



Table 6: Housing Needs Table

Housing Needs	% Lead Based	Needs-	Current=	Gap	5-Year Quantities													
					Year 1		Year 2		Year 3		Year 4		Year 5		Cumulative			
					Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual		
Renter	Small Related	1. Burden 0-30%	68	30237	30237	0										0	0	
		2. Burden 30-50%	68	5962	0	5962											0	0
		3. Burden >50%	68	6691	0	6691											0	0
		4. Substandard	68	6605	0	6605											0	0
		5. Overcrowded	68	5576		5576											0	0
	Subtotal, Small**		12653	1162	11491		794		794		794		794		794	3970	0	
	Large Related	6. Burden 0-30%	68	6805	6805	0											0	0
		7. Burden 30-50%	68	1514	0	1514											0	0
		8. Burden >50%	68	1914	0	1914											0	0
		9. Substandard	68	1576	0	1576											0	0
		10. Overcrowded	68	1330	0	1330											0	0
	Subtotal, Large**		3428	384	3044		264		264		264		264		264	1320		
	Elderly	11. Burden 0-30%	68	12732	12732	0											0	0
		12. Burden 30-50%	68	4534	0	4534											0	0
		13. Burden >50%	68	5071	0	5071											0	0
14. Substandard		68	3440	0	3440											0	0	
15. Overcrowded		68	2904	0	2904											0	0	
Subtotal, Elderly**		9605	258	9347		250		250		250		250		250	1250			
Owner	16. Burden 30-50%	68	13660	0	13660											0	0	
	17. Burden >50%	68	9916	0	9916											0	0	
	18. Substandard	68	4452	0	4452											0	0	
	19. Overcrowded	68	13154	0	13154											0	0	
Subtotal, Owner**		23576	117	23459		200		200		200		200		200	1000	0		

Note: ** Needs to be met have been determined to be cost-burdened units 30-50% and .50%. Current numbers represent DHCD's annual units funded production consisting of an average of the actual FY 2003 and FY 2004 units funded. (Table re-inserted 2/06)



Table 7: Percentage of renter households experiencing housing problems

Income range (% of AMI)	All	White, non- Hisp.	Black, non- Hisp.	Hispanic	Asian, non- Hisp.	Mobility/Self-Care Limit.²⁰ (all races)
<i>All Households (#)</i>	147,052	42,875	84,850	10,768	4,790	22,455
<30%	70.6	78.6	68.4	81.3	67.6	64.3
31-50%	57.0	77.1	47.9	76.0	80.8	48.6
51-80%	30.9	42.9	20.1	59.4	45.8	29.1
>80%	13.8	11.2	12.3	35.8	26.7	22.0
<i>Elderly HH (#)</i>	22,237	4,245	16,670	778	N/A	4,130
<30%	63.0	81.1	61.3	67.3	N/A	58.4
31-50%	46.0	60.0	43.3	37.0	N/A	36.1
51-80%	19.5	31.4	13.9	10.3	N/A	15.7
>80%	7.3	9.8	4.1	4.0	N/A	9.5
<i>Family HH (#)</i>	53,123	6,160	38,100	6,090	N/A	4,450
<30%	76.9	61.5	75.2	90.0	N/A	N/A
31-50%	54.4	60.3	47.5	85.2	N/A	N/A
51-80%	39.7	53.4	29.5	70.3	N/A	N/A
>80%	24.4	17.1	20.3	55.4	N/A	N/A
<i>Other HH (#)</i>	71,592	32,470	29,810	3,900	N/A	13,875
<30%	69.8	79.6	64.5	74.0	N/A	69.1
31-50%	63.4	82.5	50.8	65.7	N/A	54.9
51-80%	27.5	43.4	13.2	39.1	N/A	34.2
>80%	9.2	9.9	6.1	15.0	N/A	26.6

N/A – data not available.

²⁰ See discussion of Special Needs Housing, following section.



Table 8: Percentage of home-owning households experiencing housing problems

Income range (% of AMI)	All	White, non-Hisp.	Black, non-Hisp.	Hispanic	Asian, non-Hisp.	Mobility/Self-Care Limit. (all races)
<i>All Households (#)</i>	101,184	40,625	53,860	3,324	1,585	16,178
<30%	68.8	75.1	66.8	80.5	60.0	70.1
31-50%	55.2	55.8	53.6	73.0	56.5	50.9
51-80%	42.4	43.7	40.1	63.6	74.2	35.5
>80%	13.5	11.9	13.7	31.6	21.5	13.8
<i>Elderly HH (#)</i>	27,068	9,655	16,320	395	N/A	4,668
<30%	60.6	63.0	60.4	45.5	N/A	66.5
31-50%	36.7	32.4	37.0	40.0	N/A	37.4
51-80%	26.5	30.1	24.5	40.0	N/A	25.1
>80%	9.6	8.5	10.3	21.1	N/A	7.2
<i>Family HH (#)</i>	44,815	14,655	26,785	1,944	N/A	2,420
<30%	78.8	88.2	77.2	97.5	N/A	N/A
31-50%	47.8	64.7	67.4	79.5	N/A	N/A
51-80%	35.1	55.3	42.6	75.0	N/A	N/A
>80%	10.5	10.9	12.8	36.9	N/A	N/A
<i>Other HH (#)</i>	29,301	16,305	10,755	985	N/A	9,090
<30%	85.4	81.5	66.6	75.0	N/A	76.4
31-50%	68.6	77.9	68.9	86.7	N/A	67.7
51-80%	50.0	51.1	57.1	45.0	N/A	43.2
>80%	25.0	14.7	19.2	24.6	N/A	17.4

Lead-Based Paint: DHCD has estimated that there are 98,912 housing units with lead-based paint (LBP) hazards in the District, totaling 39.8 percent of the count of occupied properties. DHCD further estimates that 62,809 of them are occupied by low-income households.²¹

Summary: The data point to a clear need for affordable, appropriately-sized rental housing through the range of extremely low- to moderate income households, but particularly for extremely low-income and elderly households. There is a need for rehabilitation programs for both multifamily and single-family residences (and, presumably, better enforcement of housing codes for rental properties), both to improve housing quality and to reduce lead-based paint hazards. Finally, there needs to be greater outreach and marketing of decent housing to the District’s immigrant population. Production goals and related efforts to address these problems are addressed in Part V, the Strategic Plan.

²¹ This estimate is based on the HUD/National Institute of Environmental Health Studies’ National Survey of Lead and Allergen in Housing (NSLAH), October 31, 2002, which showed that, nationally, LBP hazards were found in 68% of the housing unit built before 1940, 43% of the housing units built between 1940 and 1959, and 8% of the housing units built between 1960 and 1977. (LBP was banned for residential use in 1978.) Application of these percentages to the inventory of occupied housing units in the District results in a total of 98,912 with LBP hazards. DHCD further estimates that 63.5% of the households meet the HOME low-income definition. 63.5% of 98,912 equals 62,809.



SPECIAL NEEDS HOUSING

Housing and service needs of persons with particular challenges are reflected in Table on page 32. This includes: the elderly and frail elderly, persons with physical or mental challenges, persons with HIV/AIDS, and persons struggling with addiction, as well as public housing residents.²² (See the discussion above for information on housing needs for people with mobility impairments or other self-care limitations.)

The 2000 Census estimates that 22 percent of the District population has some form of disability, such as sensory impairment, mobility impairment, mental disability, or other inability to perform activities of daily living. Just over 12 percent of the population, approximately 70,000 people, are elderly (aged 65 or over); 9,000 of these residents (1.6 percent of the total population) can be considered frail elderly, at 85 years or older. In addition, at the end of 2002, there were 15,132 reported AIDS cases, representing approximately 2.6 percent of the population.

DHCD's impact on this population is limited to the financing of housing for elders and persons with other special needs, and the financing of modifications to make single family homes accessible to persons with mobility impairments. Five percent of all new housing units developed in the District must be accessible to persons with mobility impairments, and another two percent must be accessible to persons with visual or hearing limitations, and DHCD enforces this requirement. However, the District as a whole offers residences and services for persons with special needs through the following agencies:²³

- Office on Aging
- Department of Mental Health
- Addiction Prevention and Recovery Administration (Department of Health)
- HIV/AIDS Administration (Department of Health)
- Mental Retardation and Developmental Disabilities Administration (Department of Human Services)

For persons with mental health issues, there are a variety of group homes across the city, as well as supportive services. The Office on Aging oversees a senior service network of 20 non-profit organizations which includes in-home support programs. The Department of Health has 176 beds for substance abusers. The HIV/AIDS Administration offers 474 units, through rental assistance, supportive housing or emergency housing. For persons with mental disabilities, there are over 1,200 units available in community residential facilities, group homes, supervised apartments, and other institutions.

Housing Suitable for Persons with Disabilities:

The District of Columbia Housing Authority (DCHA) is currently midway through a six-year program to produce housing units for low income persons that meet Uniform Federal

²² The needs of public housing residents are discussed in Appendix E].

²³ There is no District agency that focuses on the needs of mobility-impaired persons only.



Accessibility Standards (UFAS) standards. At this writing, 326 such units have been completed and are available for households that include one or more persons with accessibility requirements. DCHA has committed to producing a total of 565 UFAS accessible units by the completion of this program in 2007.

