

III. HOUSING NEEDS

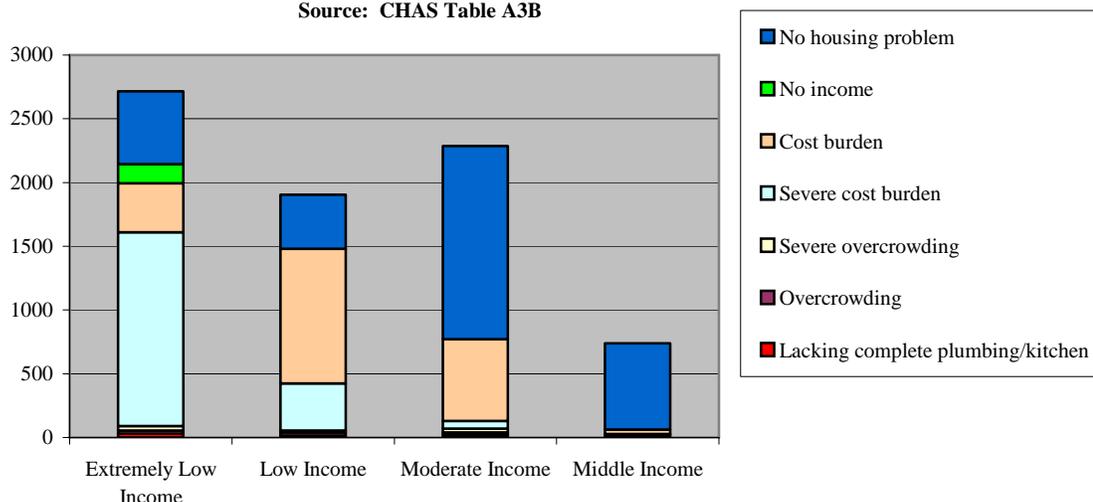
*91.205(b)
 The plan shall estimate the number and type of families in need of housing assistance for extremely low-income, low-income, moderate-income, and middle-income families, for renters and owners, for elderly persons, for single persons, for large families, for public housing residents, for families on the public housing and section 8 tenant-based waiting list, for persons with HIV/AIDS and their families, and for persons with disabilities. The description shall include a concise summary of the cost burden and severe cost burden, overcrowding (especially for large families), and substandard housing conditions being experienced by extremely low-income, low-income, moderate-income, and middle-income renters and owners compared to the jurisdiction as a whole.*

For purposes of the CDBG program, HUD defines extremely low-income households to be those with income less than 30% of the median family income for the local area. Low-income households are those between 30 and 50% of median. Moderate-income households are those between 50 and 80% of median, and middle-income households are those between 80 and 95% of median. (Under the HOME program, the term “low-income” is defined as at or below 80% of median and “very low-income” is at or below 50% of median.)

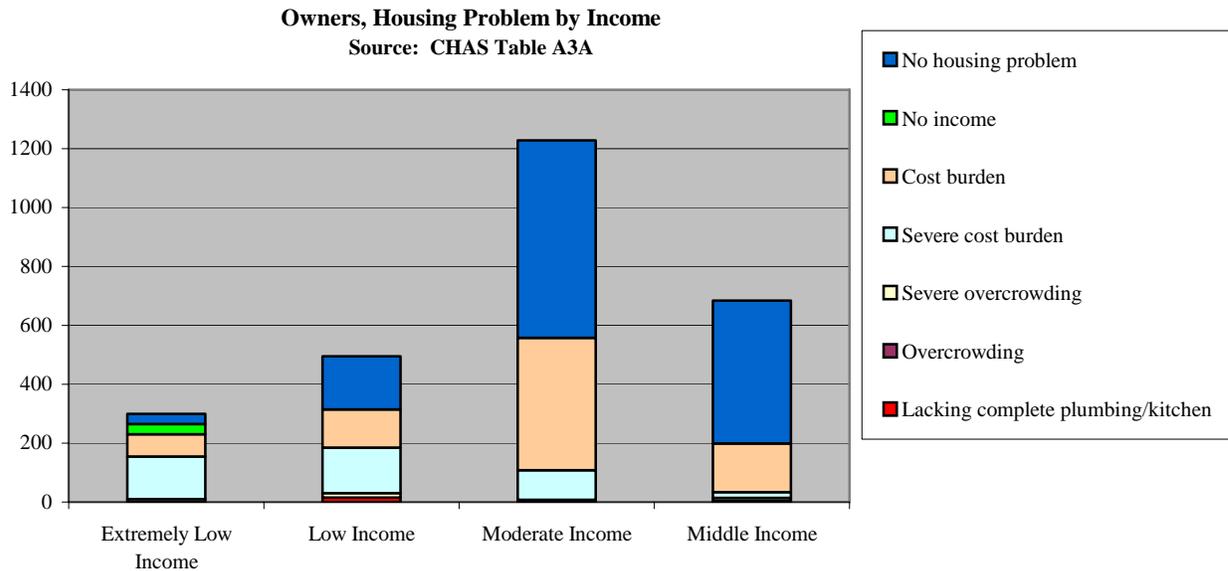
HUD receives a special tabulation of data from the Census that analyzes it by income group, household type, and housing problems in data sets called the “CHAS.” These data sets identify three types of housing problems – cost burden (paying more than 30% of household income for housing), overcrowding (more than one person per room) and lack of complete plumbing or kitchen facilities. Cost burden becomes “extreme” when households are paying more than 50% of their income for housing. Overcrowding becomes “extreme” when there are more than one and a half persons per room.

