium priority	28.4%	63
Low priority	16.2%	36
I'm not sure of the priority	12.6%	28

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	31.3%	10
<b>Medium priority</b>	<b>34.4%</b>	<b>11</b>
Low priority	3.1%	1
I'm not sure of the priority	31.3%	10

**PERSONS WITH HIV/AIDS**

Need for Facility-Based Housing Development for Persons with HIV/AIDS & Families

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
High priority	9.2%	21
Medium priority	14.8%	34
Low priority	26.6%	61
<b>I'm not sure of the priority</b>	<b>49.3%</b>	<b>113</b>

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	8.8%	3
Medium priority	5.9%	2
Low priority	17.6%	6
<b>I'm not sure of the priority</b>	<b>67.6%</b>	<b>23</b>

Need for Operational Support for Facility-Based Housing for Persons with HIV/AIDS

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
High priority	10.1%	23
Medium priority	16.2%	37
Low priority	24.6%	56
<b>I'm not sure of the priority</b>	<b>49.1%</b>	<b>112</b>

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	14.7%	5
Medium priority	5.9%	2
Low priority	17.6%	6
<b>I'm not sure of the priority</b>	<b>61.8%</b>	<b>21</b>

Need for Short-Term Rent, Mortgage or Utility Payments for Persons with HIV/AIDS

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
High priority	12.3%	28
Medium priority	13.7%	31
Low priority	22.5%	51
<b>I'm not sure of the priority</b>	<b>51.5%</b>	<b>117</b>

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	11.8%	4
Medium priority	5.9%	2
Low priority	17.6%	6
<b>I'm not sure of the priority</b>	<b>64.7%</b>	<b>22</b>

Need for Tenant-Based Rental Assistance for Persons with HIV/AIDS

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
High priority	12.7%	29
Medium priority	15.4%	35
Low priority	21.1%	48
<b>I'm not sure of the priority</b>	<b>50.9%</b>	<b>116</b>

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	11.8%	4
Medium priority	8.8%	3
Low priority	14.7%	5
<b>I'm not sure of the priority</b>	<b>64.7%</b>	<b>22</b>

Need for Supportive Services for Persons with HIV/AIDS

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
High priority	13.8%	31
Medium priority	17.4%	39
Low priority	19.6%	44
<b>I'm not sure of the priority</b>	<b>49.1%</b>	<b>110</b>

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	18.2%	6
Medium priority	9.1%	3
Low priority	12.1%	4
<b>I'm not sure of the priority</b>	<b>60.6%</b>	<b>20</b>

Need for Housing Information Services for Persons with HIV/AIDS

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
High priority	14.7%	33
Medium priority	17.4%	34
Low priority	19.6%	45
<b>I'm not sure of the priority</b>	<b>49.1%</b>	<b>113</b>

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	15.2%	5
Medium priority	9.1%	3
Low priority	12.1%	4
<b>I'm not sure of the priority</b>	<b>63.6%</b>	<b>21</b>

Need for Resource Identification for Persons with HIV/AIDS

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
High priority	14.2%	32
Medium priority	16.4%	37
Low priority	19.6%	44
<b>I'm not sure of the priority</b>	<b>49.8%</b>	<b>112</b>

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	15.2%	5
Medium priority	15.2%	5
Low priority	12.1%	4
<b>I'm not sure of the priority</b>	<b>57.6%</b>	<b>19</b>

Need for Project Sponsor Administration Funding for Projects for Persons with HIV/AIDS

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
High priority	9.9%	22
Medium priority	16.7%	37
Low priority	21.6%	48
<b>I'm not sure of the priority</b>	<b>51.8%</b>	<b>115</b>

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	12.1%	4
Medium priority	9.1%	3
Low priority	15.2%	5
<b>I'm not sure of the priority</b>	<b>63.6%</b>	<b>21</b>

**SPECIAL NEEDS POPULATIONS**

Housing for Elderly Individuals

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>48.0%</b>	<b>106</b>
Medium priority	36.7%	81
Low priority	8.1%	18
I'm not sure of the priority	7.2%	16

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>53.1%</b>	<b>17</b>
Medium priority	18.8%	6
Low priority	12.5%	4
I'm not sure of the priority	15.6%	5

Housing for Frail Elderly Individuals

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>47.7%</b>	<b>105</b>
Medium priority	28.6%	63
Low priority	8.2%	18
I'm not sure of the priority	15.5%	34