DCHA tracks the number of low-income households on its waiting list for affordable housing whose members include one or more persons needing accessible housing accommodations. At this writing, the number of such households is 100.

Data from the DC Housing Authority on the available stock of and community needs for housing accessible to disabled persons are likely not exhaustive of the entire stock of and need for accessible housing in the District. Still those data are representative of the stock and needs for low income households, a large percentage of which are either housed in DCHA housing units or on the waiting list for such units.

Housing Needs Data and Mobility Impairment:

Table 7 and Table 8 on pages 31-32, lower-income persons with mobility or self-care limitations appear to experience housing problems in the same proportions as persons without such limitations. It is only middle- and higher-income households with mobility or self-care limitations that experience housing problems. While these data do not indicate an especially severe need for affordable special needs housing specifically for lower-income persons with mobility impairments, it must be recognized that much of the District's rental housing was constructed before accessibility requirements were enacted into law. In addition, the row-house configuration of many of the District's single family homes requires modification to make such housing accessible.

Beyond housing, many of the District's special needs residents require services to help them with activities of daily living. Many of the residential facilities offered by the agencies listed above include a supportive service component. Others maintain services-only facilities.

Another need, which is not captured above, is the need for housing for minors and young adults in the Child and Family Services Administration foster care system. Between 2005 and 2011, 867 residents aged 15 to 21 will age out of the foster care system. Ninety-three of these residents are pregnant. Without adequate housing and assistance, many of these residents may join the homeless population.



Table 9: Non-Homeless Needs Table

Non-Homeless Needs		Needs- Current=	Gap	5-Year Quantities										% of Goal	Priority Need	Plan to Fund?	Fund Source		
				Year 1		Year 2		Year 3		Year 4		Year 5						Cumulative	
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual					Goal	Actual
Housing Needed	52.Elderly												0	0					
	53.Frail Elderly												0	0					
	54.Persons w/ Severe Mental Illness	2200	1700	500	100	100	100	100	100	100	100	500	0	0%			Local/ Fed.		
	55.Developmentally Disabled	1931	1931	0	2031	2131	2231	2331	2431	2431	2431	11155	0	0%	Priority	Y	Local/ Fed.		
	56.Physically Disabled	483	483	0	555	638	733	842	968	968	968	3736	0	0%	Priority	Y	Local/ Fed.		
	57.Alcohol/Other Drug Addicted	19,433	2,473	16960	3,906	5,838	7,871	10,238	11,905	11,905	11,905	39758	0	0%					
	58.Persons w/ HIV/AIDS & their families	1374	474	900	180	180	180	180	180	180	180	900	0	0%	High				
	59.Public Housing Residents	36,761	8,013	28,478	150^	131	305	343	356	356	356	1,285	0	0%	High				
	Total											0	0						
Supportive Services Needed	60.Elderly												0	0					
	61.Frail Elderly												0	0					
	62.Persons w/ Severe Mental Illness	13740	12000	1740	350	350	350	350	350	350	350	1750	0	0%			Local/ Fed.		
	63.Developmentally Disabled	1931	1931	0	2031	2131	2231	2331	2431	2431	2431	11155	0	0%	Priority	Y	Local/ Fed.		
	64.Physically Disabled	483	483	0	555	638	733	842	968	968	968	3736	0	0%	Priority	Y	Local/ Fed.		
	65.Alcohol/Other Drug Addicted*	19,433	2,473	16960	3,906	5,838	7,871	10,238	11,905	11,905	11,905	39758	0	0%					
	66.Persons w/ HIV/AIDS & their families	5495	1896	3600	720	720	720	720	720	720	720	3600	0	0%	High				
	67.Public Housing Residents	6,673	1,765	*5,000	1000	1000	1000	1000	1000	1000	1000	5000	0	0%	High				
Total											0	0							

*Includes temporary housing/beds.

Note: Information in this Table is derived from data submitted by the Office of Deputy Mayor for Children, Youth Families and Elders, which oversees the human services agencies listed on page 34. Corrected in February 2006 with data from the Dept. of Health, HIV-AIDS Administration, and from the DC Housing Authority.



Persons with HIV/AIDS: The needs of persons with HIV/AIDS are described more fully in Appendix B. The D.C. Department of Health, HIV/AIDS Administration (HAA) estimates that there are over 38,000 people living with HIV or AIDS in Eligible Metropolitan Area (EMA), which includes the District of Columbia and neighboring counties in Maryland, Virginia and West Virginia, or 783 per 100,000 individuals. This population is heavily composed of minorities: 84 percent of the persons living with HIV or AIDS are persons of color, yet persons of color compose only 44 percent of the EMA population overall.

The HAA estimates that 10.5 percent of persons with HIV/AIDS who receive services under the Ryan White Title I program are either homeless or otherwise have unstable housing (institutionalized or in non-permanent housing). Many such individuals subsequently have only sporadic access to services, insofar as they tend to leave services when they lose housing, and return to services when their housing stabilizes.

There are 22 service providers in Washington DC supplying tenant-based housing assistance or facility-based housing with supportive services. These are listed in Appendix B. The HAA seeks to expand its supply of housing providers, and to provide HOPWA program services to 712 unduplicated DC Persons with AIDS over the five year plan period. It has enumerated its needs for 2006-2010 as follows:

1. Continued implementation and review of the EMA's Strategic Spending Plan 2006 – 2010
2. Establish a diversified housing continuum of care through program development and access to non-AIDS specific housing resources;
3. Increase participation, collaboration and leveraging with Ryan White, local DHCD Block Grant, mental health, and substance abuse programs;
4. Improved reporting and client tracking;
5. Empower clients toward self sufficiency through vocational, home ownership and/or other rehabilitation;
6. Provide housing information and referral;
7. Direct all major rehabilitation, repair and acquisition projects to target local CDBG, HOME and ESG grants for funding. HOPWA funding will be used on a small scale and/or as the funding of last resort for rehabilitation, repair and acquisition projects; and
8. Establish housing plans and method to transition clients who are willing and able off assisted housing subsidies within a 30-month period.
9. Establish select housing demonstration programs for targeted groups such as women.
10. Develop Strategic Housing Plan for DC EMA
11. Provide housing mediation services for tenants and landlords.
12. Provide HUD Quality Standard Inspections for tenants.



Challenges to Financing Special Needs Housing

The ever-increasing cost of attaining housing in the District has also impacted the cost of *producing* housing. The challenge of meeting special housing needs has increased even more than the general production costs. For example, in 2003, DHCD assisted in financing 2256 units of affordable housing at an average total development cost (TDC) of \$103,302 per unit, and an average subsidy of \$18,785 per unit, representing a leverage factor of 4.49 per subsidy investment. Specifically, the average costs per rental and special needs unit were:

Housing Type	Average TDC	Average Subsidy Per Unit
• Rental	\$110,492	\$16,299
• Special Needs	\$97,117	\$19,171

In FY 2004, DHCD assisted in financing 1608 units of affordable housing at an average TDC of \$88,917 per unit. DHCD's subsidy for all affordable housing grew to \$32,082 per unit and the leveraging factor was 1.77. The average subsidy for Special Needs units is considerably higher. The changes in production costs were as follows:

Housing Type	Average TDC	Average Subsidy Per Unit
• Rental	\$95,402	\$19,650
• Special Needs	\$97,336	\$44,684

Homeless Housing Needs

Information in this section is provided by the Community Partnership for the Prevention of Homelessness (the Partnership), the District's sub recipient of Emergency Shelter Grant funds. The Partnership is an independent, nonprofit corporation established in 1989 to serve as a focal point for efforts to reduce and ultimately prevent homelessness in the District of Columbia. The Partnership currently serves as the lead agency for the District's homeless Continuum of Care under a FY 2005 contract from the Department of Human Services (DHS) – renewable for up to four option years based upon achievement of performance objectives. The contract funds the Partnership to address the needs of the District's homeless population, including the homeless and other special need subpopulations of the homeless (e.g., the frail elderly, chronically mentally ill, drug and alcohol abusers, and persons with HIV/AIDS).

Tables 10-14 on pages 35 to 41 reflect the Partnership's information²⁴ and analysis of homeless needs and gaps for Individuals and Families as currently measured; and they project the number

²⁴ Sources of Data Used for Homeless Needs Tables



of units/beds of shelter and housing, as well as supportive services, to be added over the five year period of the Consolidated Plan.

Using its information, the Partnership developed the inventory of current programs, identifying them as serving individuals, families and specific subpopulations and submitted the following chart to HUD in July 2004.

