

CITY OF
PORTAGE
A Place for Opportunities to Grow

HUMAN SERVICES BOARD

February 3, 2011

CITY OF PORTAGE HUMAN SERVICES BOARD

A G E N D A

Thursday, February 3, 2011

(6:30pm)

Conference Room #1

APPROVAL OF MINUTES:

- * January 20, 2011

OLD BUSINESS:

NEW BUSINESS:

1. FY 2011-12 Human/Public Service Funding Board recommendation
- * 2. FY 2011-2015 CDBG Program Draft Consolidated Plan: Housing, Homeless and Community Development Needs Assessment and Strategic Plan
- * 3. Metro Transit ADA Advisory Committee -- Member report
 - Kalamazoo County Transportation Authority - Annual Report FY 2010 – Information Only

STATEMENT OF CITIZENS:

ADJOURNMENT:

MATERIALS TRANSMITTED

Star (*) indicates printed material within the agenda packet.

CITY OF PORTAGE HUMAN SERVICES BOARD
Minutes of Meeting, January 20, 2011

DRAFT

CALL TO ORDER: 6:35 p.m.

MEMBERS PRESENT: Diane Durian, Pamela Gilchrist, Bill Lenehan, Marc Meulman, Genna Nichols, Sandra Sheppard, Kyle Huitt (Youth Advisory Committee Liaison)

MEMBERS EXCUSED: Angela Manahan Ilori; Elma (Pat) Maye

STAFF PRESENT: Vicki Georgeau, Deputy Director of Neighborhood Services

APPROVAL OF MINUTES: January 6, 2011 minutes were approved as submitted, 6-0.

OLD BUSINESS: None

NEW BUSINESS:

1. Memorandum regarding FY 2010-11 Human/Public Service Funding Review and Options: Staff summarized the communication to City Manager Evans that includes the City Administration overview of: funding available compared to applications received, scores and ranking of applications, and several potential funding options. Staff noted all applicants are current grantees, and because Gryphon Place did not submit a FY2011-12 application, \$2,230 of General Fund monies are available to distribute to applicants above current grantee funding levels.
2. FY 2011-12 Human/Public Service Funding Board application scores and rankings: Meulman reviewed the Board application scores included in the final agenda (scores were not reported by Lenehan, Maye, Tuley and Huitt -- Maye abstained due to a conflict of interest, and Tuley resigned from the Board effective January 20th). In addition to individual Board application scores, average Board scores were calculated and included in the final agenda as follows: Portage Community Center (PCC) CDBG Fund-233; PCC General Fund-223; Housing Resources-208; Catholic Family Services-196; YWCA-183. Meulman noted the PCC CDBG Fund application was straight forward as PCC is the only applicant for funding. In addition, based on the scores and discussion, there was Board consensus that PCC ranked first and Housing Resources ranked second. Sheppard noted a concern regarding the criterion involving use of volunteers, as fewer volunteers can be used for assisting a rape victim compared to distributing surplus baked goods. Meulman noted the criterion allows for a higher score where use of volunteers may be determined inappropriate. Lenehan noted that the YWCA sexual assault program is a truly unique and important to the community. Huitt noted that services provided to teens by the ARK may help prevent further problems later in life by providing early intervention. Sheppard noted a challenge in finding one service more important than another, and noted that the difference in scores, ranking and the amount of additional funding to allocate to one applicant over another is not significant enough to make or break a program. Meulman noted the differences in average Board scores compared to the City Administration ranking. In response to Lenehan, staff indicated the YWCA was ranked higher than the Catholic Family Services due to a higher use of volunteers and the provision of transitional housing units and/or tenant-based rental assistance within the City of Portage. Meulman suggested that based on Board discussion regarding the merits of both the YWCA and Catholic Family Services, that the Board consider ranking both agencies equally. Staff noted that in prior years, some applicants have been scored and/or ranked as equal. In response, Gilchrist noted that she does not prefer allocating the additional funding to all applicants equally and thinks higher ranked applicants should get more funding. Meulman noted that if the YWCA and Catholic Family Services were ranked the same, that perhaps the Board should recommended the same percentage funding increase for both applicants. After further discussion, there was Board consensus on the ranking for General Fund applications as follows: PCC-1st; Housing Resources-2nd; YWCA-3rd and Catholic Family Services-3rd. The Board also decided further discussion regarding funding for applicants should be held off until the February 3, 2011 meeting.
3. Resignation of Amy Tuley – The Board regretfully accepted the letter of resignation of Amy Tuley

STATEMENT OF CITIZENS: Huitt noted that the Youth Advisory Committee will hold a Snow Party at Oakland Drive Park on February 5th, and invited Board members to attend. The Board suggested Huitt contact Catholic Family Services, PCC and other grantees regarding potential attendance and interaction with Portage youth. Gilchrist suggested the Board consider volunteering at the annual Kalamazoo County Food Distribution in December 2011.

ADJOURNMENT: There being no further business before the Board, the meeting was adjourned at 7:40 p.m.

Respectfully submitted,
Vicki Georgeau, Deputy Director of Neighborhood Services

VI. HOUSING, HOMELESS AND COMMUNITY DEVELOPMENT NEEDS ASSESSMENT

A. Housing Needs

The following needs assessment will examine housing needs for extremely low, very low and low-income owners and renters, elderly persons, small and large families, and persons with disabilities in the City of Portage. There are 19,380 housing units in the City of Portage, 13,087 are owner-occupied, and 5,792 are renter-occupied. The extent of housing problems, such as cost burden and substandard housing (which includes lack of plumbing and/or kitchen facilities and/or overcrowding) will be evaluated in the following section of the plan. Cost burden is determined from the fraction of household gross income spent on housing costs. For renters, housing costs include rent plus utilities paid by the tenant. For owners, housing costs include mortgage, taxes, insurance and utilities. Households that spend more than 30% of income on housing are experiencing a moderate housing cost burden, and those spending over 50% of income on housing are experiencing a severe housing cost burden. Table 18 summarizes housing cost burden by income category and tenure, and differentiates between households with: any housing burden, a moderate housing cost burden, and severe cost burden.