In Burlington, for both renters and owners, at all income levels and across all household types, cost burden is the most pressing housing problem. Among renters, not surprisingly, the level of cost burden decreases as income increases, with very few middle income renters experiencing problems. Cost burden is most acute among extremely low-income renters.

Renters, Housing Problem by Income
 Source: CHAS Table A3B



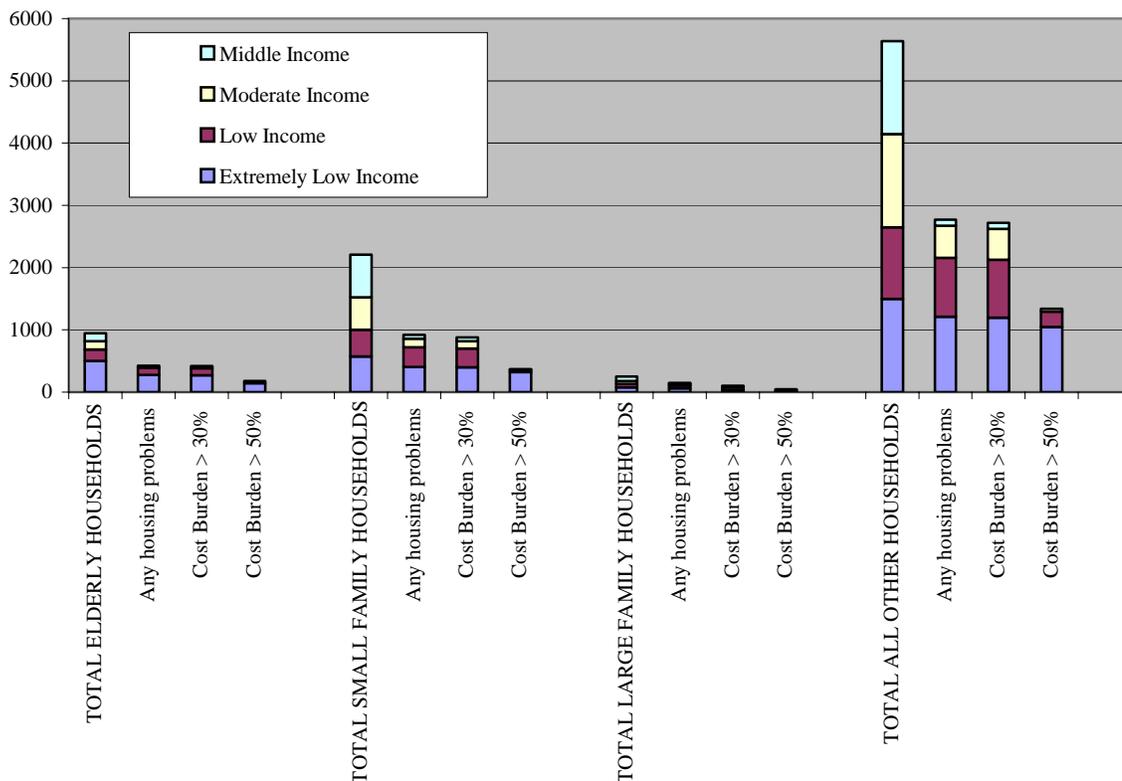
Among homeowners, cost burden is an issue across all income levels, with the highest number of affected homeowners in the moderate-income level.



The next set of charts shows housing need data for different types of household – elderly (age 62 and older), small family (2 to 4 members), large family (5 or more members) and other (mostly single adults) – through the middle-income level. The first column shows the total number of households within each household type. The next column shows the total number of households with any type of housing problem (i.e., cost burden, overcrowding or lack of plumbing/kitchen). The third column shows the total number of households which are cost-burdened. The last column pulls out the number of households which are extremely cost-burdened. (For middle-income households, information on housing problems is only available for cost-burden, and not for other housing problems.)

When households are broken out by household type, the large college student population in Burlington affects the data, particularly for renter households. The approximately 6,000 college students living off campus principally show up in the “other” category of renters and inflate the level of need that appears there. The level of need among small family renter households and elderly renters is more accurately represented. Large family renters are a relatively small group in Burlington. Proportionally, they experience more housing problems than do small family renters – but in overall numbers, the need is less.

