

**BARNSTABLE COUNTY
HOME CONSORTIUM**

**DRAFT
HUD CPD CONSOLIDATED PLAN**

**FEDERAL FISCAL YEARS
2015 – 2019**



Breezy Acres in Mashpee

Prepared by the Cape Cod Commission and OKM Associates Inc.
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Executive Summary

ES-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

1. Introduction

The Barnstable County HOME Consortium [BCHC] is comprised of 15 communities on Cape Cod, Massachusetts. The 15 communities are

Barnstable
Bourne
Brewster
Chatham
Dennis
Eastham
Falmouth
Harwich
Mashpee
Orleans
Provincetown
Sandwich
Truro
Wellfleet
Yarmouth

The towns of Barnstable and Yarmouth are also CDBG Entitlement Communities. The BCHC was formed to be a Participating Jurisdiction to receive and disburse HOME funds from the Department of Housing and Urban Development [HUD]. Barnstable County had designated the Cape Cod Commission, its planning and land use regulatory department, to act as the program's lead agent, responsible to HUD for all administrative functions related to the operation of the BCHC. At this time, Barnstable County is considering transitioning the HOME program to its Department of Human Services, which administers the HUD McKinney-Vento Continuum of Care program for the region. Combining these complementary programs and services will provide an opportunity for increased efficiency and coordination in managing affordable housing and human services in the region.

Agencies and organizations in, or serving populations within, each of the BCHC's participating communities are invited to propose projects which are then reviewed by staff for consistency with the Consolidated and Action Plans, content and viability. Recommendations are made to the BCHC Advisory Council which makes the decision on which projects to fund. The priorities that the BCHC has established for the Five Year (2015-2020) Consolidated Plan are:

1. Develop and maintain an adequate supply of safe, decent rental housing that is affordable and accessible to residents with a range of income levels and household needs.
2. Preserve and maintain the existing affordable housing stock, particularly the units occupied by extremely and very low income households.
3. Reduce individual and family homelessness by providing a viable continuum of care that implements a housing first strategy for permanent supportive housing.
4. Expand homeownership and rental opportunities for low income households
5. Ensure that County residents with long-term support needs have access to accessible, community housing options

The analysis of needs created for the Five Year Consolidated Plan established that the overriding housing needs are as follows:

There are over 15,054 households with incomes less than or equal to 80% of AMI paying more than 50% of their income for housing. This is split roughly one third rental and two thirds owners. This housing cost burden can be partly addressed by rehab or new construction with HOME funds which will bring new owners into the program and require them to keep the rents affordable. In part it can also be addressed by making improvements which reduce utility costs and thus reduces the cost of the housing. Contributing to this housing cost challenge, is the growth in housing costs in the period 2000-2013– both ownership (102%) and rental (44%) while household income has only risen 4%.

- The number of subsidized housing units which are at risk of losing their subsidy is approximately 480. This prospective loss will demand vigorous preservation efforts. The key tool for preservation is providing technical assistance to the owners enabling them to extend or find new subsidies. A vigorous preservation program will be more cost effective than trying to build new housing to replace that which has been lost.
- In addition, there are more than 349 households which have severe overcrowding which can be addressed in part by increasing the supply of larger housing.
- The number of vacant units that have severe physical housing problems is not known at this time but is likely at least a few. Some of these units are undoubtedly older housing stock that likely contain lead paint, which in turn contributes to the elevated levels of

lead and even lead poisoning in children. These vacant units cannot be re-occupied until the serious physical deficiencies have been corrected. A vigorous rehab program will be more cost effective than trying to build new housing. There are a total of 299 households with incomes less than or equal to 80% of AMI which have severe physical deficiencies.

2. Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview

Table 1: HOME Objectives and Outcomes

Summary of Housing Objectives	
<u>Housing Objectives</u>	Outcomes
<i>Decent Housing:</i>	
Preserve existing affordable housing	Affordability/Accessibility/Availability Preserve affordability of expiring use projects. Increase # of de-leaded dwelling units. Decrease # of units with code violation conditions. Increase energy efficiency. Increase accessibility for disabled occupants. Improved energy efficiency.
Affordable Housing Production	Increase the supply of affordable rental or owner occupied by housing CHDO, non-profit, and for-profit affordable housing developers.
Affordable Homeownership	Increase access to home ownership for low and moderate income renters including PHA residents by working with PHAs, private developers and the BCHC First Time Home Buyer Program serving the BCHC area.
Provide rental assistance	Increase access to rental units for at-risk and low income populations.
<i>Suitable Living Environment:</i>	
Residential Rehab Projects	Make necessary repairs to upgrade residential housing units and meet rehab standards. Create lead safe environments for young children.

3. Evaluation of past performance

Since we have only completed four years of the current 5-year plan we will give estimated numbers for the completion of the current plan. For FFY 2010, through May 12, 2015, the following is the status of the goals and accomplishments in each of the Consortium’s program areas:

Housing Production-

Rental Housing- 10 completed projects: 415 units; **Original Goal-** 30 units/year for a total of 150.

Ownership housing- 4 completed projects: 9 units; **Original Goal** - 3 units/year for a total of 15.

Down Payment/Closing Cost Program- 26 households assisted; **Original Goal** – 5 units/year for a total of 25 households.

4. Summary of citizen participation process and consultation process

From its inception, the Consortium has placed a high premium on citizen participation. Specific steps were taken early on to ensure that the 15 Cities and Towns and the numerous housing/social service agencies that exist on Cape Cod were given the opportunity to participate in this process. In that respect, the most significant step was to create the Advisory Council. Established through the passage of an ordinance by the County Legislature and appointed by the County Commissioners, the Advisory Council plays a central role in the development of the Consortium's program, plans and policies.

The Advisory Council, which meets monthly, assisted in the development of this Five Year and Annual Plan, provides ongoing input regarding program design and implementation, and makes decisions in the award of project funds. The Council meetings are open to the public and welcome their participation. Over the last twenty years, the Advisory Council has become an important forum for discussing and taking action regarding both housing and community matters.

The details of the CP process are in Section PR15

5. Summary of public comments

To be added in May 2015

6. Summary of comments or views not accepted and the reasons for not accepting them

To be added in May 2015

7. Summary

To be added in May 2015

The Process

PR-05 Lead & Responsible Agencies 24 CFR 91.200(b)

1. Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
Lead Agency	BARNSTABLE COUNTY	Cape Cod Commission/Department of Human Services

Table 1 – Responsible Agencies

Table 1a: BCHC Delivery Organizations

Funding Priority	Organizations Delivering Programs Funded
Homeownership, rental assistance and rehabilitation	Housing Assistance Corporation
Development of affordable housing by CHDOs	Housing Assistance Corporation and Community Development Partnership.
Development of affordable housing by other organizations	Community Housing Resource, Falmouth Housing Corporation
Program Administration	Cape Cod Commission/Department of Human Services

The major homeless needs in the area are primarily administered and delivered through the Cape Cod and Islands Continuum of Care (CoC), using McKinney-Vento funding. The lead agency for the CoC is Barnstable County Department of Human Services. All Cities and Towns within the Consortium fall under the jurisdiction of the CoC.

Table 1b: Delivery Organizations for McKinney/Vento – Cape Cod and Islands CoC

Other Priorities not being Funded with HOME	Organizations Delivering Programs Funded by McKinney-Vento (2013)
Homeless housing and supportive services programs serving BCHC communities	Barnstable Housing Authority; Falmouth Housing Authority; Duffy Health Center; Housing Assistance Corporation; Housing For All

Other Priorities not being Funded with HOME	Organizations Delivering Programs Funded by McKinney-Vento (2013)
	Corporation; Mass. Department of Mental Health; Orleans Housing Authority; Provincetown Housing Authority; Vinfen

Narrative

The Consolidated Plan (CP) is a U.S. Department of Housing and Urban Development (HUD) requirement that combines the planning and application process for the HOME Investment Partnerships (HOME) program funding that the County will receive over the next five years. Barnstable County expects to receive approximately \$1,750,000 in HOME funds over the next five years. In addition, applicants for funding for a number of other HUD programs along with local Housing Authority PHA Plans [required of PHAs with Federal Public Housing and HCV Vouchers] and the CoC McKinney-Vento annual funding application must demonstrate that their application or PHA Plan is consistent with the Consolidated Plan.

The Consolidated Plan is designed to be a collaborative process whereby citizens of the region establish a unified vision to address the affordable housing needs of the region over the next five years. The Plan examines current market conditions; identifies the housing needs for a wide range of specific populations; sets priorities for spending the HOME funds the County expects to receive; and identifies goals, objectives, and the benchmarks it will use for measuring progress. In addition, the Plan also includes the Action Plan for the use of the \$350,000 in federal fiscal year (FFY) 2015 HOME funding the County expects to receive. In subsequent years, the Action Plan is submitted separately.

The development of the Consolidated Plan took place under the supervision of the Cape Cod Commission/Department of Human Services and the Barnstable County HOME Consortium Advisory Council. The Commission is Barnstable County's planning and land use regulatory agency and is responsible for the overall administration of the HOME Program. The Department of Human Services plans, develops, and implements programs which enhance the overall delivery of human services in Barnstable County. The Advisory Council is intended to be comprised of a representative from each of the fifteen Cities and Towns, two at-large members and the Commission's affordable housing specialist as its ex-officio member. The Council has had representation from a broad range of housing and community interests, including local housing authorities, non-profit housing agencies, local housing partnerships, the elderly, tenants, banks, real estate, city and town government, the religious sector, human services and private citizens.

The Advisory Council was consulted on a regular basis and played an integral role in the development of the Consortium's ConPlan. The broad range of housing/community interests and experience of the Advisory Council helped to ensure that the Consolidated Plan reflected what the communities see as their most critical needs and priorities. The Consortium also consulted with City, Town and County officials, local housing authorities, community development agencies, non-profit housing organizations, municipal housing committees, religious organizations and agencies that service the needs of the elderly, children with lead-based point poisoning, people with special needs, people with AIDS, people with developmental and mental health disabilities, tenants, the homeless and others.

The Commission and Department of Human Services have established working relationships with a great many housing and housing related agencies, organizations, etc., from throughout the Cape. The Commission's affordable housing specialist and the Department of Human Services Director have served on the committees of several prominent community based and housing organizations. This contact has provided a conduit of information regarding the development and implementation of the policies, programs and activities of the Consortium..

For the last 20 years the Consortium has provided technical assistance on an ongoing basis to local housing organizations, housing authorities, municipalities, private developers and low income groups interested in applying for HOME funds. For the most part this consultation has taken the form of one on one discussions with the Commission's affordable housing specialist or through review of funding applications.

Additionally, the Commission has provided technical assistance to low income groups through its Technical Assistance Program (TAP). Over the years, the TAP provided technical assistance to non-profits, housing authorities, and towns through payment to consultants for either strategic planning or predevelopment assistance on a variety of affordable housing issues or projects. The primary goal of the TAP was to increase the overall capacity of local groups to address the Cape's affordable housing needs. From FY02 to FY12, more than \$175,000 was expended on 55 projects, including some in each of the fifteen Cape communities.

The Commission's and Department of Human Services' wide participation in affordable housing issues in the County has engendered broad support for adopting regional strategies to address the Cape's needs and has served the Consortium well. It has provided an established framework for carrying out the goals, objectives and activities of the Consortium.

Consolidated Plan Public Contact Information

People or organizations who wish to contact the Consortium concerning the Plan and/or any of its activities are invited to do one of the following:

Website: <http://www.capecodcommission.org/home>

Email: mspringer@capecodcommission.org

Phone: 508-362-3828

PR-10 Consultation - 91.100, 91.200(b), 91.215(I)

1. Introduction

BCHC consulted with numerous organizations in the development of the Five Year Consolidated Plan. The process included formal, as well as, informal meetings, surveys and discussions with state and local agencies, along with many advocacy groups in the region. The process of developing the Plan began in October 2014 when community organizations were notified of the Plan and asked to participate in the process. Meetings with advocates for the elderly and the homeless were held in November 2014, by phone and email over the period through February 2015 and then at the BCHC Advisory Council meetings in February and March 2015, whereby views on housing and community needs were heard and noted.

Through February 2015, BCHC consulted with a number of agencies, groups and organizations. They were asked for data and for input on needs, priorities and other issues. Those groups and organizations included representatives of public and private agencies who serve elderly, people with disabilities, people living with HIV/AIDS, homeless and low income residents. In addition, multiple housing agencies, mental health service agencies and regional and state government agencies were consulted.

Provide a concise summary of the jurisdiction's activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(I)).

BCHC has worked with a variety of public and private organizations to enhance coordination between housing providers and health, mental health, substance abuse, and social service agencies. BCHC's participation in the Regional Network to Address Homelessness has provided the opportunity for close and on-going communication between the public and non-profit homeless housing organizations and local, regional, and state agencies and service providers to enable formerly homeless individuals and families to maintain their housing stability. In addition, BCHC funded rental developments are required to have a social service plan that describes how the development will address and provide for the variety of social service and other needs that some of their tenants may require.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness

There is one Continuum of Care provider which covers the 15 BCHC communities - The Cape Cod and Islands Continuum of Care (CoC), administered by the Department of Human Services.

Agencies and groups who make up the CoC have been working closely over the years with leadership in each of the communities to address the needs of homeless and near homeless people. This is achieved through coordination, cooperation and partnerships between public and assisted housing providers and governmental health, mental health and additional service agencies.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS

None of the BHC communities receive ESG [Emergency Solution Grants] or HOPWA [Housing Opportunities for People with Aids] funds directly, although the Commonwealth of Massachusetts does receive grants, some of which serve BHC eligible residents. Housing Assistance Corporation (HAC) administers ESG funds that it receives for Rapid Rehousing through the Commonwealth. For this fiscal year (July 2014-June 2015), it has used all its funds as of December and has provided assistance to approximately 25 households primarily for assistance in rent/security deposit payments.

HAC is responsible for the administration of HMIS on behalf of the Continuum of Care.

Groups, including Housing Authorities that exist in the BHC Communities operate autonomously and seek their own funds to address needs within their respective member communities. These groups must submit their own applications for funding and are subject to individual requirements from each funding source. Some of these may include establishing performance measures and reporting outcomes similar to the HMIS system utilized by HUD.

2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities

Table PR10-A: Agencies and Groups who participated

Agency/Group/Organization	Agency/Group /Organization Type	What section of the Plan was addressed by Consultation?	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?
Housing Assistance Corporation	Non-Profit	Homeless and Housing Assessment and Market Analysis	Phone conversations, e-mails, meeting

Agency/Group/Organization	Agency/Group /Organization Type	What section of the Plan was addressed by Consultation?	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?
Community Development partnership	Non-Profit	Homeless	Meeting
Homeless Prevention Council	Non-Profit	Homeless	Phone, e-mail, Meeting
Council of Churches	Non-Profit	Homeless and Non-Homeless Special Needs	Meeting
Elder Services of Cape Cod	Non-Profit	Non-Homeless Special Needs	Phone, e-mail
Cape Organization for the Rights of the Disabled (CORD)	Non-Profit	Non-Homeless Special Needs	Phone, e-mail
Aids Support Group of Cape Cod	Non-Profit	Non-Homeless Special Needs	Phone
Independence House	Non-Profit	Non-Homeless Special Needs	Phone
Duffy Health Center	Non-Profit	Non-Homeless Special Needs	Phone, Meeting, e-mail
Regional Network to Address Homelessness		Homeless	Meeting, phone, e-mail
Cape and Islands Veteran Outreach Center	Non-Profit	Homeless and Non-Homeless Special Needs	Phone, Meeting, e-mail
Community Action Committee of Cape Cod	Non-Profit	Homeless and Non-Homeless Special Needs	Phone, e-mail
Department of Mental Health	State Agency	Non-Homeless Special Needs	Phone, e-mail
Department of Developmental Disabilities	State Agency	Non-Homeless Special Needs	Phone, e-mail
Barnstable County Department of Human Services	County Agency	All Sections	Phone, meeting, e-mail
13 Housing Authorities	Public Non-Profit	All Public Housing Sections	Email

Table 2 – Agencies, groups, organizations who participated

Identify any Agency Types not consulted and provide rationale for not consulting

Many agencies contacted responded by phone email or in person. There were some others which did not respond. To our knowledge no agency or organization which we had reason would have interest in and information for the Consolidated Plan, were not contacted.

Other local/regional/state/federal planning efforts considered when preparing the Plan

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Town of Barnstable CDBG Plan	Town of Barnstable	Housing goals are similar
Continuum of Care	Barnstable County Department of Human Services	Housing needs of homeless

Table 3 – Other local / regional / federal planning efforts

Describe cooperation and coordination with other public entities, including the State and any adjacent units of general local government, in the implementation of the Consolidated Plan (91.215(I))

When projects are funded through multiple sources (e.g., Neighborhood Stabilization Program, Attorney General’s Abandon Property Program, Dept. of Housing and Community Development, Mass Housing, Mass Housing Partnership, Mass Housing Investment Corporation) the Consortium works closely with these groups or agencies to coordinate efforts and compliance for individual programs, funding sources, regulations and laws/ordinances. The Consortium also shares responsibilities in areas such as environmental review and monitoring issues such as Davis/Bacon, Section 3 and other project compliance requirements. The Consortium has also utilized the format of Mass Docs agreements for some of its Loan documents when partnering with state agencies.

Narrative (optional):

PR-15 Citizen Participation

1. Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting

The Barnstable County HOME Consortium's Citizen Participation Plan (CPP) was prepared as required for the Consolidated Plan in accordance with CFR Part 91, Section 105. The purpose of the CPP is to outline the procedures for citizen's participation in the development and implementation of the Consortium's Five-Year Consolidated Plans, Annual Plans, Consolidated Annual Performance Reports (CAPER), and substantial amendments to five-year or annual plans.

The development of the Consolidated Plan takes place under the supervision of the Cape Cod Commission/Department of Human Services and the Barnstable County HOME Consortium Advisory Council. The Commission is Barnstable County's land use and planning agency and is responsible for the overall administration of the HOME Program. Responsibility for the administration of the HOME Program may be transitioned to the Barnstable County Department of Human Services in FY 2016. The mission of the Department of Human Services is to plan, develop, and implement programs which enhance the overall delivery of human services in Barnstable County, to promote the health and social well-being of County residents through regional efforts designed to improve coordination and efficiency of human services, and designed to strengthen the fabric of community care available to all. The Department convenes the Regional Network to Address Homelessness and the regional HUD McKinney-Vento Continuum of Care program was relocated to the Department at the end of calendar year 2014. The Department will act as the collaborative applicant for the CoC grant, which annually brings \$1.7M to the region for permanent housing for chronically homeless and people with disabilities. As part of its role as the Collaborative Applicant, the Department will conduct planning for the CoC and regional Network to Address Homelessness. The Advisory Council is designed to comprise a representative from each of the fifteen towns, two at-large members and the Commission's affordable housing specialist as its ex-officio member. The Council has had representation from a broad range of housing and community interests, including local housing authorities, non-profit housing agencies, local housing partnerships, the elderly, tenants, banks, real estate, town government, the religious sector, human services and private citizens.

The Advisory Council was consulted on a regular basis and played an integral role in the development of the Consortium's CP. The broad range of housing/community interests and experience of the Advisory Council helped to ensure that the Consolidated Plan reflected what the community saw as its most critical needs and priorities.

A key element of the Consolidated Planning process is citizen participation. The CPP is designed to encourage the participation of low income households, particularly those living in slum and/or blighted areas and in areas where HOME funds are proposed to be used. The CPP encourages the participation of all citizens, including minorities and non-English speaking persons, as well as persons with mobility, visual and/or hearing impediments. The CPP also encourages the participation of public and assisted housing residents in the development and implementation of the Consolidated Plan.

The community involvement process has three main objectives:

1. To help determine the housing, needs of our region.
2. To assess how well the County is meeting these needs.
3. To help determine priorities.

Citizen Participation in the Development of the Consolidated Plan:

The following narrative describes how citizens of the Barnstable County can become involved in the development of the Five-Year Consolidated Plan, Annual Plans (also known as Action Plans), Consolidated Annual Performance Evaluation Reports (CAPER), Citizen Participation Plan, and Substantial Amendments. The Five-Year Consolidated Plan identifies priority housing needs within Barnstable County. It also identifies the funding (public and private) and the activities required to address priority needs over a five-year period. The Action Plan identifies the housing and community development funding and activities that the Consortium anticipates being available during each of the program years covered by the Five-Year Consolidated Plan. The Annual Plan also serves as the application for HOME program funds allocated by formula to the region. The Consolidated Annual Performance Review (CAPER) provides the public with the means to gauge the progress of each activity listed in an Annual Action Plan. This document is prepared at the end of each program year covered by a Five-Year Consolidated Plan.

Consultation Meetings: During the development of the Five-Year Consolidated Plan, the Consortium consults with local service providers (public and private) to obtain their opinion on the housing and needs of “special needs” households in the County. These households include: 1) elderly/frail elderly; 2) persons with HIV/AIDS; 3) substance abusers; 4) persons with developmental disabilities; 5) persons with mental disabilities; 6) persons with physical disabilities; and 7) the homeless. The consultations may include scheduled meetings, focus groups, phone/e-mail interviews, invitations to public meetings, and surveys as deemed appropriate.

Public Hearings/Meetings: The Consortium will schedule at least two public hearings per year to obtain citizen's views on housing needs, the development of proposed activities, and to review the program performance at different stages of the program year. The Consortium will provide timely notification of these meetings and public hearings of not less than one week. The County will notify the general public of the time and date of all public hearings by placing a legal advertisement in the Cape Cod Times. Additional notices may be posted on the Commission web site- www.capecodcommission.org, the Human Services website www.bchumanservices.net, County buildings, and in local government offices, libraries, and senior centers as deemed appropriate. All public hearings will be held in handicap accessible locations. The County will make every effort to provide translation services for those needing it upon request. Requests should be made in advance and at this time, through the Cape Cod Commission- phone 508-362-3828.

Encouragement of Citizen Participation:

Encouragement includes legal ads in the Cape Cod Times. Additional notices may be posted on the Commission web site- www.capecodcommission.org, the Human Services website- www.bchumanservices.net, County buildings, and in local government offices, libraries, and senior centers as deemed appropriate. All public hearings will be held in handicap accessible locations. The County will make every effort to provide translation services for those needing it upon request. Requests should be made in advance and at this time, through the Cape Cod Commission- phone 508-362-3828. Citizens are encouraged to submit their views and proposals on all aspects of the housing plan at the public hearings. However, to ensure that citizens are given the opportunity to assess and comment on all aspects of the HOME program on a continuous basis, citizens may, at any time, submit written comments or complaints to the Cape Cod Commission, PO Box 226- 3225 Main Street, Barnstable, MA 02630, ATTN: Affordable Housing Specialist.

Citizen Comment on the Consolidated Plan and Annual Plans:

According to 24 CFR 91.105, all citizens, public agencies, and other interested parties have thirty (30) days to submit comments on the Consolidated Plan and Annual Plans. The Consortium will place a legal advertisement in the Cape Cod Times announcing the availability to examine the Consolidated Plan and the Annual Plans and all related documents at the Cape Cod Commission, 3225 Main Street, Barnstable, MA, 02630; at the Barnstable County Commissioners Office, Superior Court House, Main Street, Barnstable, MA. 02630; at the Barnstable County Department of Human Services, 3195 Main Street, Barnstable MA 02630; and all fifteen town halls in the county. The public hearing and availability of Consolidated Planning and Annual Plan documents will also be advertised for viewing on the Commission

website at www.capecodcommission.org, and at selected housing organizations, and other municipal buildings and libraries as deemed appropriate. The official thirty day comment period will begin when announced in the paper, but comments are encouraged at the hearings, and participants may contact the Cape Cod Commission office during regular office hours Monday through Friday 8:00am to 4:30pm.

Amendments- Criteria for Amendment to Consolidated Plan:

Due to changes in regional needs during program years, amendments and/or revisions to the Consolidated Plan and/or Action Plan may be necessary. Some changes may be substantial enough that they significantly alter the priorities of the Action Plan and ultimately the Five-Year Consolidated Plan. Amendments and/or revisions that are considered substantial will include:

Substantial Amendments:

- Reduction in funding of 25% or more of the HOME program;
- Addition of a new funding category from the prior year's Annual Plan with an allocation of \$100,000 or more;
- Deletion of a funding category from the prior year's Annual Plan that had an allocation of \$100,000 or more;
- Redefinition of the number and type of HOME program beneficiaries.

The HOME Consortium will follow the following procedures for any substantial amendments:

- A legal advertisement will be placed in the Cape Cod Times announcing any substantial amendments to the Consolidated Plan, Action Plan, or Citizen Participation Plan.
- The public will have thirty (30) days to submit written and/or oral comments on the amendment from the date the public is notified via legal advertisement; all comments will be considered and a summary will be filed in the Affordable Housing department of the Cape Cod Commission and made part of the plan.
- Approval must be granted by the Advisory Council for any substantial amendments.
- A written submission to the Department of Housing and Urban Development (HUD) for approval will be required prior to the implementation.

Barnstable County is including the following minimum requirements per 24 CFR 91.105 in the development of the Consolidated Plan:

The Citizen Participation Plan requires that prior to adopting the Consolidated Plan, the County will make available to citizens, public agencies, and other interested parties the amount of assistance the jurisdiction expects to receive (including grant funds and program income) and the range of activities that may be undertaken, including the amount that will benefit low income persons. Barnstable County includes the expected grant fund amount and program income in the draft Consolidated Plan document for all public hearings and open comment periods related to the Consolidated Planning process. The expected amount is then included in any advertisement announcing the availability and final comment period of the draft Consolidated Plan, Citizen Participation Plan, and Annual Plans.