Table 10: Housing Gaps Analysis Chart

(as submitted to HUD in the 2004 SuperNOFA application for competitive McKinney-Vento homeless funds)

		Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
Individuals				
Beds	Emergency Shelter	2,934	480	0
	Transitional Housing	1,001	114	0
	Permanent Supportive Housing	1,759	201	1,800
	Total	5,694	490	1,800
Persons in Families with Children				
Beds	Emergency Shelter	954	75	0
	Transitional Housing	1,293	92	113
	Permanent Supportive Housing	1,021	228	1,422
	Total	3,268	320	1,535

The “Current Inventory in 2004” numbers in the Housing Gaps Analysis Chart have been carried over to the “Current” columns in the “Beds” sections in the Homeless Needs Tables. However, the figures for the “gaps” in permanent housing are larger in the Homeless Needs Tables from what was stated in the Housing Gaps Analysis Chart because the Consolidated Plan tables reflect the need to develop all 6,000 permanent housing units, both permanent supportive housing “inside” a homeless Continuum of Care and permanent affordable housing without supportive services that is “outside” the Continuum of Care but will contribute to the prevention of homelessness. The larger figure reflects that Consolidated Plan resources and other District resources will be used to develop *all* the affordable housing called for in 10-year plan, not just housing units inside the homeless Continuum of Care.

As for the enumeration of the District’s homeless population itself, including the counts and estimates of homeless subpopulations, the Partnership’s point-in-time enumeration covered all shelter and housing facilities within the District of Columbia and included an estimate of the street-bound population that was provided by eight outreach programs. Because the count is done in mid-winter, more persons who might normally stay in the streets are counted in shelters, reducing but not totally eliminating duplication of some persons who outreach organizations counted as “usually” living on the streets even if they were not seen on the day of the point-in-time count (January 21, 2004). In addition the Partnership is able to confirm the count from many shelters through the HMIS and daily census records it maintains, and thus able to craft



estimates of the subpopulations both from the enumerations and estimates. The following chart from the 2004 SuperNOFA application used both enumerations (N) and estimates (E) to look at sheltered and unsheltered homeless persons.

Table 11: Homeless Population and Subpopulations Chart

PART 1: HOMELESS POPULATION	SHELTERED		UNSHELTERED	TOTAL
	EMERGENCY	TRANSITIONAL		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals	2,726 (N)	765 (N)	316 (E)	3,807
2. Homeless Families with Children	262 (N)	276 (N)		538
2a. Persons in Homeless Families with Children	903 (N)	850 (N)		1,753
Total (lines 1 + 2a)	3,629	1,614		5,559
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	TOTAL
1. Chronically Homeless	1,211 (N)		294 (N)	1,505
2. Severely Mentally Ill*	739 (N)		217 (N)	956
3. Chronic Substance Abuse	904 (N)		107 (N)	1,011
4. Veterans	612 (E)		36 (N)	648
5. Persons with HIV/AIDS	456 (E)		19 (N)	475
6. Victims of Domestic Violence	306 (N)		19 (N)	325
7. Youth (Under 18 years of age)	98 (E)		0	98

* includes dually-diagnosed

Form HUD 40076

This chart *does not* include persons counted in “permanent supportive housing” within the Continuum of Care (since, as HUD requires, these are not considered to be “homeless” persons), but is limited to persons on the streets, in shelters and in transitional housing (thus the total count of 5,559 homeless persons). However, it was possible for the Partnership to use the distribution of homeless subpopulations that emerged from the point-in-time enumeration (augmented by other local data) to inform the “Supportive Services” and “People” sections of the following Homeless Needs Tables in order to project the services needed and subpopulations to be served over five years in *permanent* housing as well as emergency and transitional facilities.

Homeless Needs Table: Families

Based on current inventory and needs, and based upon the objectives for the first five years of the District’s *Homeless No More* 10-year plan to end homelessness, the Partnership estimates that the District will need to provide emergency shelter, transitional housing and/or permanent affordable housing units that will expand the current capacity to serve 4,075 families with an estimated 13,448 persons by the end of the next ten years. Toward closing the current gap of 10,180 beds for 5,090 families, the Partnership estimates that 5,230 of those beds for 1,585 families must be brought on line within the next five years. (Table 12) Family homelessness results from combination of factors including low education and skills, job loss, scarcity of housing units affordable to families with extremely low incomes, and physical- and mental-health needs, and related social issues. However, there are currently only 990 family units providing shelter and housing to about 3,268 persons in FY 2005 to serve this population.



The 10-year plan calls for small increases in emergency shelter capacity (75 beds in additional hypothermia season capacity) and transitional housing (an additional 205 beds or 62 units of transitional housing, with 50 of these to serve families in the early stages of recovery from substance abuse). The major thrust of expanding capacity for families will be the creation of at least 3,000 new units of affordable and supportive *permanent* housing for families, to be added to the current inventory of 1,021 beds or about 309 units of permanent supportive housing for families. The table shows the total gap in permanent affordable housing for families as 9,900 beds for 3,000 households, with one-half of this gap – i.e., 4,950 beds for 1,500 families – to be created in the next five years.

Homeless Needs Table: *Individuals*

The Partnership estimates that there are currently 9,288 individuals in need of emergency shelter, transitional housing and permanent housing. Current programs and funding provide shelter and housing for only 5,694 of these individuals, however, leaving a gap of 3,594 places. The partnership further estimates that an additional 2,094 beds (Table 14) will be created within five years to close the gap, leaving 1,500 additional permanent housing units to be completed by the year 2014 per the 10-year plan to end homelessness

Supportive Services Gaps: *Families and Individuals*

Beyond shelter or housing, the various homeless sub-populations need services while in the Continuum of Care and beyond it as they move to community-based housing. These service needs include job training and case management for some, but others need assistance with mental health care, substance abuse, or basic life skills treatment - the absence of which will make it more difficult for homeless individuals and families to find permanent, stable housing. Reading the “Gap” column across both tables, it can be seen that both families and individuals are facing shortages in necessary services. More than 1,000 adults in families and individuals on their own will need access to job training; about 1,800 will need access to mental health care; and 6,000 households will need help finding a permanent home.

Narrowing the Gaps within 5 Years

The tables do not show that all the gaps in shelter and services will be closed within five years, but the “Cumulative” goal over five years is expected to meet a significant portion of the needs by FY 2010. Given the plethora of needs and the shortage of services and beds described above, the priority for the District with regard to the homeless is the continued expansion of the Continuum of Care. Appendix C describes the Continuum and summarizes the *Homeless No More* plan, with its emphasis on the creation of permanent housing, the expansion of wraparound mainstream supportive services, and increase in prevention efforts.



Table 12: Homeless Families Needs

Homeless Needs	Needs- Current= Gap			5-Year Quantities								% of Goal	Priority Need	Plan to Fund?	Fund Source				
				Year 1		Year 2		Year 3		Year 4						Year 5		Cumulative	
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual					Goal	Actual	Goal	Actual
Beds	36.Emergency Shelters	1029	954	75	75	0	0	0	0	0	75	0	0%	L	Y	DC			
	37.Transitional Housing	1498	1293	205	92	66	47	0	0	204.6	0	0%	M	Y	HUD,VA				
	38.Permanent Housing	10921	1021	9900	558	1098	1098	1098	1098	4950	0	0%	H	Y	DC,HUD				
	Total	13448	3268	10180	725	1164	1145	1098	1098	5230	0	0%							
Supportive Services	39.Job Training	615	300	315	63	63	63	63	63	315	0	0%	M	Y	DC,HUD				
	40.Case Management	1376	835	541	108	108	108	108	108	541	0	0%	H	Y	DC,HUD				
	41.Substance Abuse Treatment	379	165	214	43	43	43	43	43	214	0	0%	H	Y	DC,HUD,HHS				
	42.Mental Health Care	199	41	158	32	32	32	32	32	157.5	0	0%	H	Y	DC,HUD,HHS				
	43.Housing Placement	3309	309	3000	300	300	300	300	300	1500	0	0%	M	Y	DC,HUD				
	44.Life Skills Training	454	276	179	36	36	36	36	36	178.5	0	0%	M	Y	DC,HUD				
Other	0	0	0						0	0	0%								
People	45.Chronic Substance Abusers	508	101	407	81	81	81	81	81	406.6	0	0%	H	Y	DC,HUD				
	46.Seriously Mental Ill	284	61	223	45	45	45	45	45	223	0	0%	H	Y	DC,HUD,HHS				
	47.Dually Diagnosed	278	55	223	45	45	45	45	45	223	0	0%	H	Y	DC,HUD,HHS				
	48.Veterans	20	20	0	0	0	0	0	0	0	0	0%	M	Y	HUD,VA				
	49.Persons with HIV/AIDS*	525	216	312	63	62	62	62	62	311	0	0%	L	Y	HUD,HHS				
	50.Victims of Domestic Violence	399	157	242	48	48	48	48	48	241.6	0	0%	L	Y	DC,HHS				
	51.Youth	2056	1641	415	83	83	83	83	83	415	0	0%	M	Y	DC,HUD,HHS				
Other	0	0	0						0	0	0%								

Data provided by the Partnership except * provided by the DC HIV/AIDS Administration



Table 13: Homeless Families Needs - HIV/AIDS Only

Homeless Needs	Needs- Current= Gap			5-Year Quantities								% of Goal	Priority Need	Plan to Fund?	Fund Source				
				Year 1		Year 2		Year 3		Year 4						Year 5		Cumulative	
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual					Goal	Actual	Goal	Actual
Beds	36.Tenant Based Rental	278	139	139	28	28	28	28	27	139	0	0%							
	37.Emergency Housing	120	35	85	17	17	17	17	17	85	0	0%							
	38.Supportive Housing	130	42	88	18	18	17	17	18	88	0	0%							
	Total	528	216	312	63	63	62	62	63	313	0	0%							
Supportive Services	39.Job Training	398	123	275	55	55	55	55	55	275	0	0%							
	40.Case Management	528	216	312	63	62	62	62	63	312	0	0%							
	41.Substance Abuse Treatment										0								
	42.Mental Health Care										0								
	43.Housing Placement	278	139	139	28	28	28	28	28	140	0								
	44.Life Skills Training	398	123	275	55	55	55	55	55	275	0	0%							
	Other (Transportation	209	123	86	66	66	66	66	66	330	0	0%							
People	45.Chronic Substance Abusers										0								
	46.Seriously Mental Ill										0								
	47.Dually Diagnosed										0								
	48.Veterans										0								
	49.Persons with HIV/AIDS	528	216	312	63	62	62	62	63	312	0								
	50.Victims of Domestic Violence										0								
	51.Youth										0								
Other										0									

Source: D.C. Department of Health, HIV/AIDS Administration

N.B.: The DOH/HAA estimates there are 1,064 homeless families living with HIV/AIDS in the EMSA, of whom 352 are receiving assistance.