Table 18
Low-income Owners and Renters by Income with a Housing Cost Burden: 2007

	Extremely Low Income (0-30% AMI)	Very Low Income (30-50% AMI)	Low Income (50-80% AMI)	Total
Owners	535	945	1,565	3,045
Number and Percent with a Moderate Housing Cost Burden	85 (16%)	255 (27%)	540 (34%)	880 (29%)
Number and Percent with a Severe Housing Cost Burden	360 (67%)	360 (38%)	285 (18%)	1,005 (33%)
Renters	1,240	1,330	1,525	4,095
Number and Percent with a Moderate Housing Cost Burden	140 (11%)	985 (74%)	455 (30%)	1,580 (38%)
Number and Percent with a Severe Housing Cost Burden	660 (53%)	225 (17%)	0 (0%)	885 (56%)
Total Low Income Households				7,145
Total with Any Housing Cost Burden				4,350
Percent Low-income Households with Any Housing Cost Burden				61%
Percent Low-income Owners with Any Housing Cost Burden				62%
Percent Low-income Renters with Any Housing Cost Burden				60%

Source: 2005-2007 HUD CHAS data, Table 4

Between 2000 and 2007, the percentage of all low-income households with a housing cost burden increased from 47% to 61%. While the value of owner-occupied housing has decreased over the past several years, and the number of renter-occupied units available at or below fair market rents has increased, housing affordability continues to be a challenge for low-income households in the community.

For owner-occupied households, 62% of all low-income homeowners had any housing cost burden. Of these households, 33% had a severe housing cost burden and 29% had a moderate housing cost burden. Extremely low-income homeowners are most impacted by the cost of housing, as 67% of such households had a severe housing cost burden. For renter-occupied households, 60% of all low-income renters have any housing cost

burden. Of these households, 56% had a severe housing cost burden, and 38% had a moderate housing cost burden. Very low-income renters had the highest prevalence of problems with regard to cost of housing, with 74% having a moderate housing cost burden and 17% having a severe housing cost burden.

In addition to housing cost burden, an analysis of additional housing problems, such as substandard housing (i.e., lacking complete plumbing facilities, kitchen facilities or overcrowding) is provided in Table 19 below. As noted in the “Condition of Housing” overview on pages 18-19, the City of Portage has a relatively small number of housing units (202 units or 1.1% of the housing stock) that were estimated to be substandard. Table 19 provides data by household income and tenure for households with any housing problem, which is a HUD statistic that combines housing cost burden, substandard and/or overcrowding into one data set.

Table 19
Low-income Owners and Renters by Income with Any Housing Problem: 2007

	Extremely Low Income (0-30% AMI)	Very Low Income (30-50% AMI)	Low Income (50-80% AMI)	Total
Owners	535	945	1,565	3,045
Number and Percent With Any Housing Problem	445 (83%)	665 (70%)	850 (54%)	1,960 (64%)
Renters	1,240	1,330	1,525	4,095
Number and Percent With Any Housing Problem	815 (65%)	1,230 (92%)	515 (34%)	2,560 (62%)
Total Low/Moderate Income Households				7,145
Total with Any Housing Problem				4,520
Percent Low-income Households with Any Housing Problem				63%

Source: 2005-2007 HUD CHAS data, Table 5

Based on the data in Table 19 above, which includes housing cost burden *and* condition of housing (i.e., substandard housing and overcrowding), there are an additional 170 low-income housing units with housing problems derived from more than the cost of housing alone (compared to data in Table 18 on the previous page). While condition of housing is a concern to be evaluated and addressed by the community, that data in Table 19 indicates that consistent with the previous Consolidated Plan, housing cost burden still comprises the largest share of housing problems experienced by low-income owner-occupied and renter-occupied households.

In addition to the above data on housing problems for all low-income owner and renter-occupied households, HUD requires an analysis of housing needs for small and large family households. While the 2005-2007 HUD CHAS data does not provide such data by income level, Table 20 below shows data regarding small family households (4 or fewer) and large family households (5 or more) with a housing problem (which includes housing cost burden and/or substandard or overcrowded housing).

Table 20
Housing Problems by Household Type: 2007

	Small Family Households (4 or Fewer)	Large Family Households (5 or more)
Owners	8,440	1,420
Number and Percent With Any Housing Problem	1,535 (18%)	320 (23%)
Renters	1,925	325
Number and Percent With Any Housing Problem	490 (25%)	125 (38%)

Source: 2005-2007 HUD CHAS data, Table 4

As shown in the above table, small family renters had a higher percentage of households (25%) with a housing problem, compared to small family homeowner households (18%). Compared to small families, large family households had a larger percentage of such households with housing problems. For large family renters, 38% had a housing problem, while large family homeowner households had 23% of households with a housing problem.

Data is also available by race and ethnicity for the purposes of determining if any racial or ethnic group has a disproportionately greater need for any income group in comparison to the population overall. Table 21 shows the percentage of households with any housing problem by race and ethnicity.

Table 21
Housing Problems by Income, Race and Ethnicity: 2007

	Renters				Owners			
	0-30% of AMI	30-50% of AMI	50-80% of AMI	Over 80% AMI	0-30% of AMI	30-50% of AMI	50-80% of AMI	Over 80% AMI
White	840	1,055	1,285	1,655	535	890	1,425	9,620
# & % with Housing Problem	51%	91%	37%	9%	83%	69%	52%	14%
Black	305	170	145	95	0	15	20	225
% with Housing Problem	95%	100%	7%	16%	--	100%	100%	9%
All Other	85	0	60	50	0	40	70	465
% with Housing Problem	100%	--	42%	0%	--	100%	57%	13%
Hispanic	10	105	35	50	0	0	50	80
% with Housing Problem	100%	100%	0%	0%	--	--	100%	13%
All households	1,240	1,330	1,525	1,850	535	945	1,565	10,390
% with Housing Problem	65%	92%	33%	9%	83%	70%	54%	14%

Source: 2005-2007 HUD CHAS data, Table 1

Per HUD guidelines, a disproportionate housing need exists when the percentage of persons in a category of need who are a member of a particular race or ethnic group is at least 10 percentage points higher than the percentage of persons in the category as a

whole. The data indicates that for extremely low-income renters (with household incomes between 0-30% of AMI), all minority groups are experiencing disproportionate housing problems. Amongst homeowners in the very low-income category (30-50% of AMI), blacks and other minority groups are also experiencing a disproportionate housing need. In addition, among low income homeowners (50-80% of AMI), blacks and Hispanics are experiencing a disproportionate housing need. These findings will be further evaluated and discussed in the update to the Analysis of Impediments to Fair Housing Study, a required component of the Consolidated Plan.