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	<b>50.0%</b>	<b>16</b>
Medium priority	9.4%	3
Low priority	6.3%	2
I'm not sure of the priority	34.4%	11

Housing for Persons with Severe Mental Illness

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>52.5%</b>	<b>116</b>
Medium priority	22.6%	50
Low priority	9.0%	20
I'm not sure of the priority	15.8%	35

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	37.5%	12
Medium priority	15.6%	5
Low priority	6.3%	2
<b>I'm not sure of the priority</b>	<b>40.6%</b>	<b>13</b>

Housing for Physically Disabled Individuals

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>42.5%</b>	<b>93</b>
Medium priority	37.4%	82
Low priority	6.8%	15
I'm not sure of the priority	13.2%	29

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>34.4%</b>	<b>11</b>
Medium priority	28.1%	9
Low priority	6.3%	2
I'm not sure of the priority	31.3%	10

Housing for Developmentally Disabled Individuals

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>41.8%</b>	<b>92</b>
Medium priority	33.6%	74
Low priority	9.1%	20
I'm not sure of the priority	15.5%	34

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>34.4%</b>	<b>11</b>
Medium priority	25.0%	8
Low priority	6.3%	2
<b>I'm not sure of the priority</b>	<b>34.4%</b>	<b>11</b>

Housing for Alcohol/Drug-Addicted Individuals

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>42.5%</b>	<b>94</b>
Medium priority	23.5%	52
Low priority	12.7%	27
I'm not sure of the priority	21.3%	47

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	25.0%	8
Medium priority	25.0%	8
Low priority	16.6%	5
<b>I'm not sure of the priority</b>	<b>34.4%</b>	<b>11</b>

Housing for Public Housing Residents

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>42.5%</b>	<b>94</b>
Medium priority	33.9%	75
Low priority	11.3%	25
I'm not sure of the priority	12.2%	27

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>56.7%</b>	<b>17</b>
Medium priority	30.0%	9
Low priority	3.3%	1
I'm not sure of the priority	10.0%	3

Supportive Services for Elderly Individuals

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>49.1%</b>	<b>108</b>
Medium priority	32.7%	72
Low priority	2.3%	5
I'm not sure of the priority	15.9%	35

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>63.3%</b>	<b>19</b>
Medium priority	3.3%	1
Low priority	6.7%	2
I'm not sure of the priority	26.7%	8

Supportive Services for Frail Elderly Individuals

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>49.5%</b>	<b>109</b>
Medium priority	29.5%	65
Low priority	3.2%	7
I'm not sure of the priority	17.7%	39

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
High priority	<b>63.3%</b>	19
Medium priority	3.3%	1
Low priority	6.7%	2
I'm not sure of the priority	26.7%	8

Supportive Services for Persons with Severe Mental Illness

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>56.4%</b>	<b>123</b>
Medium priority	22.0%	48
Low priority	6.0%	13
I'm not sure of the priority	15.6%	34

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>46.7%</b>	<b>14</b>
Medium priority	20.0%	6
Low priority	0.0%	0
I'm not sure of the priority	33.3%	10

Supportive Services for Persons with Physical Disabilities

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>47.2%</b>	<b>103</b>
Medium priority	35.3%	77
Low priority	5.5%	12
I'm not sure of the priority	11.9%	26

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>53.3%</b>	<b>16</b>
Medium priority	10.0%	3
Low priority	3.3%	1
I'm not sure of the priority	33.3%	10

Supportive Services for Persons with Developmental Disabilities

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>42.2%</b>	<b>92</b>
Medium priority	36.2%	79
Low priority	5.5%	12
I'm not sure of the priority	16.1%	35

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>46.7%</b>	<b>14</b>
Medium priority	13.3%	4
Low priority	3.3%	1
I'm not sure of the priority	36.7%	11

Supportive Services for Persons with Drug/Alcohol Addiction

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>49.8%</b>	<b>108</b>
Medium priority	23.5%	51
Low priority	9.7%	21
I'm not sure of the priority	17.1%	37

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>36.7%</b>	<b>11</b>
Medium priority	20.0%	6
Low priority	10.0%	3
I'm not sure of the priority	33.3%	10