The plan will also identify Barnstable County's plans to minimize displacement and what type of assistance will be made available to those persons displaced. It has been rare for the Consortium to undertake projects that include displacement or relocation. The County works closely with applicants in an effort to minimize permanent residential displacement. It has been the County's general practice not to approve any proposed HOME activities involving relocation of tenants, businesses, or owners unless special circumstances warrant it. If a project is approved that results in displacement, the Consortium, in compliance with Uniform Relocation Act under the Federal Regulations, will work with a qualified relocation advisory agency to give relocation assistance to the occupants to be displaced.

Table PR15-A: Citizen Participation Outreach

Sort Order	Mode of Outreach	Target of Outreach	Summary of Response attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
	Public Meetings (Newspaper PSA's, Cable TV PSA's and Posters)	All Interested Parties including: Elderly, Minorities and Persons with disabilities	Attended Meetings , responded to emails and phone	No comments received	None	
	Email, Surveys and Meetings	Homeless Advocates	Meetings , responded to emails and phone	Comments received were focused on information updates and thoughts about what are the priorities in the near future	None	
	Email, Surveys and Meetings	Elderly Advocates	Meetings , responded to emails and phone	Comments received were focused on information updates and thoughts about what are the priorities in the near future	None	
	CoC Agency Meetings	Homeless Advocates	Meetings , responded to emails and phone	Comments received were focused on information updates and thoughts about what are the priorities in the near future	None	
	Email, Surveys and Meetings	Housing Authorities	Only three of 13 PHAs responded	Information for the ConPlan	None	

Sort Order	Mode of Outreach	Target of Outreach	Summary of Response attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (if applicable)
	Email Surveys and Meetings	Non-Profit Organizations	Meetings , responded to emails and phone	Comments received were focused on information updates and thoughts about what are the priorities in the near future		

Table 4 – Citizen Participation Outreach

Needs Assessment

NA-05 Overview

Needs Assessment Overview

The Needs assessment was done by compiling information obtained from surveys, meetings, and with datasets furnished in IDIS and also obtained from the 2010 Census, ESRI/HUD Maps and recent ACS datasets. Priority needs were determined from data analysis, from agency consultations and from other citizen and organizational input. All priorities were screened against regulatory requirements and limitations.

The results of this process appear in the following sections and in other sections of the Plan.

The following Table summarizes the affordable housing portfolio in the Consortium. There is more detail on the Public Housing and Voucher inventory in Table NA35-21 in Section NA35 below.

Table NA05-A: Community Housing Inventory

AFFORDABLE UNITS BY TYPE*- DECEMBER 2014							
Community	Rental	Ownership	Home-owner	Group Home	Total	HOME	LIHTC Units
	Units	Units	Rehab Units	Units		Funded Units	
Barnstable	1,054	169	19	121	1,363	276	164
Bourne	479	70	3	11	563	157	157
Brewster	191	34	10	16	251	30	108
Chatham	136	24	5	3	168	47	47
Dennis	266	7	47	12	332	95	78
Eastham	16	24	0	8	48	13	0
Falmouth	661	94	7	32	794	148	83
Harwich	243	48	9	26	326	119	0
Mashpee	232	27	4	14	277	13	56
Orleans	242	26	10	19	297	111	100
Provincetown	156	26	7	0	189	118	68
Sandwich	191	99	2	22	314	63	36
Truro	4	1	5	0	10	20	0
Wellfleet	12	15	7	0	34	18	0
Yarmouth	318	116	18	42	494	<u>73</u>	<u>58</u>
TOTAL	4,201	780	153	326	5,460	1,301	955
% TOTAL	76.9%	14.3%	2.8%	6.0%	100.0%		

*NOTE: The basis for this analysis is DHCD's town by town list of properties for the April 30, 2013 SHI totals. This will be updated for the final ConPlan to include data from the December 5th 2014 SHI database of DHCD which is displayed in Table MA-10D on page 99.

NA-10 Housing Needs Assessment - 24 CFR 91.205 (a,b,c)

Summary of Housing Needs

Demographics - Barnstable County	Base Year: 2000	Most Recent Year 2012	% Change
Population	222,230	216,021	-2.79%
Households	94,822	95,520	0.74%
Family Households	61,041	59,744	-2.12%
Median Income	\$45,933	\$61,589	34.08%

Table 5 - Housing Needs Assessment Demographics

Data Source: 2000 Census and ACS 2012 Census Barnstable County

Number of Households Table

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80- 100% HAMFI	>100% HAMFI	Total 0-80% HAMFI
Total Households *	12,643	12,484	14,274	11,403	45,960	39,401
Small Family Households * ^a	2,169	2,724	4,433	3,777	21,123	9,326
Large Family Households * ^b	290	498	504	721	2,661	1,292
Household contains at least one person 62-74 years of age	3,061	2,857	3,333	3,007	12,372	9,251
Household contains at least one person age 75 or older	3,769	4,138	3,379	2,144	5,149	11,286
Households with one or more children 6 years old or younger *	910	1,098	1,456	1,240	3,164	3,464
* the highest income category for these family types is >80% HAMFI a. Family means related people and small means 1-4 related members b. Family means related people and large means 5 or more related members						

Table 6 - Total Households Table

Data Source: 2007-2011 CHAS¹

HAMFI stands for Housing Area Median Family Income

¹ Note that HUD's numbers are a little confusing in that one does not always know what is included or not included. So by definition a Small Family would include "Elderly" – so it is not clear whether the totals are inclusive of the elderly in the line items above.

Housing Needs Summary Tables

1. Housing Problems (Households with one of the listed needs)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Substandard Housing - Lacking complete plumbing or kitchen facilities	110	30	45	0	185	59	25	30	35	149
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	15	105	159	30	309	0	55	15	0	70
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	39	140	50	60	289	10	25	60	118	213
Housing cost burden greater than 50% of income (and none of the above problems)	2,885	1,449	198	0	4,532	4,914	3,365	2,243	1,470	11,992

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Housing cost burden greater than 30% of income (and none of the above problems)	955	1,403	1,884	300	4,542	1,246	2,220	2,624	2,892	8,982
Zero/negative Income (and none of the above problems)	195	0	0	0	195	640	0	0	0	640

Table 7 – Housing Problems Table

Data 2007-2011 CHAS
Source:

2. Housing Problems 2 (Households with one or more Severe Housing Problems: Lacks kitchen or complete plumbing, severe overcrowding, severe cost burden)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Having 1 or more of four housing problems	3,040	1,729	447	90	5,306	4,979	3,465	2,343	1,623	12,410
Having none of four housing problems	2,153	2,590	3,494	1,699	9,936	1,627	4,699	7,984	7,983	22,293
Household has negative income, but none of the other housing problems	195	0	0	0	195	640	0	0	0	640

Table 8 – Housing Problems 2

Data 2007-2011 CHAS
Source:

3. Cost Burden > 30%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related ^a	1,075	1,157	926	3,158	889	1,123	2,101	4,113
Large Related ^b	215	164	74	453	65	169	199	433
Elderly ^c	1,233	658	334	2,225	4,001	3,468	1,754	9,223
Other	1,468	1,048	855	3,371	1,243	917	884	3,044
Total need by income	3,991	3,027	2,189	9,207	6,198	5,677	4,938	16,813
a. Family means related people and small means 1-4 related members b. Family means related people and large means 5 or more related members c. 1 or 2 person household, either person 62 years old or older.								

Table 9 – Cost Burden > 30%

Data 2007-2011 CHAS
 Source:

4. Cost Burden > 50%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	900	667	49	1,616	749	924	969	2,642
Large Related	120	45	0	165	65	144	110	319
Elderly	784	295	64	1,143	3,001	1,694	686	5,381
Other	1,205	485	85	1,775	1,144	698	530	2,372
Total need by income	3,009	1,492	198	4,699	4,959	3,460	2,295	10,714

Table 10 – Cost Burden > 50%

Data Source: 2007-2011 CHAS

5. Crowding (More than one person per room)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Single family households	39	225	209	90	563	10	80	65	44	199
Multiple, unrelated family households	0	25	0	0	25	0	0	20	74	94
Other, non-family households	15	0	0	0	15	0	0	0	0	0
Total need by income	54	250	209	90	603	10	80	85	118	293

Table 11 – Crowding Information – 1/2

Data Source: 2007-2011 CHAS

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Households with Children Present								

Table 12 – Crowding Information – 2/2

NOTE: The special HUD/CENSUS tabulation does not provide this data

Describe the number and type of single person households in need of housing assistance.

The number of single person households with a need for housing assistance cannot be determined from the 2010 Census nor from the ACS. The first table below provides us with the number and percentage of single person households.

Table NA10-A1 Non-Family Households

Community	# Single Person HHs	% Single Person HHs
Barnstable	6,260	31%
Bourne	2,454	30%
Brewster	1,228	29%
Chatham	978	34%
Dennis	2,403	37%

Community	# Single Person HHs	% Single Person HHs
Eastham	698	30%
Falmouth	4,854	34%
Harwich	1,702	31%
Mashpee	1,523	27%
Orleans	884	32%
Provincetown	886	53%
Sandwich	1,592	21%
Truro	223	29%
Wellfleet	768	44%
Yarmouth	4,203	36%
Barnstable County	30,656	32%

Data Source: US Census 2010

The following table documents the median income of each BCHC community plus the median income of 1 person households in each community. As can be seen, the specific breakout of need by housing cost, or housing condition or by crowding is not available. However the table does show that the median income for these single person households is well below 80% of median income for each community and for the County as a whole.

Table NA10-A2 Single Person Non-Family Household Median Income

Community	Community Median Income	1 Person HH Median Income	! Person HH Median Income as a % of the Community Median Income	! Person HH Median Income as a % of the County Median Income
Barnstable	60,745	29,545	49%	48%
Bourne	61,312	33,953	55%	55%
Brewster	63,922	26,687	42%	43%
Chatham	66,853	35,213	53%	57%
Dennis	49,058	27,009	55%	44%
Eastham	57,703	31,406	54%	51%
Falmouth	61,173	29,325	48%	48%
Harwich	60,651	25,673	42%	42%
Mashpee	62,547	36,125	58%	59%
Orleans	62,325	30,682	49%	50%
Provincetown	46,031	24,509	53%	40%
Sandwich	82,917	39,493	48%	64%

Community	Community Median Income	1 Person HH Median Income	! Person HH Median Income as a % of the Community Median Income	! Person HH Median Income as a % of the County Median Income
Truro	81,964	21,528	26%	35%
Wellfleet	54,959	37,143	68%	60%
Yarmouth	51,680	33,709	65%	55%

Data Source: US Census 2010

Estimate the number and type of families in need of housing assistance who are disabled or victims of domestic violence, dating violence, sexual assault and stalking.

The disabled population is discussed fully in Section NA45. Although there is no census data available for those covered under VAWA, there are several programs within the BCHC communities that are addressing the housing and related service needs of this population. Safe Harbor services approximately 75 women and children per year in its housing, which has a capacity for 20 households. The average stay of a family is six months. The Cape Cod Center for Women is a small facility with a capacity for six families who may remain in place for weeks to months. Independence House provides short-term housing stays and also provides longer term housing options (1-3 years) in a 4-unit property.

What are the most common housing problems?

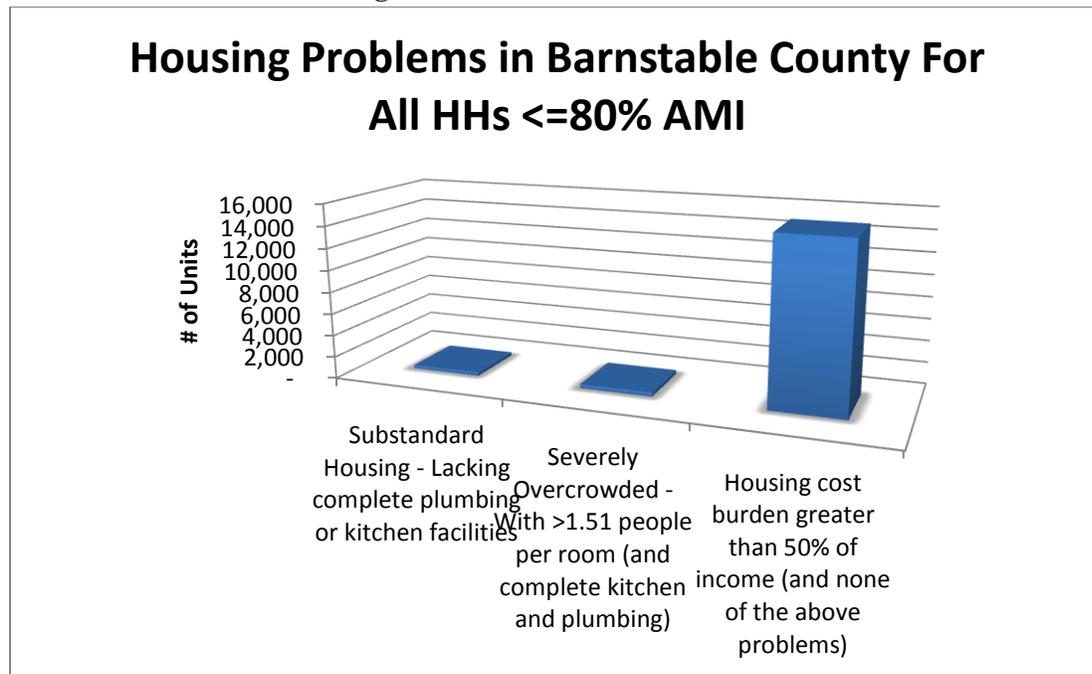
HUD Table A7 above, lists the most serious issues facing households in the Consortium. Namely, the housing is seriously substandard or severely overcrowded or very costly as a percentage of the household income. If we only focus on sub-standard housing, severely overcrowded housing and households paying more than 50% of their income for housing, we have the following picture which shows that the paramount need is to address those households paying more than 50% of their income for housing.

Table NA10-A3 Severe Housing Problems

	Renter				Owner				ALL HH ≤80%
	0-30% AMI	>30- 50% AMI	>50- 80% AMI	Total Renter ≤80% AMI	0-30% AMI	>30- 50% AMI	>50- 80% AMI	Total Owner ≤80% AMI	Total All HHs ≤80% AMI
Substandard Housing - Lacking complete plumbing or kitchen facilities	110	30	45	185	59	25	30	114	299
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	15	105	159	279	0	55	15	70	349
Housing cost burden greater than 50% of income (and none of the above problems)	2,885	1,449	198	4,532	4,914	3,365	2,243	10,522	15,054

Data Source: US Census 2010, ASCS 2009-2012, HUD CHAS

Chart NA10-1 Severe Housing Problems



Are any populations/household types more affected than others by these problems?

As noted above, even if we confine the discussion to the most serious problems, there is a significant expense in order to address housing cost problems. Unfortunately, this is not easily addressed by the HOME program as the resources required to lower housing costs are significant in the Cape market.

Table NA10-A3 above shows that housing costs for extremely low income households is particularly troublesome as these households have almost no elasticity in their budgets to pay 50% or more for their housing and thus must sacrifice other household essentials such as education, food and health care. The number of households in this category totals over 7,500.

Table 10 also shows that for the extremely low income, small household renters and elderly owners are the two most affected groups by the cost of housing.

Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)). Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance.

There are a variety of challenges facing those at risk and those who are formerly homeless individuals and families. For those who do not have problems associated with chronic homelessness, there are still significant obstacles. Key issues for all include the severe lack of affordable housing and the extremely limited public transportation network, especially in the Lower Cape Communities. To a great degree, Cape Cod housing prices, both rental and ownership, are based on the incomes of those whose primary residence may be in other Massachusetts localities or out of State. The prices do not reflect the incomes of many of those who are permanent residents. Related to this is the continuing loss of rental housing as the conversion to condominiums continues. As is discussed elsewhere, the wages for full-time residents are low and declining relative to the US average:

Table NA10-A4: Wage Trends in Barnstable County 2003-2013

Annual Covered Employment and Wages Over Time (NAICS)	Average Wage	% of U.S.
	Per Job (*adj)	Avg Wage
2013	\$41,539	83.40%
2012	\$41,428	82.80%
2011	\$41,662	83.70%

Annual Covered Employment and Wages Over Time (NAICS)	Average Wage	% of U.S.
2010	\$41,852	83.80%
2009	\$42,316	85.50%
2008	\$42,024	85.20%
2007	\$42,347	84.80%
2006	\$42,104	85.70%
2005	\$41,895	86.30%
2004	\$42,667	87.90%
2003	\$41,868	87.60%

Source: US Bureau of Labor Statistics(BLS)

***adj** = Adjusted for Inflation; **D** = Non-Discloseable Data; **N/A** = Not Available; Note: Average wage may not match published numbers due to rounding.

In conjunction with this, many Cape Cod residents reside year-round in BCHC Communities, but can only find employment seasonally. In addition to the limited number of year round jobs, the lack of public transportation makes it difficult for many residents to work beyond their immediate area, unless they can afford to own and operate their own cars, many of whom cannot. For those who have been chronically homeless, some will continue involvement in programs and in receiving case management that will help them succeed in maintaining their housing status; some who do not will be able to maintain themselves independently, while many will again become homeless due to issues related to mental health, physical illness and/or substance abuse.

If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:

N/A

Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness.

There is no hard data or definitive information from local agencies that would lead to a conclusion regarding housing characteristics that are linked with instability and an increased risk of homelessness. There is anecdotal reporting that the continuing conversion of rental housing to condominiums has reduced the availability of affordable rental housing and led to homelessness. Based on the number of elderly residents in the BCHC Communities, it is reasonable to assume that the inability of elderly households on fixed incomes to maintain their

homes and those who also may be living in homes that are no longer suitable for them as they age, have led to displacement.

Discussion

NA-15 Disproportionately Greater Need: Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

HUD breaks down housing problems into three categories. One is the physical condition of the housing, another is overcrowding and another is the cost of housing.

In turn the physical conditions are split into two types:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,

The crowding conditions are more than one person per room but no more than 1.5 persons per room

The housing cost criteria is a cost burden greater than 30% but less than 50%

HUD also has several policies which look at whether there is a disproportionate need as it relates to race or ethnicity. These vary depending upon what the proposed action might be. For example, Site and Neighborhood Standards are used to determine the appropriateness of an investment in new housing in an area. These standards are more restrictive than those for disproportionate need.

For the analysis in this section we are using a variance of 10% in the racial or ethnic percentage in the County, to define a “disproportionate” share of a housing problem.

0%-30% of Area Median Income

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Greater than 10% higher than its BCHC %
Jurisdiction as a whole	8,400				1,429	
White	7,750	92.26%	78.85%	92.7%	1,324	No

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Greater than 10% higher than its BCHC %
Black / African American	83	0.99%	0.84%	1.9%	0	No
Asian	99	1.18%	1.01%	1.1%	58	No
American Indian, Alaska Native	80	0.95%	0.81%	0.6%	0	No
Pacific Islander	0	0.00%	0.00%	1.5%	0	No
Hispanic	90	1.07%	0.92%	2.2%	0	No
Total Households in ELI Cohort				9,829		

Table 16 - Disproportionally Greater Need 0 - 30% AMI

Data Source: 2006-2010 CHAS, 2010 Census

30%-50% of Area Median Income

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Greater than 10% higher than its BCHC %
Jurisdiction as a whole	7,499				3,272	
White	6,749	90.00%	62.66%	92.7%	3,127	No
Black / African American	130	1.73%	1.21%	1.9%	40	No
Asian	115	1.53%	1.07%	1.1%	8	No
American Indian, Alaska Native	55	0.73%	0.51%	0.6%	20	No

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Greater than 10% higher than its BCHC %
Pacific Islander	0	0.00%	0.00%	1.5%	0	No
Hispanic	250	3.33%	2.32%	2.2%	40	No
Total Households in VLI Cohort				10,771		

Table 13 - Disproportionally Greater Need 30 - 50% AMI

Data Source: 2007-2011 CHAS

50%-80% of Area Median Income

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Greater than 10% higher than its BCHC %
Jurisdiction as a whole	9,823				8,883	
White	8,953	91.14%	47.86%	92.7%	8,518	No
Black / African American	349	3.55%	1.87%	1.9%	214	No
Asian	65	0.66%	0.35%	1.1%	20	No
American Indian, Alaska Native	0	0.00%	0.00%	0.6%	30	No
Pacific Islander	0	0.00%	0.00%	1.5%	0	No
Hispanic	175	1.78%	0.94%	2.2%	10	No
Total Households in LI Cohort				18,706		

Table 14 - Disproportionally Greater Need 50 - 80% AMI

Data Source: 2007-2011 CHAS

80%-100% of Area Median Income

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Greater than 10% higher than its BCHC %
Jurisdiction as a whole	4,139				7,258	
White	3,794	91.66%	33.29%	92.7%	7,058	No
Black / African American	90	2.17%	0.79%	1.9%	60	No
Asian	15	0.36%	0.13%	1.1%	15	No
American Indian, Alaska Native	25	0.60%	0.22%	0.6%	35	No
Pacific Islander	0	0.00%	0.00%	1.5%	0	No
Hispanic	44	1.06%	0.39%	2.2%	50	No
Total Households in MI Cohort					11,397	

Table 15 - Disproportionally Greater Need 80 - 100% AMI

Data Source: 2007-2011 CHAS

Discussion

The Tables above which have been modified from the IDIS supplied data to include data from the 2010 US Census and the ACS 2009-2012 and HUD CHAS Data. Looking at the tables, it can be seen that in general no specific racial or ethnic groups have a disproportionate share of the housing problems.

NA-20 Disproportionately Greater Need: Severe Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

HUD breaks down severe housing problems into four categories.

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden greater than 50%

HUD also has several policies which look at whether there is a disproportionate need as it relates to race or ethnicity. These vary depending upon what the proposed action might be. For example, Site and Neighborhood Standards are used to determine the appropriateness of an investment in new housing in an area. These standards are more restrictive than those for disproportionate need.

For the analysis in this section we are using a variance of 10% in the racial or ethnic percentage in the County, to define a “disproportionate” share of a housing problem.

0%-30% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	6,595				3,244	728
White	6,190	73.69%	62.91%	92.7%	2,914	613
Black / African American	59	0.70%	0.60%	1.9%	24	75
Asian	99	1.18%	1.01%	1.1%	58	20
American Indian, Alaska Native	0	0.00%	0.00%	0.6%	80	0

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Pacific Islander	0	0.00%	0.00%	1.5%	0	0
Hispanic	65	0.77%	0.66%	2.2%	25	0
Total Households in ELI Cohort				9,839		

Table 16 – Severe Housing Problems 0 - 30% AMI

Data Source: 2007-2011 CHAS, 2010 Census

30%-50% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	4,223				6,570	0
White	3,848	91.12%	35.65%	92.7%	6,045	0
Black / African American	65	1.54%	0.60%	1.9%	105	0
Asian	65	1.54%	0.60%	1.1%	58	0
American Indian, Alaska Native	30	0.71%	0.28%	0.6%	45	0
Pacific Islander	0	0.00%	0.00%	1.5%	0	0
Hispanic	100	2.37%	0.93%	2.2%	190	0
Total Households in VLI Cohort				10,793		

Table 17 – Severe Housing Problems 30 - 50% AMI

Data Source: 2007-2011 CHAS, 2010 Census

50%-80% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	4,024				14,644	0
White	3,695	91.82%	34.24%	92.7%	13,754	0
Black / African American	164	4.08%	1.52%	1.9%	399	0
Asian	15	0.37%	0.14%	1.1%	70	0
American Indian, Alaska Native	0	0.00%	0.00%	0.6%	30	0
Pacific Islander	0	0.00%	0.00%	1.5%	0	0
Hispanic	105	2.61%	0.97%	2.2%	85	0
Total Households in LI Cohort				18,668		

Table 18 – Severe Housing Problems 50 - 80% AMI

Data Source: 2007-2011 CHAS, 2010 Census

80%-100% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	1,184				10,233	0
White	1,084	91.55%	9.49%	92.7%	9,788	0
Black / African American	70	5.91%	0.61%	1.9%	80	0
Asian	0	0.00%	0.00%	1.1%	30	0
American Indian, Alaska Native	0	0.00%	0.00%	0.6%	60	0

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the BCHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Pacific Islander	0	0.00%	0.00%	1.5%	0	0
Hispanic	25	2.11%	0.22%	2.2%	69	0
Total Households in MI Cohort				11,417		

Table 19 – Severe Housing Problems 80 - 100% AMI

Data Source: 2007-2011 CHAS, 2010 Census

Discussion

In reviewing the tables above, it can be seen that there is no racial or ethnic group with a disproportionate share of the severe housing problems in the Consortium communities as a whole.

It was noted above in Section NA-10, that there are some other groups which have greater need such as the elderly, but neither HUD nor the Census further break the needs down into racial/ethnic classifications.

NA-25 Disproportionately Greater Need: Housing Cost Burdens – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction:

HUD breaks down housing cost problems into three types:

1. Housing cost meets industry standards being less than or equal to 30% of gross income,
2. Housing cost is greater than 30% but less than 50% of household income,
3. Housing cost is greater than 50% and is considered by any standard to be excessive

HUD also has several policies which look at whether there is a disproportionate need as it relates to race or ethnicity. These vary depending upon what the proposed action might be. For example, Site and Neighborhood Standards are used to determine the appropriateness of an investment in new housing in an area. For the analysis in this section we are using a variance of 10% to define a “disproportionate” share of a housing problem.