Table 14: Homeless Individuals Needs

Homeless Needs	Needs- Current= Gap		5-Year Quantities										% of Goal	Priority Need	Plan to Fund?	Fund Source		
			Year 1		Year 2		Year 3		Year 4		Year 5						Cumulative	
			Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual					Goal	Actual
Beds	20. Emergency Shelters	3414	2934	480	480	0	0	0	0	0	480	0	0%	M	Y	DC, HUD		
	21. Transitional Housing	1115	1001	114	14	100	0	0	0	114	0	0%	L	Y	HUD, VA			
	22. Permanent Housing	4759	1759	3000	300	300	300	300	300	1500	0	0%	H	Y	DC, HUD			
	Total	9288	5694	3594	794	400	300	300	300	300	2094	0	0%					
Supportive Services	23. Job Training	1435	728	707	141	141	141	141	141	707	0	0%	M	Y	DC, HUD			
	24. Case Management	4181	2574	1607	321	321	321	321	321	1607	0	0%	H	Y	DC, HUD			
	25. Substance Abuse Treatment	2570	737	1833	367	367	367	367	367	1833	0	0%	H	Y	DC, HUD, HHS			
	26. Mental Health Care	2081	405	1676	335	335	335	335	335	1676	0	0%	H	Y	DC, HUD, HHS			
	27. Housing Placement	4759	1759	3000	300	300	300	300	300	1500	0	0%	H	Y	DC, HUD			
	28. Life Skills Training Other	1380	849	530	106	106	106	106	106	530.3	0	0%	L	Y	DC, HUD			
People	29. Chronic Substance Abusers	1386	500	886	177	177	177	177	177	886	0	0%	H	Y	DC, HUD			
	30. Seriously Mental Ill	897	168	729	146	146	146	146	146	729	0	0%	H	Y	DC, HUD, HHS			
	31. Dually Diagnosed	1184	237	947	189	189	189	189	189	947	0	0%	H	Y	DC, HUD, HHS			
	32. Veterans	648	201	447	89	89	89	89	89	447	0	0%	M	Y	DC, HUD, VA			
	33. Persons with HIV/AIDS	520	121	399	80	80	80	80	80	400	0	0%	L	Y	DC, HUD, HHS			
	34. Victims of Domestic Violence	325	150	175	44	44	44	44	0	175	0	0%	L	Y	DC, HHS			
	35. Youth	98	49	49	10	10	10	10	10	50	0	0%	M	Y	DC, HUD, HHS			

provided by the Partnership



Table 15: Homeless Individuals Needs - HIV/AIDS Only

Homeless Needs	Needs- Current= Gap			5-Year Quantities								% of Goal	Priority Need	Plan to Fund?	Source				
	Current	Gap	Total	Year 1		Year 2		Year 3		Year 4						Year 5		Cumulative	
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual					Goal	Actual	Goal	Actual
Beds	20. Emergency Shelters	200	70	130	26	26	26	26	26	26	26	26	26	130	0	0%	M	Y	DC, HUD
	21. Transitional Housing	200	96	104	21	21	21	21	21	21	21	21	21	105	0	0%	L	Y	HUD, VA
	22. Permanent Housing*	425	235	190	38	38	38	38	38	38	38	38	38	190	0	0%	H	Y	DC, HUD
	Total	825	401	424	85	85	85	85	85	85	85	85	85	425	0	0%			
Supportive Services	23. Job Training	398	100	298	60	60	60	60	60	60	60	60	60	298	0	0%	M	Y	DC, HUD
	24. Case Management	802	401	401	80	80	80	80	80	80	80	80	80	400	0	0%	H	Y	DC, HUD
	25. Substance Abuse Treatment																		
	26. Mental Health Care																		
	27. Housing Placement	802	401	401	80	80	80	80	80	80	80	80	80	400	0	0%	H	Y	DC, HUD
	28. Life Skills Training	398	100	298	60	60	60	60	60	60	60	60	60	300	0	0%	L	Y	DC, HUD
Other: Transportation	400	205	195	39	39	39	39	39	39	39	39	39	195	0	0%				
People	29. Chronic Substance Abusers																		
	30. Seriously Mental Ill																		
	31. Dually Diagnosed																		
	32. Veterans																		
	33. Persons with HIV/AIDS	802	401	401	80	80	80	80	80	80	80	80	80	400	0	0%	L	Y	DC, HUD, HHS
34. Victims of Domestic Violence																			
35. Youth																			

*Tenant Based Rental

Source: D.C. Department of Health, HIV/AIDS Administration

N.B.: The DOH/HAA estimates there are 1,617 homeless individuals living with HIV/AIDS in the EMSA, of whom 629 are receiving assistance.

Notes for Tables 12/14.

The data that informs the “Needs” column in the Tables 12 and 14 were derived from two sources: 1) the objectives of the District’s 10-year plan to end homelessness with its focus on permanent housing, and 2) the point-in-time enumerations of 2003 and 2004 that provided data regarding the usage (occupancy) of different types of Continuum of Care facilities, percentages of subpopulations with special needs, and the number estimated to need specific kinds of supportive services. For example, data from the District’s point-in-time enumeration showed occupancy of transitional beds for single adults and persons in families (combined) at 75% in 2003 and 71% in 2004. These data indicate there are sufficient transitional housing beds to meet the needs, although there is still a need for some specialized transitional units for specific populations. The planning task is thus to reallocate the transitional capacity more so than to build up the bed capacity in this part of the Continuum. .

The 10-year plan established permanent housing as the major gap that must be closed in the years ahead, with at least an additional 6,000 affordable housing units needed and to be created by 2014. Some of the housing needed is “permanent supportive housing” with services and some of it is simply housing that is affordable to adults and families with incomes at 10% to 20% of Area Median Income – an income level typical of those who become homeless. The strategy is designed both to end the homelessness of some and



prevent many other poor people from becoming homeless in the first place. The tables assume that about one-half of the overall objective of 6,000 units will be achieved between FY 2006 and FY 2010.

Data for completing the “Current” inventory column comes from various sources and is consistent with the “Housing Gaps Analysis Chart” that the Partnership completes as part of its annual application for HUD Continuum of Care funds. The following overview of how the “Housing Gaps Analysis Chart” is constructed can this serve as an introduction to the numbers in the tables.

During its annual point-in-time survey of homeless people and Continuum of Care facilities, always conducted in the third week of January, the Partnership asks for capacity data from every public and private agency operating homeless programs within the District of Columbia. Forms for “Individuals” and “Persons in Families” are distributed by fax and email to the agencies that then respond with data about the number of units and/or beds in their facility(ies) and the clients they serve. The numbers received are checked against the listing of facilities’ data from the previous year to see if anything has changed. The Partnership does email and phone follow-up contacts to clarify information. In some cases programs have opened, expanded, contracted or gone out of business. In some cases the Partnership discovers that a program is not targeted to the homeless as was previously indicated, causing that program to be removed from the inventory. At the end of the process the Partnership distributes the “Housing Activity Chart” that is required by HUD to providers and advocates via email and asks for final additions and corrections.

Other helpful information about the current inventory of programs and services comes from: a) program descriptions maintained on the Fannie Mae Foundation’s “Help the Homeless” walkathon web site; b) the Emergency Food and Shelter Directory published annually by the Interfaith Conference of Metropolitan Washington; c) input from the focus groups on men, women and families; and d) the directory of programs within the Partnership’s homeless management information system (HMIS} Notes, Tables 12 & 14.



Non-Housing Community Needs

The various non-housing community needs that are quantified in Table 6 on page 49 are discussed on the following pages. This information was prepared in consultation with the various human services agencies and infrastructure agencies. Some information has been provided as of February 2005; the remainder is forthcoming.

The majority of these needs are not met directly through HUD funding. However, these needs must be met to improve the quality of neighborhoods and the delivery of services for District residents. The District's plans to meet non-housing community needs include the following:

Employment and Training

Training

The DC Department of Employment Services (DOES) provides estimates on the need for job training and placement based on unemployment figures over the past several years. Approximately 22,000 people were estimated to be unemployed in 2003 and 2004.