B. Special Needs Populations

The following evaluates individuals in need of specialized care and housing. This section includes a review of housing needs for the elderly, frail elderly, and persons with disabilities including mental illness, developmentally disabled, physically disabled, substance abusers, persons with HIV/AIDS, and victims of domestic violence.

The presence of a disability can be exacerbated when households are of low-income and do not have the financial means for proper support services and housing. Table 22 provides data on the disability status of Portage residents by age, type of disability and employment status. New data on disability status for the City of Portage is not yet available from the U.S. Census Bureau (via the 2005-2009 American Community Survey data). Therefore, the data below is from the 2000 Census.

Table 22
Disability Status: 2000

Population 5 yrs. & older	41,689
With a disability	6,279
% w/disability	15.1%
Population 5-15 years	7,407
With a disability	471
% w/disability	6.4%
Population 16-64 years	29,120
With a disability	3,811
% w/disability	13.1%
Sensory	612
Physical	1,396
Mental	1,111
Self-care	452
Going outside the home	1,015
Employment disability	2,180
Population 65 years & older	5,162
With a disability	1,997
% w/disability	38.7%
Sensory	659
Physical	1,417
Mental	520
Self-care	439
Going outside the home	939
Population 21-64	26,246
With a disability	3,537
% employed	61.5%
Without a disability	22,709
% employed	83.6%

Source: 2000 Census, SF4

The 2000 census data indicated 15.1% of the population five years and older residing in Portage had some type of disability. Within the wage-earner category of 21-64 years, 13.5% had a disability, and of those that are disabled, 61.5% were unemployed, which likely results in problems with affordable housing. The following addresses specific types of disabilities and estimates potential special housing needs.

Physically Disabled. Physically disabled persons are those having an illness or impairment that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying. In 2000, 2,813 persons had a physical disability. Within the 16-64 years and 65 years and older age groups, physical disabilities were the largest category of the types of disabilities enumerated.

Severely Mentally Ill. The HUD definition of Severe Mental Illness (SMI) includes the diagnoses of psychoses and the major affective disorders. Additionally, the illnesses must qualify as chronic, meaning that it has existed for at least one year. In 2000, 2,044 persons in Portage were identified as having a mental disability. Mental disabilities among children (5-15) was the most common type of disability (413 of 471 children with a disability had a mental illness). More recent data indicates that between October 2009 and September 2010, 361 adults and 218 children from Portage were provided mental health services by Kalamazoo Community Mental Health Substance Abuse Services.

Developmentally Disabled. A developmental disability is a mental and/or physical impairment that occurs before the age of 22 from a birth defect or an accident. The Census Bureau does not specifically define persons with developmental disabilities. However, according to the Association of Retarded Citizens, 1.5% of the national population has a developmental disability. In 2000, the total population of the City of Portage was 44,926. Based on the above, it was estimated that 673 persons had a developmental disability in Portage. More recent data indicates that between October 2009 and September 2010, 123 adults and 26 children with a developmental disability from Portage were provided health services by the Kalamazoo Community Mental Health Substance Abuse Services.

Substance Abusers. Alcohol/other drug abuse is defined as an excessive and impairing use of alcohol or other drugs, including addiction. The Census Bureau does not define persons with a substance abuse disability. However, Kalamazoo Community Mental Health Substance Abuse Services screens approximately 30,000 persons in the county annually for substance abuse services. It is estimated that 5,631 persons from the City of Portage had a substance abuse problem, using the 2009 city population as a percentage of county population. The county program serves persons that are not otherwise able to be treated with private insurance or their own financial means. More recent data indicates that between October 2009 and September 2010, 197 adults and 6 children from Portage were provided substance abuse treatment assistance by the Kalamazoo Community Mental Health Substance Abuse Services.

Persons with AIDS/Related Diseases. According to the Kalamazoo County Health and Community Services Department, as of October 2010, there were 288 Kalamazoo County residents with HIV/AIDS (145 with AIDS) and 23 Portage residents with HIV/AIDS (14 with AIDS). The Center for Disease Control estimates that one-third to one-half of persons with AIDS are either homeless or in danger of losing their housing. Using the

more conservative estimate, this would equate to 7 persons with AIDS in Portage in need of housing.

Victims of Domestic Violence: The YWCA provides emergency shelter, transitional and permanent supportive housing, along with counseling services to victims of domestic violence within Kalamazoo County. According to statistics provided by the YWCA, Kalamazoo County law enforcement responded to 3,520 incidents of domestic violence in 2009, up from 3,434 in 2008 and 3,105 in 2007. In addition, over the past five years, the YWCA has provided an average of 13,662 nights of crisis shelter to victims/survivors of domestic violence. With regard to Portage in particular, over the past five years, an average of 30 adults/children have received emergency shelter services and counseling from the YWCA, and the need for safe housing for domestic violence victims has remained steady. The YWCA currently provides 11 units of transitional and/or permanent supportive housing within the City of Portage to domestic violence victims. Based on the average renter-occupied household size 1.95 persons and the average number of Portage residents served, there is a need for approximately 15 additional housing units to meet the community need.

Frail Elderly. The term “frail elderly” refers to persons over the age of 65 who for various reasons are unable to adequately care for themselves. Specifically, if a person has one or more limitations to Activities of Daily Living (e.g. difficulty eating, bathing, toileting by oneself) or Instrumental Activities to Daily Living (e.g. difficulty using the telephone, getting outside, shopping, doing light housework) and needs assistance to perform routine activities of daily living, the individual may be classified as “frail elderly”. Census data specifically identifying the “frail elderly” is not available. However, persons over the age of 75 (i.e., extra elderly) are often frail elderly or at risk of becoming frail elderly. In addition, as shown in the Table 22 above, 38.7% or 1,997 elderly persons had a disability in 2000. Table 23 below further evaluates the needs of low-income elderly and frail elderly households.