Table NA-25: Modified HUD Table 21 - Housing Cost Burden

	A1	A2	B1	B2	C1	C2	D1	D2
Housing Cost Burden	<=30%	% of HHs with No Housing Cost Burden	30-50%	% of HHs with Moderate Housing Cost Burden	>50%	% of HHs with Severe Housing Cost Burden	% of all HHs with Severe Housing Cost Burden	Race and Ethnicity %s in the BCHC
Jurisdiction as a whole	58,830		20,801		16,686		17.32%	
White	56,494	96.03%	18,975	91.22%	15,635	93.70%	16.23%	92.7%
Black / African American	798	1.36%	400	1.92%	269	1.61%	0.28%	1.9%
Asian	345	0.59%	164	0.79%	184	1.10%	0.19%	1.1%
American Indian, Alaska Native	135	0.23%	130	0.62%	30	0.18%	0.03%	0.6%
Pacific Islander	20	0.03%	0	0.00%	0	0.00%	0.00%	1.5%
Hispanic	525	0.89%	464	2.23%	260	1.56%	0.27%	2.2%

Table 20 – Greater Need: Housing Cost Burdens AMI

Data Source: 2007-2011 CHAS, 2010 Census

Discussion:

Table 21 above shows the percentage shares of each of the racial/ethnic groups of the households with cost burdens.

Column A2 of Table 21 shows the percentage of households paying between 30% and 50% of their income for housing when compared with all households with that housing cost burden. When compared with the racial/ethnic distribution throughout the Consortium, there is no disproportion.

Column B2 of Table 21 shows the percentage of households paying over 50% of their income for housing when compared with all households with that housing cost burden. When compared with the racial/ethnic distribution throughout the Consortium, there is no disproportion.

Column C of Table 21 shows the percentage of households paying over 50% of their income for housing when compared with all households in the Consortium. When compared with the racial/ethnic distribution throughout the Consortium, there is no disproportion.

However, as noted in prior sections and in NA-10 there are cost burden problems for elderly owners and small household renters, but these are not broken down into racial/ethnic groups.

NA-30 Disproportionately Greater Need: Discussion – 91.205(b)(2)

Are there any Income categories in which a racial or ethnic group has disproportionately greater need than the needs of that income category as a whole?

Based on the analysis above and in Tables Section NA-10, we have developed the following table:

Table NA30-A: Severe Housing Problems by Income Cohort

Owner and Rental Households	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Substandard Housing - Lacking complete plumbing or kitchen facilities	169	55	75	299
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	15	160	174	349
Housing cost burden greater than 50% of income (and none of the above problems)	7,805	4,815	2,433	15,053
Total Numbers	7,989	5,030	2,682	15,701
% Major Problems	50.88%	32.04%	17.08%	

Source: Chas 2006-2011, US census 2010

This table indicates that half of the households with severe problems are Extremely Low Income. For this group the vast majority of the problems are with the cost of housing. If we examine the analyses in NA-10, NA-15, NA-20 and NA-25, we can conclude that there is no glaring disproportionate share of problems in the various income categories based on race and/or ethnicity. However there are some groups which the Consortium will need to pay attention to in that their share of the problems might change negatively in the future.

We want to note that income elasticity is less the lower one’s household income. Hence paying 50% or more for housing when your income is less than 30% of median (Extremely Low Income) is particularly burdensome as the basic resources needed for food, health and education are severely impacted.

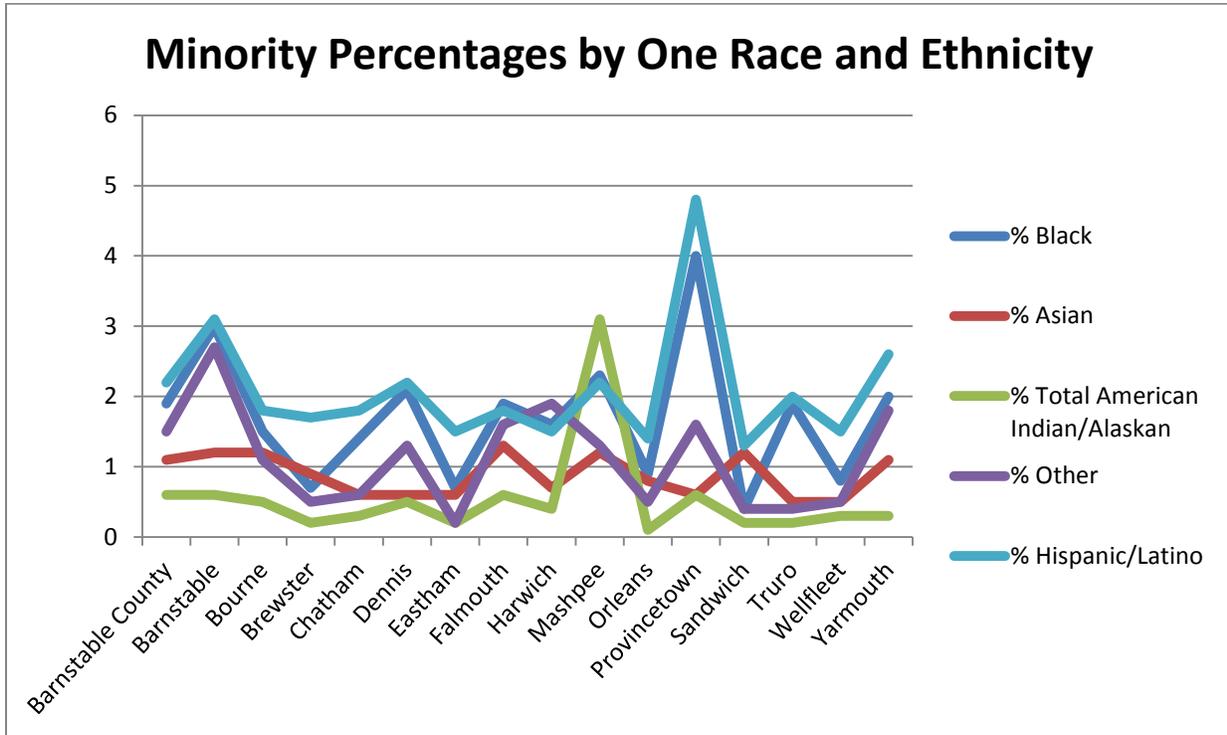
If they have needs not identified above, what are those needs?

Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?

The following charts illustrate the distribution of race and ethnicity in the Consortium. As can be seen while the minority and ethnic proportions of the total population are small, the largest

racial minority is concentrated in Barnstable and the largest Hispanic ethnicity is concentrated in Barnstable and Provincetown.

Chart NA30-A: Minority Percentages by BCHC Communities



Source: 2010 Census

NA-35 Public Housing – 91.205(b)

Introduction

Analyzing the public and other assisted housing in a community enables the agency to determine with more accuracy the gap between need and supply. It also enables the agency and community to understand with more precision the type and quantity of assisted housing and the populations it is serving. The distinctive difference between many agencies doing Consolidated Plans in the country and those in Massachusetts is that Massachusetts has a state public housing program and a state voucher program as well as the Federal ones. While the rules governing these programs are quite similar to the Federal ones, the data generated by HUD/CPD through IDIS does not include these State programs. For the purposes of this section, we have combined the Federal and State data, where it is available.

Totals in Use

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers in use	1	17	67	398	53	345	0	0	0

Table 21 - Public Housing by Program Type

***includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition**

Data Source: PIC (PIH Information Center)

Note: PIC does not assemble information on other Public Housing such as those in Massachusetts or on State vouchers. The following table is a more complete picture of subsidized housing in the Consortium,

Table NA35-21A: Housing Authorities' Inventory

LHA Name/Address	Federal Public Housing Units	Federal HCV Vouchers	Federal Project Based Vouchers	Federal VASH Vouchers	Total Federal Portfolio	State Public Housing Units	State MRVP & AHVP Vouchers	Total State Portfolio	Total Development Based Units (Federal Plus State)	Total Tenant Based Vouchers (Federal Plus State)	Total Portfolio
Barnstable Housing Authority	68	514	53		635	262	96	358	330	663	993
Bourne Housing Authority	56	76			132	66	20	86	122	96	218
Brewster Housing Authority	0	0			0	56	0	56	56	0	56
Chatham Housing Authority	0	0			0	82	6	88	82	6	88
Dennis Housing Authority	0	98			98	145	67	212	145	165	310
Eastham Housing Authority	0	0			0	0	8	8	0	8	8
Falmouth Housing Authority	223	319			542	87	15	102	310	334	644
Harwich Housing Authority	0	0			0	13	12	25	13	12	25
Mashpee Housing Authority	0	0			0	30	57	87	30	57	87
Orleans Housing Authority	0	0			0	125	23	148	125	23	148
Provincetown Housing Authority	0	0			0	34	10	44	34	10	44
Sandwich Housing Authority	0	28			28	49	40	89	49	68	117
Yarmouth Housing Authority	0	249			249	44	10	54	44	259	303
DHCD through HAC	0	924			924	0	0	0	0	924	924

LHA Name/Address	Federal Public Housing Units	Federal HCV Vouchers	Federal Project Based Vouchers	Federal VASH Vouchers	Total Federal Portfolio	State Public Housing Units	State MRVP & AHVP Vouchers	Total State Portfolio	Total Development Based Units (Federal Plus State)	Total Tenant Based Vouchers (Federal Plus State)	Total Portfolio
Totals for BCHC	347	2,208	53	-	2,608	993	364	1,357	1,340	2,625	3,965

Data Source: BCHC, OKM, CHAPA, DHCD, HUD

Note: There may be discrepancies due to data coming from different sources at different times.

Characteristics of Residents

Federal Only	Program Type							
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher	
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program
Average Annual Income	2,554	4,935	17,024	14,387	11,814	15,139	0	0
Average length of stay - Months	0	0	87	6	4	109	0	0
Average Household size	1	1	1.1	1	1	1.9	0	0
# Homeless at admission	0	3	2	15	6	9	0	0
# of Elderly Program Participants (>62)	0	0	95	65	8	47	0	0
# of Disabled Families	0	0	43	192	27	138	0	0
# of Families requesting accessibility features	1	17	67	398	53	345	0	0
# of HIV/AIDS program participants	0	0	0	0	0	0	0	0
# of DV victims	0	0	0	0	0	0	0	0

Table 22 – Characteristics of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center) HUD MTCS 2014

Note: The data above does not include State public housing and voucher data which is not collected in the same way as Federal data.

Race of Residents

Race	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
White	1	15	63	341	47	294	0	0	0
Black/African American	0	2	4	53	6	47	0	0	0
Asian	0	0	0	1	0	1	0	0	0
American Indian/Alaska Native	0	0	0	3	0	3	0	0	0
Pacific Islander	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Table 23 – Race of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Note: The data above does not include State public housing and voucher data which is not collected in the same way as Federal data.

Ethnicity of Residents

Ethnicity	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Hispanic	0	0	0	13	0	13	0	0	0
Not Hispanic	1	17	67	385	53	332	0	0	0

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Table 24 – Ethnicity of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Note: The data above does not include State public housing and voucher data which is not collected in the same way as Federal data.

Section 504 Needs Assessment: Describe the needs of public housing tenants and applicants on the waiting list for accessible units:

Because only two of the 14 Housing Authorities in the Consortium responded to the survey, there is no information about the needs of people on the waiting list.

Most immediate needs of residents of Public Housing and Housing Choice voucher holders

Because only two of the 14 Housing Authorities in the Consortium responded to the survey, there is no information about the immediate needs of residents.

How do these needs compare to the housing needs of the population at large

As noted above, existing recipients of housing subsidies, whether in public housing, or in the voucher programs or in other subsidized housing such as HOME, LIHTC and other programs, are well taken care of in comparison with those who are in need of affordable housing.

Discussion

It can be said that the needs of the residents of public housing are similar to those of the population at large, in that people need decent affordable housing, nutritional and health care, supportive services, and jobs to be able to afford the aforementioned needs without seeking public assistance.

NA-40 Homeless Needs Assessment – 91.205(c)

Introduction:

The **Cape Cod/Islands Continuum of Care** has established the **Cape and Islands Regional Network to Address Homelessness** as the primary decision making group. The lead organization which manages the overall planning and submissions to HUD has been the Community Action Committee of Cape Cod & Islands, Inc. (CACCI) but has recently become the Barnstable County Department of Human Services. The communities served by the CoC include Barnstable, Bourne, Brewster, Chatham, Dennis, Eastham, Falmouth, Harwich, Mashpee, Orleans, Provincetown, Sandwich, Truro, Wellfleet, Yarmouth and all of Nantucket and Martha's Vineyard. Counts and data for Nantucket and Martha's Vineyard have been netted out from information for the fifteen communities for the purposes of this Plan.

The problems of homelessness are complex, but the state's Department of Transitional Assistance (DTA), the division of the Executive Office of Health and Human Services (EOHHS) which fund services for many homeless families and individuals, categorizes the root causes as:

- *structural issues* such as high housing costs or low household income
- *personal issues* such as mental illness, substance abuse or other physical and mental disabilities, and/or
- *social policies* such as the availability and effectiveness of assisted housing, mental health programs, substance abuse treatments, and other service interventions.

For virtually all homeless individuals and families, decent, safe, affordable housing is a critical step in ending homelessness. In some cases, this is their only need. However, often, in addition to affordable housing, homeless families and individuals also need supportive services to make the transition to independent living or to deal with other problems, including substance abuse or mental illness. Finally, in order to maintain themselves, these individuals and families may require assistance with childcare, transportation, life skills, job training and other basic life skills.

In addition, the continuing loss of affordable housing in conjunction with low paying jobs has exacerbated the problem of at-risk homeless individuals and families. In situations reported by service providers, the lowest income households frequently are living in overcrowded and substandard conditions that are likely to be providing short-term housing solutions. There is an increasing problem, especially for young adults, with documentation of increased significance of "couch-surfing". This young population has no permanent residence. However, they do not show up as homeless in Point-in-Time Counts because they are neither on the streets or in shelters; rather they are moving from couch to couch in the homes of friends or relatives. The BCHC communities also face the unique situation confronted by upscale vacation locales.

Housing prices and rent levels are pegged to vacationers and second home owners, rather than permanent residents, creating even less affordable housing. Owners and developers continue to expand the condominium market geared toward these largely seasonal residents, thus further contracting the available rental housing. Additional difficulties include a year round population that has access only to seasonal jobs and a very limited transportation network, especially in the Lower Cape communities, where it is even more limited. A significant number of elderly residents are on fixed income, residing in homes that are no longer appropriate as the owners become frail and/or may own homes that they cannot afford to maintain in a safe, habitable condition.

Finally, expiring use properties continue to increase the risk of homelessness for existing tenants as well as remove a source of future affordable units from the market. In addition to those properties in the Consortium communities that have already been removed through expiring uses, additional expiring use properties that will come into play over the next five years contain approximately 480 units.

From a financial standpoint, the households most susceptible to becoming homeless are households who are at less than 30% median income and are severely cost-burdened (paying more than 50% of their income for rent). Other populations disproportionately at risk of becoming homeless are victims of domestic violence, substance abuse, those with severe mental health problems and people leaving prison.

In order to address this at-risk population, there is a need for long-term permanent affordable housing and supportive transitional and permanent housing for the sub-populations that are over-represented among the at-risk and homeless. Counseling, health-care, life-skills training and sustainable employment at an adequate wage are all critical to reducing homelessness within the Consortium.

On January 29, 2014, The Cape and Islands Regional Network to Address Homelessness, in accord with its Continuum of Care planning process, conducted its annual point-in-time survey of its homeless population, which included all Barnstable County HOME Consortium Communities plus Nantucket and Martha's Vineyard. No homeless were identified on Nantucket and the total for Martha's Vineyard has been netted out.

Table NA-40A: Continuum of Care: Homeless Population and Subpopulations

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional*		
Number of Families with Children (Family Households):	69	0	2	71
1. Number of Persons in Families with Children	155	0	6	161
2. Number of Single Individuals and Persons in Households without children	85	49	48	182
(Add Lines Numbered 1 & 2 Total Persons)	240	49	54	343

Part 2: Homeless Subpopulations	Sheltered	Unsheltered	Total
a. Chronically Homeless	70	31	101
b. Seriously Mentally Ill	134		
c. Chronic Substance Abuse	112		
d. Veterans	17		
e. Persons with HIV/AIDS	1		
f. Victims of Domestic Violence	94		
g. Unaccompanied Youth (Under 18)	2		

*a number of programs no longer consider themselves transitional housing

If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):

Since the adoption of the Ten Year Plan To End Homelessness in 2005 and its update for 2012-2014, the focus of the Network has been on adding permanent supportive housing beds/units using a housing first model with a priority on serving chronically homeless individuals. While the amount of McKinney funding available to the CoC to create new beds has sharply diminished

since 2009 the region has seen the number of PSH beds increase to 382 as of October, 2014. This includes some units that were previously considered as transitional but are not operating as permanent supported housing. There are several non-profit organizations that may have limited access to public funds, but have still been successful through private fundraising, to provide a number of transitional and permanent supported housing.

At the same time, recognizing the need for expanded shelter services (providing more than a bed) in order to address the needs in a more comprehensive manner, the NOAH shelter has created the Day Shelter on its premises. The Day Shelter provides space for the homeless during the day—a place to be off the street and take advantage of added case management and access to available resources. Housing Assistance Corporation (HAC) will continue to run the NOAH shelter and is now operating the Day Shelter. Duffy Health Center is providing case management services. Collaboration between the housing and service providers for the BCHC communities continues to present a strong partnership, specifically optimizing the odds that they will be successful in creating permanent housing for these subpopulations. .

The region has been a leader in the state in developing homelessness prevention programs and resources. Non-profits such as HAC, the Homeless Prevention Council, and the Council of Churches, among many others, have successfully raised hundreds of thousands of dollars for homelessness prevention. The region has received a variety of public grants to keep individuals and families housed and out of the shelter system: HAC has received ESG, RAFT, and HomeBase grants from DHCD and the Cape and Islands Veterans Outreach Center has just received funding for rapid re-housing of veterans. HAC has also received funds for foreclosure prevention counseling.

Chronically Homeless: Over 50% of all homeless individuals in the BCHC communities are considered to be chronically homeless. Many of these individuals have multiple diagnoses and virtually all require supportive services, both short and long term. Supportive services are provided through a variety of funding sources, including McKinney-Vento, Rapid Rehousing, Department of Veteran Services and Department of Mental Health as well as others.

Seriously Mentally Ill: The Department of Mental Health provides a variety of housing options for its clients. There are currently 20 group homes with a total of 107 clients and 471 individuals who are living in apartments. As DMH continues to emphasize independent living wherever possible, the availability of vouchers grows in importance. Currently the Barnstable Housing Authority has a limited number of vouchers available for DMH clients who are homeless. HAC has approximately twenty subsidies for homeless individuals who are clients of DMH.

Chronic Substance Abuse: Alcohol and drug addictions are significant problems on Cape Cod. Other opiate use (all opiates other than heroin) has grown significantly, having nearly doubled from 22.9% of enrollments in FY2007 to 41.3% of enrollments in FY2011. A number of service providers have independently reported a significant increase in opiate addiction. In FY 2011, Barnstable County residents had the highest percentage of treatment admissions with “other opiates” as the primary substance contrasted with all other Massachusetts Counties. During this same period, alcohol use decreased from 76% of enrollments to 69% of enrollments. The County currently has approximately 95 units of transitional and permanent housing for those with substance abuse (some specific to either male or female) as well as beds for residential treatment.

Veterans: Cape and Islands Veterans Outreach is the primary service provider for Veterans in the BCHC communities, working in conjunction the Providence, RI Office of Veteran’s services. The organization has worked with approximately 200 Veterans in the past year. Typically, these individuals are either already homeless or at risk of imminent homelessness. It is estimated that 60-70% of this group is chronically homeless. Many suffer from PTSD, mental illness and/or substance abuse. The Cape has 25 VASH Vouchers. No new ones have been allocated. However, as a result of turnover, these vouchers have served approximately 100 Veterans since their issuance. There is one transitional program for homeless Veterans which provides six beds (Homestead I) and one permanent supported housing which provides 10 beds (Homestead II).

Persons with HIV/AIDS: There are two housing facilities on Cape Cod specifically for people with HIV/AIDS. Foley House, a congregate facility in Provincetown, serves ten people. It is owned by the Provincetown Housing Authority and has federal subsidies. The AIDS Support Group of Cape Cod (ASGCC) in Provincetown provides management and casework. Spring Street has eight units in Hyannis; rental assistance and property management for these apartments is provided by the Barnstable Housing Authority through Section 8 subsidies and the Shelter Plus Care Program. There are a number of housing vouchers administered by various agencies that are specifically for individuals with HIV/AIDS. The Cape Regional Housing Initiative provides two vouchers. These, along with an additional 15 shelter plus care vouchers are administered through the Falmouth Housing Authority. The Barnstable Housing Authority, through Housing First, administers 35 shelter plus care vouchers. ASGCC serves approximately 480 individuals currently. It estimates that there also substantial numbers in need who are not receiving care. The most critical need for this population is an increase in rental subsidies so that there is additional affordable housing for those with HIV/AIDS.

Victims of Domestic Violence: The 2014 PIT identifies 70 homeless (sheltered) Victims of Domestic Violence. Safe Harbor, with a capacity for approximately 20, provides housing for approximately 75 women and children annually. The average stay is 6 months and stabilization services are providing for one year after they leave. The Cape Cod Center for Women has 10 bedrooms available at any one time, typically serving 4 families at a time. Independence House provided short-term stays in its 4 units. Independence House provided short-term stays in its 4 units. The keystone of its current strategic plan is to develop units that will provide stays of an average of 15 days. Based on the populations they serve, they have determined that this longer stay will increase the likelihood of family stabilization. Independence House provides services to 2000 families annually.

Unaccompanied Youth: According to the 2014 PIT, there were 2 unsheltered unaccompanied youth. The State has prepared a report, entitled *Massachusetts Youth Count 2014*, which was released in September. The report shows that there were 795 Massachusetts residents under the age of 25 who met the state's definition of "unaccompanied homelessness". In addition, another 276 youths were categorized as at risk of homelessness. There is reporting of youth "couch surfing" and staying at homes of friends. The Massachusetts Special Commission on Unaccompanied Homeless Youth, ordered the homeless count and will use it to develop programs and policies to assist young people. Many of these individuals have been in foster care and/or had an involvement with the criminal justice system at some point. These individuals frequently do not show up in point in time counts. Based on the surveying conducted for this analysis, there were 46 youth identified as alone and homeless (this does not necessarily mirror those who meet the definition of youth homelessness according to HUD) on the Cape and Islands. In addition 59 youth were considered to be at risk of homelessness. That is the highest number for the demographic regions surveyed statewide.

Disabled: The Cape Organization for Rights of the Disabled (CORD) has identified accessibility, affordability, and availability of housing as the three problems facing people with disabilities on Cape Cod. As the independent living center serving the Cape & Islands, CORD emphasizes the need for accessible, and affordable independent living options. Housing issues, such as discrimination and the need for modifications or adaptations are also common problems facing the 1,000+ consumers with disabilities CORD serves annually.

CORD interfaces with DDS (Department of Developmental Services) regarding those with Developmental Disabilities. There are sixty group homes on Cape Cod, each with 4-6 individuals and a 24/7 staff presence. In addition, 32 individuals live in family provider homes. The only priority is given to those who are at immediate risk for safety and health in their present living situations. Although there is no hard data, there are instances of families banding together to

privately provide supervised housing for their dependents who have reached adulthood. Often the case for a Developmentally Disabled adult is that the loss of a parent leads to the loss of the only home he/she has known so that the individual faces two major life crises as once. The eligible population far outstrips appropriate residential options.

Nature and Extent of Homelessness: (Optional)

Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

There were a total of 343 homeless persons counted in the 2014 annual PIT survey. Of the number of households (263), 182 were single individuals and persons in households without children. Of the unsheltered, two were family households.

Cape Cod does not house homeless families in hotels/ motels. Estimating the number of families in need of housing assistance for families with children is hampered as some families are “doubling up” with friends and families. There is also the issue of “couch surfing”, a growing phenomenon where individuals have no permanent residence and sleep on the couches of family members or friends. As a result, these individuals do not show up in the PIT counts. They are reported to be disproportionately young adults, who may include teenagers under the age of 18.

Data regarding the families of veterans is not available. Although there is housing specifically designed for veterans, it only services individuals and not families of veterans.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

Race/Ethnicity

Inventory Count Date: 1/29/2014

Population: Sheltered and Unsheltered Count

Table NA40-B: Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	94	49	0	74	217
Total Number of persons (Adults)	97	49	0	75	221

Number of Persons (18 - 24)	5	13	0	17	35
Number of Persons (over age 24)	92	36	0	58	186

Table NA40-C: Gender (Adults and Children)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	34	22	0	19	75
Male	63	27	0	56	146
Transgender	0	0	0	0	0

Table NA40-D: Ethnicity (Adults and Children)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	94	48	0	72	214
Hispanic/Latino	3	1	0	3	7

Table NA40-E: Race (Adults and Children)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	85	48	0	64	197
Black or African-American	4	1	0	3	8
Asian	3	0	0	3	6
American Indian or Alaska Native	3	0	0	0	3

Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	2	0	0	5	7

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

Unsheltered and Sheltered Chronically Homeless

HUD considered an individual or family to be chronically homeless if that individual or family:

- is homeless and lives or resides in a place not meant for human habitation, a safe haven, or is in an emergency shelter;
- has been homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter continuously for at least one year or on at least four separate occasions within the last three years; and
- has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post traumatic stress disorder, cognitive impairments resulting in brain injury, or a chronic physical illness or disability, including the occurrence of 2 or more of those conditions.