Training is provided by DOES based on federal dollars received under the Workforce Investment Act (WIA). For the five-year plan period, DOES estimates that it will provide training to a minimum of 650 adults each year. From that universe, 60% or 390 will be placed in jobs that pay at least \$2500 more than they were earning before they entered the program. Three hundred and twenty five (325) or 50% will receive an industry-recognized (non-apprenticeship) credential that will help foster their continued career development. .

Opportunity

Access to Employment: DOES operates a network of "One-Stop Career Centers," three full service centers and five satellite centers throughout the city. Additionally there is a Mobile One-Stop van that brings literacy and workforce development services to neighborhoods not directly served by the One Stop Centers. Through the Virtual One-Stop (VOS) Network, individuals seeking jobs or training, can search, self register, prepare resumes, and e-mail employers or training providers.



First Source and Apprenticeship

The Department of Employment Services requires recipients of \$100,000 or other forms of government assistance to sign a First Source Employment Agreement to ensure that jobs created by their projects or contracts are listed with DOES and that 51% of the new jobs created are filled by District residents. Also, companies receiving contract awards for construction or renovation projects, supported or assisted by DC government funds of \$500,000 or more, are required to establish registered Apprenticeship programs with DOES and to hire District residents for new apprenticeships created.

DOES supported the increase in the minimum wage in the District of Columbia in FY 2004. The minimum wage was raised to \$6.60 an hour beginning in January 2005, and will increase to \$7.00 an hour in January 2006.

Business Development

In the Office of the Deputy Mayor for Planning and Economic Development, under the “Main Streets” initiatives, several programs will continue to focus on neighborhood business development. The re-STORE DC, a District initiative which began in 2002, features investment in micro-loan funds and the acquisition and development of commercial properties. Through a partnership between the Office of Deputy Mayor, the DC Public Libraries and the US Small Business Administration, an “Enhanced Business Information Center (“e-BIC”)” was opened at the main library. During regular library hours, the center is equipped with 10 computer workstations loaded with business software. There are small conference rooms, video-conferencing services, and SBA-provided reference materials and consultants.

A training room seating 40 persons is a feature of the e-BIC. Ten to 15 training sessions are provided annually to small businesses, especially focusing in the areas of access to credit, purchasing commercial property, and licensing. Additionally, mentoring is provided to between 30-40 small businesses.

The Community Development Needs Table on page 54 shows the five-year projections for these business development activities under “Economic Development Needs.” Included are assistance for 1,500 for profit businesses; technical assistance for 1,500 businesses; and micro-enterprise assistance to 2,500 businesses. Additional assistance includes funding for commercial or industrial improvements for 85 businesses and rehabilitation of 85 public or private commercial projects. These business development initiatives are locally funded.



Infrastructure

Managing Solid Waste

Over the period of the five-year plan, the DC Department of Public Works (DPW) will focus on improving solid waste collection and disposal. DPW picks up residential household waste daily, and private collection operators also utilize the Department's two solid waste transfer stations for their collected waste. Employing 40 trucks per day, DPW collects approximately 492 tons of residential household debris per day. DPW plans to collect and dispose of over 99% of daily waste in each of the five years of the Consolidated Plan at an approximate local cost of \$10.8 million annually.

Asbestos Abatement

D-DOT will also undertake asbestos removal projects on an as-needed basis, utilizing \$250,000 in capital funds. These funds are designated for the abatement of asbestos discovered in District-owned buildings during various renovation projects. The Capital Construction Services Administration of the Office of Property Management oversees the use of these funds. The money is not designated for a particular building, but rather serves as a pool of funds to be used when asbestos is found. Given this scenario, it is difficult to forecast specific number of projects to be undertaken in a given year

Maintaining Access

Streets and Sidewalks—The DC Department of Transportation (D-DOT) repairs, reconstructs and maintains roadways, bridges, sidewalks, curbs, gutters and alleys, as well as plants and maintains street trees. D-DOT is also responsible for ensuring Americans with Disabilities Act (ADA) accessibility to the District's transportation infrastructure. Over the five year plan period, D-DOT has set a goal of completing 500 street and 50 sidewalk improvement projects, as well as 100 accessibility projects. These projects will be funded with a combination of \$7,800,000 in local funds and \$48 million in federal transportation and other funds.

D-DOT partners with DHCD and other agencies in providing transportation support services. In FY 2005, for example, D-DOT will invest approximately \$1.9 million of DHCD capital funds to replace streetlights in the Bellevue community as part of neighborhood revitalization.

As part of an on-going strategy to improve major commercial arteries in the District of Columbia, the Mayor has announced, starting in FY 2006, an ongoing focus on revitalization of commercial strips in neighborhoods where this investment will contribute to overall renewal and livability. This "Great Streets" initiative will include infrastructure, lighting, street amenities and other features that contribute to the urban environment. The Mayor plans to use local funds for this initiative.



Water and Sewer:

The District of Columbia Water and Sewer Authority's ten-year capital improvement program totals \$2.1 billion. The program provides resources to support new initiatives and infrastructure improvements. For period FY 2005 through FY 2010, the program provides a total of \$1.4 billion for water, sewer and wastewater projects. These projects are important both to economic and community development in the District.

Some of the significant projects in DCWASA's capital program include our lead service line replacement program totaling \$300 million to abate lead in the drinking water. Also, our Combined Sewer Overflow Long-Term Control Program will significantly improve the health of the Anacostia and Potomac Rivers. A variety of other water and sewer projects planned for the neighborhoods will help water service reliability and quality and ensure the integrity of our sewer system. Funds will be generated through increased rates.

DHCD is participating as a partner with DCWASA in a project to reduce the threat of lead in residential drinking water. DCWASA is replacing lead pipe from the intake to the property line of affected residences. For low-income residents, DHCD is replacing the remaining portion of lead pipe on their private property.

Social Services:

Seniors

The D.C. Office on Aging manages the provision of services to seniors through government and non-profit service providers. The Office on Aging estimates that during the five-year period of the Consolidated Plan, the Office will oversee provision of services to 200,000 seniors. These services will be provided through a network of nonprofit organizations and will include a wide array of direct services such as counseling, case management, mid-day and homebound meals, transportation, health promotion and nutrition, legal services and other services needed by seniors to maintain their quality of living. Additionally, the Office of Aging projects providing services to 14,500 seniors who attend senior or wellness centers in the District of Columbia. Service to the frail elderly will focus on in-home support services for the homebound, and for the elderly, supportive services will be provided to independent and semi-independent elderly. These services will be funded with \$15 million in local funds and \$6.2 million in federal funds.

The Office on Aging is working to keep seniors in their homes and communities longer. The Office will assist seniors who seek employment to find jobs and will increase awareness and education on healthy life styles and wellness through its service centers. For seniors needing continuing care, the Office will monitor the percentage of homemaker and day-care participants who remain in their homes for one year or more.

Last, the Office on Aging is developing one "Health and Wellness Center" for each ward in the District. A typical senior wellness center is at least 10,000 square feet and provide health



promotion and disease prevention programs and activities that promote self-care, healthy lifestyles, and longevity for DC residents 60 years and older. These activities and programs can help seniors avoid costly hospitalization and premature institutionalization. Each Center is staffed by a team of health professionals and promoters that provide calisthenics, isometrics, stretching, dance, weight training, flexibility, and endurance with emphasis on nutrition and screenings for diabetes, hypertension, cancer, cardiovascular diseases, etc. Nutrition counseling, physical fitness, health care information, training, education, and peer support are the core curriculums. Multipurpose rooms (plus physical fitness activity area) can be divided for small to large groups of 20-150 for instruction and activities.

Health and Wellness Centers

Ward	Site	Status
1	3631 Georgia Ave. NW	Acquisition & design
2		None to date
3		None to date
4	318 Kennedy St., NW	Rehab imminent
5	18th and Bryant St., NE	Completed
6	1001 Fifth St. NE	Rehab imminent
7	3001 Alabama Ave. SE	Completed
8	3500 MLK Ave., SE	Completed

Persons with Mental Illness

The Department of Mental Health will focus on developing strategies to provide affordable housing for persons with mental illness who are living on disability income (\$6,500 per year). The Department's goal is to find a way to move persons who no longer require institutional care into their own living quarters within 90 days. The Department will be working with other special interest and homeless-housing groups to develop cooperative strategies and initiatives including set asides in market housing developments.

In keeping with the Dixon decree, and in order for DMH to meet its exit criteria, the Department of Mental Health is working on a variety of different housing options for consumers. A mandate to provide timely supported housing service is specifically included in the 15 Dixon exit criteria. DMH is committed to providing housing based on consumer choice, in the least restrictive environment the consumer can handle, and costing no more than 30 percent of the consumers' income. DMH continues to work with a number of different housing developers, and are currently using the Housing Finance Agency as their housing finance intermediary.

Neighborhood Amenities:

Parks and Recreation

The D.C. Department of Parks and Recreation (DPR) provides and maintains recreation centers, programs and playing fields as well as housing several day care facilities within their centers. The Department is not focusing on expansion of existing facilities or construction of new



facilities at this time, but rather on improving access to existing facilities, better management and program operations.