**Table 23
Elderly and Frail Elderly Persons with a Housing Problem**

	Renters				Owners			
	0-30% of AMI	30-50% of AMI	50-80% of AMI	Over 80% AMI	0-30% of AMI	30-50% of AMI	50-80% of AMI	Over 80% AMI
Elderly	220	145	120	105	90	270	515	1,665
% with Housing Problem	68%	100%	0%	14%	39%	65%	41%	10%
Extra Elderly	65	185	215	220	165	300	270	705
% with Housing Problem	38%	100%	44%	0%	85%	67%	22%	8%
All households	1,240	1,330	1,525	1,850	535	945	1,565	10,390
% with Housing Problem	65%	92%	33%	9%	83%	70%	54%	14%

Source: 2005-2007 HUD CHAS data, Table 5

As shown above, 100% of very low-income (30-50% of AMI) elderly and extra-elderly renter households have a housing problem, and low-income (50-80% of AMI) extra-elderly renters have a higher percentage of households with a housing problem compared to all low-income renters. A notable percentage of elderly and extra-elderly homeowners also have housing problems, similar to the percentage of all low-income households with a housing problem.

Table 24 further evaluates the housing needs of persons with a disability, and includes those with mobility or self-care limitations. Mobility or self-care limitations include all households where one or more persons has: 1) a long-lasting condition that substantially limits one or more basic physical activity, and/or 2) a physical, mental, or emotional condition lasting more than 6 months.

Table 24
Households with a Disability and Housing Problem

	Renters				Owners			
	0-30% of AMI	30-50% of AMI	50-80% of AMI	Over 80% AMI	0-30% of AMI	30-50% of AMI	50-80% of AMI	Over 80% AMI
Households with Disability	125	135	220	700	65	150	120	20
% with Housing Problem	68%	78%	50%	16%	38%	83%	46%	0%
All households	1,240	1,330	1,525	1,850	535	945	1,565	13,435
% with Housing Problem	65%	92%	33%	9%	83%	70%	54%	25%

Source: 2005-2007 HUD CHAS data, Table 6

As shown above, well over half of all low-income renter households with a disability have a housing problem. With regard to homeowner households with a disability, very low-income homeowners (30-50% of AMI) had a higher percentage of housing problems compared to all very low-income homeowners.

C. Summary of General and Special Needs Housing

Based on the above data, HUD requires the designation of priority needs, and that the city provide the rationale for how priority needs are established. The following outlines the priority levels for the special needs/non-homeless population and general housing needs overall in the City of Portage. For the purposes of establishing priority needs, the following is provided:

- “High Priority”: identifies an unmet need that will be funded by the city with federal funds, either alone or in conjunction with the investment of other public or private funds during the period of time designated in the strategy portion of this document.
- “Medium Priority”: identifies an unmet need that may be funded by the city with federal funds, either alone or in conjunction with the investment of other public or private funds during the period of time designated in the strategy portion of this

document. Also, the locality will take other actions to help this group locate other sources of funds.

- “Low Priority”: identifies an unmet need that the city will not fund during the period of time designated in the strategic plan. The locality will consider certification of consistency for other entities’ applications for Federal assistance, and other forms of potential assistance.

In Table 25, Special Needs/Non-Homeless, the unmet need was estimated based on the Special Needs Population analysis above. Housing for the frail elderly and persons with disabilities received a Medium Priority ranking and all other categories received a Low Priority ranking for primarily two reasons: 1) the relatively low number of households identified; and 2) the level of funding received by the city is not adequate to address these needs with individual programs.

Table 25
Special Needs/Non-Homeless (CP Table 1B)

Population	Priority Need	Unmet Need	Estimated Dollars To Address Unmet Need ¹	Five Year Goals ¹
Elderly	L	717	NA	NA
Frail Elderly	M	705	NA	NA
General Disabilities	M	505	NA	NA
Severe Mental Illness	M	--	NA	NA
Developmentally Disabled	M	--	NA	NA
Physically Disabled	M	--	NA	NA
Alcohol/Drug Addiction	M	--	NA	NA
HIV/AIDS	L	7	NA	NA
Domestic Violence	L	15	NA	NA

¹ Refer to the Five-Year Strategic Plan narrative

In addition to above summary of non-homeless special housing needs, the Table 26 summarizes overall housing needs. Similar to the priority levels identified in Table 25 above, specific subpopulation housing needs were assigned either a medium or low priority for primarily two reasons: 1) the relatively low number of households identified; and 2) the level of funding received by the city is not adequate to address these needs with individual programs. For unmet needs identified as high priority, CDBG funding to address unmet needs are anticipated.

Table 26
Housing Needs (CP Table 2A)

Housing Type	Income Level	Priority	Unmet Need	Five Year Goals ¹
Renter				
Small Family	0-30% of AMI	L	--	NA
	31-50% of AMI	L	--	NA
	51-80% of AMI	L	49	NA
Large Family	0-30% of AMI	L	--	NA
	31-50% of AMI	L	--	NA
	51-80% of AMI	L	125	NA
Elderly	0-30% of AMI	L	175	NA
	31-50% of AMI	L	330	NA
	51-80% of AMI	L	95	NA
All Other	0-30% of AMI	M	815	NA
	31-50% of AMI	M	1,230	NA
	51-80% of AMI	M	515	NA

Housing Type	Income Level	Priority	Unmet Need	Five Year Goals ¹
Owner				
Small Family	0-30% of AMI	L	--	NA
	31-50% of AMI	L	--	NA
	51-80% of AMI	L	1,535	NA
Large Family	0-30% of AMI	L	--	NA
	31-50% of AMI	L	--	NA
	51-80% of AMI	L	320	NA
Elderly	0-30% of AMI	L	175	NA
	31-50% of AMI	L	377	NA
	51-80% of AMI	L	270	NA
All Other	0-30% of AMI	H	445	50
	31-50% of AMI	H	665	50
	51-80% of AMI	H	850	25
Special Needs	0-80% of AMI	M	527	NA
Total Goals				125
Total Section 215 Goals (Owner-occupied and Renter-Occupied)				NA

¹Refer to the Five-Year Strategic Plan narrative

As shown in Table 26, a total of 2,560 affordable rental housing units are needed to address all low-income renter households experiencing a housing problem. Further as many as 1,960 affordable homes are needed to address all low-income homeowner households that are experiencing a housing problem. With regard to special needs households in particular, 527 housing units, either renter or owner-occupied, are needed to address special needs populations.