Discussion:

The PIT count shows that 31 of the unsheltered homeless are considered chronically homeless individuals. There were no chronically homeless families identified as unsheltered.

Thirty-one or 73% of the 48 unsheltered homeless individuals were chronically homeless. 55% were severely mentally ill and 52% suffered from chronic substance abuse . It is clear that those who are members of the subpopulations are at least more than twice as likely to be unsheltered. Victims of domestic violence are also twice as likely to be unsheltered.

Based on the numbers in the PIT count, it is also clear that of those unsheltered the vast majority fit into multiple categories of the subpopulations and therefore need significant support in order to emerge from homelessness.

The total of sheltered adults meeting the criteria for at least one category of the subpopulation, total 108. Twelve families meet the criteria for chronic homelessness.

Unsheltered and Sheltered Homeless

Twenty-seven percent of the unsheltered homeless were not considered members of a subpopulation.

Of the total sheltered individuals not identified as meeting criteria of any subpopulation, 57% are in transitional housing program and the remainder are in a shelter.

All homeless families are housed in emergency shelters according to the PIT count.

NA-45 Non-Homeless Special Needs Assessment - 91.205 (b,d)

Introduction:

Throughout the Consortium, there are households in various subpopulations who are not homeless but have specific housing needs and may also require special attention due to their current or prospective service requirements. These subpopulations include: elderly, frail elderly, persons with severe mental illness, developmentally disabled, physically disabled, substance abusers and persons with HIV/AIDS.

The Consortium is aware of the needs of special populations and is committed to supporting initiatives which target these populations. One of the most effective strategies is the use of Project Based Section 8 (PBA), which is made available through PHAs and through the state’s Housing Choice Vouchers (HCV) allocation. If HOME funds can assist any developments proposed, the BCHC will seriously consider them. Going forward, HOME funds may also be used for Tenant Based Rental Assistance [TBRA] to meet regional needs. TBRA provides short term [24 months] housing assistance, which can be conditioned on any number of factors the agency considers to be effective

Describe the characteristics of special needs populations in your community:

Elderly

The elderly designation varies in terms of how agencies classify people and households. HUD uses age 62, while the Census generally classifies the elderly as persons who are 65 or older, the census data is for persons 60 years or older.

The following tables summarize information about the elderly in the Consortium.

Table NA45-A: Elderly Profile in the BCHC Communities

Community	<u>Households with one or more persons 60 +</u>	<u>Persons Age 65+</u>	<u>Persons Age 75+</u>	<u>Persons Age 85+</u>
Barnstable	7,351	9,421	4,658	1,257
Bourne	3,136	3,824	2,002	659
Brewster	2,220	2,706	1,378	361
Chatham	1,888	2,247	1,131	307
Dennis	3,696	4,213	2,151	385
Eastham	1,480	1,490	653	122
Falmouth	6,734	8,863	4,302	1,026
Harwich	3,103	3,530	1,756	455

Community	Households with one or more persons 60 +	Persons Age 65+	Persons Age 75+	Persons Age 85+
Mashpee	2,746	3,220	1,594	365
Orleans	2,148	2,599	1,298	264
Provincetown	736	493	210	105
Sandwich	2,388	3,003	1,235	336
Truro	478	450	203	26
Wellfleet	1,404	1,096	410	97
Yarmouth	6,008	7,138	4,011	1,215
Barnstable County	45,516	54,293	26,992	6,980

Data Source: US Census ACS 2008-2012

The following table shows the number and percentages for elderly groupings by income strata.

Table NA45-B: Elderly Profile all of the BCHC

BCHC Cohorts	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI	Totals =<80% HAMFI	% of all Elderly HHs
Total Households	12,645	12,465	14,270	11,410	45,980	39,380	
Household contains at least one person 62-74 years of age	3,060	2,855	3,319	3,020	12,395	9,234	21%
Household contains at least one person age 75 or older	3,775	4,139	3,364	2,144	5,130	11,278	26%

Data Source: HUD CHAS 2011 and US Census 5 Year ACS 2008-2012

Examining the tables above, it can be seen that there are a significant number of elderly over the age of 60. As is the case across Massachusetts, the elderly population is expected to increase in the 15 communities in the Consortium during the next five years. Although many elderly households require no supportive services to live independently, the continuing increase in housing costs has left many elderly severely cost burdened as has been noted in Section NA10 HUD Table 10. For the purpose of this analysis, the elderly with priority need are those at less than 80 percent of median income who are severely cost burdened (paying more than 50 percent of their income for housing). This translates to 5,381 elderly households in the Consortium communities. If you consider that extremely low income elderly households paying more than 30% of the income for housing, it adds another 9,223 cost burdened elderly households for a total of 14,604 elderly households. These figures exclude the 1,161 elderly

households who are living in public housing and other elderly households living in other subsidized units, since they are not cost burdened. In addition there are many elderly households with housing vouchers, exercising them in the BCHC communities. Then there are a number of private landlords housing elderly households without the use of subsidies and for whom the housing cost burden is less than 30% of median income.

Frail elderly are defined as those elderly with mobility or self-care limitations. Typically, this population requires some assistance in daily living. This assistance may include adaptive housing and/or supportive services. The 2010 census identified 8,358 people 65 or older who either have a self-care limitation or an independent living difficulty or both. This amounts to 16% of the County's elderly population 65 or older. For the purpose of this analysis, frail elderly include elderly at less than 80 percent of median income, who have a mobility or self-care limitation. There are 3,427 frail elderly households who meet these criteria. It is estimated that there is a significant percentage of frail elderly persons are not receiving but need supportive services.

Elder Services of Cape Cod (ESCC) is the Area Agency on Aging as well as the Aging Service Access Point. They service all 15 communities within the BCHC. They provide a myriad of services, primarily to frail elderly. Services range from home care to nutritional and financial counseling to housing assistance to behavioral health. They work on a collaborative basis with all housing authorities and privately subsidized elderly developments, meeting routinely with the housing providers, helping to identify and as possible to provide supportive services to the residents. ESCC provides case management to Nelson Congregate, an eight unit development in Sandwich as well as working with congregate developments operated by the Chatham and Barnstable Housing Authorities. Affordable housing and affordable housing with supportive services is a key need according to ESCC.

Of the 80,000 elders (over the age of 60), ESCC provides at least one service to 5,000. Many of the 80,000 are over 80% of median income and do not seek out assistance, although they may receive it privately. ESCC estimates that 80-90% of those needing supportive services are receiving them. ESCC believes that there has been a significant increase in frailty that is not primarily caused by physical disability, but rather a significant increase in behavioral health issues. They also indicated that it is important to understand that there are two significant subpopulations of elderly – those who range in age from 60-85 and those over the age of 85, which is a growing cohort with different needs.

A number of communities, through their Councils on Aging, run programs that include some form of adult-daycare, but these programs are primarily recreational. In a few communities,

such as Barnstable, the day care also provides supportive services. The VNA operates Day Care Centers in Harwich and Sandwich, which do provide additional services.

Physically Disabled The 2013 ACS identified approximately 5,358 non-elderly people who have an ambulatory limitation. Elderly persons with an ambulatory problem totaled 7,826 (See Table NA45-C below).

Table NA45-C: Elderly Persons with a Disability in the BCHC Communities

	Estimated Numbers	% of Total Disability Population	% Of Elderly Disabled	% of All Elderly 65+
Disabled Population 65 years and over	13,673	53%		26%
With a hearing difficulty	5,878	23%	43%	11%
With a vision difficulty	2,100	8%	15%	4%
With a cognitive difficulty	2,694	10%	20%	5%
With an ambulatory difficulty	7,826	30%	57%	15%
With a self-care difficulty	2,845	11%	21%	5%
With an independent living difficulty	5,513	21%	40%	10%

Data Source: ACS 2009-2013

Mentally ill are typically treated through the state Department of Mental Health (DMH) that currently services adults through both its residential and supportive service programs. DMH has various regional service sites. The BCHC communities are serviced out of the Southeast Region. The three DMH Service Providers on the Cape are Vinfen, Fellowship Health Resources and DMH State Operated Services.

In 2014 there were 600 authorized and active clients of the Department of Mental Health with an additional 22 individuals in the process of determination.

Within the 15 communities of the BCHC, the 600 clients are housed as follows

Table NA45 – D: Mentally Ill being Serviced by the Department of Mental Health

GLE	Apartment	Capacity	% Group Home	% Apt
20 group homes with 107 clients	471	578	19%	81%

Source: Department of Mental Health December, 2014

GLE stands for Group Living Environment formerly known as group homes. Apartment refers to those who live in their own unit or with their family. Capacity refers to the capacity of the DMH system in the area to provide support.

The continuing shift from institutionalization to community based services and living options has placed an increasing need to create additional affordable housing in a setting that provides an opportunity for supervision and service provision. Many clients may be residing in inappropriate living situations. The overwhelming majority of DMH clients are very low income. Over 90% of clients on the wait list across the state require rental assistance and of those two-thirds also require services. A similar breakdown is assumed for the communities in the Consortium. Mental health providers, in conjunction with national studies, estimate that 4.1% of the population suffers from mental illness. Based on the population in the BCHC Communities in 2012, one can deduce that there are 8,850 individuals in this category, some of whom are not accessing but need affordable housing and many of whom are not receiving but need supportive services.

Developmentally Disabled are serviced through the Department of Developmental Services (DDS). DDS works with housing providers to develop community-based housing for its clients, ranging from group homes to independent apartments. DDS estimates that 80 percent of its consumers are below the poverty line. The statewide waiting list continues to grow and is exacerbated by an increasing number of individuals who have lived with parents who are now elderly and no longer able to provide care for them.

The Regional DDS office reports approximately 1000 clients in Barnstable County. Those receiving residential services include 241 people in group homes. There are 60 group homes which typically have a maximum of four clients (there may be as many as six, subject to a waiver) and a 24-hour live-in staff person. An additional 32 individuals are in “provider family homes”, which are homes in which the household has an agreement for DDS to place a developmentally disabled adult in their residence. The remaining clients are living in their family homes. In terms of prioritization for receiving residential services, the one priority is for those who face an imminent danger regarding health and safety.

It is difficult to determine the number of people with developmental disabilities in the Consortium area. The US census provides information on cognitively disabled persons, but that does not necessarily mean it is the same number of those who are developmentally disabled. The US Census numbers are as follows:

Table NA45 – E: BCHC Cognitively Disabled

Population 5 to 17 years	1,025
Population 18 to 64 years	5,474
Population 65 years and over	2,694

Source: US Census 2010

The Developmentally Disabled Population is a subgroup of this population. The table below specifically addresses the Developmentally Disabled population 22 years and over and their housing status.

The regional DDS office estimates the numbers as follows:

Table NA45 – F: Developmentally Disabled by Residence and Age

Population Cohort	Total for the Consortium	In Residential Settings funded through DDS	In Residential Settings funded by Others	Living with Families	Living Independently
Population 22 and over years	756	267	34	296	159

Source: Department of Developmental Disabilities 2014

Substance Abuse:

Households with substance abuse problems are at a high risk of homelessness. Those who undergo treatment for addiction, frequently require a transitional setting and supportive services in order to fully recover. According to the Department of Public Health (DPH) there were 5,435 admissions to treatment programs in the Barnstable County in 2011. In addition, it was reported that 6.1 % of substance abusers in 2011 who were receiving treatment were homeless. This is a 50% reduction from 2007-2009, which represented the highest level of homelessness for this subpopulation.

HIV/AIDS:

According to the DPH, there were 617 individuals living with HIV/AIDS in the Consortium communities. Of these individuals, the largest number, by far, reside in Provincetown. Between 2007-2009, Provincetown had the highest rate of HIV infection of any City or Town in Massachusetts at a rate of 385/100,000. The majority of communities in Massachusetts have a rate of fewer than 10 per 100,000. There is no formal data which delineate the extent of this population’s need for supportive housing or for supportive services. However, in discussions with the AIDS Support Group of Cape Cod(ASGCC) who provides services to almost 500 individuals per year, the estimated that there may be as many as 1200 people who need care but are not receiving it either because of the stigma or out of ignorance.

What are the housing and supportive service needs of these populations and how are these needs determined?

The Tables above show some of the estimated service and housing needs of these populations. Some data was developed from surveys, some from the census and some from conversations with housing and service providers in the BCHC area and some from the Commonwealth of Massachusetts Departmental databases.

Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:

The Boston Eligible Metropolitan Statistical Area (EMSA), receives funding to provide HIV related services for people living in the EMSA. The region includes seven counties in Massachusetts and three counties in New Hampshire. The entire Consortium is located within this EMA. The Consortium is not seeking funding on behalf of an eligible Metropolitan Statistical Area and does not need or have this information. However, we have reported the incidence of HIV/AIDS above.

Discussion:

Clearly there are substantial non-homeless populations described above who have supportive services needs and affordable housing needs. These specialized needs generally cannot be met by the HOME program. When HOME funds are conjoined with other funding sources they can be very helpful. In addition HOME can be used for short term, targeted and conditioned housing assistance through the TBRA program.

NA-50 Non-Housing Community Development Needs – 91.215 (f)

Note: This section was answered but only applies to CDBG programming and appears in the CDBG con/action plans as HOME funds can only be utilized to address housing related activities.

Describe the jurisdiction's need for Public Facilities:

Entitlement City: Barnstable

High/medium need for public facilities including those providing housing and services for homeless persons. Sixty-one (61%) of persons completing surveys indicated the high need for public facilities serving homeless persons. Safe, supportive housing for elderly and frail elderly, victims of domestic violence, veterans, and persons with mental illness were identified as high needs in focus group meetings. NOFA released 2/12/15 awaiting fund requests.

Entitlement City: Yarmouth

Yarmouth has a number of major Public Facility needs anticipated during the planning period. Most notably among those are

Other major public facility needs anticipated during the period include:

The

Non-Entitlement Communities:

The major Public Facility needs in the non-entitlement communities are listed in Table NA50-A below.

How were these needs determined?

The needs were determined by discussions with each of the communities who have developed a plan of community needs for the next five years and with the communities which have other identified needs for the future and as listed in Table NA50-A below.

Entitlement City: Barnstable

Information included above is based on survey responses, consultations, and information gathered at focus group meetings. Consultations are still underway, fund requests are not in yet, NOFA was released 2/12/15, and a public meeting will be scheduled, When public outreach is completed, needs will be determined based on information received in focus group meetings, public meetings, written comments, surveys, fund requests, and consultations with

organizations serving low/mod and special needs populations. Any written comments received on the Draft Consolidated Plan will also be considered.

Describe the jurisdiction’s need for Public Improvements:

Entitlement City: Barnstable

Barnstable has a number of major Public Improvement needs anticipated during the planning period. Most notably among those are

Other major Public Improvement needs anticipated during the period include:

- The Town used focus groups, surveys and its own ConPlan process to determine the public improvement needs. [To be added when the Town of Barnstable CDBG ConPlan is completed].

Entitlement City: Yarmouth

Yarmouth has a number of major Public Improvement needs anticipated during the planning period. Most notably among those are

Other major public facility needs anticipated during the period include:

- The

Non-Entitlement Communities:

The major Public Improvement needs in the non-entitlement communities are listed in Table NA50-A below.

How were these needs determined?

The needs were determined by discussions with each of the communities who have developed a plan of community needs for the next five years and with the communities which have other identified needs for the future and as listed in Table NA50-A below.

Describe the jurisdiction’s need for Public Services:

Entitlement City: Barnstable

Information gathered in focus groups, consultations with agencies, survey participants, and funding requests all agree that public services are a high need in the community. Needs

identified in the focus group meetings included: supportive housing for persons with mental illnesses, services helping people transition to sober housing, job training and supportive employment, life skills coaching, homeless services, transportation for low income and special needs persons to get to work and centralized assessment for homeless and veteran populations, and rapid rehousing were identified. Down payment assistance was identified as a high need in housing discussions but HUD considers this to be a public service activity.

Every year the majority of fund requests received are for public service activities which are capped at 15% of the yearly CDBG allocation under the program guidelines. The NOFA was released 2/12/15 for the 2015 program year and although responses are not due yet, several calls of interest for this category were received the day of the press release. Expectations are that the amount requested for this category will again exceed the amount available.

Entitlement City: Yarmouth

Yarmouth has a number of major Public Service needs anticipated during the planning period. Most notably among those are

Other major Public Service needs anticipated during the period include:

- The

Non-Entitlement Communities:

The major Public Service needs in the non-entitlement communities are listed in Table NA50-A below.

How were these needs determined?

The needs were determined by discussions with each of the communities who have developed a plan of community needs for the next five years and with the communities which have other identified needs for the future and as listed in Table NA50-A below.

Entitlement City: Barnstable

Information included above is based on survey responses, consultations, and information gathered at focus group meetings. Consultations are still underway, fund requests are not in yet, NOFA was released 2/12/15, and a public meeting will be scheduled, When public outreach is completed, needs will be determined based on information received in focus group meetings, public meetings, written comments, surveys, fund requests, and consultations with

organizations serving low/mod and special needs populations. Any written comments received on the Draft Consolidated Plan will also be considered.

Table NA50-A: Non-Housing Community Needs of the Consortium Communities

Chatham
Public Community Needs
Streets
Sidewalks
Sewer lines
How were these needs determined?
Long range planning, capital facilities planning, ongoing infrastructure planning and implementation
Activities that the town plans to undertake during the next year to address the housing and supportive services needs with respect to persons who are not homeless but have other special needs.
The Town is currently working on amendments to its Affordable Housing Trust Fund Guidelines and Affordable Accessory Apartment bylaw to provide better clarity, improve usability and applicability of the guidelines and bylaw in order to create more opportunities for the creation of affordable housing in the community. The Town is also planning to conduct a community needs assessment in coordination with the Chatham Council on Aging. The assessment will be used as a planning guide for future support and assistance programs.
Areas within your town where racial or ethnic minorities or low-income families are concentrated?
Racial or ethnic minorities or low-income families are concentrated in some areas
Community assets in these areas are as follows
Chatham's two major affordable housing developments are located in close proximity to each other near a major town owned road (Crowell Road) Lake Street Terrace Apartments (2006) - 47 Affordable Housing units located on 1.7 acre property. The Chatham Home Opportunity Project (CHOP) is located adjacent and consists of 32 single family homes (1990s).
The Lake Street Apartments and the CHOP housing developments are within an approximate half mile radius of the following: Monomoy Middle School Chatham Community Center Downtown Chatham Business District (Main Street) Chatham Fire Station Public playground and recreational facilities Both developments are connected to the Town's sewer system.
Proximity to RTA public transportation routes is a strategic opportunity
Municipally Owned Property Opportunities
Town owned land: Approx 20 acre undeveloped parcel located off Middle Road in West Chatham, could support multiple affordable housing units.
Actions Overcoming Barriers to Affordable housing
Inclusionary Zoning
Accessory Apartment

Chatham
Chapter 40B LIP
CPA
What are the town goals, programs and policies for reducing the number of Poverty-Level Families? Please check all of the following activities that are likely to be funded by CDBG agencies and PHAs in the region this upcoming year.
Housing rehabilitation, including an emergency repair program as well as energy efficiency improvements and lead abatement
Chatham Housing Authority programs
Actions planned for the July 1, 2015 through June 30, 2016 time period?
Address obstacles to meeting underserved needs
Foster and maintain affordable housing
Reduce the number of poverty-level families
Develop institutional structure
Enhance coordination between public and private housing and social service agencies
CPA or other local funds in your community and which are likely to be placed in service from July 1, 2015 through June 30, 2019 or are planned and probable
Funding allocation for Affordable Housing Trust Fund,

Sandwich
Public Community Needs
Sidewalks
Health care and substance abuse services
Child care
How were these needs determined?
Asking other staff members

Dennis
Public Community Needs
Streets

Dennis
Sidewalks
Water
Sewer lines
Homeless shelters
Job training and employment services
Health care and substance abuse services
Child care
How were these needs determined?
Human Services Department efforts
Activities that the town plans to undertake during the next year to address the housing and supportive services needs with respect to persons who are not homeless but have other special needs.
Working to dedicate additional public properties for the creation of affordable rental housing. One 27 unit project currently under construction.
Areas within your town where racial or ethnic minorities or low-income families are concentrated?
There are no areas of racial, minority or poverty concentration
Municipally Owned Property Opportunities
Hokum Rock Road - Housing for Autistic Spectrum Adults up to 16 units. Former Town Hall Annex site, possible 3 2-bedroom rental units. Former DPW site, 16 single family (2 and 3 bedroom) rental homes. VIC Hall property/32 Mill Street new Head Start Building playground and 18 rental units. South Yarmouth Road site one single family home. Paddocks Path Site, not yet at conceptual stage perhaps for two-bedroom rentals. Columns Property, West Dennis and brownfield site on Main Street Dennis Port, two privately owned properties that might be capable of acquisition, conceptual designs not yet prepared.
Actions Overcoming Barriers to Affordable housing
Inclusionary Zoning
Accessory Apartment
Chapter 40B LIP
CPA
Other Affordable Housing Incentive Zoning Policies
What are the town goals, programs and policies for reducing the number of Poverty-Level Families? Please check all of the following activities that are likely to be funded by CDBG agencies and PHAs in the region this upcoming year.
Housing rehabilitation, including an emergency repair program as well as energy efficiency improvements and lead abatement
Public Housing and Housing Choice Voucher Family Self-Sufficiency Programs

Dennis
Youth services and crime prevention
Health services - nursing services and oral health
Summer youth programs
Infrastructure improvements and neighborhood revitalization, including a façade improvement program.
If your town were to receive HOME program funds, to which geographic areas (including areas of low-income and minority concentration) would you direct the funding?
Dennis Port and South Dennis
These two villages have the highest concentration of low income families and the greatest need for quality affordable housing.
Actions planned for the July 1, 2015 through June 30, 2016 time period?
Address obstacles to meeting underserved needs
Foster and maintain affordable housing
Reduce lead-based paint hazards
Reduce the number of poverty-level families
Develop institutional structure
Enhance coordination between public and private housing and social service agencies
CPA or other local funds in your community and which are likely to be placed in service from July 1, 2015 through June 30, 2019 or are planned and probable
All the projects identified above

Orleans
Public Community Needs
Sidewalks
Sewer lines
Health care and substance abuse services
How were these needs determined?
Infrastructure needs through comparison to Town goals. Substance abuse services through reading the newspaper.
Activities that the town plans to undertake during the next year to address the housing and supportive services needs with respect to persons who are not homeless but have other special needs.

Orleans
Town has provided funding support for Cape Cod Village, a proposed 16-unit housing project for adults with autism. Support likely to continue through construction and occupancy.
Areas within your town where racial or ethnic minorities or low-income families are concentrated?
There are no areas of racial, minority or poverty concentration
Municipally Owned Property Opportunities
No public land currently available.
Actions Overcoming Barriers to Affordable housing
Accessory Apartment
Chapter 40B LIP
CPA
Housing Rehab Activities
What are the town goals, programs and policies for reducing the number of Poverty-Level Families? Please check all of the following activities that are likely to be funded by CDBG agencies and PHAs in the region this upcoming year.
Housing rehabilitation, including an emergency repair program as well as energy efficiency improvements and lead abatement
Summer youth programs
If your town were to receive HOME program funds, to which geographic areas (including areas of low-income and minority concentration) would you direct the funding?
Town goals is NOT to concentrate housing in particular geographic areas.
Actions planned for the July 1, 2015 through June 30, 2016 time period?
Foster and maintain affordable housing
CPA or other local funds in your community and which are likely to be placed in service from July 1, 2015 through June 30, 2019 or are planned and probable
Housing rehab program for up to 5 homes. Improvements to existing group home.

Brewster
Public Community Needs
Streets
Sidewalks
Pavement Management Report

Mashpee
Public Community Needs
Streets
Sidewalks
Sewer lines
Job training and employment services
Health care and substance abuse services
How were these needs determined?
Personal knowledge, Selectmen discussions and newspaper reports.
Areas within your town where racial or ethnic minorities or low-income families are concentrated?
There are no areas of racial, minority or poverty concentration
Municipally Owned Property Opportunities
Assessors Map 60, Block 2, and Map 93 Blocks 6 and 7
Actions Overcoming Barriers to Affordable housing
Inclusionary Zoning
Accessory Apartment
Chapter 40B LIP
CPA
What are the town goals, programs and policies for reducing the number of Poverty-Level Families? Please check all of the following activities that are likely to be funded by CDBG agencies and PHAs in the region this upcoming year.
Housing rehabilitation, including an emergency repair program as well as energy efficiency improvements and lead abatement
Public Housing and Housing Choice Voucher Family Self-Sufficiency Programs
Youth services and crime prevention
If your town were to receive HOME program funds, to which geographic areas (including areas of low-income and minority concentration) would you direct the funding?
Non-specific
Actions planned for the July 1, 2015 through June 30, 2016 time period?
Foster and maintain affordable housing
CPA or other local funds in your community and which are likely to be placed in service from July 1, 2015 through June 30, 2019 or

Mashpee
are planned and probable
Habitat homes at 108 Orchard Road and 132 Quinaquisset Avenue
Affordable multi-family housing on Assessors Map 60, Block 2 and Map 93, Blocks 6 and 7

Truro
Public Community Needs
Sidewalks
Water
Job training and employment services
Health care and substance abuse services
Child care
Crime prevention
How were these needs determined?
By looking at the needs around the community.
Activities that the town plans to undertake during the next year to address the housing and supportive services needs with respect to persons who are not homeless but have other special needs.
The town has received CDBG grants for housing rehab and for childcare assistance. The COA has an excellent Outreach Coordinator who is reaching out to the older population to assist those in need. Our Recreation/Beach Director and the School see children in need of services and works with various agencies.
Areas within your town where racial or ethnic minorities or low-income families are concentrated?
Truro is perhaps unique with its geography and demographics. We do appear to have a larger concentration of Affordable Housing in the North Truro center area. This is in part because of the boundaries of the Cape Cod National Seashore. Most of the southern area of town falls within the CCNS boundaries.
Per the previous description, most of the affordable housing is concentrated in North Truro because of the geographic boundaries of the Cape Cod National Seashore.
Community assets in these areas are as follows
The North Truro area contains the Community Center (COA and Recreation Dept.), the Truro Public Library and the North Truro Post Office. There is also now a year-round market.
Municipally Owned Property Opportunities
Truro is very land poor. The Housing Authority is currently looking at a 2+ acres piece of land for additional affordable housing adjacent to the Public Safety Facility. There is not a lot of other town land available.