The Department has set a number of operations goals: To increase by 10 percent annually the percent of DPR-owned facilities that meet ADA standards; To improve all child development facilities, working to reach a goal of 90 percent of facilities maintaining national accreditation during 2005; and to increase to 98 percent the percentage of reimbursable meals within its summer food program. Local funds will be used for the improvements.

Its customer satisfaction and facilities management goals include the following: To survey and obtain a 65 percent satisfaction level among parents of children in the summer urban day camps; and to increase to 98 percent (by 2005) the percentage of DPR-owned and operated swimming pools that open and close on schedule.

Public Safety:

Crime Awareness

The Metropolitan Police Department has an ambitious plan for implementation of its Crime Awareness Program over the five-year plan period. Over the period 1,050,660 people will be reached at a combined federal/local cost of \$20,959,770. Almost \$19 million of this cost is in local appropriations.

Activities will be carried out throughout the District's police districts and consist of a variety of activities from patrol area meetings, to language access (Hispanic and Asian languages); distribution of materials; organizing Night-Out and other awareness events; school and organization presentations; conducting youth violence prevention activities such as Late Night Hoops; Girl Gang conferences, etc.; responding to inquiries and many forms of prevention training for the community.

Neighborhood "Hot Spots" (See also "Targeting")

In FY 2006, DHCD is targeting \$1.0 million in CDBG funds to prevent and reduce crime in certain designated "hot spots," as part of a city-wide strategy toward improving livability, while capitalizing on other efforts toward revitalization of those neighborhoods. Improvements in public safety have a direct impact on the availability and desirability of affordable housing.

During this first implementing year of the five-year plan, DHCD will provide crime deterrence activities and education for 1,500 residents and youth by funding non-profit organizations and interagency activities with the Metropolitan Police Department, Department of Human Resources and Department of Parks and Recreation. Working with the community-based organizations and city agencies, DHCD will invest in public safety initiatives that serve to enhance the overall stability and vitality of those neighborhoods. Depending on funding



availability, initial program results, and crime statistics, DHCD may repeat this level of investment on public safety initiatives in successive years of the Five-Year Plan period.

See Table 16, next page for Non-Housing Community Development

This space intentionally blank



Table 66: Community Development Needs

Community Development Needs		Needs-	Current=	Gap	5-Year Quantities					
					2006		2007		2008	
					Goal	Actual	Goal	Actual	Goal	Actual
Public Facilities	68.Senior Centers	8	3	5	2		TBD		TBD	
	69.Youth Centers									
	70.Neighborhood Facilities									
	71.Child Care Centers	700	601	99	20		20		20	
	72.Parks/Recreational Facilities									
	73.Health Facilities									
	74.Parking Facilities									
	75.Other Public Facilities									
Infrastructure Improvement	76.Solid Waste Disposal^	492	492	0	99.30%		99.50%		99.60%	
	77.Flood Drainage									
	78.Water									
	79.Street	500	100	400	100		100		100	
	80.Sidewalk	50	10	40	10		10		10	
	81.Sewer									
	82.Asbestos				On as needed basis					
	83.Clean/Secure vacant units	0	0	2,475	650		500		475	
Public Service	84.Senior Services*	214,500	51,597	162,903	52,700		53,800		54,900	
	85.Handicapped Services									
	86.Youth Services									
	87.Transportation Services									
	88.Substance Abuse Services	58,300	7,419	50,881	11,719		17,515		23,615	
	89.Employment Training**	3,900	650	3250	650		650		650	
	90.Crime Awareness	1,050,660	177,225	873435	180,028		193,755		208,744	
	91.Fair Housing Counseling									
	92.Tenant/Landlord Counseling									
	93.Child Care Services	25,200	17,500	7,700	1,400		1,575		1,575	
	94.Health Services									
95.Other										
96. Accessibility	250	20	230	20		20		20		
97. Residential Historic Preservation										
98. Non-Residential Historic Preservation										
99. Economic Development Needs***										
Assist for profit businesses	200	100	100	200		250		300		
TA to businesses (# of businesses)	200	100	100	200		250		300		
Micro enterprise assistance (businesses)	300	200	100	300		400		500		
Fund commercial or industrial improvements	100	10	90	10		15		20		
Rehab public or private commercial projects	100	10	90	10		15		20		
100.Other Community Development Needs										
101.Planning										

See notes, page 56.



Table 66: Community Development Needs, continued

Community Development Needs		5-Year Quantities (cont'd)						% of Goal	Priority Need	Plan to Fund?	Fund Source
		2009		2010		Cumulative					
		Goal	Actual	Goal	Actual	Goal	Actual				
Public Facilities	68.Senior Centers	TBD		TBD		5	0	0%	H		n/a
	69.Youth Centers										
	70.Neighborhood Facilities										
	71.Child Care Centers	20		20		100	0	0%			
	72.Parks/Recreational Facilities										
	73.Health Facilities										
	74.Parking Facilities										
	75.Other Public Facilities										
Infrastructure Improvement	76.Solid Waste Disposal	99.70%		99.80%		4,979	0	0%	H	\$10.80	local
	77.Flood Drainage										
	78.Water										
	79.Street	100		100		500	0	0%	H	\$53.8M	Fed/local
	80.Sidewalk	10		10		50	0	0%	M	\$1.0M	Fed/local
	81.Sewer									\$250K	CIP/loc
	82.Asbestos										
	83.Clean/Secure vacant units	450		400		2475	0	0%			
Public Service	84.Senior Services*	56,100		57,100		274,500	0	0%	H	\$15M lcl	6.2M fed
	85.Handicapped Services										
	86.Youth Services										
	87.Transportation Services										
	88.Substance Abuse Services	30,715		35,715		119,279					
	89.Employment Training**	650		650		3250	0	0%	H	\$2.7M fed (WIA est	
	90.Crime Awareness	225,119		243,014		1050660	0	0%	H-M	\$18.9M lcl	\$1.9M fed
	91.Fair Housing Counseling										
	92.Tenant/Landlord Counseling										
	93.Child Care Services	1,575		1,575		7,700	0	0%			
	94.Health Services										
	95.Other										
96. Accessibility		20		20		100	0	0%	M	\$1.M	Fed/local
97. Residential Historic Preservation											
98. Non-Residential Historic Preservation											
99. Economic Development Needs***											
Assist for profit businesses		350		400		1,500			H	\$1.5M lcl	
TA to businesses (# of businesses)		350		400		1,500			H	\$1.5M lcl	
Micro enterprise assistance(business)		600		700		2,500			H	\$1.5M lcl	
Fund commercial or industrial improve.		20		20		85			M	\$25M lcl	
Rehab public or private commercial proj.		20		20		85			M	\$25M lcl	
100.Other Community Development Needs						0	0				
101.Planning						0	0				
TOTAL NEEDED											



Notes to Table 66

* Services provided to seniors who attend senior or wellness centers, either District-operated or through a network of nonprofit organizations that provide a wide array of direct services, including counseling, case management, mid-day and homebound meals, transportation, health promotion and nutrition, legal services and many other services for seniors to maintain their quality of life.

**Intensive training services funded with Workforce Investment Act funds (WIA). Estimated at \$2.7 per year, but trending to be less over time. Of the 650 individuals trained each year, 60% or 390 will be placed in jobs that pay at least \$2500 more than they earned before the program; and 325 or 50% of participants will receive an industry recognized (non-apprenticeship) credential that will help foster their continued career development.

*** DC Main Streets and reSTORE DC Programs: Through a partnership between the Office of the Deputy Mayor for Planning and Economic Development, the DC Public Libraries and the US Small Business Administration, DC has opened an "Enhanced Business Information Center" ("e-BIC") at the main library. Open regular library hours, the center is equipped with 10 computer work stations loaded with business software, small conference rooms, video conferencing and SBA-provided reference materials and consultants. Ten to 15 training sessions are provided annually to small businesses, especially focusing in the areas of access to credit, purchasing commercial property and licensing. Mentoring is provided to between 30-40 small businesses. A training room seating 40 persons is also a feature of the e-BIC. A new initiative is the creation of a certification program for small business development service providers and the development of a customer loyalty program to benefit DC retailers. Investment in micro loan funds, and the acquisition and development of commercial properties are features of the reSTORE DC program, a mayoral initiative started in 2002.

^ Tons of waste



PART V STRATEGIC PLAN

AFFORDABLE HOUSING

The Department of Housing and Community Development will focus on serving the low to moderate-income residents of the District of Columbia by using federal and local funds to retain, preserve, rehabilitate and produce affordable housing, and to increase homeownership opportunities. Since the market forces currently at work in the District and within the region are not addressing the need for more affordable units or for low-moderate homeownership, it is incumbent upon DHCD to utilize its local and federal resources to influence the market and preserve opportunity for economic and cultural diversity. The Department sets affordable rents for CDBG-funded units at an amount that is at or below 30% of a low-to-moderate person's gross income.

HUD GOALS: Decent Housing, and A Suitable Living Environment

DHCD Priority Goals:

1: Create and Retain Affordable Housing

To place DHCD's affordable housing production strategy in context, it is important to understand the funding process at DHCD, the subsidy levels required to meet our goals, and the emerging challenges.