The owner-occupied housing focus of the CDGB Program is established to maximize the impact of limited annual funds. However, the city will seek opportunities as it has previously, to work cooperatively with non-profit housing providers to utilize CDBG funds for predevelopment and rehabilitation of renter-occupied housing units, thereby leveraging other funds to make renter-occupied dwellings available at affordable rents. In addition, if the City of Portage were to obtain funding specifically for rental rehabilitation, as it has previously accomplished through the Michigan State Housing Development Authority HOME Rental Rehab program, renter-occupied housing activities may be undertaken. Finally, the city will continue to closely consider requests for Payment In Lieu of Taxes, as may be necessary, to facilitate affordable rental housing developments financed and/or assisted with state and federal funds.

D. Homeless Needs

As indicated in the Housing and Market Analysis provided in Section V (pages 25-30), homelessness and homelessness prevention efforts continue to be an important need in the community. The average number of emergency shelter nights, and the number of homeless persons identified through annual HUD-required Point-In-Time counts has increased in comparison to the data reported in the previous Consolidated Plan. Based on the most recent Point-In-Time Count, 679 persons were homeless (see page 26), and it is estimated that 6% or 41 persons identified were from Portage.

Table 27 below summarizes the current inventory, inventory under development and unmet need for emergency shelter, transitional housing and permanent supportive housing for homeless individuals and homeless families with children, as determined by the Kalamazoo LISC Affordable Housing Partnership (AHP).

Table 27
Continuum of Care Housing Gaps Analysis (CP Table 1a): 2010

		Current Inventory	Under Development	Unmet Need
Beds for Individuals	Emergency Shelter	262	0	12
	Transitional Housing	64	0	275
	Permanent Supportive Housing	327	9	314
	Total	653	9	601
Beds for Persons in Families with Children	Emergency Shelter	178	0	0
	Transitional Housing	258	14	123
	Permanent Supportive Housing	352	12	490
	Total	788	26	613

Source: Kalamazoo LISC Affordable Housing Partnership, HUD Exhibit 1 Planning Document, November 2010

The City of Portage participates in the ongoing efforts of the AHP to address the county-wide issue of homelessness and homelessness prevention. In this regard, in 2006 the City of Portage endorsed the AHP Ten Year Plan to End Homelessness. The key strategies of this plan comprise the HUD-required Homeless Service Activity chart, and are summarized from the following excerpt of the Executive Summary of the plan (the entire Ten Year Plan to End Homelessness and annual Action Plans can be reviewed on the Kalamazoo LISC Affordable Housing Partnership):

“PREVENTION: As the cost to individuals and our communities in managing homelessness continues to escalate, we are at the crossroads where we can no longer delay an active commitment to prevention. The cost efficiency of keeping people housed rather than re-housing them once they become homeless is evident; it is easier and more cost effective to keep people in their homes.

- Expand the range and availability of prevention strategies
- Increase timely access to services and supports
- Increase longitudinal data collection to document the effectiveness of prevention strategies

HOUSING FIRST: As described in the National Alliance to End Homelessness’s 10 year plan, the Housing First approach seeks to assist persons to exit homelessness as quickly as possible by placing them in permanent housing and linking them to services as needed. Two core principles define permanent housing: choice regarding the location and type of housing, and no predetermined limit on the length of time the household can remain in the housing unit.

- Expand the availability of affordable permanent housing
- Increase the accessibility of affordable permanent housing
- Transition the existing shelter system to a Housing First System

Systems Change: Housing stability is a function of a household’s ability to access fundamental resources and supports that assure, when a crisis occurs, it does not threaten the security of their housing stability. A wraparound service

model will ensure household's have access to a full range of resources and services to protect the stability of their housing. Service providers will support systems change and expand their collaborations to address issues related to homelessness.

- Ensure excellence in customer care practices
- Ensure linkages to main stream resources
- Increase the availability and awareness of formal community supports

Building Community Capacity: Implementing the transition to a Housing First system will require coordination of local and state resources and the creation of an infrastructure in order to be effective and efficient.

- Implement a comprehensive Homeless Information Management System (HMIS)
- Consolidate housing assistance resources into a Local Housing Trust Fund
- Establish a liaison to the Housing Partnership from the Prisoner Re-entry Pilot
- Establish a linkage with the Community Collaborative
- Provide a cost benefit analysis using HMIS data”

As indicated in the Ten Year Plan to End Homelessness, and as outlined in the implementation strategies included in the annual Action Plans developed and adopted by the AHP, Housing First or “Rapid Re-Housing” of homeless persons and families, and Prevention of homelessness are identified as high priorities as a means to address homeless. While an ongoing and increasing need has been indentified, because of limited funds available from the city CDBG Program, such housing has been identified as a medium priority. In addition, it is noted that for over 20 years, the city has also allocated General Fund resources, as funding has been available within the context of the overall city budget, to address basic human needs, such as homelessness.

D. Community Development Needs

The City of Portage also has community development needs that are not directly related to housing. Table 28, Community Development Needs, ranks such need in relation to the CDBG Program. Estimates of units or dollar amounts needed are generally not applicable, as the city has a Capital Improvement Program that identifies needs over a ten-year period and the estimated costs of public improvements. Because the number of capital improvement projects and the dollars needed to address the total need would be high and the actual CDBG funding received by the city on an annual basis is low, averaging approximately \$260,000 annually (including program income), the city will not be able to address most of the identified needs through the CDBG program. None of the non-housing community development needs are a High Priority within the Consolidated Plan. Projects identified as Medium priority below are primarily human services and neighborhood park improvements that can be implemented with smaller project budgets and result in a notable impact.