Truro	
Actions Overcoming Barriers to Affordable housing	
Accessory Apartment	
Chapter 40B LIP	
CPA	
What are the town goals, programs and policies for reducing the number of Poverty-Level Families? Please check all of the following activities that are likely to be funded by CDBG agencies and PHAs in the region this upcoming year.	
Housing rehabilitation, including an emergency repair program as well as energy efficiency improvements and lead abatement	
If your town were to receive HOME program funds, to which geographic areas (including areas of low-income and minority concentration) would you direct the funding?	
The funding would go to any area in town which was in a position to create affordable housing. For Truro a one or two unit affordable dwelling is huge. Larger projects are difficult to come by; although we recently completed a 16-unit affordable housing development through an RFP process.	
Truro is land poor, so any areas where affordable housing can be created would be an asset.	
Actions planned for the July 1, 2015 through June 30, 2016 time period?	
Foster and maintain affordable housing	
Enhance coordination between public and private housing and social service agencies	
CPA or other local funds in your community and which are likely to be placed in service from July 1, 2015 through June 30, 2019 or are planned and probable	
Likely to construct 3 affordable dwellings for purchase through Habitat for Humanity (currently in appeal by the neighbor)	
Planned to design affordable housing development adjacent to the Public Safety Facility.	

Bourne	
Public Community Needs	
Streets	
Sidewalks	
Water	
Sewer lines	
How were these needs determined?	
LCP - Local Comprehensive Plan	

Housing Market Analysis

MA-05 Overview

Housing Market Analysis Overview:

"Need" is difficult to define. The market forces of supply and demand have been the engines that have created disparities from time to time. For example, Massachusetts encountered an economic recession in 1990-1993 which resulted in a decline in housing production and an actual decline in market rents and housing prices. The opposite was true in the period 1998-2006. Now we are just emerging from a period of economic recession which started in 2007 and which is similar to the downturn in 1990-1993, both of which had serious impacts on the housing market. The Consortium saw a decline in residential construction, as the financial lending market declined, unemployment rose and housing foreclosures increased. At this time, the area is on the road to recovery although it has been slow and gradual. It is expected that over the five year period this plan covers, we will see some sort of equilibrium in the housing market.

When one examines more closely who were damaged by the recent housing 'bust' and who is continuing to be impacted by it, many households continue to be priced out of the market and are faced with an increasing proportion of income they have to set aside for housing. Moreover, because of the tighter underwriting standards, the reticence of lenders to lend, the decline in resources available to subsidize rents and homeownership costs and the challenges low income households face in retaining their jobs and maintaining their income, all of these contribute to a period of difficulty for low income households to secure affordable housing.

For those households above median income, although the value of their housing dropped dramatically and now as the cost of housing is rising again, they still have sufficient income for other basic needs. In housing economics, we refer to this phenomenon as *income elasticity*. Low income families have less elasticity than higher income families. Thus, for the lower income households spending 50% of income on housing results in neglect of other more basic needs. This is discussed in more detail below.

The importance of these numbers is that they obviously exclude those households who reside in subsidized housing or who have subsidy vouchers. Consequently these unsubsidized households are dependent on the private market for housing, which has continued to see growth in costs of ownership and rents.

Coupled with these general measures are the specific circumstances some special needs populations have that further constrain their financial ability to purchase shelter. For example, frail elderly, people with HIV/AIDS, people with severe mental illness, people with substance addiction, etc., must bear the cost of needed additional services, some of which are unreimbursed.

Another measure of need is what is happening to the availability of housing and housing subsidies that serve the most cost burdened households. There are many subsidized units of housing which serve households below 80% of median. In addition there are other household housing subsidies such as HCV (Section 8) and the state MRVP which enable a family to purchase (for HCV only) or rent housing while only paying 30% of their income. The formally subsidized housing units include those operated by Housing Authorities and HOME funded agencies. They also include programs such as Low Income Housing Tax Credits, Section 202 for the elderly (recently closed by Congress) and Section 811 for the disabled or special needs housing developed by the public and private sector, both non-profit and for profit.

There is also informal lower cost housing in each of the communities. In some cases, owners of multiple unit properties, especially 2-5 unit properties, will often rent out units below the average for the community and at rates affordable to lower income households. Similarly, some homes sell at a value affordable to a few households below 80% of median income. This informal housing market serves a significant number of households and its housing costs rise and fall with the general economy. In the US and in the Consortium area, there are a significant number of households below 80% of median income not receiving a subsidy to defray housing costs, yet occupying units whose rental or ownership costs amount to less than 30% of their annual income. Naturally, people who are paying less than 30% of their income for housing and who are above 80% of median income, have surplus purchasing power which they are able to use for other critical family needs.

This informal part of the market, which had been serving households with incomes less than 80% of median income, has been shrinking over the last decade due to a variety of marketplace reasons. It continues to be vulnerable to market forces and deserves to be preserved by whatever means one can utilize.

One key concern of the Consortium will be how many of the governmentally subsidized households are at risk. The two main groups at risk are the subsidized properties (such as those built under Section 236, Section 221(d), Low Income Tax Credit projects and other Federal programs 20 or more years ago), which had limited terms of affordability (20 – 40 years). In many cases, these terms expire within the next few years. The housing units relying upon Housing Choice Vouchers (Section 8) are also at risk. This is discussed in more detail below.

The possible 480 'expiring use' units vulnerable through 2020 can be preserved through various programs which extend use restrictions on a voluntary basis.

The issue with vouchers is more complex, but recent changes in how housing authority HCV budgets are set, coupled with the rising rental subsidies due to a growing lower income population being admitted to PHA programs (which consume more of the HCV subsidy), coupled with a growing "porting out" of vouchers to lower cost housing areas, means that it is probable that the Consortium will see a net loss of 5-10% of its vouchers or anywhere from 150-300 vouchers in the coming five years. There are some actions which PHAs can take to reduce this loss, but they are somewhat limited by the nature of the housing market in the area and HUD regulations (75% of federal vouchers and 40% of federal public housing units must serve households at less than 30% of median income).

In addition to the private, but subsidized and thus affordable units listed above, there are units which are generally affordable forever such as public housing.

The task of developing and keeping enough assisted housing to meet the state's affordable housing appeals statute threshold of 10% of all housing units in the community will be a challenge.

As noted above, up to 480 of the affordable housing units in the Consortium may also be lost over the next 5 years due to affordability use requirements expiring by 2020. This will exacerbate the situation. Actions can be taken by community leaders to keep these units affordable, by creating and utilizing different "expiring use" strategies.

Offsetting this problem, is the action of some communities take to amend their zoning codes, requiring any new development, to include a percentage of affordable units [Inclusionary Zoning] and to develop other zoning provisions which assist the development of affordable housing. The effect of these actions will depend upon the encouragement of developers by cities and towns, to use these provisions in the future.

As nearly all the Consortium communities have a changing housing economy, typical of what is happening in Massachusetts as a whole, the likelihood is that the percentage of households being priced out of the market will continue. Already we know that for many members of the Consortium, household income when adjusted for inflation, has actually declined or held at about the same. Meanwhile, over the last several years, housing prices and rents have increased, albeit with some leveling off and even decline in the last year. This means that households in these communities have not increased their purchasing power to keep pace with housing prices and other goods and services (medical care for example) which have outpaced

the rate of inflation. If this continues, there will be a worsening housing problem in these communities.

The number of employed workers in Massachusetts during the last decade has declined. There has been minimal job growth over the last few years and a persistent unemployment rate for employees earning less than 80% of median income and especially for minority low income persons. This seems to be the forecast trend for the next year or two as well.

Also during the last two decades, there has been a significant out-migration of households in Massachusetts between the ages of 25 and 45. This has been offset by a large in-migration of foreign born households. According to census data much of the net increase in family formation is attributable to foreign immigration. This continuing population 'exchange' has resulted in a growing number of non-white immigrant households where English is the second language. Also 41% of immigrants into Massachusetts since 1990 will not have a high school diploma (although 33% will have a college degree, (which is a higher percentage than in prior periods of immigration). Moreover, this new immigrant population has a significant proportion of households of lower income and a significant number whose only household head is a single female. As a result, the number of immigrants making up families in poverty is rising. [See Table SP70-A for a breakdown by each BCHC community].

While we do not know the exact dimensions of this 'exchange' and don't know how quickly the 'immigrants' secure linguistic skills, jobs and more suitable housing, we can conclude that they present a housing, educational and employment challenge to the communities of the Consortium.

All in all, the affordability gap has grown for all communities but is especially severe for some of them. Looking at the cities and towns which make up the Consortium, this is also true. The median household income trend from 2000 with projections through 2020 indicates that there has been a significant change in income over the last 10 years and projections indicate that income will continue to rise, although not as significantly as 2000-2007.

When we examine rents for modestly priced housing, a good proxy are the Fair Market Rents which HUD calculates for the area. [These are developed using census data and specific market surveys].

There are several ways of looking at the housing challenge facing households in this area.

We can examine the general rise in housing costs over the last 30 years and can see the significant challenges over time. The noticeable trends are the sharp rise in sales prices from 2002 to 2006, then the sharp drop until 2012 and now an increase again.

Another illustration of housing affordability is to look at the cost of housing divided by household income, which generates an indicator ratio which illustrates the growing cost burden on housing for purchase. This is discussed below.

One of the factors driving housing prices over 1990-2008 was the increase in the size of the average house. In 1970 the median home size was 1,500 square feet. By 2008 it was 2,300 square feet. In the last 4 years it has decreased to 2,000 square feet. The number of bathrooms, kitchen appliances and other amenities also increased in the last 30 years. In the same period construction costs have escalated, so that the combination of rising land costs, especially in the Consortium area, increasing size of homes, multiplication of amenities and the rising cost of construction, were reflected in the rising cost of housing. Now that there is some downward pressure on that combination of housing design, we may see a leveling off in the next five years. It is also costly to build, maintain and operate housing in the Consortium area. The housing stock is relatively old. There is poor insulation and older inefficient equipment which results in high utility costs and there is a continuing discovery of lead based paint all of which add to the rehab needs and costs.

The other group of households that is impacted is that which is seeking to move from rental to homeownership. Many are actually more cost burdened owners than renters. Low income residents trying to become homeowners need effective counseling and subsidies. Without deep subsidy programs such as the Housing Choice Voucher Homeownership Program or HOME, the cost burdens and mortgage servicing troubles may continue.

In examining the rental pricing situation, we find a similar story but with the significant difference that changes in rental costs have an immediate impact on households, unless they are in public housing or certain subsidized housing situations where tenant rent payments are tied only to household income changes.

It appears from recent data that there has been a growth in immigrants in the area but clearly it has not been sufficient to offset the decline in home buying families. That could change.

Publicly assisted housing is an important affordable housing resource for low income residents, as is the supply of affordable *unsubsidized* units. This affordable, unsubsidized inventory faces price inflation and gradual transition to higher income household occupancy. One advantage of HOME and CDBG funded rehab programs is that they stabilize the occupancy for households at less than 80% of median. Reduction in public funding for the development of low and moderate income housing has meant that affordable housing production has not kept pace with affordable needs. With this reduction, the rise of inclusionary zoning as a mechanism for production becomes even more important.

As discussed above, the Consortium's existing subsidized housing stock faces over 480 units being removed from the stock of affordable housing as their use restrictions expire in the period covered by this plan (2015-2020). This includes individual homeowner units and small rental properties rehabbed with CDBG and HOME funds as well. HUD's voluntary conversion of public housing to vouchers could also result in losses.

As noted previously, many HCV agencies will not receive sufficient funds to pay landlords for the vouchers now in use. As a result, agencies may have to find ways to scale back their programs. Some may cut the maximum amount of rent a voucher can cover; others may reduce the number of families which are assisted. Still others may close waiting lists and not reissue some vouchers as they become available when households leave the program.

The Housing Market sections below explore the dimensions of the housing market in more detail.

MA-10 Number of Housing Units – 91.210(a)&(b)(2)

Introduction

All residential properties by number of units

Property Type	Number	%
1-unit detached structure	132,637	83%
1-unit, attached structure	4,641	3%
2-4 units	10,316	6%
5-19 units	7,483	5%
20 or more units	3,588	2%
Mobile Home, boat, RV, van, etc	1,026	1%
Total	159,691	100%

Table 25 – Residential Properties by Unit Number

Data Source: 2007-2011 ACS

Unit Size by Tenure

	Owners		Renters	
	Number	%	Number	%
No bedroom	202	0%	1,161	6%
1 bedroom	1,747	2%	4,931	25%
2 bedrooms	17,896	23%	6,977	36%
3 or more bedrooms	57,399	74%	6,462	33%
Total	77,244	99%	19,531	100%

Table 26 – Unit Size by Tenure

Data Source: 2007-2011 ACS

Describe the number and targeting (income level/type of family served) of units assisted with federal, state, and local programs.

The data available from Public Housing Authorities is more detailed and more readily available than from other subsidized housing providers. Table MA10 - D below shows that the vast majority (at least 75%) of housing provided through the PHAs in the Consortium's governmentally subsidized housing programs serve Extremely Low Income households.

Provide an assessment of units expected to be lost from the affordable housing inventory for any reason, such as expiration of Section 8 contracts.

The table below lists the developments which have either local restrictions or restrictions from the funding source such as HUD, MHFA etc. As the table illustrates, there are at least another 480 units at risk during this next 5 year Plan period (through 2019).

Table MA10 – A Expiration of Subsidy Inventory

City	Local Use Restriction	Total Units	Original Subsidy Units	Current Units Assisted	Units at Risk - 2015	Units at Risk - 2020
BARNSTABLE	40B	10	4	4	4	4
BARNSTABLE		32	7	7	7	7
BARNSTABLE		99				
BOURNE		106	105	105	0	105
BOURNE		112	112	112	0	112
BOURNE		28	28			
BOURNE		28	28			
BOURNE		45	45			
BOURNE		84	84			
BREWSTER		4	3	3	0	3
BREWSTER		108	108	108	0	
BREWSTER	40B	24	24	24	0	24
CHATHAM		44	44	44	0	
DENNIS	40B	64	64	64	0	
DENNIS	40B	46	46	46	0	
DENNIS PORT		32	32	32	0	
EAST SANDWICH	40B	36	36			
FALMOUTH		44	44	44	0	
FALMOUTH	40B	83	12	12	0	
FALMOUTH		59	18	18	0	
FALMOUTH		33	33	33	0	33
HARWICH	40B	11	3	3	3	
HARWICH	40B	60	60	60	0	
HARWICH	40B	38	38	38	38	38
HARWICH		65	65	65	0	
HYANNIS		5	5	5	0	
HYANNIS		124	124	124	0	124
HYANNIS		100	99	99	0	
HYANNIS		80	16	16	16	16
MASHPEE		56	56	56	0	

City	Local Use Restriction	Total Units	Original Subsidy Units	Current Units Assisted	Units at Risk - 2015	Units at Risk - 2020
MASHPEE		145	145	145	0	
ORLEANS		100	100	100	0	
PROVINCETOWN		18	18	18	0	
SANDWICH	40B	36	36	36	0	
SANDWICH	40B	44	44	44	0	
SANDWICH		50	50	50	0	
SOUTH YARMOUTH		14	14	14	0	14
WEST BARNSTABLE		40	40			
YARMOUTH		150	150	150	0	
YARMOUTH		4	4	4	0	
YARMOUTH		6	6	6	0	
TOTAL CONSORTIUM		2267	1950	1689	68	480

Source: ACS 2006-2012 and BCHC Survey, CEDAC, LIHTC Database and DHCD Sources

In the list of subsidized projects with restrictions above there are some developments where the term of the subsidy is not known at this time. It might be therefore that there additional units at risk through 2020.

We should also note that most of these developments are owned in whole or in part by mission driven non-profits who have demonstrated a clear commitment to extending the affordability restrictions and/or securing replacement subsidies.

Does the availability of housing units meet the needs of the population?

In addition to the developments subsidized with specific governmental actions/financing and therefore with a variety of restrictions both in terms of the longevity of the restrictions and the criteria for admittance (mostly income restrictions), there are many units which based on the US Census, were affordable to their occupants at the time (2012). This is calculated using the 30% of gross income formula.

The following table shows this distribution and also adjusts the numbers for the known subsidized households in the Consortium communities. It should be noted that the State also manages HUD HCV vouchers and that approximately 924 are being used in Consortium communities.

Table MA10 - B Census Affordability Data

All Households 0%-80% Median Income Occupying Housing which is Affordable	Owner	Renter	Totals	Known Subsidized Households	Estimated Private Affordable Housing
0%-30% HAMFI	5,740	4,085	9,825	2,793	7,032
30%-50% HAMFI	6,610	3,505	10,115	798	9,317
50%-80% HAMFI	8,370	2,965	11,335	200	11,136
Total Subsidized Households in the BCHC	20,720	10,555	31,275	6,490	24,785

Source: ACS 2006-2012 and BCHC Survey, CEDAC, LIHTC Database and DHCD Sources

Table MA10 – C PHA and Other Subsidized Housing Affordability Data

Subsidized Households in the Consortium	Number of Extremely Low Income (0%-30% AMI) Households	Number of Very Low Income (31%-50% AMI) Households	Number of Low Income (51%-80% AMI) Households	Totals 0%-80% AMI Households	Total All HH
Federal Public Housing Residents	243	69	17	330	659
Federal Voucher Participants	1,600	457	114	2,172	4,343
State Public Housing Residents	695	199	50	943	1,887
State Voucher (MRVP & AHVP) Participants	255	73	18	346	692
Other Subsidized Housing*	1,989	568	142	2,700	5,399
Total All	4,782	1,366	341	6,491	12,980

*Note: All will be <=80% Median Income and most less than 60% Median Income. These numbers may change during the public comment period.

Note that the ELI, VLI, LI and MI numbers are estimated using national proportions.

Source: ACS 2006-2012 and BCHC Survey, CEDAC, LIHTC Database and DHCD Sources

As Tables MA10-B and MA-C show, there are about 6,491 households with subsidies in the Consortium. In addition, it is estimated that there are approximately another 24,785 units

which are occupied by households and for whom the cost is affordable, using the same 30% of income rule. Therefore there is not only a need to protect governmentally subsidized housing, of which more than 480 units are at risk of losing their subsidies in the next 5 years, but also to protect private landlords who are providing subsidized affordable housing.

The following table summarizes the 2014 inventory by the State of Massachusetts using DHCD criteria and as of a point in time (December 5th 2014).

Table MA10-D Barnstable County Affordable Units- State DHCD Subsidized Housing Inventory as of 12/1/2014

	2010 Census Year Round Housing Units	Total Development Units	Total Rental SHI Units 12/05/2014	Total Ownership SHI Units 12/05/2014	Total Mixed Rental & Ownership SHI Units 12/05/2014	Total SHI Units 12/05/2014*	%
Barnstable	20,550	1,822	1,177	175	21	1,373	6.60%
Bourne	8,584	1,183	506	40	50	596	6.60%
Brewster	4,803	298	203	43	0	246	5.20%
Chatham	3,460	168	92	28	50	170	4.90%
Dennis	7,653	346	282	53	0	335	4.30%
Eastham	2,632	57	24	26	0	50	1.80%
Falmouth	14,870	1,226	857	96	10	963	5.30%
Harwich	6,121	326	269	64	0	333	5.30%
Mashpee	6,473	295	262	36	0	298	4.30%
Orleans	3,290	327	261	46	0	307	9.00%
Provincetown	2,122	230	129	24	16	169	8.90%
Sandwich	8,183	555	224	63	0	287	3.80%
Truro	1,090	10	20	7	0	27	0.90%
Wellfleet	1,550	34	13	21	0	34	2.20%
Yarmouth	12,037	601	379	139	0	518	4.10%
Total BSHC	103,418	7,478	4,698	861	147	5,706	5.52%

Data Source: DHCD SHI Inventory – Detailed Database December 5th 2014

It should also be noted that the lack of non-subsidized affordable housing creates a situation where the percentage of household income to support household expenses becomes a larger burden for the household and leads those affected to seek assisted/affordable housing units thereby fueling the need for additional affordable units. Unsubsidized and homeless families will be priced out of the market.

Describe the need for specific types of housing:

Through a review of existing data, there is no one specific housing type that has been identified as needed. All types of housing (rental and ownership) are needed, provided it is affordable. In recent Consortium funded rental developments, especially on the lower Cape, there has been a significant demand from single person households for smaller units. In addition, with over 25% of the Cape's population being 65+ and a homeownership rate of over 77%, there likely will many of these owners looking to downsize to smaller units, especially those with accessibility features.

Discussion

As noted above in Table MA10-B, the number of privately owned and managed housing units which are serving people with incomes of less than or equal to 80% of median income and which are providing housing at a cost of 30% or less of household income, is quite significant. These are worth preserving as the cost of replacing them with new housing is substantial. Programs which target rehab of these units (such as HOME and CDBG) or provide direct subsidy of the units (such as Project Based Vouchers) are more cost effective.

In addition as noted above, there are over 480 units of housing with contractual obligations to provide affordability, in which the contract term will expire in the next 5 years. Preservation of these units will, in general, be less costly than replacing them with new units.

This furthers the argument that additional affordable housing units must be created or maintained at all levels, from transitional housing to permanent housing and from rental units to home ownership.

MA-15 Housing Market Analysis: Cost of Housing - 91.210(a)

Introduction

Much of public debate about housing focuses on the supply of housing while some focuses on the cost of housing. Housing affordability is a complex topic. However one of the simpler measures is to see if household income and the cost of housing run in parallel tracks. The data and analysis below focuses on this relationship.

Cost of Housing

	Base Year: 2000	Most Recent Year: 2013	% Change
Median Home Value	\$178,800	\$361,300	102%
Median Contract Rent	\$723	\$1,072	48%
Median HH Income	\$58,498	\$61,026	4%

Table 27 – Cost of Housing

Data Source: 2000 Census (Base Year), 2008-2013 ACS (Most Recent Year)

Rent Paid

Rent Paid	Number	%
Less than \$500	2,566	12.09%
\$500-999	5,928	27.93%
\$1,000-1,499	8,076	38.05%
\$1,500-1,999	1,270	5.98%
\$2,000 or more	3,386	15.95%
Total	21,226	100.00%

Table 28 - Rent Paid

Data Source: 2000 Census (Base Year), 2008-2013 ACS (Most Recent Year)

Housing Affordability

# Units affordable to Households earning	Renter	Owner	Totals
0%-30% HAMFI	4,085	5,740	9,825
0%-50% HAMFI	3,505	6,610	10,115
0%-80% HAMFI	2,965	8,370	11,335
80-100% HAMFI	1,420	7,705	9,125
Total	11,975	28,425	40,400

Table 29 – Housing Affordability

Data Source: 2007-2011 CHAS

Monthly Rent

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent	847	945	1,267	1,657	1,740
High HOME Rent	847	945	1,238	1,422	1,568
Low HOME Rent	755	808	970	1,120	1,250

Table 30 – Monthly Rent

Data Source: HUD FMR and HOME Rents

Table MA15-A : Housing Costs as a % of Gross Income

	<15%	15-19.9%	<20%	20-24.9%	25-29.9%	30-34.9	35+%
Owner			13,762	7,010	6,411	4,531	14,675
Rental	1,784	2,479	4,263	2,260	1,820	2,788	8,660
Total Units	1,784	2,479	18,025	9,270	8,231	7,319	23,335

Data Source: ACS 2013

Chart MA15- Housing Costs as a % of Gross HH Income

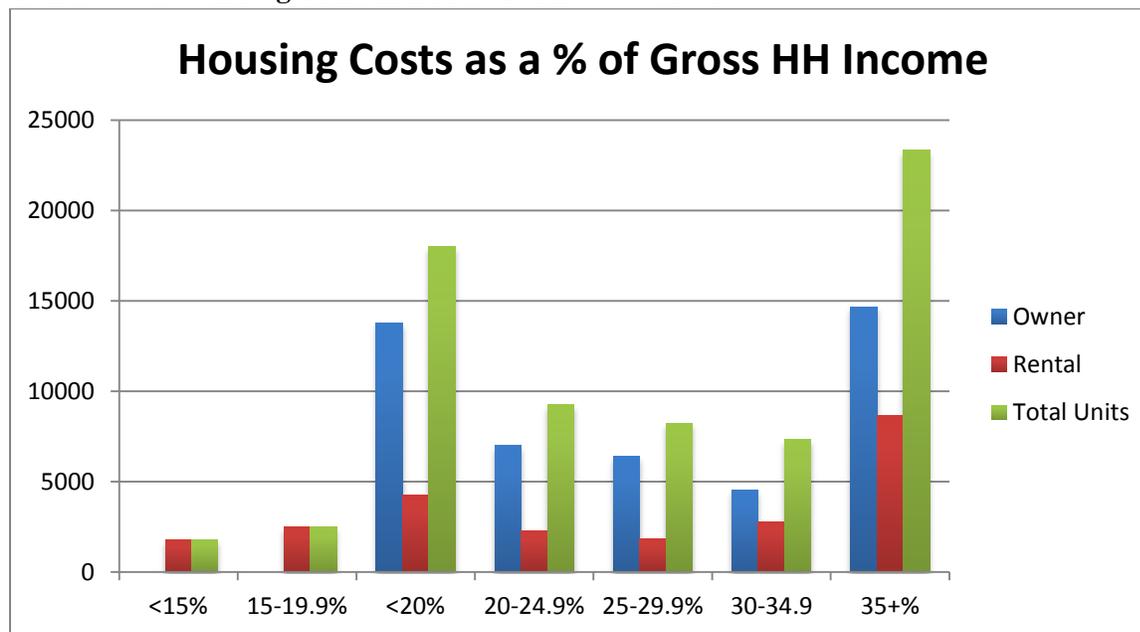


Table MA15-B: Housing Costs Multiplier

	Income Housing Value Multiplier 2000	Income Housing Value Multiplier 2010	% Change
Income Housing Value Multiplier	3.06	5.92	94%
Income Rental Value Multiplier	0.15	0.21	42%

Data Source: ACS 2013 and Census 2000

As can be seen in Table MA15-A, 18,025 households were paying 20% or less of their gross income for housing in 2013, while another 23,335 were paying over 35% of their income for housing. Generally speaking, except for the very poor (households earning less than 30% of median income) households that are paying up to 35% of income is not unreasonably burdensome. These statistics also show that roughly 30% of all households are paying over 35% of their income on housing costs, which is concerning.