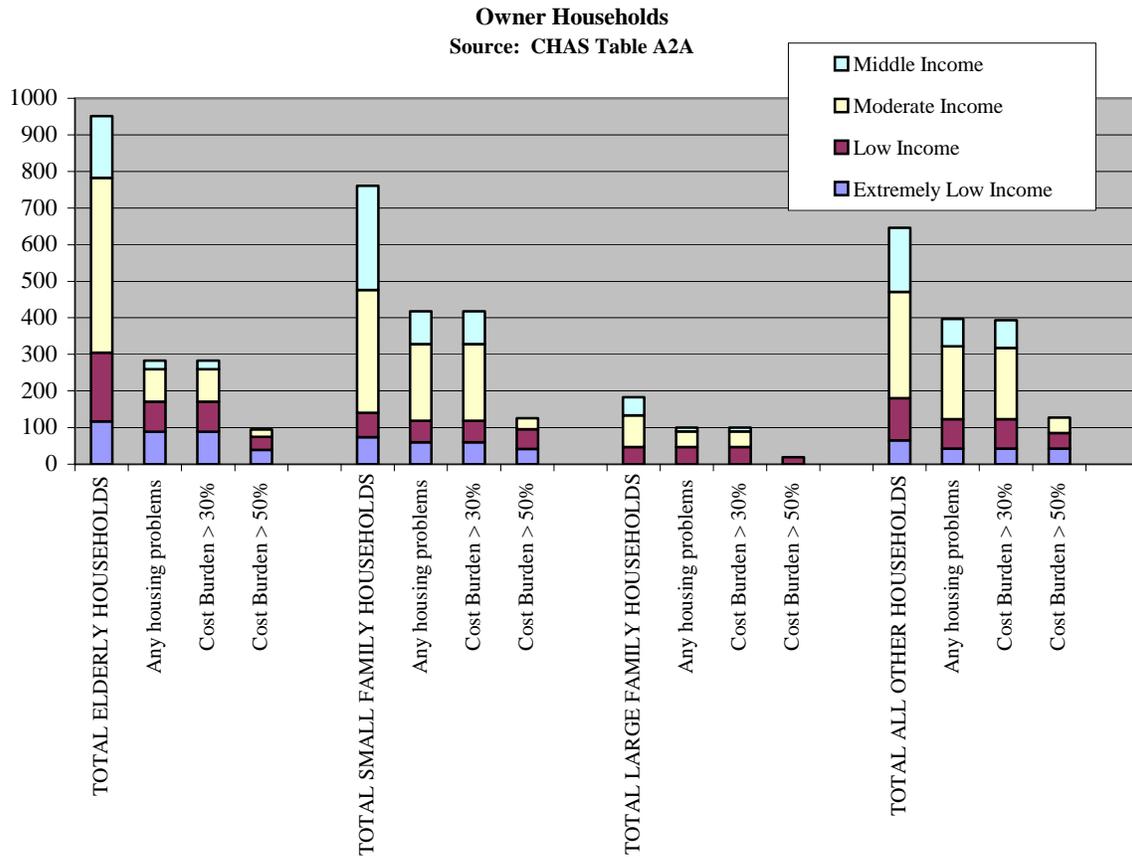
Renter Households
Source: CHAS Table A2B



Among homeowners, there are roughly equivalent levels of need among small family and “other” households. Elderly homeowners are experiencing the next highest level of need, with large families again being the smallest group among the four types of households.

Overcrowding is not a significant problem in Burlington, even among large families. Overall, there were a total of 219 (or 2.4%) of renter households experiencing overcrowding, with 94 experiencing severe overcrowding. Although there is no way to measure, it seems likely that most overcrowding may be occurring among student renters. It is also possible that some level of overcrowding occurs among refugee households. Among homeowners, 58 (or 0.9%) are experiencing overcrowding, with only 4 households (all at greater than 95% of median income) experiencing severe overcrowding.

According to the CHAS data, there were 79 renter households and 27 owner households in Burlington that lacked complete kitchen or plumbing facilities. The city’s code enforcement office would not allow this situation to occur, so it is difficult to understand the reported data. The city was unable to determine from HUD whether SRO’s and boarding houses may be counted here, which would account for some of this data. It is also possible that some units were undergoing renovations and temporarily lacked plumbing or kitchen facilities.



91.210 (b)(1)

- The jurisdiction must describe and identify the public housing developments and the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs, results from the Section 504 needs assessment, (i.e. assessment of needs of tenants and applicants on waiting lists for accessible units, as required by 24 CFR 8.25). . .
- The consolidated plan must identify the public housing developments in the jurisdiction that are participating in an approved PHA plan.

Public Housing Units

The Burlington Housing Authority (BHA) has an approved PHA plan which covers all of the 343 units of public housing in the city:

Riverside	48	Families
Hillside Terrace	26	Families
Franklin Square	60	Families
Decker Towers	159	Elderly / Disabled
No. Champlain	50	Elderly / Disabled
TOTAL	343	

The Public Housing units are all in good physical condition, as evidenced by the HUD Real Estate Assessment Center physical inspections conducted in 2006. BHA has been designated a High Performer under the Public Housing Assessment System (PHAS) advisory score, with a score of 95 on 10/01/2007.

Because of the age of the buildings, extensive capital improvements are required over the next ten years. Under its 10 Year Capital Needs Plan, BHA expects to spend \$4,000,000 for capital projects utilizing anticipated HUD Capital Fund Grants and Public Housing Reserves. The city supports BHA’s Capital Improvement Strategy and the preservation of these public housing units in the community.

BHA conducted an updated 504 analysis of its public housing developments and rental assistance program in its fiscal year 2001 and has implemented recommendations contained in that analysis.

Waiting Lists

As of July 2005, when BHA’s most recent PHA plan was approved, the waiting lists for public housing and for tenant-based Section 8 looked as follows:

Waiting Lists Source: Burlington Housing Authority	Public Housing			Tenant-Based Section 8		
	# of families	% of total families	Annual Turnover	# of families	% of total families	Annual Turnover
Waiting list total	330		49	1,352		262
Extremely low income (<=30% AMI)	256	80%		1037	77%	
Very low income (>30% but <=50% AMI)	57	17%		292	22%	
Low income (>50% but <80% AMI)	10	3%		23	1%	
Families with children	135	41%		463	34%	
Elderly families	38	11.5%		111	8%	
Families with Disabilities	103	27%		338	30%	
Black	50	15%		136	10%	
Asian	3	1%		28	2%	
Indian/Alaskan	5	1.5%		14	1%	

As with the analysis of all renter households, the greatest need as reflected in the waiting lists appears among extremely low-income households. The waiting lists reflect higher needs among families with children and families with disabilities than among elderly families. There is a disproportionately higher need among black households on the waiting lists – which is consistent with overall disproportionate need, discussed next.