Supportive Services for Public Housing Residents

<b>General Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>34.4%</b>	<b>75</b>
<b>Medium priority</b>	<b>34.4%</b>	<b>75</b>
Low priority	12.4%	27
I'm not sure of the priority	18.8%	41

<b>Rental Program Survey</b>		
Answer Options	Response Percent	Response Count
<b>High priority</b>	<b>60.0%</b>	<b>18</b>
Medium priority	20.0%	6
Low priority	3.3%	1
I'm not sure of the priority	16.7%	5

The Kentucky Community Development Block Grant (CDBG) program conducted an on-line survey in March 2010 intended to better understand economic development and non-housing needs throughout Kentucky. This questionnaire was answered by

community officials representing all regions of the state. Their input is used in preparing the Kentucky Consolidated Plan. This plan determines the funding allocation priorities for the CDBG program.

The following results were taken from the questionnaire:

<b>Response to Survey</b>	<b>Greatest Need in Community</b>
7	Housing
14	Public Facilities
<b>48</b>	<b>Economic Development</b>
10	Other Community Type Projects

<b>Response to Survey</b>	<b>Community's Non-housing CDBG Priority</b>
4	Water treatment improvements
10	Water line development or improvements
<b>15</b>	<b>Sewer line development or improvements</b>
2	Sewer treatment facility
0	Gas line development or improvements
12	Road and/or sidewalk improvements
3	Flood and drainage improvements
3	Community meeting facilities
4	Youth activity facilities
3	Senior citizens centers
1	Health centers
6	Park and recreation facilities
3	Public services
4	Other

<b>Response to Survey</b>	<b>Community's Priority Economic Development Need</b>
22	Infrastructure
<b>46</b>	<b>Job Creation</b>
3	Job Retention
0	Microenterprise Training
1	Child Care
4	Other

<b>Response to Survey</b>	<b>CDBG Continue to Give Priority to Health and Safety Problems for Non-housing Community Development Needs</b>
60	Yes

Other comments that were made included “smaller match levels for the local participant;” “more infrastructure-related funding and less housing;” and more emphasis placed on the needs of the smaller, rural communities.

In addition, DLG presented information about the CDBG program and sought input from local officials at the following conferences:

- KCJEA (Kentucky County Judge/Executive Association) roundtable Feb 5, 2009
- KCJEA/KMCA summer conference roundtable July 17, 2009
- Kentucky Local Issues Conference roundtables August 17-19, 2010
- KACo (Kentucky Association of Counties) roundtable, Nov 18, 2009
- KCJEA roundtable, Feb 4, 2010

On March 10, 2010, KHC and DLG held a public hearing to receive input on needs prior to development of the Consolidated Plan. At the hearing and during the ensuing weeks during development of the plan, comments were received that are summarized as follows:

- Capacity building funding and assistance has been greatly appreciated.
- Flexibility in the HOME program is appreciated and an increase in TBRA funding is requested.
- The need is very great, especially in Appalachian counties. ARRA funding has to be spent so quickly, it doesn’t give them time to plan and carry out projects to serve some of those who need to be served.
- For DLG and CDBG funding, Recovery Kentucky continued funding under Public Services is needed
- Although Public Facilities money is used for water/sewer projects that are needed, it takes away funding for housing. The additional conflict is that in order to develop the housing, the water/sewer service needs to be in place.
- KHC should return to its past policy of allowing CHDOs to retain CHDO proceeds which is an important investment in capacity for these organizations who rely on these funds for operations and production of housing.
- KHC is encouraged to look for ways to increase returns on HOME funds received under ARRA and to create confidence through guarantees that make Kentucky an investor-friendly environment.
- The use of HOME funding for internal KHC programs can be potentially detrimental to subrecipients, especially TBRA funding.

- KHC should return to its policy of allowing for incrementally forgiven HOME program loans on multifamily projects.
- The Housing Policy Advisory Committee's role needs to be strengthened.
- CDBG housing dollars need to be increased.
- A mechanism to begin to address housing deficiencies in Appalachian counties should be addressed. Because of pressing public facilities needs, cities and counties in Appalachia are unable to apply for CDBG funding to address housing conditions in their communities.
- KHC should revisit its policy of only allowing applications for ESG funding in non-entitlement communities.

The Consolidated Plan was made available for a 30-day written public comment period from April 7, 2010 to May 7, 2010. No additional comments were received during the public comment period.

### 83. Section 108 Loan Guarantee

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

None.