Moreover, Table MA15-B above illustrates the dramatic change in housing costs as a multiple of income in the last ten years. As noted in the introduction, it is important to note how housing costs track or don't track household income. A simply way to do that is to divide the median housing and rental values or costs by the median household income. Historically, these homeownership ratios or multipliers have been stable and in the 2.1-2.7 range. In the last 15 years, this multiplier has risen substantially indicating that housing costs are consuming more and more of household income. For homeowners, the multiplier has risen by 94% while for rental households it has risen 42%. A change of 10% is considered significant, so this change illustrates how incomes in the Consortium have not kept pace with the purchase or rental price of housing.

Is there sufficient housing for households at all income levels?

This is a difficult question to answer. There is some overcrowding in the Consortium and there are a great number of households with a cost burden above 35% of household income and above 50% of household income. Clearly more production of housing could create competition and drive prices lower. However, the cost of production is such that almost all newly constructed housing is beyond the rental or purchase capacity of households earning 80% of median or less. Thus without subsidies for households already housed or seeking to be housed, there is no chance of meeting affordable housing demand.

How is affordability of housing likely to change considering changes to home values and/or rents?

As noted above, housing purchase and rental values have increased disproportionately to income and therefore more and more families are either going to have to pay more for housing, or double up and/or move to communities which have lower housing prices. Clearly, it will not affect anyone receiving a rental subsidy or a housing purchase subsidy, but these subsidies have declined in recent years and especially with the HOME program, the subject of this Consolidated Plan, the annual entitlement awards have gone down by roughly 50% in the last 5 years with expectations that Congress and HUD will further reduce the HOME budget.

In addition many homeowners have lost their homes through foreclosure and some rental properties have been lost to conversion to for-sale use.

How do HOME rents / Fair Market Rent compare to Area Median Rent?

Table MA15-C: Contract Rent Levels

80% median contract rent	50% median contract rent	30% median contract rent	2014 FMR for Barnstable County 2 bedroom unit	2014 High HOME Rent for Barnstable County 2 bedroom unit	2014 Low HOME Rent for Barnstable County 2 bedroom unit	2014 Average Contract Rent for HCV Participants in the County 2 bedroom unit
\$858	\$536	\$322	\$1,267	\$1,176	\$970	\$1,139*

Source: 2010 census , CPD Maps and 2012 ACS data, HCA Data

Note:* The average Tenant Payment in the County for all Federally funded housing of any size is \$372/month. [HUD MTCS 2015].

Tables 28 and 30 and Table MA15-C show that market rate rental costs are lower than HOME and FMR limits set by HUD and therefore should enable subsidized low income tenants applying to either market rate or assisted units to be able to afford rents in any unit. Unfortunately, the supply of subsidies has been reduced by government cut backs and therefore it is a moot point of having subsidized rents competitive with market rate rents in attracting landlords. This also increases the number of market rate units which may not be affordable to non-subsidized tenants.

How might this impact your strategy to produce or preserve affordable housing?

The Consortium has made a decision that funding is best utilized through production of new affordable rental housing and the preservation of affordable existing expiring use rental developments.

Down payment assistance will still be offered to income eligible households whether the home is new or existing as long as the purchase price falls within the allowable limit and as long as the DHCD conflict with HUD is not resolved concerning period of affordability.

Discussion

Overall, as the affordable housing subsidy system in the country is undergoing retrenchment, the use of resources to build only new units is a failing strategy if it comes at the expense of preserving and sustaining existing housing which is serving low income households. Thus the BCHC policy of development of housing must be weighed against the risk of loss of affordable housing.

MA-20 Housing Market Analysis: Condition of Housing – 91.210(a)

Introduction

This section focuses on lead based paint prevalence and number of vacant units and conditions

Definitions

HUD definitions of conditions is unit in need of substantial rehabilitation, unit is overcrowded or unit rent or PITI costs exceeds 30% of household income.

Condition of Units

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With one selected Condition	29,307	38%	9,839	50%
With two selected Conditions	468	1%	452	2%
With three selected Conditions	49	0%	21	0%
With four selected Conditions	0	0%	0	0%
No selected Conditions	47,420	61%	9,219	47%
Total	77,244	100%	19,531	99%

Table 31 - Condition of Units

Data Source: 2007-2011 ACS

Year Unit Built

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	6,748	9%	1,339	7%
1980-1999	28,868	37%	4,461	23%
1950-1979	31,651	41%	9,761	50%
Before 1950	9,977	13%	3,970	20%
Total	77,244	100%	19,531	100%

Table 32 – Year Unit Built

Data Source: 2007-2011 CHAS

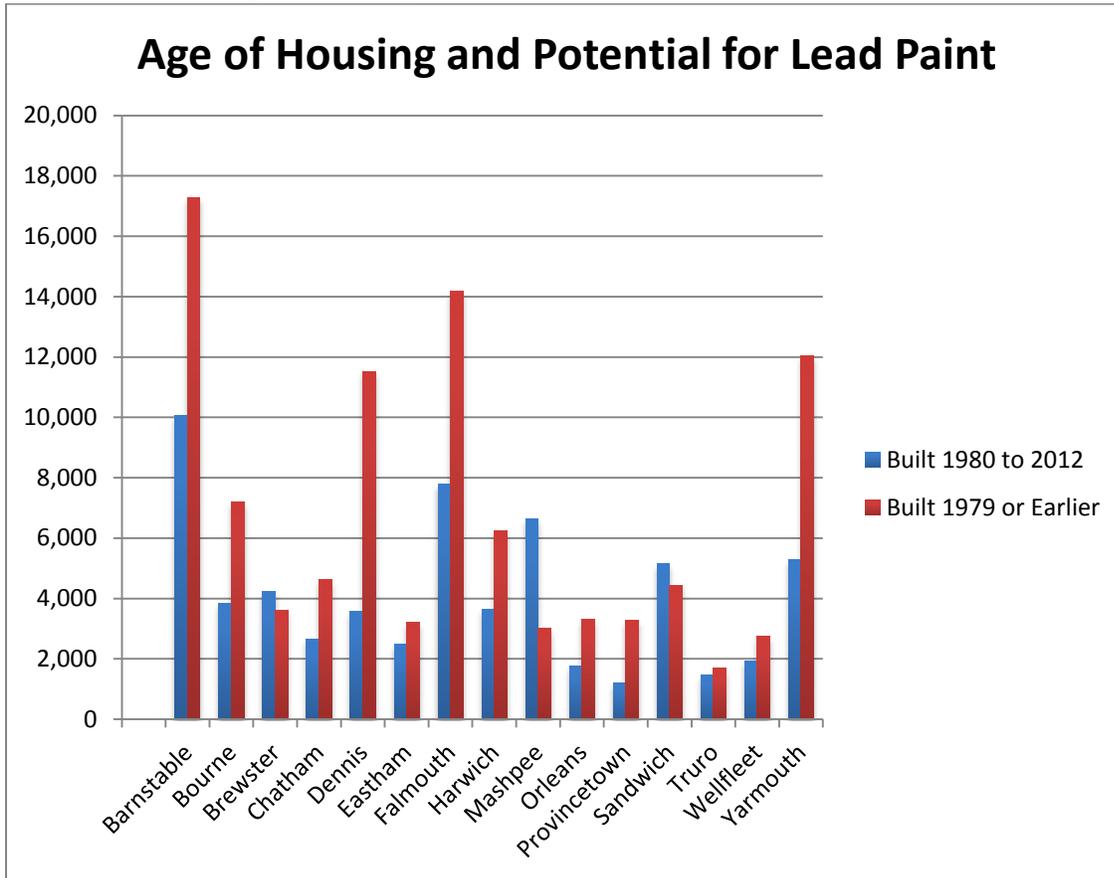
Risk of Lead-Based Paint Hazard

Risk of Lead-Based Paint Hazard	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
Total Number of Units Built Before 1980	41,628	54%	13,731	70%
Housing Units build before 1980 with children present	3,508	5%	711	4%

Table 33 – Risk of Lead-Based Paint

Data Source: 2007-2011 ACS (Total Units) 2007-2011 CHAS (Units with Children present)

Chart MA-20-1: Age of Housing and Potential for Lead Paint

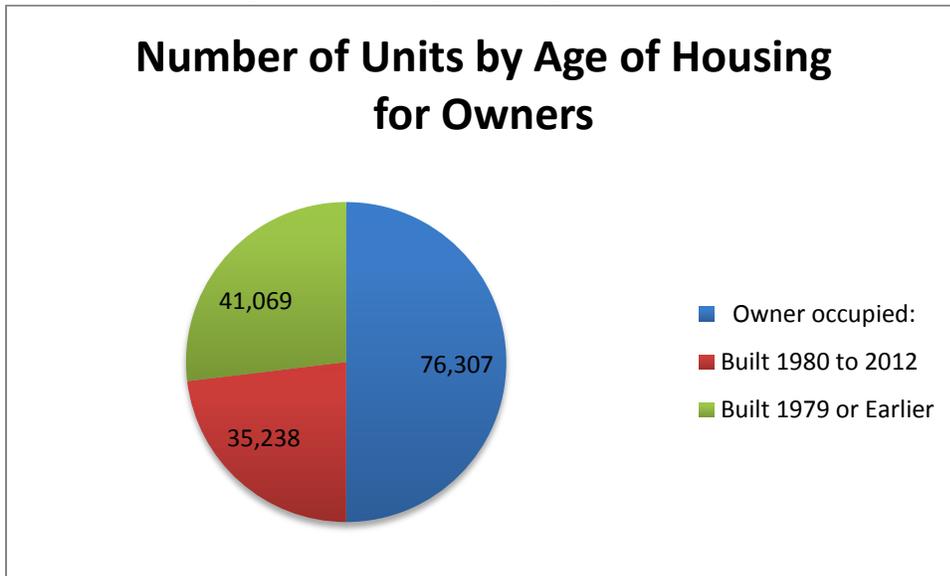


Data Source: US Census ACS 2012

As can be seen from the chart above, Barnstable, Dennis, Falmouth and Yarmouth have the most units built in the lead paint era.

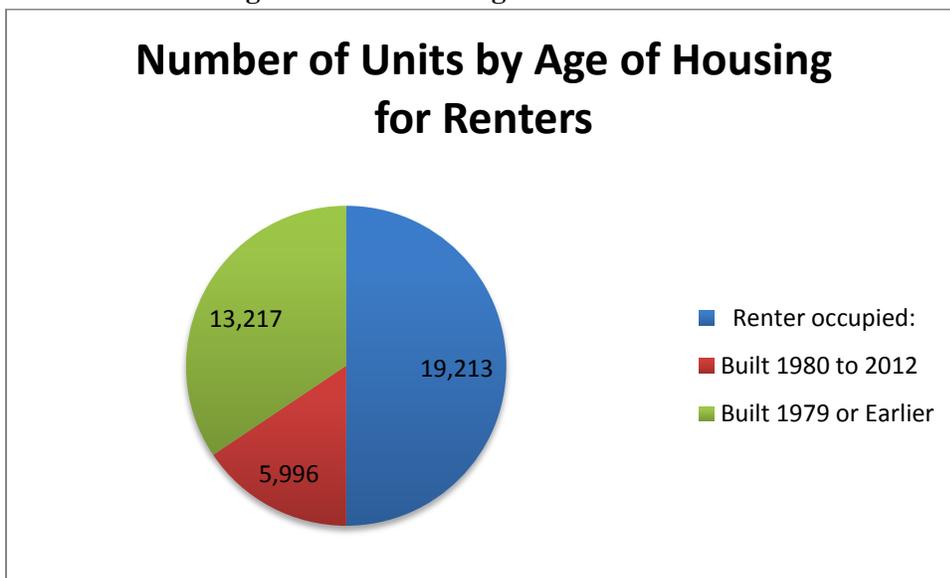
The two charts below show the age of housing in the Consortium by tenure. A much larger percentage of rental housing was built prior to 1980 (69%) than owner housing (54%). As the average household size for renters is 2.06 and for owners is 2.25 and because there are generally more enforcement actions on rental owners, it is probable that the lead paint problem is more serious in owner-occupied housing.

Chart MA-20-2: Age of Ownership Housing and Potential for Lead Paint



Data Source: US Census ACS 2012

Chart MA-20-3: Age of Rental Housing and Potential for Lead Paint



Data Source: US Census ACS 2012

The table below (MA20-1) , shows the history of Lead Based Paint poisoning in the BCHC communities. As can be seen, there was a spike in Provincetown in 2004 and in Brewster in 2010. In general though, the injurious impact of lead based paint has been declining over the last 20 years.

Table MA20-1 Incidence of Lead Based Paint Poisoning

Poisoning Incidence Rate	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
BARNSTABLE	0.9	0	0	0	0	0.9	0	1.8	0	0
BOURNE	0	0	0	0	0	0	0	0	0	0
BREWSTER	8.4	0	0	0	0	0	0	7.3	0	0
CHATHAM	0	0	0	0	0	0	0	0	0	0
DENNIS	0	0	0	0	0	0	0	0	0	0
EASTHAM	0	0	0	0	0	0	0	0	0	0
FALMOUTH	1.2	0	0	0	1.3	0	0	0	0	0
HARWICH	0	0	0	0	0	0	0	0	0	5
MASHPEE	0	0	0	0	0	0	0	0	0	0
ORLEANS	0	0	0	0	0	0	0	0	0	0
PROVINCETO WN	0	45.5	0	0	0	0	0	0	0	0
SANDWICH	0	0	0	0	0	0	0	0	0	0
TRURO	0	0	0	0	0	0	0	0	0	0
WELLFLEET	0	0	0	0	0	0	0	0	0	0
YARMOUTH	2.3	0	0	0	0	5.6	0	0	2	0

Data Source: MA DPH – Data is only available through 2012

Need for Owner and Rental Rehabilitation

The following tables summarize the vacancy data for units in the Consortium as a whole and by individual community.

The vacancy tables indicate there are a similar number of vacant units for rent as for sale and that very few of these units were available for rent or purchase.

Table MA20-A Vacancy Data for the Consortium (2010 ACS 5 Year Estimates)

Table MA 20A-1	Barnstable County, Massachusetts
Total housing units	160,020
Total Occupied	95,520
Total:	64,500
For rent	1,600
Rented, not occupied	239
For sale only	1,927
Sold, not occupied	548
For seasonal, recreational, or occasional use	58,111
For migrant workers	46
Other vacant	2,075

Source: 2010 ACS 5 Year Estimates

Table MA 20A-2	Barnstable	Bourne	Brewster	Chatham	Yarmouth
Total housing units	27,345	11,031	7,832	7,277	17,306
Total Occupied	19,919	8,107	4,264	2,879	11,536
Total:	7,426	2,924	3,568	4,398	5,770
For rent	380	197	51	60	290
Rented, not occupied	33	0	12	63	26
For sale only	295	80	239	176	267
Sold, not occupied	80	0	0	0	0
For seasonal,	5,698	2,496	3,205	4,064	4,948
For migrant	0	0	0	0	0
Other vacant	940	151	61	35	239

Table MA 20A-3	Dennis	Eastham	Falmouth	Harwich	Mashpee
Total housing units	15,084	5,689	21,970	9,903	9,621
Total Occupied	6,567	2,315	14,114	5,509	5,737
Total:	8,517	3,374	7,856	4,394	3,884
For rent	107	38	201	39	35
Rented, not occupied	0	15	0	40	0
For sale only	70	26	253	62	156
Sold, not occupied	102	0	110	90	24
For seasonal, recreational, or occasional use	8,162	3,295	6,864	4,163	3,639
For migrant workers*	0	0	46	0	0
Other vacant	76	0	428	0	30

Table MA 20A-4	Orleans	Provincetown	Sandwich	Truro	Wellfleet
Total housing units	5,057	4,459	9,585	3,167	4,694
Total Occupied	2,798	1,687	7,582	771	1,735
Total:	2,259	2,772	2,003	2,396	2,959
For rent	16	101	72	13	0
Rented, not occupied	25	0	8	17	0
For sale only	20	69	85	67	62

Table MA 20A-4	Orleans	Provincetown	Sandwich	Truro	Wellfleet
Sold, not occupied	31	64	38	9	0
For seasonal, recreational, or occasional use	2,159	2,532	1,725	2,290	2,871
For migrant workers	0	0	0	0	0
Other vacant	8	6	75	0	26

Source: 2013 ACS 5 Year Estimates

The tables below document some of the condition of this vacant housing.

Vacant Units

	Suitable for Rehabilitation	Not Suitable for Rehabilitation	Total
Vacant Units	N/A	N/A	N/A
Abandoned Vacant Units	N/A	N/A	N/A
REO Properties	N/A	N/A	N/A
Abandoned REO Properties	N/A	N/A	N/A

Table 34 - Vacant Units

Note: While the Census 2000 had characteristics of vacant units, subsequent Censae no longer collect this information

Estimated Number of Housing Units Occupied by Low or Moderate Income Families with LBP Hazards

This information is not available.

Discussion

MA-25 Public and Assisted Housing – 91.210(b)

Introduction

Totals Number of Units

	Program Type										
	Certificate	Mod-Rehab	Federal Public Housing	State Public Housing	Vouchers						
					Total	Project -based	Tenant -based	Special Purpose Voucher			State MRVP
Veterans Affairs Supportive Housing	Family Unification Program	Disabled *									
# of units vouchers available	1	17	347	957	293	58	1,284	0	0	1,763	
# of accessible units											

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Table 35 – Total Number of Units by Program Type

Data Source: PIC (PIH Information Center). MTCS, PHA Survey

Describe the supply of public housing developments:

The Table 21A in Section NA 35 provides the details of the supply of public housing. In summary the Consortium’s Housing Authorities have the following totals of public and other assisted housing which they manage directly or indirectly:

Table 35A: Housing Owned and/or Managed by or through Consortium PHAs

Federal Public Housing Units	Federal HCV Vouchers	Total Federal Portfolio	State Public Housing Units	State MRVP & AHVP Vouchers	Total State Portfolio	Total Hard Units Federal Plus State	Total Vouchers Federal Plus State	Total HOME, CDBG & Other Types	Total Portfolio
347	1,284	1,631	1,096	412	1,508	1,443	1,696	1,627	4,766

Note: Table NA35-231A above provides a detailed table of each housing authority’s inventory, based on HUD and DHCD data.

Describe the number and physical condition of public housing units in the jurisdiction, including those that are participating in an approved Public Housing Agency Plan:

The condition of the housing in the Consortium is only known for one agency.

Public Housing Condition

Public Housing Development	Average Inspection Score
N/A	N/A

Table 36 - Public Housing Condition

Describe the restoration and revitalization needs of public housing units in the jurisdiction:

This is not known.

Describe the public housing agency's strategy for improving the living environment of low- and moderate-income families residing in public housing:

This is not known.

Discussion:

MA-30 Homeless Facilities and Services – 91.210(c)

Introduction

This section focuses on the facilities and services which serve the homeless as provided by the CoC.

Facilities and Housing Targeted to Homeless Households

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Voucher / Seasonal / Overflow Beds	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	161	0	0	10	7
Households with Only Adults	85	0	53	267	0
Chronically Homeless Households	0	0		75	0
Veterans	0	0	6	34	0
Unaccompanied Youth	0	0	0	0	0

Table 37 - Facilities and Housing Targeted to Homeless Households

Describe mainstream services, such as health, mental health, and employment services to the extent those services are used to complement services targeted to homeless persons

Table MA30-Agencies Providing Services in the Consortium Area

Agency
Housing Assistance Corporation
Homeless Prevention Council
Duffy Health Center
Harwich Ecumenical Council for Housing
Aids Support Group of Cape Cod
Independence House

Agency
Vinfen
Housing For All Corporation
Cape and Islands Veterans Outreach Center
Falmouth Housing Authority
DMH-Southeast Region
Barnstable Human Services Department (formerly the Community Action Committee of Cape Cod)
Homeless Not Hopeless
Cape Cod Center for Women
Barnstable County Dept of Human Services

List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations.

There are several types of housing facilities available for homeless and at-risk individuals and families in the Consortium region. They include emergency shelter, transitional housing, and permanent housing.

- Emergency Shelters are meant to be short-term residential facilities that respond to a household emergency of homelessness. Guests may not have rooms but are often assigned a bed in a large open area.
- Transitional Housing is temporary. Individuals staying in transitional housing are homeless and referred by emergency shelters, detoxification programs and outreach and assessment programs working with emergency shelter providers. Transitional housing is intended to facilitate the movement of individuals and families experiencing homelessness to permanent housing within 24 months.

- Permanent supportive housing is community-based housing without a designated length of stay. It incorporates supportive services into the design to enable the homeless to maintain long term tenancy. Residents of this type of housing often include the chronically homeless who cannot stabilize in permanent housing without the supportive services.

There are multiple organizations that provide assessment, support services and shelter to the area’s general homeless population. Additional programs provide housing assistance to Veterans and to homeless families. The VA Supportive Housing and Treatment (VASH) program provides services and housing vouchers to homeless veterans. This program is run through the Veterans Administration Healthcare System and for the BCHC Communities operates out of the Providence, Rhode Island Office. The MA Executive Office of Housing and Community Development runs the Emergency Assistance program where homeless families are housed in hotels throughout Massachusetts when family shelters are at capacity.

Supportive services and are critical to address the special needs of homeless persons and families. The following is a list of supportive services that are designed to meet the needs of homeless individuals and families living in shelters.

Table MA30-C: Supportive Services for Homeless Individuals and Families in Shelters

Agency	
Housing Assistance Corporation	Search for permanent housing Financial assistance such as security deposits
Homeless Prevention Council	Search for permanent housing Provide connections to counseling for certain sub-populations such as the mentally ill
Duffy Health Center	Provide case management services
Cape& Islands Veterans Outreach Ctr.	Provide SSVS which is counseling for veterans and their families

MA-35 Special Needs Facilities and Services – 91.210(d)

Introduction

Throughout the Consortium, there are households in various subpopulations who are not homeless but have specific housing needs and may also require special attention due to their current or prospective service needs. These subpopulations include: elderly, frail elderly, persons with severe mental illness, developmentally disabled, physically disabled, substance abusers, and persons with HIV/AIDS.

The BCHC is aware of the needs of special populations and is committed to supporting initiatives which target these populations. One of the most effective strategies is to assist in providing affordable housing through the use of Project Based Section 8 which is made available through housing authorities and through the DHCD, which provides its own state public housing subsidies and units. If funds can assist any developments proposed, the Consortium will consider them seriously as it has done so in the prior 5 year plan.

The approach to addressing the needs posed by these populations has changed over the past twenty years. In response, a variety of public and private sector resources are available to address some of the current approaches to housing and service needs for these groups. These resources are limited and insufficient to meet all the needs identified. In addition, members of these subpopulations frequently require assistance from multiple sources in order to succeed in daily life.

In addition to the availability of public housing and other federally assisted housing programs for the elderly (especially Section 202) and for the disabled (especially Section 811 and Project Based Section 8), Massachusetts is one of the few states which provides state aided public housing for the elderly, for the frail elderly and for the non-elderly disabled through DHCD. Other state agencies serving the elderly within the Consortium include the Executive Office of Elder Affairs and the Executive Office of Health and Human Services. Massachusetts also has a variety of community-based programs serving the elderly. There are local Councils on Aging (COA) which provide elders and families with direct care services. There is also Elder Services of Cape Cod which is designated by the state as the Area Agency on Aging and the Access Point for Aging services. Programs which meet the needs of elderly residents include subsidized housing; protective services (intervention in cases where there is evidence that an elder has been neglected, abused or financially exploited by someone in a domestic setting); home care; congregate housing; nutrition; guardianship; legal services; transportation; assistance with health care administration; and coordination services for the elderly who are also disabled.