91.205(b)(2)

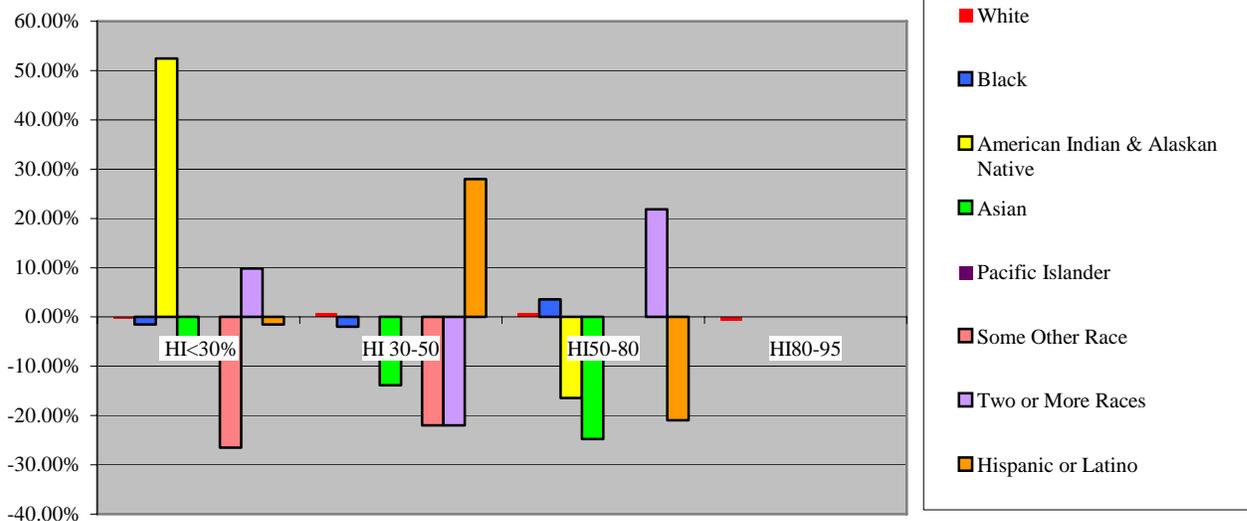
For any of the income categories enumerated [above], to the extent that any racial or ethnic group has disproportionately greater need in comparison to the needs of that category as a whole, assessment of that specific need shall be included. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

Disproportionate Need

Assessing disproportionate need in Burlington on a percentage basis is complicated by the relatively low number of minority households in the city. Using HUD-defined housing problems (i.e., cost burden, overcrowding and lack of complete plumbing/kitchen) as the definition of need, the next two charts below show, by race/ethnicity and income, the difference between the percentage of households overall which have a housing need and the percentage of households in each group which have a housing need. Among renters, on a percentage basis disproportionate need appears among the following groups:

- Extremely low-income renters of “some other race.” There are 10 households in this group.
- Low-income renters of Asian, “some other race” and “two or more races.” In this category, there are a total of 45 Asian households, 25 households identifying as “some other race,” and 30 households identifying as “two or more races.”
- Moderate-income renters of Asian, American Indian / Alaskan Native and Hispanic descent. In this category, there are 35 Asian households, 4 American Indian / Alaskan Native households and 30 Hispanic households.

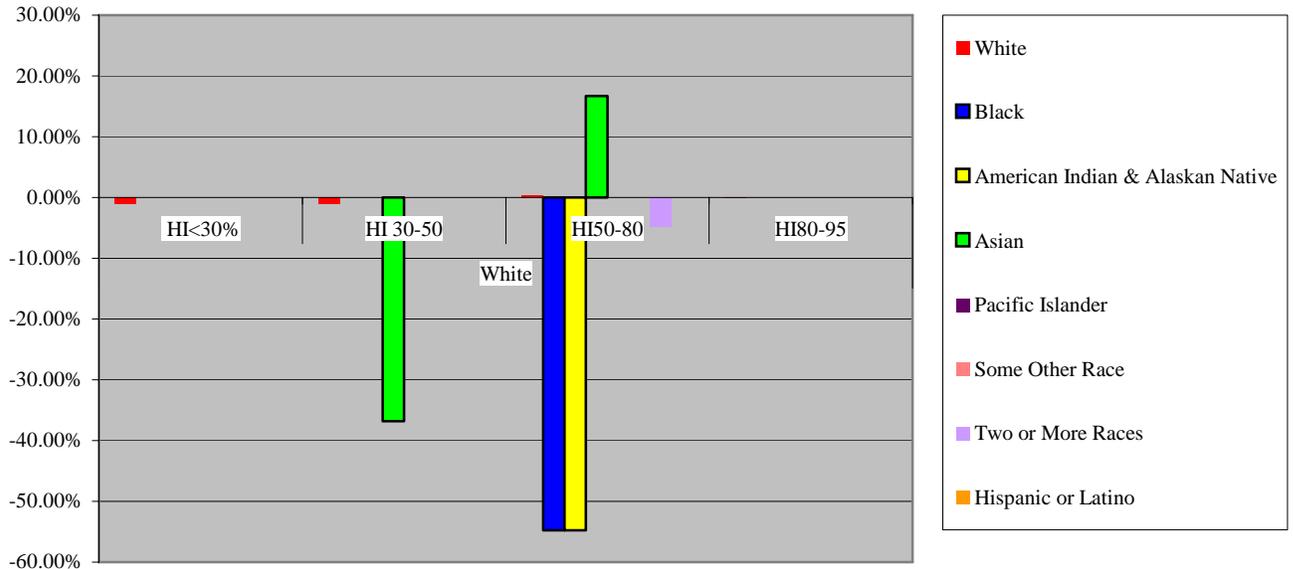
Renters with Housing Problems, Disproportionate Need
Source: CHAS Table A1B