DHCD has established as its housing priorities, rehabilitation and new construction of rental housing, homeownership housing and community facilities; preservation of housing with expiring federal subsidies; and housing for the elderly and for persons with special needs. These priorities are based on the housing needs identified in the Housing and Service Needs and Special Needs Housing sections above, as well as the legislative priorities of the Housing Production Trust Fund Act. The Act requires DHCD to set aside at least 80 percent of the funds for housing that benefits persons with incomes no more than 30 percent and 50 percent of the area median income (AMI).

Table 7, Table 8, and – particularly for households at 30 percent of AMI – Table 55 so clearly demonstrate, these are the population sub-groups that experience the greatest rates of housing problems. The elderly are another priority area, (even though they experience a lower rate of housing problems than the general population at all income levels,) because of the shortage of service-enriched housing that many elders occupy, while Table 9 demonstrates the lack of housing for persons with special needs.



While the priorities of “rehabilitation and new construction of rental housing, homeownership housing, commercial and community facilities” appear broad, they are in fact distinct. The Department promotes homeownership through its Home Purchase Assistance Program and through the construction of single-family units, rehabilitation of ownership units and the conversion of rental housing to tenant-owned condominiums and cooperatives. Our larger focus is on multi-unit housing rehabilitation rather than new construction because of the large supply of older multifamily buildings and the relative shortage of undeveloped land for new construction. Finally, the Department places a priority on the construction or rehabilitation of community and commercial facilities, to help alleviate the shortage of consumer and supportive services and – where possible – some of the facilities needs identified in Table 66, the Community Development Needs Table. (While DHCD is not involved in projects involving sewer system improvements or solid waste, the Department has provided funding to senior centers and other neighborhood facilities.)

DHCD advertises these priorities through its competitive funding process, in which we issue a Notice of Funding Availability (NOFA) followed by a Request for Proposals (RFP) for development proposals, and a Request for Applications (RFA) for neighborhood-serving initiatives. The RFP process incorporates all funding sources, both federal and local. Starting in FY 2005, and continuing into FY 2006, DHCD has been issuing two RFPs annually to increase affordable housing. DHCD has incorporated its development preferences into the scoring methodology for its Requests for Proposals (RFP). Over this two-year period, DHCD has participated in the financing and production of 3,864 units of affordable housing covering the priority categories. DHCD has responded to the challenges of housing supply and payment burden in three direct ways:

1. Increasing the supply of affordable housing,
2. Including covenants and restrictions in the various financing agreements, defining periods of affordability and income levels, and
3. Annual monitoring of all DHCD-assisted housing to ensure that housing standards and compliance requirements are being met.

DHCD anticipates that these priorities will remain constant in the upcoming years since they are consistent with the housing concerns identified by the community and in housing market assessments.

Challenges: The characteristics of the District’s housing market have affected the way that DHCD has responded to the affordable housing challenge. The Department has provided approximately \$30 million annually in a combination of federal and local resources. The average subsidy has been \$30,000 per unit. (While \$30,000 represents the average subsidy per unit, it should be noted that the level of subsidy varies by housing product, with significantly greater subsidies requires for housing serving households at the extremely low and very-low income levels; and with special needs.) The challenge of maintaining the current production standards will increase primarily due to demonstrated increased costs of producing housing. As



we have seen in the housing market analysis all costs related to housing have increased and continue to increase in DC and the region.

In 2003, DHCD assisted in financing 2,256 units of affordable housing at an average total development cost (TDC) of \$103,302 per unit, and an average subsidy of \$18,785 per unit, representing a leverage factor of 4.49 per subsidy investment. Specifically, the average costs per unit by housing type were:

FY 2003 Housing Cost and Subsidy

Housing Type	Average TDC	Average Subsidy Per Unit
• Rental	\$110,492	\$16,299
• Homeownership	\$120,729	\$31,443
• Special Needs	\$97,117	\$19,171
• Tenant First Right Purchase	\$66,248	\$14,445

In FY 2004, DHCD assisted in financing 1608 units of affordable housing at an average TDC of \$88,917 per unit. DHCD's subsidy was \$32,082 per unit and the leveraging factor was 1.77. Specifically, the average costs per unit by housing type were:

FY 2004 Housing Cost and Subsidy

Housing Type	Average TDC	Average Subsidy Per Unit
• Rental	\$95,402	\$19,650
• Homeownership	\$159,667	\$16,490
• Special Needs	\$97,336	\$44,684
• Tenant First Right Purchase ²⁵	\$43,121	\$43,121

The above tables demonstrate that the housing development costs are increasing within the District of Columbia and that with a static or decreasing resource base, DHCD will be challenged to maintain consistent levels of production beyond the next five years.

As noted above, the District has a greater supply of existing multifamily buildings than it has opportunities for new development; and, where private parcels do exist, market rate housing is able to "price out" affordable housing development. The National Capital Revitalization Corporation, which controls many key parcels of vacant land in Columbia Heights, Shaw, and other high-profile neighborhoods, does require that developers set aside a percentage of their units for persons with incomes at 80 percent or less of the area median income. Nonetheless, the Department has found that the best strategy for preserving affordable housing is (1) to rehabilitate existing multifamily buildings that need repair, make them lead-safe, and protect long-term affordability through covenants, or (2) to provide acquisition funding to tenants who seek to convert their apartments to long-term affordable homeownership units.

²⁵ DHCD funding was for the acquisition by the tenants with no rehabilitation budget yet identified. The entire development budget at this time was the DHCD funded acquisition.



Low-Income Housing Tax Credits as a tool to finance affordable housing: The Low Income Housing Tax Credit program (LIHTC) is a subsidy for the development and operation of affordable rental housing offered through the Federal tax code. The strategy that the District of Columbia employs to coordinate the LIHTC with the development of affordable housing is to allocate the annual allotment of tax credits in a competitive process conducted through a request for proposals issued to attract potential rental housing developers consistent with the requirement set forth in the Internal Revenue Code. The developers are encouraged to utilize the tax credits in conjunction with the other available resources that are included in the same request for proposals process.

Site Acquisition Fund Initiative: To provide faster access to funds to acquire sites suitable for affordable and special needs housing development, DHCD recently created a Site Acquisition Fund for non-profit developers. The Acquisition Fund will use local Housing Production Trust Fund money matched with private funds from partner lending institutions to assist non-profit developers quickly acquire properties in the highly competitive District real estate market.

2: Expand homeownership opportunities

In the past five years, the District has witnessed a dramatic and unprecedented escalation in the price of for-sale housing. The median sale price of single family homes listed for sale in the District more than doubled in four years—from \$175,600 in 2000 to \$375,000 at the end of 2004. As a result, the stock of available affordable housing for low- and moderate-income homebuyers has dramatically decreased during this time, with a 66 percent decrease in the number of units for sale at prices less than \$150,000. This has made it very difficult to increase the District’s very low citywide percentage of homeowner-occupied housing stock, currently around 45 percent. (See the “Trends in Housing Cost” discussion on page 16.)

The Department is focusing on a range of techniques that may be used to increase homeownership opportunities in the District. These include:

- Financing the development of homeownership properties affordable to low- and moderate-income homebuyers;
- Supporting tenant groups seeking to exercise their “first right to purchase” when rental properties are listed for sale, by providing technical assistance and financing that facilitates conversion to cooperative or condominium housing;
- Providing down payment and closing costs financial assistance under highly favorable terms to first-time homebuyers;
- Assisting to write down the cost of mortgages for low-income buyers, and
- Providing rehabilitation financial assistance to existing homeowners, allowing them to maintain their properties as safe, decent, and appropriate accommodations.

DHCD made a number of improvements to its Home Purchase Assistance Program (HPAP) in FY 2004 to increase lower-income households’ opportunities to become first-time homeowners.



In April 2004, the Department implemented amendments to the HPAP regulations, which increased the levels of down payment and closing cost assistance to low-income first-time homebuyers by as much as \$10,000, depending on the borrower's income. The amendments also eased repayment requirements on HPAP loans, by deferring all payments for at least the first five years of homeownership, lowering interest rates, and extending periods of repayment, again depending on the borrower's income.

In FY 2005, DHCD increased efforts to market the HPAP program to the lender and realtor communities, as well as to prospective first-time homebuyers. The Department saw an increased success rate in the HPAP program during the first quarter of the fiscal year, with 92 HPAP loans closed as of January 31, 2005. In addition, the Department implemented the federal American Dream Down payment Initiative (ADDI). The Department intends to use ADDI funds to supplement - by as much as \$10,000 per homebuyer - assistance levels already available to low and very low income first-time homebuyers through HPAP. The FY 2006 funding should assist with 25 new homeowner loans.

The Department has recently made significant changes to processing applications from homeowners to the Single Family Residential Rehabilitation Program, thereby facilitating a reduction in the processing time for rehabilitation assistance. However, the extremely competitive market for rehab contractors continues to place restraints on the ability of homeowners to secure construction services on a timely basis, and thus limits the extent to which rehabilitations projects move forward quickly.