In addition to affordability, a key issue for the physically disabled has been the physical inaccessibility of housing units. Rehab funds available from the HOME and CDBG programs have been used to create accessibility in many communities. For example, 19 of the 176 (10.8%) newly constructed HOME funded rental units from FFY 2010-2013 were accessible to those with physical and/or sensory impairments. The housing authorities have units and programs which are available and are utilized for adapting housing to meet the needs of the physically disabled as well as meeting ADA and Section 504 requirements.

The numbers of adults with mental illness or developmental disabilities who are treated in institutions has continued its dramatic decline. Correspondingly, the number receiving community-based services has significantly increased. DMH and DMR are the primary service systems for providing services and housing (through the use of state and private housing providers) to these populations.

Including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addictions, persons with HIV/AIDS and their families, public housing residents and any other categories the jurisdiction may specify, and describe their supportive housing needs.

The proportion of people in need of special services is not known with any accuracy. It can be estimated by using national and state indices of frequency. The BCHC supplemented these calculations with actual survey information from the housing authorities.

Table MA35-A Disability Population Analysis

Disability Populations	Number
Disability Population 5 to 17 years	1,377
With a hearing difficulty	162
With a vision difficulty	109
With a cognitive difficulty	1,025
With an ambulatory difficulty	119
With a self-care difficulty	301
Disability Population 18 to 64 years	10,926
With a hearing difficulty	1,836
With a vision difficulty	1,289
With a cognitive difficulty	5,474
With an ambulatory difficulty	5,239
With a self-care difficulty	1,779
With an independent living difficulty	4,175
Disability Population 65 years and over	13,673
With a hearing difficulty	5,878
With a vision difficulty	2,100

Disability Populations	Number
With a cognitive difficulty	2,694
With an ambulatory difficulty	7,826
With a self-care difficulty	2,845
With an independent living difficulty	5,513
Total All Age Groups	
Total Cognitive	9,193
Total Ambulatory	13,184
Total Self Care	4,925
Total Independent Living	9,688

Source: ACS 2011 and Census 2010

Table MA35-A above, indicates the Consortium populations with disabilities (excluding children under 5 years old). Each of these classes would require different approaches in terms of housing and supportive services.

In addition, these numbers include all income groups. Using HUD and census data for the elderly, we have developed a Consortium estimate of disabilities for the elderly population whose income is less than or equal to 80% of median, thus making them income eligible for CDBG, HOME and other programs.

Table MA35-B Low Income Elderly Disability Analysis

	Estimated # of All Elderly 65+ and <=80%HAMFI
Low Income Population 65 years and over with a disability	5,606
With a hearing difficulty	2,410
With a vision difficulty	861
With a cognitive difficulty	1,105
With an ambulatory difficulty	3,209
With a self-care difficulty	1,166
With an independent living difficulty	2,260

Source: ACS 2013 and Census 2010

Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing

The tables below estimate the number of people who are living in group quarters. These are divided into those who may be living in a group home or assisted living and those who are in an institution such as a nursing home, correctional facility or mental hospital. In the BCHC the bulk of the institutionalized are elderly persons living in nursing homes. As can be seen in the tables,

most of the people in group quarters are in institutions from which they are unlikely to exit in the future.

For individuals returning from psychiatric units/mental institutions, Massachusetts state law requires the facility to make every effort to avoid discharge to a shelter or the street. Facilities must take steps to identify and offer alternative options to patients and document such measures. In the cases where patients refuse such options, the facilities must identify post discharge support and clinical services as well as notify the Department of Mental Health on a quarterly basis.

Table MA35-D Group Quarter Populations Institutionalized and Non-Institutionalized

City/Town	Total Population 2010	Total population in group quarters	Total population in group quarters - institutionalized	Total population in group quarters – non-institutionalized	Elderly in Group Quarters*
Barnstable County	215,888	3,961	2,283	1,678	1,497
Barnstable	45,193	363	106	257	89
Bourne	19,754	1,646	537	1,109	105
Brewster	9,820	301	298	3	237
Chatham	6,125	103	103	-	100
Dennis	14,207	122	114	8	111
Eastham	4,956	-	-	-	-
Falmouth	31,531	508	419	89	392
Harwich	12,243	169	145	24	137
Mashpee	14,006	100	96	4	82
Orleans	5,890	88	46	42	47
Provincetown	2,942	44	-	44	6
Sandwich	20,675	343	308	35	120
Truro	2,003	4	-	4	-
Wellfleet	2,750	1	-	1	-
Yarmouth	23,793	169	111	58	71

Data Source; Census 2010

Note: *Of the total elderly in group quarters in 2000 only 37 were institutionalized.

Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. 91.315(e)

Please see response below for consortia.

For entitlement/consortia grantees: Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. (91.220(2))

The Consortium does not provide HOME funding for supportive services needs for persons who are not homeless but have other special needs. The CoC in the region, along with many government and non-profit agencies will be addressing supportive services for persons who are not homeless but have other special needs.

The Consortium may assist agencies with housing activities which could benefit people who are not homeless but have other special needs when funding is requested. No funding has been requested, thus far, for the next year.

MA-40 Barriers to Affordable Housing – 91.210(e)

Negative Effects of Public Policies on Affordable Housing and Residential Investment

Federal Government Policies

A 2012 law provision on federal flood insurance imposes sharp rate increases on people who own or are buying land located in floodplain. Historically, low income people are likely to live in floodplains where land is less expensive and affordable housing can be found. A sharp increase in flood insurance rates will likely be difficult for many low income residents.

Local Government Policies

In general, public policies affecting the cost and production of affordable housing are modified by specific zoning by-laws. Production is enhanced in Massachusetts through the following:

1. inclusionary zoning (a percentage of housing developed in the marketplace being set aside for affordable use and usually placed within mixed income developments);
2. accessory apartments (particularly effective in enabling low income elderly owners to continue living in the community);
3. overlay districts permit increased density and state funding support and enable affordable units within mixed income developments;
 - a. Chapter 40B is a state law which permits it to override local zoning if local government does not have the zoning tools to permit affordable housing production. There is a voluntary process known as LIP [Local Initiative Program] which a local government can use for both locally supported 40B developments as well as for Local Action affordable units that are created through other Town zoning or funding.
 - b. The Community Preservation Act (CPA) that cities or towns can pass and enact to accumulate funds through an additional property tax that is then matched with state funds to preserve open space, preserve historic resources and/or create affordable housing.

The following Table summarizes the current state of such initiatives in the Consortium:

Table MA40: Local Policies Affecting Affordable Housing

Community	Inclusionary Zoning	Accessory Apartment	Overlay Districts such as 40R	Chapter 40B LIP	CPA	Other Affordable Housing Incentive Zoning
Barnstable	x	x		x	x	
Bourne	X*			x	x	
Brewster		x		x	x	
Chatham	x	x		x	x	
Dennis	X*	x		x	x	x
Eastham		x		x	x	
Falmouth	X*	x		x	x	
Harwich				x	x	
Mashpee				x	x	
Orleans				x	x	
Provincetown	X*	x		x	x	x
Sandwich	X*	X*		x	x	x
Truro		x		x	x	
Wellfleet		x		x	x	
Yarmouth	x	x		x	x	x
Barnstable County	x					

* Limited applicability

Data Source: Cape Cod Commission Survey of Bylaws 2014

The Consortium has identified a number of barriers to affordable housing production that involved resource allocation, housing policy, land use policy, lack of infrastructure and staff capacity, and public perception and attitudes. The Consortium proposes the following strategies to address these barriers over the 2015- 2019 Con Plan period:

Resource allocation: With respect to public subsidies, the Consortium will continue to advocate for a larger share of budgetary resources be devoted to both housing production- including HOME- and housing voucher programs at the state and federal level. In addition, the Consortium will continue to support funding for the federal Affordable Housing Trust Fund.

Housing policy: The Consortium will have programmatic requirements to the greatest extent possible that are consistent with those of other public funders- especially with DHCD. For ongoing monitoring of rental projects, the Consortium will use reports from other public funders to the greatest extent possible for its required compliance reviews. Finally, the Consortium will continue to engage DHCD to develop an ownership deed restriction that 1) survives foreclosure; 2) satisfies HOME regulations; and 3) enables units to be counted on the

Subsidized Housing Inventory so that HOME funds can again be directed to homeownership activities.

Land use policies: The Consortium will publicize and will advocate that towns 1) adopt local affordable housing bylaws such as those in Dennis and Barnstable; and 2) create a Chapter 40R district and/or adopt inclusionary zoning. The Consortium will continue to advocate for the continuation and improvement in Chapter 40B- the state's comprehensive permit law that allows applicants in communities that have not achieved 10% affordable housing to receive waivers from local regulations if the project has at least 20-25% affordable units. Chapter 40B has been a critical tool for affordable housing in the County as a September 2012 Cape Cod Commission study found that historically 44% of the County's affordable units had been created through the Chapter 40B zoning process- including 84% of all newly created affordable units since 2001. Chapter 40B allows the densities needed for affordable housing development which would otherwise have been impossible under the existing zoning. A ballot initiative to repeal Chapter 40B was rejected by the state's voters in November 2010.

Limited wastewater infrastructure: The Consortium will encourage and support wastewater planning and implementation efforts in local communities. The Consortium will also advocate that towns adopt land use bylaws that encourage affordable housing as part of their wastewater planning efforts.

Town staff capacity: The Consortium will continue to promote and support the use of the Planned Production regulations under Chapter 40B as a means for towns to both have an affordable housing plan and also to have more control over the types of Chapter 40B development that occurs. To implement these plans, the Consortium will advocate that Towns look to local resources- particularly Community Preservation Act funds- to provide staff capacity to carry out the activities in the housing plans.

Neighborhood and community resistance: The Consortium will continue to educate the public through publications, workshops, and its web site of the need for and impact of affordable housing in the region.

Status of Major Initiatives Affecting Affordable Housing

CHDOs and other recipients of HOME funding are actively involved in the promotion of affordable housing in their communities and the removal of affordable housing barriers throughout the region.

The Consortium will make efforts to educate and assist communities to reach the goals for affordable housing through zoning changes and resources available through HOME and other state and federal programs.

MA-45 Non-Housing Community Development Assets – 91.215 (f)

Introduction

Economic Development Market Analysis

Business Activity

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Mining, Oil & Gas Extraction	961	N/A	N/A	0.90%	N/A
Arts, Entertainment, Accommodations	11,245	N/A	N/A	11.10%	N/A
Construction	10,105	N/A	N/A	9.90%	N/A
Education and Health Care Services	24,242	N/A	N/A	23.80%	N/A
Finance, Insurance, and Real Estate	6,688	N/A	N/A	6.60%	N/A
Information	2,244	N/A	N/A	2.20%	N/A
Manufacturing	3,983	N/A	N/A	3.90%	N/A
Other Services	5,418	N/A	N/A	5.30%	N/A
Professional, Scientific, Management Services	11,821	N/A	N/A	11.60%	N/A
Public Administration	5,064	N/A	N/A	5.00%	N/A
Retail Trade	13,825	N/A	N/A	13.60%	N/A
Transportation & Warehousing	4,185	N/A	N/A	4.10%	N/A
Wholesale Trade	1,972	N/A	N/A	1.90%	N/A
Grand Total	101,753	N/A	N/A		N/A

Table 38 - Business Activity

Data Source: US Census ACS 2008-2012

Labor Force

Total Population in the Civilian Labor Force	110,047
Civilian Employed Population 16 years and over	101,753
Unemployment Rate	7.5%
Unemployment Rate for Ages 16-24	N/A
Unemployment Rate for Ages 25-65	N/A

Table 39 - Labor Force

Data Source: US Census ACS 2008-2012

Occupations by Sector	Number of People
Management, business and financial	37,281
Farming, fisheries and forestry occupations	961
Service	19,242
Sales and office	26,014
Construction, extraction, maintenance and repair	10,940
Production, transportation and material moving	7,315

Table 40 – Occupations by Sector

Data Source: US Census ACS 2008-2012

Travel Time

Travel Time	Number	Percentage
< 30 Minutes	67,110	72%
30-59 Minutes	18,020	19%
60 or More Minutes	8,667	9%
Total	93,797	

Table 41 - Travel Time

Data Source: US Census ACS 2011-2013

Education:

Educational Attainment by Employment Status (Population 16 and Older)

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	2,934	456	1,649
High school graduate (includes equivalency)	20,326	1,140	5,236
Some college or Associate's degree	26,202	1,842	6,497
Bachelor's degree or higher	35,577	1,550	7,763

Table 42 - Educational Attainment by Employment Status

Data Source: 2007-2011 ACS

Educational Attainment by Age

	Age				
	18–24 yrs	25–34 yrs	35–44 yrs	45–65 yrs	65+ yrs
Less than 9th grade	73	79	341	745	1,180
9th to 12th grade, no diploma	1,970	999	1,033	1,842	2,410
High school graduate, GED, or alternative	5,384	4,948	6,398	15,459	14,541
Some college, no degree	4,946	3,937	5,128	13,700	9,349
Associate’s degree	494	1,215	2,772	7,976	3,584
Bachelor’s degree	1,462	4,354	6,876	17,001	11,784
Graduate or professional degree	17	1,371	2,881	12,647	9,602

Table 43 - Educational Attainment by Age

Data Source: 2007-2011 ACS

Educational Attainment – Median Earnings in the Past 12 Months

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	\$35,276
High school graduate (includes equivalency)	\$32,132
Some college or Associate’s degree	\$39,120
Bachelor’s degree	\$42,289
Graduate or professional degree	\$56,199

Table 44 – Median Earnings in the Past 12 Months

Data Source: 2013 ACS

Based on the Business Activity table above, what are the major employment sectors within your jurisdiction?

Clearly Table 38 indicates that the education and health services sectors provide the most jobs in the Consortium communities. According to the Cape and Islands Workforce Investment Board Blueprint the Cape has five existing critical industry clusters and three emerging industry clusters:

- Hospitality
- Health Services
- Construction
- Knowledge Intensive: Educational Services, Technology, & Professional Services

- Financial Services
- Marine Industry
- Distribution
- Social Services

Hospitality and Health Services are the largest of these clusters in terms of employment. Health care is the fastest growing sector and is projected to add the most jobs in occupations such as registered nurses, home health aides, nursing aides, medical assistants and secretaries, and physicians and surgeons.

Describe the workforce and infrastructure needs of the business community:

Workforce:

Priority workforce training areas from the Cape and Islands Workforce Investment Board Strategic Plan include:

- Healthcare: certified nursing assistance, licensed practical nurses, and home health aides
- Hospitality: Customer Service, communications and language skills of hospitality workers – largely seasonal
- Technology: web design, information technology, marketing and social skills, and project management
- Construction: Administrative support, project management, carpentry, and energy efficiency

Infrastructure:

- Continually improving transit system
- Last-mile broadband service alternatives
- Wastewater treatment infrastructure

Describe any major changes that may have an economic impact, such as planned local or regional public or private sector investments or initiatives that have affected or may affect job and business growth opportunities during the planning period. Describe any needs for workforce development, business support or infrastructure these changes may create.

Development of any of the following would have an economic impact on the region:

- Wastewater infrastructure
- Third bridge
- Commuter rail

How do the skills and education of the current workforce correspond to employment opportunities in the jurisdiction?

The Cape Cod region, like all of Massachusetts, has higher than average educational attainment rates with 39.9% of the total population holding Bachelor’s degrees or more. Yet, some of this is due to a large retired population that has moved in from elsewhere upon retirement. Most of the occupations projected to grow in the future require some post-graduate training if not a bachelor’s degree. The top ten occupations projected to grow are:

1. Registered nurses
2. Sales representatives, wholesale and manufacturing
3. Personal and home care aides
4. Home health aides
5. Nursing aides, orderlies, and attendants
6. Social and human service assistants
7. Customer service representatives
8. Medical assistants
9. Medical secretaries
10. Physicians and surgeons

Describe any current workforce training initiatives, including those supported by Workforce Investment Boards, community colleges and other organizations. Describe how these efforts will support the jurisdiction's Consolidated Plan.

The Cape & Islands Workforce Investment Board identified a number of sector specific goals in their Strategic Plan:

- Healthcare: provide training in partnership with Cape Cod Community College and place graduates with health care providers.
- Construction: provide training and placement assistance for office/administrative support positions.
- Technology & Professional Services: work with Cape Cod Community College to update their offerings in the technology areas and engage employers regarding training needs.
- Hospitality: provide training, internship, and apprenticeship opportunities at resort partners

Does your jurisdiction participate in a Comprehensive Economic Development Strategy (CEDS)?

Yes, Barnstable County has a certified Comprehensive Economic Development Strategy and is designated an Economic Development District by the US Economic Development Administration. The CEDS was updated in 2014.

If so, what economic development initiatives are you undertaking that may be coordinated with the Consolidated Plan? If not, describe other local/regional plans or initiatives that impact economic growth.

The CEDS Regional Priority Projects are:

- Wastewater infrastructure and planning for identified growth areas
- Last mile broadband build-out
- Expedited permitting in identified growth areas
- Strategic Information Office regional services
- Cape Cod Capital Trust Fund for infrastructure financing
- Business development revolving loan fund
- Integrated infrastructure planning
- Regional Harbor Planning and Infrastructure Evaluation
- Commuter rail impact analysis
- Climate change economic impact assessment

The priority projects most likely to impact affordable housing are wastewater infrastructure development and expedited permitting.

Discussion

As a tourist based economy there are many jobs on Cape Cod that pay wages far below what is needed to afford a median priced home. The availability of affordable housing is essential to the region's long-term economic prosperity.

MA-50 Needs and Market Analysis Discussion

Are there areas where households with multiple housing problems are concentrated? (include a definition of "concentration")

We are not able to identify specific areas where households with multiple housing problems are concentrated. There are areas where the need may be greater, such as low income census tracts and older neighborhoods but for the purposes of this plan, while the BCHC looks at concentration of housing problems in general, it does not rely on these when approving proposed projects for the use of HOME funds. It may use them from time to time in choosing between otherwise "equal" proposals.

BCHC defines "concentration" as areas within which the cost of housing is more prevalent because this has been identified as the overarching affordability problem. As the BCHC focuses its funds on production of affordable housing it relies on organizations and developers of affordable housing to submit proposals for HOME funding.

Table MA-50A Housing Costs in excess of 30% of Income

	Owner ELI	Rental ELI	Owner VLI	Rental VLI	Owner LI	Renter LI
Barnstable	1,572	1,023	1,293	704	1,454	624
Bourne	767	459	691	217	616	110
Brewster	352	248	358	84	362	89
Chatham	236	117	277	56	255	0
Dennis	468	538	414	282	334	216
Eastham	157	22	156	28	192	85
Falmouth	1,397	666	1,034	560	1,102	348
Harwich	497	241	453	151	396	111
Mashpee	631	234	363	130	501	155
Orleans	214	139	164	94	249	14
Provincetown	134	225	166	99	71	49
Sandwich	469	273	818	278	1,094	59
Truro	47	74	51	27	90	0
Wellfleet	183	99	227	47	184	0
Yarmouth	877	444	663	583	805	352

Source: ACS 2012

The table above is a reasonable estimate of the distribution of households paying more than 30% of their income for housing. For a community the concentration of extremely low income households (which ranges from \$19,000 to \$26,000 in 2012 depending upon the community) and with cost burdens above 30% would be the most challenging problem. Based on just

household counts, we can show that Barnstable and Yarmouth has the most households in this category.

Are there any areas in the jurisdiction where racial or ethnic minorities or low-income families are concentrated? (include a definition of "concentration")

HUD has established the following definition for new construction, substantial rehab and project based Section 8:

HUD’s position is that a site in an area (usually defined as a census tract) which has more than 30% of the population in poverty does not qualify as an eligible site and/or one that is in an area which has more than the median minority concentration for the community (defined as the market area which means there are no hard and fast boundaries or definitions) plus 20%. [24 CFR Part 941.202]

For the purposes of this plan, the BCHC looks at concentration of ethnicity and race, poverty and existing subsidized housing. The BCHC strives for proportional distribution of HOME funds across the communities. The BCHC is not required to nor does it divide HOME funds strictly on a low-income and geographical racial concentration basis. However, it has conducted an analysis of poverty and racial/ethnic concentration for all 15 members of the Consortium to assist it in making funding decisions.

Significant concentrations of poverty and of low and moderate income subsidized households, provides pertinent information when decisions are made of where HOME resources might be concentrated. Racial/ethnic concentration is more complicated in that HUD regulations (Site and Neighborhood Standards) affect the planning and approval of new or significantly rehabbed housing which utilizes Federal resources.

What are the characteristics of the market in these areas/neighborhoods?

There are a number of characteristics of each community which have an impact on the housing market. If we examine housing values, it can be seen that Yarmouth, Mashpee and Bourne have lower values than other members of the Consortium [The BCHC median value is \$373,600].

Table MA50-B: Median Housing Value

	Median House Value (dollars)	Non-Seasonal Vacant housing units
Barnstable County	373,600	7663
Barnstable	357,800	1325
Bourne	340,000	718
Brewster	435,500	420

	Median House Value (dollars)	Non-Seasonal Vacant housing units
Chatham	564,700	375
Dennis	377,400	725
Eastham	458,100	244
Falmouth	394,500	801
Harwich	380,200	498
Mashpee	337,300	355
Orleans	602,100	340
Provincetown	467,100	357
Sandwich	354,400	407
Truro	592,300	106
Wellfleet	567,200	184
Yarmouth	314,700	808

Data Source: ACS 2008-2012; 2010 Census

Are there any community assets in these areas/ neighborhoods?

There are community assets located throughout all areas of the BCHC communities including: schools, colleges, libraries, passive open space, recreation facilities, neighborhood groups and organizations, and community centers.

Are there other strategic opportunities in any of these areas?

To the extent that wastewater infrastructure, whether centralized sewer or cluster systems, is expanded in any area, there may be an opportunity for increased density that could support affordable housing development.

Strategic Plan

SP-05 Overview

Strategic Plan Overview

As the use of HOME funds is limited to housing related activities, the Consortium focused its citizen meetings and research efforts with those eligible activities in mind. It believes that funds are more evenly apportioned and residents within the Consortium better served by core projects such as redevelopment, and/or new construction, affordable unit retention, homeownership down-payment assistance and tenant based rental assistance.

Based on the results of the citizen participation process and data provided through IDIS and data generated by the Consortium's own team, BCHC established goals and priorities for this 5 year plan. The priorities are outlined in SP-25 and in the ES-05 section of this document and the annual goals are outlined in the AP-20 section.

SP-10 Geographic Priorities – 91.215 (a)(1)

Geographic Area

Table 45 - Geographic Priority Areas – None Defined

There are no specific or designated target areas within the 15 community Consortium and funds are distributed on a first come first served basis to income eligible beneficiaries, so as to expend funds in a timely manner. The Consortium was established in 1992 and over the last 5 years (2010-2015) residents of 11 of the 15 member communities have benefited from HOME funds during the current 5 year consolidated plan.

General Allocation Priorities

Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA)

As noted above, there are no allocation priorities under our HOME programs other than income eligible beneficiaries who are served on a first come first serve basis.

Development applications are reviewed to determine the best qualified project and funded only if all application and regulatory requirements have been met. Geographical area and beneficiaries may be a factor in determining the best qualified project.

SP-25 Priority Needs - 91.215(a)(2)

Priority Needs

<p><u>Priority/Objective #1</u>: Develop and maintain an adequate supply of safe, decent rental housing that is affordable and accessible to residents with a range of income levels and household needs</p>
<p><u>Priority/Objective #2</u>: Preserve and maintain the existing affordable housing stock, particularly the units occupied by extremely and very low income households.</p>
<p><u>Priority/Objective #3</u>: Reduce individual and family homelessness by providing a viable continuum of care that implements a housing first strategy for permanent supportive housing.</p>
<p><u>Priority/Objective #4</u>: Expand homeownership opportunities for low income households</p>
<p><u>Priority/Objective #5</u>: Ensure that County residents with long-term support needs have access to accessible, community housing options</p>

Table 46 – Priority Needs Summary

Introduction

This section describes what Barnstable County hopes to accomplish in the area of housing over the next five years (objectives), the strategies with which it intends to achieve these objectives and how it will know whether it has been successful (outcome measures). In each program area – affordable housing, homelessness, and special needs– priority needs have been identified, consistent with HUD guidelines. The objectives and strategies respond to those needs. The County uses the consolidated planning process to re-evaluate its housing programs in their entirety. The funding the County expects to receive annually over the next five years from the HOME program covered by this plan is just one small piece, albeit a crucial one, of the resources needed to meet the region’s affordable housing needs. The County’s housing needs cut across a wide range of incomes and household types. Consistent with HUD’s mandate, all of the HOME funding will directly benefit low income families and individuals with most of the benefits to very low and extremely low income households.