**Table 28
Community Development Needs (CP Table 2B)**

PRIORITY COMMUNITY DEVELOPMENT NEEDS	Priority Need Level High, Medium, Low, No Such Need	Dollars to Address Unmet Priority Need
PUBLIC FACILITY NEEDS (projects)		
Senior Centers	L	N/A
Handicapped Centers	L	N/A
Homeless Facilities	L	N/A
Youth Centers	L	N/A
Child Care Centers	L	N/A
Health Facilities	L	N/A
Neighborhood Facilities	L	N/A
Parks and/or Recreation Facilities	M	\$25,000
Parking Facilities	L	N/A
Non-Residential Historic Preservation	L	N/A
Other Public Facility Needs	L	N/A
INFRASTRUCTURE (projects)		
Water/Sewer Improvements	L	N/A
Street Improvements	L	N/A
Sidewalks	L	N/A
Solid Waste Disposal Improvements	L	N/A
Flood Drain Improvements	L	N/A
Other Infrastructure Needs	L	N/A
PUBLIC SERVICE NEEDS (people)		
Senior Services	L	N/A
Handicapped Services	L	N/A
Youth Services	M	N/A
Child Care Services	L	N/A
Transportation Services	M	N/A
Substance Abuse Services	L	N/A
Employment Training	L	N/A
Health Services	L	N/A
Lead Hazard Screening	L	N/A
Crime Awareness	L	N/A
Other Public Service Needs	M	\$165,000
ECONOMIC DEVELOPMENT		
ED Assistance to For-Profits (businesses)	L	N/A
Ed Technical Assistance (businesses)	L	N/A
Micro-Enterprise Assistance (businesses)	L	N/A
Rehab; Publicly-or Privately-Owned Commercial/Industrial (projects)	L	N/A
C/I* Infrastructure Development (projects)	L	N/A
Other C/I* Improvements (projects)	L	N/A
PLANNING		
Planning		N/A
TOTAL ESTIMATED DOLLARS NEEDED:		\$190,000

*Commercial or Industrial Improvement by Grantee or Non-profit

VI. STRATEGIC FIVE YEAR PLAN (FY 2011-2015)

The strategic five year plan will provide overall housing and community development goals that the city will set out to accomplish between FY 2011-12 through FY 2015-16. The overall goal of the five year strategy is to ensure the city meets the national objectives of the CDBG program, which is to principally benefit the needs of extremely low, very low and low-income residents by meeting one of three statutory program goals: 1) providing decent housing, 2) creating a suitable living environment; and 3) expanding economic opportunities.

It is anticipated that over the next five years, the funding received from HUD will remain relatively flat, at approximately \$220,000 per year. In addition to the annual entitlement grant, it is anticipated that approximately \$40,000 in program income will be received annually through the repayment of housing program loans. Based on these estimates, it is anticipated the city will have approximately \$1.3 million of CDBG entitlement grant and program income funds to allocate towards CDBG Program activities over the next five years. In addition, the city has historically allocated an additional 0.55% of its General Fund revenue towards human services, which has averaged approximately \$120,000 for the past several years. To the extent that the city can continue to allocate similar resources in the future, given the current and predicted budget constraints of the General Fund, additional annual resources will be constrained to assist with the needs of low-income Portage residents.

A. Affordable Housing

Based on the Housing, Homeless and Community Development Needs Assessment, and evaluation of the housing market, affordable renter and owner-occupied housing remains one of the major needs within the City of Portage, especially with regard to low-income households. The city will continue to partner with other agencies to accomplish housing projects and provide direct and indirect assistance to increase the supply of decent affordable housing. Once or more of the following strategies shown in Table 29 below will be considered and implemented over the course of the next five year period.

Table 29
Summary of Specific Housing/Community Development Objectives (CP Table 2C)

Specific Objectives	Performance Measure	Expected Units	Actual Units
Rental Housing Objectives			
As General Fund budget resources permit, partner with for-profit and non-profit developers by providing tax abatements (PILOTs) to help meet federal and state financing and/or assistance programs to facilitate affordable rental housing	Housing Units	Based on Requests Received	
As funding is available, partner with non-profit developers to provide pre-development and/or rehabilitation funds to assist with the provision of affordable rental housing	Housing Units	5	
Owner Housing Objectives			
Assist low-income households with the purchase of affordable homes through homebuyer assistance programs funded by federal and state resources	Households	25	

Specific Objectives	Performance Measure	Expected Units	Actual Units
Provide emergency repair grants to low-income homeowners	Housing Units	10	To be specified in CAPER submitted to HUD not more than 90 days after end of each Program Year
Provide exterior and interior rehabilitation assistance to low-income homeowners	Housing Units	115	
As funding is available, partner with non-profit developers to provide pre-development and/or rehabilitation funds to assist with the provision of affordable owner-occupied housing	Housing Units	5	
Community Development Objectives			
Promote neighborhood improvement through code administration and enforcement in target neighborhoods	Households	1,875	
Public Facilities Objectives			
As funding may be available, provide small-scale park and/or capital improvements in target neighborhoods	To Be Determined As Projects Proposed	To Be Determined	
Public Services Objectives			
Provide emergency housing (including homelessness prevention and rapid re-housing services) and non-housing assistance through local human/public service providers to assist low-income households	Households	4,000	
Economic Development Objectives			
None Identified	--	--	
Other Objectives			
None Identified	--	--	

B. Non-Housing Community Development

Non-housing community development needs are summarized in Table 29 above, and in more detail in Table 28 (pages 41-42). The public service objectives in Table 29 include housing and non-housing emergency assistance. Non-housing emergency assistance supplements housing needs by providing low-income households with financial assistance for other essential items such as food, clothing, health services, and other basic human needs. With regard to community and economic development objectives, no activities are to be accomplished through the CDBG Program. However, such activities are funded with General Fund monies as determined appropriate. With regard to infrastructure and/or public facility projects, at the current and anticipated level of funding, only small-scale, relatively low cost capital improvement in low-income neighborhoods can be considered. Non-housing projects are low to medium priority in the Consolidated Plan and are normally accomplished through the City of Portage Capital Improvement Program.