Among homeowners, disproportionate need appears among the following groups:

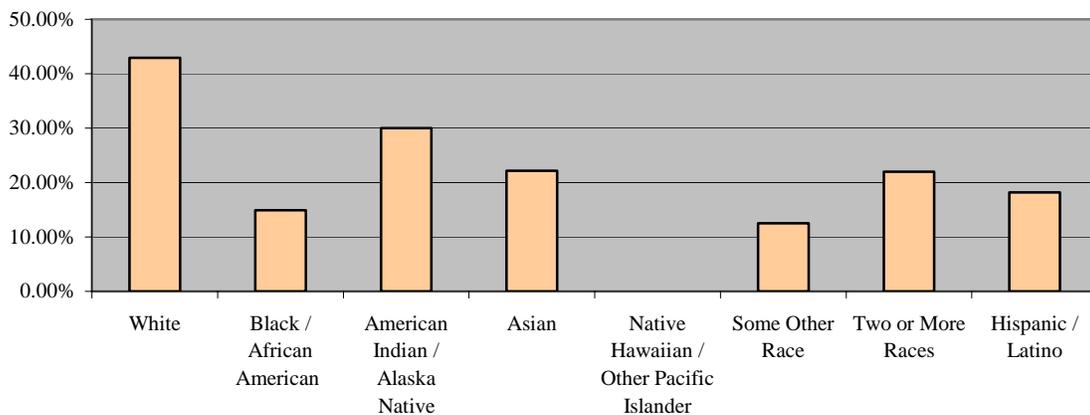
- Low-income Asian households, with four households in the group.
- Moderate-income Black households, with 10 in the group, and American Indian / Alaskan Native households, with four in the group.

Owners with Housing Problem, Disproportionate Need
 Source: CHAS Table A1A



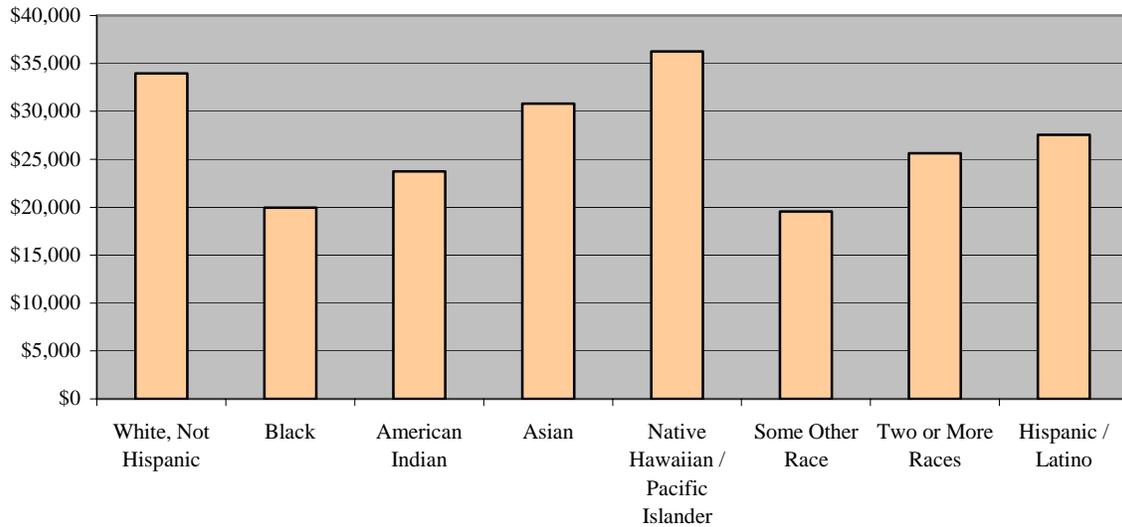
Looking at homeownership rates among minority groups, all minorities have disproportionately lower homeownership rates in the city:

Homeownership Rates Among Racial/Ethnic Groups
 Source: 2000 Census



Homeownership for minorities is affected by lower income levels (see the chart on the following page) and by discrimination in the market. A Real Estate Sales Practices Audit of Fair Housing Law Compliance in Vermont, conducted by the Fair Housing Project of the Champlain Valley Office of Economic Opportunity in 2002 with grant funding from HUD, found evidence of racial discrimination in 48% of the test cases with major real estate agencies.