Over the five-year period of this Consolidated Plan, the District has set the following affordable housing priorities and goals:

Table 77: DHCD Housing Goals and Income Level Served Annually

Priority	Annual Goal	Annual, 0-30% of AMI	Annual, 31-50% of AMI	Annual, 51-80% of AMI	5-Year Goal
Production: Fund rehabilitation or construction of affordable rental and owner units ²⁶	2,000	400	1300	300	10,000
Ownership: Provide funds to assist tenants to convert rental units to ownership under the First Right to Purchase Program	150	45	75	30	750
Provide funds for current homeowners to bring single-family homes to housing code standards	60	24	23	13	300

²⁶ Including units for the elderly and persons with special needs.



Fund down-payment and closing costs for first time home purchasers through the Home Purchase Assistance Program (HPAP)	240 ²⁷	0	80	90	1,200
Supplement down payment and closing cost assistance for first-time homebuyers through American Dream Down payment Initiative (ADDI)	25 (based on FY 2006 projections)	0	10	15	125

These priorities reflect both the needs of households at 31-50 percent of area median income and the deep subsidies, resulting in fewer units per dollar, needed for housing for households at 0-31 percent of AMI. They also reflect the Department’s continued commitment to homeownership that – again, because of high market prices – tends to impact households at 51-80 percent of AMI rather than lower-income households.

Lead-Safe Washington

DHCD requires that lead-based paint (LBP) hazards be addressed in every project it undertakes involving a residential building. The Department has incorporated the requirements of the federal Lead Safe Housing Rule (*Code of Federal Regulations* Title 24, Chapter 35) into its rehabilitation programs. DHCD also cooperates with the District of Columbia Department of Health to ensure compliance with the District’s LBP regulations, which in some areas are even more stringent than those in the federal regulation.

While addressing LBP hazards in all projects, DHCD also operates a separate Lead Safe Washington (LSW) Program. The LSW Program specifically targets housing units occupied by lower-income families with young children. It operates in tandem with the larger rehabilitation programs in that LSW funds can supplement rehabilitation funding for a project in which LBP hazard reduction will take place, but an LSW project also can stand alone as a project only to remove LBP hazards.

LSW is funded by two HUD grants totaling \$4,997,743 awarded to the Department of Housing and Community Development in September, 2003. DHCD is providing \$2,983,670 as matching funds and \$1,903,358 in contributing funds. LSW will produce 400 units of lead-safe housing through March, 2007, and has a significant community education, training and outreach component. Financing lead hazard control is done with grants.

LSW operates both city-wide and in the three target areas of Marshall Heights/Deanwood, Congress Heights and Ivy City/Trinidad. DHCD has recently requested HUD approval to eliminate target areas under the Lead Hazard Control grant and to expand the service area to

²⁷ Figures shown include downpayment and closing cost loans made with non-federal funds, which provide assistance to households with incomes up to 110% of Area Median Income.



citywide. DHCD has requested this change to allow it to provide funding to areas where children poisoned by lead-based paint have been known to reside.

DHCD's agency partners include the Department of Health, the Department of Consumer and Regulatory Affairs, and the Department of Employment Services. Partnerships with the Coalition to End Childhood Lead Poisoning, the East of the River Community Development Corporation, the Edgewood/Brookland Family Support Collaborative, and the East River Family Strengthening Collaborative provide the outreach and education component.

Additional Lead Intervention:

As an accompaniment to the District's efforts to reduce lead hazards, DHCD's Single Family Residential Rehabilitation Program is financing the replacement of the privately-owned portion of residential lead water service lines. The D.C. Water and Sewer Authority is replacing all of the District's residential lead water service lines by 2013; DHCD offers its financing to eligible low-income households as they are scheduled to have the public portion of their lines replaced by WASA.

HOMELESS HOUSING AND SUPPORT PRIORITIES

With the available funding from federal and local sources, the Community Partnership for the Prevention of Homelessness plans to address the housing needs of 5,230 families and 2,094 individuals. Through the Partnership's Continuum of Care providers (see discussion below), 2,905 homeless families and 7,853 individuals will receive supportive services including job training, case management, substance abuse treatment, mental health care, housing placement and life skills training. The services provided will assist a range of families with special needs such as those with substance abuse and serious mental health issues; veterans; persons with HIV/AIDS; victims of domestic violence and youth. In all, it is estimated that there are 1,596 families and 3,633 individuals with special needs that will be assisted over the five-year period through the Continuum of Care.

Homeless Assistance Centers: As part of the 10-Year Plan to End Homelessness, there is a recommendation to establish "Homeless Assistance Centers" with mainstream services on site. These would be neighborhood-friendly establishments that would replace sites that had negative impacts on neighborhoods. This concept will be explored over the Consolidated Plan period. Where practical, ESG funds will be used to support the Centers.

Underlying the Partnership's plan are assumptions that funding to DC agencies that work with specific sub-populations and the various HUD programs underlying this plan will remain at least at current levels, and that some other sources will materialize. It also assumes that the Ten Year Plan to End Homelessness will be implemented and progress made in completing housing for homeless persons and families.



DHCD Priority Goal: Using ESG funds to prevent homelessness and provide support services.

As part of the District’s strategy to prevent homelessness and to serve homeless residents, DHCD will utilize the Emergency Shelter Grant (ESG) to fund the eligible activities as agreed for each Contract year, based on the needs defined by the Community Partnership for the Prevention of Homelessness. For FY 2006, the priorities identified are emergency assistance for prevention of homelessness and provision of shelter to homeless families. If the FY 2006 priorities continue throughout the 5-year period, the following goals will be accomplished:

Table 88: ESG Homelessness Priorities

Priority	ESG Funds	
	Annual Goal (FY06 Action Plan)	5-Year Goal
Prevention: Provide emergency eviction prevention grants to families and individuals	families 112 individuals 78	families 560 individuals 390 Total 950
Family Shelter	families 55	Total 275

Continuum of Care (CoC): (See also Appendix C)

The District/Partnership-managed Continuum of Care for homeless persons provides the following capacities and shelter and supportive services, some managed directly by the Partnership while others are projects funded directly by HUD but renewed annually through the HUD SuperNOFA process that the Partnership manages.

Table 99: Continuum of Care Resources

Public CoC Projects Managed by the Community Partnership					
Project Types	Population	Beds	Units (FC)	Families Served Annually	Persons Served Annually
KEY: SM=Single Male; SF=Single Female; SMF= Single Male & Female; FC=Families with Children; Y=Unaccompanied Youth;					
Outreach to streets	SMF	Nine programs covering the city			1,410
Emergency Shelter⁽²⁾ and Housing Assistance Centers	SMF	2,760			7,452
	FC		213	625	2,065
Domestic Violence Shelters	FC,SF		34	60	228
Transitional Housing	SMF,Y	432			1,015
	FC		180	195	578
Permanent Housing	SMF	466			470
	FC		195	195	512
	TOTALS	3,633	622	1,075	13,730

HUD McKinney-Vento Programs/Capacity that the Community Partnership Submits for Renewal Annually



	Populations	BEDS	Units (FC)	Families Served Annually	Persons Served Annually
Transitional Housing	SMF,Y	146			344
	FC		103	103	306
Permanent Housing	SMF	201			201
	FC		100	100	330
TOTALS		347	203	203	1,181

Supportive Services Only Managed by the Partnership	SMF,Y	FC	Persons
Rental Assistance (Prevention)	90	190	660
Exit Assistance		65	195
Employment Search, Job Training	568	190	758
Childcare, assessments		102	102
Primary Healthcare	700		700

The District's Five Year Goals

Building the Continuum of Care and Adding Permanent Housing: The District's five year goals for addressing homelessness and the needs of the homeless are presented starting on page 34, in the Needs Tables on pages 37 to 41, and in Appendix C. In summary, they include the addition of 7,324 shelter beds and transitional and permanent housing units through new construction and renovation and providing thousands of social service interventions in areas ranging from substance abuse treatment to mental health care, job training, daycare and primary health care.

Stated more precisely, the five year goals – which include some activity underway in FY 2005 – call for an addition of 2,094 beds for Individuals (480 beds in emergency capacity, 114 beds in transitional housing and 1,500 SRO or other appropriate permanent housing units) plus 75 emergency beds for 25 families, 205 beds in transitional housing for 62 families (205 ÷ 3.3 persons per family), and 1,500 permanent housing units for families (4,950 beds ÷ 3.3 persons per family), with at least 250 of these family units to be permanent housing with supportive services.

Homelessness Prevention: Twenty-four social services agencies (at least one per ward) provide rent and utilities assistance to low-income families and individuals. There also are two legal service providers to help families resolve landlord-tenant issues. Other programs include the District's Interim Disability Assistance program, to help disabled persons pay housing costs until their federal payments are approved; Family Strengthening Collaboratives of non-profit organizations, funded by the District's Child and Family Services Administration, which provide rental assistance and other emergency services; and various crisis management programs. In addition, the District and the Partnership have convened a Discharge Planning Task Force to develop recommendations to prevent re-entry to shelters by chronically homeless persons and to prevent homelessness among people coming out of jails, hospitals and other mainstream public and private institutions. There is also planning underway for Continuum of Care agencies (especially family central intake) to work with the Department of Human Services/Income