C. Barriers to Affordable Housing

In order to address the barriers to affordable housing discussed in the Housing and Market Analysis, one or more of the following strategies will be undertaken during the plan period.

- Continue to participate in Kalamazoo LISC Affordable Housing Partnership (AHP), and other initiatives to address affordable housing issues throughout Kalamazoo County.
- Continue CDBG Housing Programs and, as resources are available, continue carefully consider tax abatement (PILOTS) requests to provide housing opportunities to low and moderate-income households.
- Annually review development regulations, fees and other city code requirements that may be impediments to affordable and fair housing.
- Continue General Fund and CDBG program funding to support the provision of human/public services to low income individuals.

D. Homelessness

Homelessness is addressed on a community-wide basis in Kalamazoo County. As prescribed by HUD, the Kalamazoo County Continuum-of-Care (facilitated by the AHP) was developed to establish a vision and plan to combat homelessness in the Kalamazoo community. The City of Portage is an active member of the AHP. The City of Portage supports the overall community strategy to address homelessness and will undertake one or more of the strategies shown in Table 30 during the plan period.

**Table 30
Summary of Specific Homeless/Special Needs Objectives**

Specific Objectives	Performance Measure	Expected Units	Actual Units
Homeless Objectives			
Continue to actively participate on the Kalamazoo LISC Affordable Housing Partnership and other county-wide initiatives	N/A	Completion of annual planning documents and grant applications for federal and state funding	To be specified in CAPER submitted to HUD not more than 90 days after end of each Program Year
As funding is available, consider financial support through the CDBG and General Fund for homeless prevention, rapid re-housing and emergency shelter services	Households	To Be Determined and as established with grantee contracts	
As funding is available, partner with for-profit and non-profit developers to provide pre-development and/or rehabilitation funds to assist with the provision of transitional and/or permanent supportive housing	Housing Units	To Be Determined and as established with grantee contracts	
Special Needs Objectives			
None Identified	--	--	

E. Other Special Needs

The strategic plan does not identify activities with regard to special supportive needs of the non-homeless. This is due to the low level of funding available to address these needs with individual programs. Alternatively, within the other programs identified as priorities, there may be indirect assistance provided o these individuals.

F. Anti-Poverty Strategy

In 2009, 6.3% of Portage residents (up from 4.8% in 2000) were at or below the federal poverty level, compared to 10.3% in Kalamazoo County. While the percent of Portage residents living in poverty has increased 31% since 2000, the City of Portage has neither the resources nor facilities to directly undertake programs targeted at reducing the number of households below the poverty level. Alternatively, the City of Portage Housing Assistance Programs, Capital Improvement Program, Neighborhood Improvement Program and human/public service funding are available to assist households below the poverty level to meet emergency needs related to housing, health, transportation and social welfare. Therefore, the city will undertake one or more of the following strategies during the plan period.

- Continue to participate on the AHP and with other initiatives to address affordable housing and poverty issues throughout Kalamazoo County.
- To the extent resources are available, consider General Fund and CDBG Program funding to support the provision of human/public services to low-income individuals.
- Continue CDBG Housing Programs such as down payment assistance, emergency repair grants and rehabilitation loans for low-income owner-occupied households.

G. Lead-Based Paint

As discussed in the analysis of Lead Hazards, there are 1,160 owner-occupied and 440 renter-occupied housing units with children under the age of six. Fortunately, this number represents a small fraction (8.5%) of the total housing stock in the city. Nevertheless, the city will continue to implement CDBG housing projects in accordance with HUD lead based paint regulations. Applicants are provided educational materials such as the mandated HUD Lead-Based Paint Notice that identifies lead based paint hazards, symptoms of lead poisoning and ways of reducing hazards. In addition, any hazards found during the inspection or rehabilitation process are controlled as part of the project. These actions to reduce lead hazards in the housing stock will be continued. Staff will also continue to track federal and state regulations and receive on-going training to ensure compliance with applicable statutes is achieved.

H. Fair Housing

*To be completed once a draft of the
Analysis of Impediments to Fair Housing study update is prepared*

Kalamazoo County Transportation Authority

Annual Report FY 2010 (October 2009-September 2010)

Background

The Kalamazoo County Transportation Authority (KCTA) was created by the Kalamazoo County Board of Commissioners in late 2005. A nine member KCTA Board was appointed by the County in January 2006. The long term goal for the KCTA is to integrate the public transportation services into a county-wide system. The KCTA's initial challenge was to secure funding to stabilize the Care-A-Van demand response bus service. This was achieved by the successful passage of a two-year county-wide millage in the fall of 2006.

Following the passage of the of the 2006 millage the KCTA Board turned its attention to the transition, working with Kalamazoo County Government, the City of Kalamazoo, the City of Portage, governmental units throughout Kalamazoo County, the Kalamazoo Area Transportation Study (KATS), and the Michigan Department of Transportation (MDOT) to ensure that all administrative, programmatic and political details were addressed.

The KCTA was formed under Public Act 196 of 1986, a state law governing the establishment of county-wide and multi-jurisdictional authorities. A requirement of P.A. 196 is that only one millage rate can be assessed within the authority's boundaries. In 2008, the KCTA placed a question on the ballot county-wide asking for a single millage rate for all residents in the county. This single rate millage combined the KCTA's 2006 millage and the one year millage levied in the City of Kalamazoo by the City's Transportation Authority Board. The single millage rate was defeated in the 2008 November election leaving the KCTA and the City of Kalamazoo without the needed local funding to operate the bus system.

Two millage rates would be required to gain public support. Therefore, in May of 2009, the KCTA set a .4 mil levy countywide that covered the local share of demand response service, fixed route service outside the City of Kalamazoo, and new fixed route service in the City of Portage. The City of Kalamazoo, in turn, sought a .6 mil levy in the City to cover local share for the fixed route service within the City. Both millages were successful.

During fiscal year 2010 (October 2009-September 2010), the KCTA moved toward the goal of a single county-wide transportation system. To that end the Board worked strategically with residents and leadership in Kalamazoo County.