Median Household Income
Source: 2000 Census



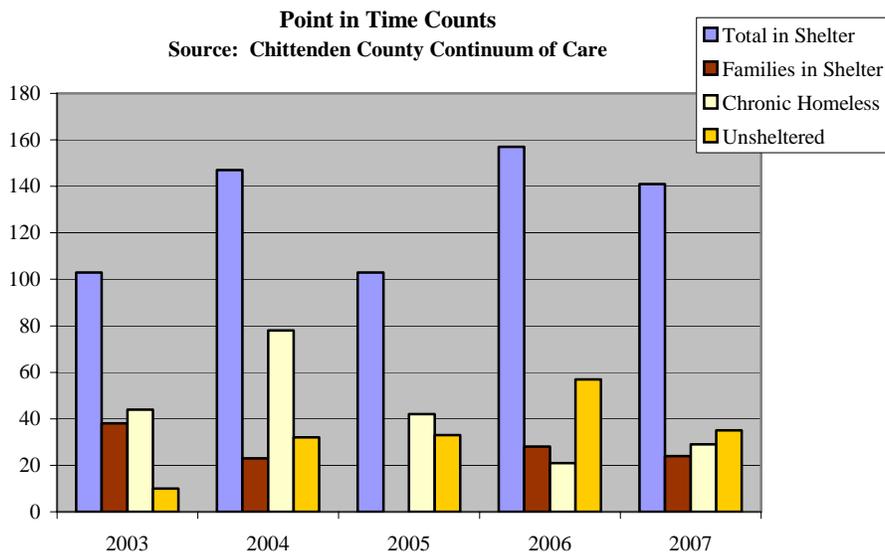
91.205 (b) and 91.215 (c)
The jurisdiction must provide a concise summary of the nature and extent of homelessness (including rural homelessness and chronically homeless persons), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with a table prescribed by HUD. This description must include the characteristics and needs of low-income individuals and families with children, (especially extremely low-income) who are currently housed but threatened with homelessness. The plan must include a brief narrative description of the nature and extent of homelessness by racial and ethnic group, to the extent the information is available.

III(A). Nature and Extent of Homelessness

HUD defines the homeless to be: (1) an individual who lacks a fixed, regular, and adequate night-time residence; and (2) an individual who has a primary nighttime residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. This definition does not include people who are doubling up or finding other ways of avoiding shelters and the streets.

All of the homeless providers in the city do an annual “point-in-time” count, usually in mid-winter. (The 2004 point-in-time count was conducted in the summer.) On a given night, they count the number of people in shelter beds. They also reach out to other agencies that serve the homeless, collating the data to eliminate duplication. These counts show a decline in the number of chronically homeless, but no overall declines in homelessness. And between 2006 and 2007, the number of households seeking state-funded motel stays in Chittenden

County (available when the shelters are full) dramatically increased, from 370 to 774 households.



Data from the January 2008 point-in-time count is not yet collated. The most recently available local point-in-time count, conducted in January 2007, found 176 homeless people, sheltered and unsheltered, in our community:

TABLE 1A1 Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	66	20	28	114
2. Homeless Families with Children	24	15	3	42
2a. Persons in Homeless Families with Children	75	43	7	125
Total (lines 1 + 2a)	141	63	35	239
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	15		14	29
2. Severely Mentally Ill	59			59
3. Chronic Substance Abuse	41			41
4. Veterans	10			10
5. Persons with HIV/AIDS	1			1
6. Victims of Domestic Violence	13			13
7. Youth (under 18 years of age)	5			5

Vermont had the highest rate of homelessness in New England in the winter 2007 point-in-time count. (It isn't possible to tell, however, how much of the variance among states arises from differences in accuracy and depth of counting efforts.)

Winter 2007 Point-in-Time Counts	
Source: Center for Social Policy, University of Massachusetts Boston	
State	Homelessness Rate Per 1,000 Residents
Connecticut	1.2%
Rhode Island	1.4%
New Hampshire	1.7%
Maine	2.0%
Massachusetts	2.5%
Vermont	3.4%

The following table analyzes gaps in the facilities and housing available to homeless residents:

TABLE 1A2		Needs	Currently Available / Under Development	Gap
Part 3: Gap Analysis				
Individuals				
Beds	Emergency Shelters	80	68	12
	Transitional Housing	76	43	33
	Permanent Supportive Housing	191	152	39
	Total	347	263	84
Chronically Homeless		71	57	14
Families				
Beds	Emergency Shelters	75	69	6
	Transitional Housing	139	88	51
	Permanent Supportive Housing	90	0	90
	Total	304	157	147

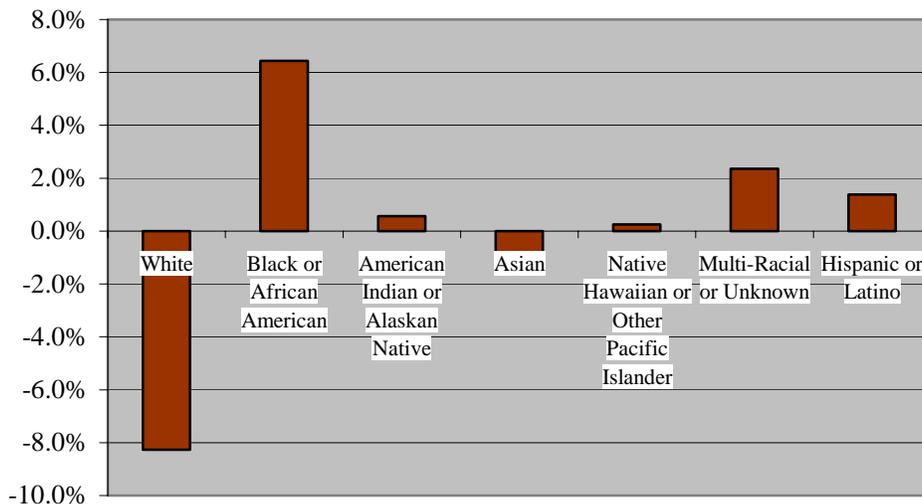
Information on the race and ethnicity of the homeless is available from the Annual Performance Reports of the Chittenden County Continuum of Care. These reports show the following data from participating providers:

Homeless Population by Race / Ethnicity							
	White	Black or African American	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander	Multi-Racial or Unknown	Hispanic or Latino
2002	294	21	7	5	2	55	11
2003	310	25	3	2	0	N/A	8
2004	279	26	3	5	0	2	6
2005	249	29	1	2	1	11	9
2006	244	41	3	0	2	13	11
2007	292	23	2	7	0	15	10

The chart below compares the six-year average percent for race and ethnicity among the homeless against the percent of the city's population as a whole (as measured by the 2000 Census). As with disproportionate overall housing needs, racial and ethnic comparisons are complicated by the relatively small numbers of minorities. However, there are

disparities, with all minority groups except Asians – and most particularly blacks – being over represented among the homeless.

Race and Ethnicity
Difference in Six-Year Homeless Average and Citywide Percent
 Source: Continuum of Care and 2000 Census



The populations most at risk of becoming homeless are:

- Extremely low-income households who are extremely cost burdened. As of the 2000 Census, there were 1,665 such households in Burlington. Source: CHAS Table A3A and A3B. For these households, one emergency – a medical crisis, a car that stops working – or one upswing in expenses – rising heating costs – can mean the difference between remaining housed and becoming homeless.
- Victims of domestic violence. Forty-three percent of the temporary housing (motel) days paid for by the state during the last fiscal year were related to domestic violence. Domestic violence was the single largest contributing factor to housing insecurity.
- People who are housed only through doubling up or couch surfing with friends or relatives. Although not “homeless” within the federal definition, the housing situation of these residents is highly precarious. Offering a bed or a sofa may also endanger the host’s housing situation.
- Those suffering from mental illness and/or co-occurring disorders. Although the existing safety net of supportive housing does not meet all needs, many residents would become homeless – or would return to homelessness – without the housing and services that do exist.
- Youth aging out of foster care. Vermont had been one of only three states in the country where youth were forced to exit foster care at age 18. Last year, the Continuum worked with the state Agency of Human Services and the Legislature to pass a bill expanding services to youth transitioning out of state custody through age 22. Hopefully, this

extension of services will more realistically allow young people in state custody to become and remain self-sufficient and stably housed.

- Youth thrown out of their homes because of their sexual or gender orientation. The local youth homeless service provider, Spectrum Youth & Family Services, reports that it is seeing a number of youth in this situation.
- People exiting the corrections system. There is an Offender Re-entry Housing Plan in Burlington which seeks to ensure that offenders are not discharged early without a housing plan. Local correctional facility and probation and parole office have entered into a Memorandum of Understanding with the Burlington Housing Authority to work together to ensure that housing is available upon release. In addition, prior to exiting prison, inmates are engaged in housing search, obtaining proper identification and applying for mainstream resources, such as food stamps. Nonetheless, a criminal history remains a significant barrier in the housing market. And, while transitional housing programs have proven to be successful in re-integrating offenders into the community, the waitlist for such programs can be as long as eight months.

91.205 (d)

The jurisdiction shall estimate, to the extent practicable, the number of persons who are not homeless but may require supportive housing, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with alcohol or other drug addiction, persons with HIV/AIDS and their families), public housing residents, and any other categories the jurisdiction may specify, and describe their supportive housing needs.

III(B). Supportive Housing Needs

Residents with special needs, like all city residents, need a range of housing options – beginning with housing that is affordable. Beyond that, it is the policy of the state (which the city supports) to provide supportive services to people in the setting of their choice to the fullest extent possible – be that in a single family or multi-unit home, in congregate housing, in other community settings, or in an institution.

As of the 2000 Census, there were 5,054 Burlington seniors age 65 and older. Not all of those residents have supportive service or supportive housing needs. However, 40% of Burlington seniors (a total of 1,444) reported having some kind of disability. That includes mental illness as well as physical

disabilities. Thirty-two percent were living alone, and 27% had no vehicle.

The CHAS data tabulations computed households where there were mobility and/or self-care limitations among the occupants. (A self-care limitation is a condition lasting six months or more that makes it difficult to dress, bath or get around inside the home. That roughly corresponds with HUD’s definition of “frail elderly.”) That data showed the following needs in the city:

MOBILITY AND/OR SELF-CARE LIMITATIONS		
Source: CHAS Table A7A		
	# of Households	Households also Cost-Burdened
Extra elderly homeowners w/ a limitation	289	60
Extra elderly renters w/ a limitation	199	105
Elderly homeowners w/ a limitation	173	53
Elderly renters w/ a limitation	183	84
Non-elderly homeowners w/ a limitation	396	112
Non-elderly renters w/ a limitation	845	380

Extra elderly households in these tables are one- to two-member households where one person is 75 years or older. Elderly households are, again, one- to two-member households where one person is 62 to 74 years old. Households which are also cost-burdened are a subset of households with a limitation. Having a mobility and/or self-care limitation is not necessarily correlated with a housing affordability problem:

MOBILITY AND/OR SELF-CARE LIMITATIONS		
Source: CHAS Table A7A		
	% of Households with a Limitation who are Cost-Burdened	% of Households without a Limitation who are Cost-Burdened
Extra elderly homeowners	20.76%	23.38%
Extra elderly renters	52.76%	45.25%
Elderly homeowners	30.64%	20.32%
Elderly renters	45.90%	45.33%
Non-elderly homeowners	28.28%	25.11%
Non-elderly renters	44.97%	48.04%

Challenges for the elderly in maintaining an independent living environment include:

- Fixed incomes, which limit their ability to pay rising rent, maintenance, utilities and property tax costs;
- Paying for and managing medical care and prescription medications (including assistance with administering medications);
- Special transportation needs due to medical and physical conditions;
- Lack of 24-hour protective oversight to assist with unscheduled needs;
- Needing help with meal preparation, housekeeping, shopping and other activities of daily living;
- Housing that accommodates, or is made to accommodate, changing physical needs;
- Being “overhoused” as they age in place in the homes in which they raised their families, but which are now large and expensive to maintain;
- Social isolation, which leads to depression – according to a local provider, around 70% of those receiving home health visits are suffering from clinical depression;

- Unavailable housing options, with local waiting lists for supportive housing that can be as long as two and a half years;
- Housing decisions often precipitated by sudden changes in circumstances that further limit choices and options; and
- Eligibility requirements that force seniors to “spend down” assets in order to access housing and care.

Non-elderly residents with mobility and self-care limitations share many of these challenges. Also, as residents with mental illness and developmental disabilities age, they also share the challenges of changing medical and physical conditions.

According to an analysis by the National Institute of Mental Health, about 2.8% of the U.S. population over age 18 have a severe mental illness, defined as a mental illness that markedly interferes with social, occupational and/or school functioning. The diagnoses that met the criteria included schizophrenia and related disorders, manic-depressive (bipolar) disorder, autism and related disorders, as well as severe forms of major depression, panic disorder and obsessive compulsive disorder. Using this estimate, around 912 Burlington residents suffer from severe mental illness. It is estimated that roughly half of those who suffer from severe mental illness are also affected by substance abuse.

Service-enriched housing needs for this population range from affordable, independent apartments with support services provided by visiting mental health workers to 24-hour supervised “group home” settings. Right now, there is a need for additional supportive housing at all levels for those living with severe mental illness. There is a need for at least 12 to 15 additional community care home beds, with 24 hour, 7 day a week double staffing; for at least 12 more permanent supportive housing units; and for addition case management services to support residents living in the community.

As defined by the Centers for Disease Control and Prevention, people with developmental disabilities have problems with major life activities such as language, mobility, learning, self-help, and independent living. Developmental disabilities begin anytime during development up to 22 years of age and usually last throughout a person’s lifetime. The American Psychiatric Association (APA) task force report on psychiatric services to mentally retarded and developmentally disabled adults estimates the overall prevalence of developmental disabilities at 1.6 percent in the total population and 1.49 percent in the adult population. Applying the overall percent to Burlington’s population, there are an estimated 637 residents with developmental disabilities.

Overall, there is adequate funding and services to meet the housing and service needs of residents with developmental delays. Those who choose to live in a family living situation or in one of a few remaining supportive group homes can access plentiful funding support. Those who choose an independent living situation are accommodated by Section 8 and other subsidized housing programs; they do not have preferential status on the waiting lists for those programs but do have other housing options while they wait. However, Cathedral Square Corporation has identified a need for a specialized shared living arrangement for individuals who are deaf/hard of hearing and who have developmental disabilities or mental health disorders, with staff who are fluent in

American Sign Language (ASL), knowledgeable in deaf culture and trained to work with this special needs population to ensure that they are getting the services they need. And, those who are just above the defined cut-off for a diagnosis of development delay but who nonetheless struggle with some degree of delay sometimes fall through the cracks.

According to the 2006 National Survey on Drug Use and Health prepared by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 9.6% of the population age 12 and older need treatment for a substance abuse problem. Applying that percent to Burlington's population, there are 3,319 residents age 12 and older in need of substance abuse treatment. Treatment and recovery require affordable, appropriate, alcohol-free and drug-free housing with a range of management and supportive services, from a high level of on-site management (for treatment and early recovery) to self-management in housing such as Oxford Houses to self-management in an at-home setting.

The Centers for Disease Control and Prevention estimates that as of the end of June 2005, there were 223 adults and adolescents and 2 children under 13 living with AIDS in Vermont. Source: CDC HIV/AIDS Surveillance Report, 2005, rev. ed. 2007, p. 23. Because of confidentiality concerns arising from the small population numbers, an estimate of the number of Burlington residents living with HIV/AIDS is not available. Those living with HIV/AIDS need stable and medically appropriate housing in order to comply with complex medical and medication regimens and avoid costly inpatient hospitalizations.

The Burlington Housing Authority estimates that 234 public housing residents need supportive services.

TABLE 1B1 Non-Homeless Special Needs Population Estimates	Number	Data Source
Total residents age 65 and older	5,054 people	2000 Census
Elderly with Mobility and/or Self-Care Limitation	844 households	CHAS Table A7
Non-Elderly with Mobility and/or Self-Care Limitation	1,214 households	CHAS Table A7
Persons w/ Severe Mental Illness	912 people	National average for people age 18 and older
Developmentally Disabled	637 people	National average for total population
Alcohol/Other Drug Addicted	3,319 people	National average for people age 12 and older
Persons w/ HIV/AIDS & their families	Not Available	CDC
Public Housing Residents	234 people	BHA