Transition Planning

At the beginning of fiscal year 2010, the Board contracted with Lam and Associates to engage the community in a dialogue about the nature of Kalamazoo County's public transportation system. This

community dialogue, called “Transit Talk”, engaged a cross section of riders, stakeholders, opinion leaders and residents. Ideas ranged from improved access to fixed route buses and safety on the vehicles to routing changes and fare inequities. It became clear during “Transit Talks” that those who rode the bus and those who didn’t had very different perspectives on the system.

At the beginning of 2010, The Chairperson and Vice-Chairperson of the KCTA Board, the County Administrator, the Kalamazoo City Manager and Deputy City Manager came together under the guidance of TSI Consulting. As the key entities responsible for carrying out the community vision of a county-wide transportation system these leaders worked to develop a plan for the transition of the system. The resulting plan, called the “Roadmap” now serves as the guiding document for the KCTA and its partners for the remainder of the fiscal year and beyond. The Roadmap defines a number of critical benchmarks: ***Strengthening the governance and the capacity of the KCTA Board, Recruiting and hiring a strategic leader for the KCTA, Increasing the commitment and ownership of governmental jurisdictions throughout the county, Strengthening county-wide support for the system, and Successfully achieving financial stability beyond 2012.***

The KCTA Board began the process of addressing the “Roadmap” benchmarks during 2010 by establishing two committees: **Board Development Committee**, and **Executive Director Search Committee**.

The Board Development Committee, comprised of three KCTA Board members, developed and brought forward to the Board policies and supporting documents that outlined board member job descriptions, qualities required of board candidates, a board orientation process, and an enhanced process for filling vacancies on the board.

The Executive Director Search Committee was formed and charged with bringing to the board a recommendation on the use of an executive search firm, a set of qualifications for the Director position and an eventual slate of candidates for the KCTA Board to consider. The Executive Director Search Committee is comprised of eight members: two KCTA Board Members and six community members.

Community Outreach

In its ongoing efforts to keep the issue of public transportation in the forefront in FY 2010, the KCTA Board engaged in a number of outreach strategies. “Transit Talks” was a primary vehicle for these activities, involving riders, stakeholders and residents from all geographic areas of Kalamazoo County.

The Board used the presentation of the Annual Report to go before governmental units in Kalamazoo County and inform leaders of the activities of the KCTA and the benefits of county-wide public transportation.

Kalamazoo Metro Transit hired a firm to conduct a Comprehensive Operational Analysis (COA) of the fixed route and demand response systems. The COA looked at the efficiency and effectiveness of every route in the system, making suggestions that would increase ridership and decrease ride time on the buses. Metro Transit and the KCTA co-sponsored a series of community input sessions to gain feedback on the proposed changes recommended in the COA report. Often these COA feedback sessions were coupled with a presentation of the “Roadmap” which described the transition to a county-wide system.

In order to better communicate with the public in 2010, the KCTA asked Public Media Network to televise its regularly scheduled Board meetings every month.

Administration

As referenced earlier in this report, the KCTA was created under Public Act 196 of 1986. P.A. 196 does not allow a county-wide authority to levy more than one millage rate within its jurisdictional boundaries. The Board is seeking a legislative solution by amending P.A. 196 to allow for more than one millage rate to be administered by one county-wide Authority.

During 2010, the KCTA Board continued its efforts to address those barriers facing the Authority under P.A. 196. Meetings were held with the Kalamazoo legislative delegation. As a result of those meetings, State Representative Robert Jones requested two bills, one amending P.A. 196 and the other amending P.A. 566 of 1978 (Incompatible Offices Act). Unfortunately, with the untimely passing of Representative Jones, no action was taken on these bills in 2010. Activity concerning these bills will resume in 2011.

The KCTA made a change in the organization providing financial oversight services for the Authority. A contract was approved with the City of Kalamazoo for their Management Services Department to provide financial services for the KCTA. These services were previously provided by Kalamazoo County government.

Jeffrey Breneman joined the Authority Board as a new member. Mr. Breneman filled the seat vacated Terry Kuseske when he won election to the Kalamazoo City Commission.

The Authority levied the property tax associated with the 3-year millage passed in 2009. Property taxes for cities in Kalamazoo County were levied in the summer. Property taxes for townships will be levied in the winter.

Program

The Adopt A Bus Shelter program began in FY 2010 under the leadership of Disability Network of Southwest Michigan, co-sponsored by the KCTA and Metro Transit. It is expected that the program will grow in 2011.

The Public Transit Human Services Coordinated Plan Oversight Committee met to review needs in preparation for a grant submission to the State for JARC (Job Access Reverse Commute) and or New Freedom (additional service to seniors and people with disabilities) funding. The committee identified needs in the area of travel training for individuals fearful of riding the fixed route system and transportation access for bariatric (severely overweight) patients.

Finally, the KCTA was involved in the sponsoring and the planning of transportation for the Project Connect initiative. This program, administered by the Poverty Reduction Initiative and LISC, brought an

array of services to the fairgrounds targeted toward low income/at-risk citizens of Kalamazoo County so they could receive assistance through a one-stop shop model.

System Data FY 2010 (October 2009 – September 2010)

76,253 Metro County Connect trips provided in 2010	+9.2% from 2009
49,486 Metro Co. Connect Access trips provided in 2010	-2.9% from 2009
74,535 Fixed Route Trips provided in Portage in 2010	+8.5% from 2009
2,570,472 Fixed Route Trips provided System Wide in 2010	-13% from 2009
8,683 Community Service Van trips provided in 2010	-53.7% from 2009
Fixed Route productivity (rides/hour) 22.06/hour	-20.41% from 2009
Operations Revenue \$3,341,160	+26.8% from 2009

Current Fleet

Fixed Route	36
Demand Response	
Vans	27
Cutaways	7
Mid Size	12
Community Service	7
Support Vans	3
Total Fleet	92

Summary

In 2010 a clear path was established for the transfer of the public transportation system to the KCTA by 2013. The challenge for the KCTA in 2011 will be to recruit and hire a strategic leader for the system and to enhance the governance capacity of the KCTA to assume that responsibility.