Narrative (Optional)

The Barnstable County HOME Consortium Consolidated Plan has identified the following housing priorities:

Priority/Objective #1: Develop and maintain an adequate supply of safe, decent rental housing that is affordable and accessible to residents with a range of income levels and household needs

Strategies:

1. Increase the supply of rental housing across a range of incomes by allocating the largest share of HOME resources over the next five years to this objective.
2. While there is a clear need to expand rental housing production for all of the various low income households, the cost of producing newly built units exceeds that of rehabilitated or redeveloped units, thus the Consortium will continue to give a higher funding priority to projects that propose to rehabilitate or redevelop existing structures. Clearly, however, newly constructed units will need to be built in order to achieve the goals in the Plan.
3. In order to respond to the significant increase in individuals with some type of disability, provide a higher funding priority for those new construction rental developments that a) target at least 15% of the units to individuals with some type of disability and b) provide units that are accessible (at least 15%) and/or that have universal design and/or that are visitable (at least 20%).
4. In order to provide a healthier living environment for tenants and to reduce energy costs, the Consortium will provide a higher funding priority for those new construction rental projects that are LEED certifiable.

Priority/Objective #2: Preserve and maintain the existing affordable housing stock, particularly the units occupied by extremely and very low income households.

Strategies:

1. Preserve the physical and financial viability of existing affordable housing (both privately and publicly assisted). While HOME funds cannot be used during the HOME affordability period to preserve development projects which had a prior HOME investment, the Consortium can certainly provide resources to affordable rental developments that had no HOME investment and that are in danger of losing their affordability. In addition, the Consortium will closely monitor developments identified as at potential risk of losing their affordability over the next five years. The BCHC can fund expiring use projects which had no prior HOME investment and which are being

sold to a “preservation purchaser” as was done with Rock Harbor in Orleans and Cromwell Court in Hyannis.

2. Support efforts of local housing authorities and others to increase the operating support for their state-funded units in order to address long term deferred maintenance because of underfunding in order to preserve this stock of approximately 1,000 affordable units in the region.

Priority/Objective #3: Reduce individual and family homelessness by providing a viable continuum of care that implements a housing first strategy for permanent supportive housing.

Barnstable County is the convening entity and provides staff support for the region’s Continuum of Care (CoC): The Regional Network To Address Homelessness (“Network”). The region has had a CoC since 1997 and has accessed McKinney-Vento funds since that time. The region’s CoC strategy to address homelessness rests on three goals: increase access to safe, stable, accessible and affordable housing; improve the health and stability of individuals and families that are experiencing homelessness or that are at risk of homelessness; and improve the economic security of these individuals and families.

In January 2012 the Network updated the 2005 Ten Year Plan to make it consistent both with local priorities and also with the 2010 Federal Strategic Plan to Prevent and End Homelessness. (see www.bchumanservices.net/library/2012/02/FINAL-Regional-Plan-2.29-12-with-edits-to-tables-and-cover2.pdf).

In the 2014 CoC McKinney-Vento application, the Network identified the following unmet need in the region::

- Transitional housing- 10 beds for households without children
- Permanent Supportive Housing- 69 beds, 58 of which for households without children
- Need for Emergency Shelter that could provide shelter and services during the day

The region has one shelter for individuals- the NOAH Shelter in Hyannis operated by HAC- that has a capacity of 60 beds and that serves an average of 500 people a year. At the same time, recognizing the need for expanded shelter services (providing more than a bed) in order to address the needs in a more comprehensive manner, the NOAH shelter has created the Day Shelter on its premises. The Day Shelter provides space for the homeless during the day—a place to be off the street and take advantage of added case management and access to available resources enhancing the ability to move individuals through the process of achieving the goal of transitional or permanent supported housing. There are a variety of family shelters

in the region that have a capacity of about 70 units/beds. While the focus of the CoC over the last decade has been to provide permanent supportive housing (PSH), especially for the chronically homeless, there are approximately 80 transitional housing beds available for homeless individuals. The average length of stay in emergency shelter is four months and eleven months in transitional housing.

The region has at least five street outreach workers who engage the unsheltered homeless to link them with emergency shelter, physical and mental health services, and case management for benefits enrollment, housing placement, and other services. There is an Emergency Response Network that involves the outreach workers, Duffy Health Center, the police, Cape Cod Hospital, service providers, treatment providers, the Council of Churches, and businesses that meets to coordinate responses to those living on the street or in other places not meant for human habitation.

The Network has a Client Coordination Council that meets monthly and that is comprised of staff from the Community Action Committee, homeless service providers, housing authorities, health care providers, and faith-based organizations to identify service gaps, eliminate barriers to accessing housing, develops and implements training in evidence-based best practices, and improves and coordinates the intake and assessment process for the homeless individuals and families they are working with.

The Network also has a Community Consortium that meets quarterly and that is comprised of representatives from Duffy Health Center, local and state governments, mental health and substance abuse agencies, homeless providers, the Council of Churches, veterans' services providers, and homeless or formerly homeless individuals that develops strategies to increase access to permanent housing for chronically homeless individuals, and evaluates and recommends changes to discharge policies for individuals exiting behavioral health, criminal justice, and health care systems.

Since the adoption of the Ten Year Plan To End Homelessness in 2005, the focus of the Network has been on adding permanent supportive housing beds/units using a housing first model with a priority on serving chronically homeless individuals. While the amount of McKinney funding available to the CoC to create new beds has sharply diminished since 2009 to about \$45,000 per year, the region has seen the number of PSH beds increase from 157 in 2005 to 265 in 2013. Collaboration between the housing and service providers for these PSH beds has resulted in a very high level of housing stability for residents: 88% of residents in FFY 2012 remained housed for over six months.

The region has been a leader in the state in developing homelessness prevention programs and resources. Non-profits such as HAC, the Homeless Prevention Council, and the Council of Churches, among many others, have successfully raised hundreds of thousands of dollars for homelessness prevention. The region has received a variety of public grants to keep individuals and families housed and out of the shelter system: HAC has received ESG, RAFT, and HomeBase grants from DHCD and the Cape and Islands Veterans Outreach Center has just received VA funding for rapid re-housing of veterans. HAC and Community Action Committee have received funding for foreclosure prevention counseling.

Through the collaborative and creative work of members of the Regional Network, the Cape has made significant progress in reducing individual and family homelessness as **the region has seen its annual point in time homeless counts decrease from 1,071 in 2005 (613 individuals and 458 persons in families) to 375 in 2014 (211 individuals and 164 persons in families).**

The Consortium strongly supports all of these efforts and the strategy adopted by the Regional Network. Staff and members of the HOME Advisory Council have taken an active part in the development of the Cape's Continuum of Care strategy, and the Affordable Housing Specialist serves on both the Regional Network's Policy Board and McKinney Vento grant committee. The Consortium certified that the programs included in this reporting period's McKinney SuperNOFA application were consistent with the goals and priorities of our Consolidated Plan. The Regional Network's December 2013 application was successful in securing \$1,645,753 in funding for renewals of various ongoing homelessness efforts and programs- including 148 of existing and 5 new permanent supportive housing beds for homeless individuals.

While the HOME Consortium's primary role would be to provide funding support for any new permanent supportive housing requests and possibly provide tenant-based rental assistance (TBRA) for transitional housing programs, the Consortium will continue to play an active role in the Regional Network's efforts to end homelessness in the region.

Strategies:

1. Reduce the risk of homelessness by continuing to secure private and public resources for prevention and continue close coordination among the network of prevention organizations.
2. Continue to provide housing first by getting chronically homeless people into permanent supportive housing as quickly as possible and eliminate the time consuming step by step process of "housing readiness" that was the hallmark of the prior continuum of care model.

3. Develop a range of housing options and services for homeless families and individuals. This includes promoting a “housing first” model to get chronically homeless people into permanent supportive housing with needed supportive services as quickly as possible.
4. Continue to provide emergency shelters and continue to support the efforts to sustain the Day Center at NOAH Shelter to enable the facility to be open 24 hours.
5. Explore the option of providing HOME TBRA for transitional housing developments.
6. Improve access/coordination across mainstream services and benefit sources.
7. In addition, the strategies that preserve and expand the supply of affordable housing, and programs that enable low income residents to pay for housing (e.g., rental assistance) also support the objective of reducing homelessness.
8. Preserve existing affordable housing (both publicly assisted and private).
9. Maintain a system of public housing and rental assistance.
10. Increase the supply of affordable rental housing.

Priority/Objective #4: Expand homeownership opportunities for low income households

Strategies:

1. Provide down payment assistance and affordable mortgage programs: The Consortium will continue to allocate HOME resources to provide down payment/closing cost assistance to first time, low income households.
2. The County will also continue to advocate for adequate resources be allocated for the state’s One Mortgage Program.
3. Provide homebuyer counseling and education: Homebuyer counseling and education are valuable marketing and outreach tools that can bridge the information gap and expand the pool of potential homebuyers, preparing them for a successful application and ownership experience. The HOME Consortium will continue to require that recipients of down payment assistance attend a first time homebuyer workshop.
4. Increase the supply of housing affordable to a range of incomes: Any effort that increases the supply of housing by creating new units, especially to very low income households as well as to moderate income households, extends the opportunity for homeownership.

5. Assist existing low income homeowners to make home repairs and/or modifications by supporting the efforts of non-profits and Towns to attract state and federal rehabilitation resources to upgrade existing housing stock owned or rented by low income household to ensure that health and safety issues are addressed, and that the homes remain functional and habitable.

Objective #5: Ensure that County residents with long-term support needs have access to accessible, community housing options

Strategies:

1. Encourage community-based, supportive living options for those with disabilities.
2. Provide a range of housing options and services for persons with specialized housing needs.
3. In addition, the strategies that preserve and expand the supply of affordable rental housing, and the programs that enable low income residents to pay for housing (e.g., rental assistance) also support this objective.

SP-30 Influence of Market Conditions – 91.215 (b)

Influence of Market Conditions

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
Tenant Based Rental Assistance (TBRA)	Due to the short term nature of TBRA and the rules which permit more focus on their use, the most likely conditions would be the emergence of a program which would enable people to achieve economic self-sufficiency if their housing costs were lowered for a two year period.
TBRA for Non-Homeless Special Needs	As noted above, the most effective use of TBRA would be persons who can become self-sufficient within a two year period.
New Unit Production	The emergence of increased demand for affordable housing and rising housing/land costs requires either multiple subsidies or a significantly increased amount of a single sole subsidy.
Rehabilitation	The increased costs of new or existing homes and higher rents will require more focus on the preservation of existing affordable housing. Aging and low income owner occupied households require assistance in maintaining or upgrading basic structural components. In addition, the expiration of contract subsidies for housing will increase the demand for affordable housing unless these subsidies can be extended or replaced.
Acquisition, including preservation	In general, acquisition with rehab has been less expensive as a way of creating affordable housing, especially when combined with subsidies. Homeownership is another preservation technique.

Table 47 – Influence of Market Conditions

Discussion

TBRA – The BCHC has considered funding TBRA and will explore with housing and non-profit social service organizations how it can be used successfully when modeled after other examples elsewhere in New England. If targeted for the short term (no longer than 24 months) it can be a useful program for HOME funds.

NEW UNIT PRODUCTION –It is too costly to produce new units without extensive subsidies from other sources which take considerable time. The commitment of local HOME funds is usually needed by developers in order to seek other funding sources, and the regulations do make it challenging to allow enough time for this process to run its course without violating the

regulations. This is true for both entitlement pool or CHDO pool funded projects. The new HOME regulations also require market studies, that funding is in place and that the developers have the capacity (both financially and professionally) to complete the project in the required timeframes. Consequently the BCHC has focused on projects which have received State [DHCD] and/or local approval or are likely to secure such approval.

REHABILITATION – There is always a need for rehab within the Consortium as it covers such a large area. Projects costs are usually extensive as homes are brought up to current code standards and in compliance with other regulations. Therefore we can only address a limited number of projects and thus have a limited regional impact with current funding levels.

HOMEOWNERSHIP – There has always been a need/demand to assist first time home buyers purchase their first home. The current market is somewhat favorable as there are some lower prices and some foreclosures which have made purchases financially feasible for low income families. If local PHAs and the State can provide HCV vouchers, then there is potential for homeownership using HOME funds through the Consortium's existing down payment closing cost program. The HCV homeownership program rules permit PHAs to assign up to 20% of their HVC allocation for homeownership requires an approved homeownership plan which is not that onerous to develop. In effect the homeownership program permits the Housing Assistance Payment [HAP] to go to a lending institution as part of a mortgage payment. The leveraging effect is to enable an HCV participant to provide underwriting as if the household income was the combination of household income and the HCV subsidy. This program has been really successful around the nation.

SP-35 Anticipated Resources - 91.215(a)(4), 91.220(c)(1,2)

Introduction

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	HUD	TBD	\$359,324	\$40,000	\$275,000	\$674,324	\$2,271,620	
LIHTC equity	STATE	Affordable Housing Development	\$3,900,00			\$3,900,000	\$19,500,000	
DHCD sources/programs	STATE	Affordable Housing Development	\$2,500,000			\$2,500,000	\$12,500,000	
CPA	LOCAL & STATE	Affordable Housing Development	\$700,000			\$700,000	\$3,500,000	

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
Mortgage financing	PRIVATE	Affordable Housing Development and Down Payment	\$2,625,000			\$2,625,000	\$13,125,000	

Table 48 - Anticipated Resources

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied.

There are several major program types where leveraged funds play a significant role in program objectives and some of which contribute to the HOME Match requirement.

1. Investments in LIHTC or Historic Tax Credit projects with private funding and/bond financing, to assist in the creation of new affordable housing units.
2. Private (lending institutions) mortgage funding leveraged to assist low income families with the purchase of their first home, especially in conjunction with HCV vouchers. The use of HCV vouchers for homeownership has not been a practice used in the County, but has been used in many other communities in the country including ones with high housing costs. In addition, permanent mortgage financing is provided for affordable rental housing developments.
3. Community Preservation Funds [CPA]. All 15 Consortium communities have established a Community Preservation Fund to preserve open space, historic resources and community housing, by imposing a surcharge of up to 3% on local property taxes. Through June 30, 2014 Cape communities have generated over \$210 million in CPA funds and have committed over \$37 million of that total (17.7%) for community housing activities.
4. Inclusionary Zoning and Linkage Fees. The Cape Cod Commission requires that 10% of all residential developments of 30 units or 30 acres or more be set aside for affordable housing and also requires a linkage fee for commercial developments which require the CC review.
5. Local funds from some cities and towns provide other resources such as CDBG (Barnstable and Yarmouth) and Housing Trust funds (8 of the 15 communities).
6. Town Donated Land. Currently all fifteen towns in the County have designated a total of approximately 200 acres of undeveloped town-owned land for affordable housing.
7. Cape Light Compact. This County consortium provides grants to low income owners to install energy efficient lighting and appliances and also provides subsidies to developers of newly constructed housing that meet Energy Star standards.
8. Massachusetts Rental Voucher Program (MRVP). In recent rental development funding rounds. DHCD has made MRVP's available as project-based vouchers, primarily targeted to homeless individuals and families.

9. Project Based Vouchers. PHAs and the State can provide up to 20% of their HCV vouchers for specific projects.

To satisfy HOME match requirements the Consortium utilizes any allowable source, but relies mostly on the Massachusetts Rental Voucher Program match which in is excess of \$20m for HOME matching through 6/30/2014.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan.

The Bourne, Brewster and Sandwich Housing Authorities all have rental housing development projects on authority-owned land in the pre-development stage. All authorities intend to issue RFP's for qualified developers to permit the projects, secure funding, and build and manage the housing. The Towns of Eastham, Mashpee, and Provincetown will likely be issuing RFP's in 2015 for affordable housing developers on Town-owned sites. The Town of Provincetown is also investigating additional Town-owned parcels for potential use as affordable housing.

Discussion

Although it is difficult to predict all sources of leveraged funds over a 5 year period for a 15 community consortium, we can state that there are several sources of funds that have consistently or historically been leveraged to accomplish goals and objectives under our five year consolidated plan and annual action plans. First time home buyers normally leverage private mortgage funds in the purchase of their first home. Rehab clients sometimes contribute to project costs to obtain desired results. Developers usually leverage funding from other private or public sources. A number of the region's Towns have secured state CDBG funding to complete infrastructure site work on planned affordable housing developments. We have also received grant funding from other federal and state sources to benefit area residents. Two of the Consortium members are CDBG entitlement communities, while other consortium members can receive state CDBG funds to address local needs within their communities. The CCC also contributes administrative and operating costs for the office. Communities and developers leverage additional funding for affordable housing development. Those funds will vary from year to year and/or may not materialize.

SP-40 Institutional Delivery Structure – 91.215(k)

Explain the institutional structure through which the jurisdiction will carry out its consolidated plan including private industry, non-profit organizations, and public institutions.

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
Barnstable County HOME Consortium	Public	Allocation of annual HOME funds	Barnstable County
Barnstable County Dept. of Human Services	Public	McKinney grant and coordination of homelessness activities	Barnstable, Dukes, and Nantucket counties
Housing Assistance Corporation	Non-profit	All affordable housing services including shelters, Section 8, housing development, administer down payment program, etc.	Barnstable County
Town of Barnstable	Public	Allocation of annual CDBG funds	Barnstable
Town of Yarmouth	Public	Allocation of annual CDBG funds	Yarmouth
Community Housing Resource, Inc.	Private	Housing development	Provincetown, Truro, and Wellfleet
Falmouth Housing Corporation	Non-profit	Housing development	Falmouth and Bourne
Preservation of Affordable Housing-	Non-profit	Housing production	Barnstable County

Table 49 - Institutional Delivery Structure

Assess of Strengths and Gaps in the Institutional Delivery System

Discussed on the following pages

Availability of services targeted to homeless persons and persons with HIV and mainstream services

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
Homelessness Prevention Services			
Counseling/Advocacy	Yes	Yes	Yes
Legal Assistance	Yes	Yes	No
Mortgage Assistance	Yes	No	No
Rental Assistance	Yes	No	Yes
Utilities Assistance	Yes	No	No
Street Outreach Services			
Law Enforcement	No	No	No
Mobile Clinics	?	Yes	No
Other Street Outreach Services	Yes	No	No
Supportive Services			
Alcohol & Drug Abuse	Yes	No	No
Child Care	Yes	No	No
Education	Yes	No	No
Employment and Employment Training	Yes	Yes	No
Healthcare	Yes	No	Yes
HIV/AIDS	Yes	No	Yes
Life Skills	Yes	No	No
Mental Health Counseling	Yes	Yes	Yes
Transportation	Yes	No	No
Other			
Other			

Table 50 - Homeless Prevention Services Summary

Describe how the service delivery system including, but not limited to, the services listed above meet the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth)

The CoCs, local governments and other organizations in the region create and provide affordable, safe housing with supportive services for individuals and families (including both housing units and rental subsidies) who had once been homeless. Supportive services help participants achieve housing stability, self-sufficiency, and employment and/or income maximization. Case managers provide assistance with financial management, tenancy issues, access to employment programs, food, medical and mental healthcare and other programs.

Describe the strengths and gaps of the service delivery system for special needs population and persons experiencing homelessness, including, but not limited to, the services listed above

The governmental and community organizations in the BCHC communities have a strong collaborative approach to addressing the needs of the homeless and non-homeless special needs population. They fully understand that solving the problem of chronic homelessness needs is a priority and a coordinated approach is required to be effective.

The geography of Cape Cod, the limited public transportation system along with the inherent difficulties associated with a seasonal economy make it difficult to deliver services. The major weakness is that there is not enough manpower, money, jobs and housing to provide for all of those in need.

Provide a summary of the strategy for overcoming gaps in the institutional structure and service delivery system for carrying out a strategy to address priority needs

Since 1994, BCHC has administered the federal HOME funds for its 15 member communities. Each of the 15 member communities chooses a representative to serve on the Consortium Board. The Board sets policy and approves all actions and the allocation of funds. This structure will remain in place in accordance with the cooperative agreement that has been in effect since July 15, 2005. The County Commission continues to lead the Consortium although the leadership has been moved to the Department of Human Services.

Effective program delivery has been made possible through the efforts of this collaboration as well as numerous other local, state, federal and private partners.

The lead agency for the Continuum of Care is also the Department of Human Services. The CoC includes all communities within the Consortium, as well as Nantucket and Martha's Vineyard, so there is a comprehensive approach in place for identifying priorities and delivering services. HAC, which is a leader in the delivery of housing and related services to all populations, is also responsible for administering HMIS.

The institutional structure established to develop and manage BCHC's HOME funds is broadly based and integrates the talents of key organizations. The recipients that are funded work with and utilize services and resources from other government agencies, private lenders, non-profit and for-profit organizations.

Federal, state and local government agencies provide a major portion of gap funding and support for affordable housing and community development activities. They guide these

activities through their policies, program guidelines and in the case of the local housing authorities in the HOME Consortium communities, through the direct provision of housing units, rental vouchers, and services.

The various government agencies typically act as “investors” in the housing and community development services provided by nonprofit and for-profit organizations. There are several projects pending that are relying on co-funding from these sources. State and Federal Low Income Housing Tax Credits also play a major role funding development projects. Due to the high costs of construction and the limited income derived from such projects, co-funding from various sources is a must for these projects to move forward. The nonprofit and for-profit developers and service providers, in turn, develop affordable housing projects, offer supportive services and influence the type of affordable housing projects built and the services offered.

Private lenders also play an important institutional role within the delivery system by providing primary financing and by acting as a conduit for the delivery of mortgage services to investors. The relationship among these the groups of stakeholders forms the basis of the housing and community development delivery system and plays a significant role in the housing and community development efforts within the HOME Consortium. Major coordination is carried out by the organizations receiving funds from the through the Consortium and BCHC also provides coordination and support toward these efforts to leverage and manage resources from the various stakeholders.

SP-45 Goals Summary – 91.215(a)(4)

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
	Rental Housing Production	2015	2019		Barnstable County		\$922,465	125 units
	CHDO Housing Production	2015	2019		Barnstable County		\$269,493	Included in goal above
	Homebuyer Assistance (DPCC)	2015	2019		Barnstable County		\$325,000	25 Households
	TBRA	2018	2019		Barnstable County		\$100,000	10 Households
	Administration	2015	2019		Barnstable County		\$179,662	N/A

Table 51 – Goals Summary

Goal Descriptions

Rental Housing Production - BCHC will devote the majority of its resources to the creation of new and/or preservation of existing affordable rental housing for households at or below 60% area median income. This will primarily be accomplished through new housing developments- either new construction or on redeveloped sites- by non-profit, for-profit, or public entities.

CHDO Housing Production - At least 15% of BCHC's funds will be reserved for rental housing production as described above for BCHC's two currently qualified CHDO's: Housing assistance Corporation and Community Development Partnership. BCHC's third designated CHDO- Harwich Ecumenical Council for the Homeless- will become eligible for the set-aside funds once it achieves housing development staff capacity.

Homebuyer Assistance - BCHC will provide up to \$20,000 in 0% repayable loans for down payment, closing cost, and minor rehabilitation assistance to households whose incomes are 80% or less of area median income and who are first time homebuyers. The successful completion of an approved First Time Homebuyer workshop is one of the requirements for the loan. The loan is repaid upon sale or transfer of the home.

Tenant Based Rental Assistance - BCHC will work with the Barnstable County Department of Human Services to identify potential agencies and households with particular needs that might benefit from the up to two years of tenant based rental assistance vouchers that is allowed by HOME for this type of activity.

Administration - BCHC will allocate 10% of its annual HOME allocation to the administration and program compliance that are required by the HOME program regulations.

Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.315(b)(2)

Our 5 year goals (assuming level funding for the next 5 years) are as follows:

Rental Housing Production & CHDO Housing Production

- 30%/ELI: 15 units
- 50%/VLI: 40 units
- 60-80%/LI: 70 units

Homebuyer Assistance (DPCC)

- 80%/LI: 25 Households

TBRA

- 30%/ELI: 6 Households
- 50%/VLI: 4 Households

SP-50 Public Housing Accessibility and Involvement – 91.215(c)

Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance Agreement)

Based on information, there are no voluntary compliance agreements in place for the PHAs with Federal Public Housing [viz., Barnstable, Bourne and Falmouth], to which this applies.

Activities to Increase Resident Involvements

Partial information only is available. The housing authorities responding to this question mention the following:

- Regular meetings with residents (monthly with some/ quarterly with others) Monthly newsletters are done and website offers information.
- Assists residents with weekly coffee hours and monthly tenant meetings. We have a Resident Services Coordinator who is very involved with all residents. We are currently in the process of scheduling an annual meeting with the Director to receive resident input on capital improvements. We hold annual Open House, and we rotate our Board of Commissioner's monthly meetings to each location.

Is the public housing agency designated as troubled under 24 CFR part 902?

No Federal PHAs in the Consortium are designated as troubled.

Plan to remove the 'troubled' designation

N/A

SP-55 Barriers to affordable housing – 91.215(h)

Introduction

In general, public policies affecting the cost and production of affordable housing are governed by specific zoning by-laws. Production is enhanced in Massachusetts through the following:

- inclusionary zoning (a percentage of housing developed in the marketplace being set aside for affordable use and usually placed within mixed income developments);
- accessory apartments (particularly effective in enabling low income elderly owners to generate income and continue living in the community);
- overlay districts permit increased density and state funding support and enable affordable units within mixed income developments;
- Chapter 40B is a state law which permits it to override local zoning if local government does not have the zoning tools to permit affordable housing production. There is a voluntary process known as LIP [Local Initiative Program] which a local government can use for both locally supported 40B developments as well as for Local Action affordable units that are created through other Town zoning or funding
- The Community Preservation Act (CPA) that cities or towns can pass and enact to accumulate funds through an additional property tax that is then matched with state funds to preserve open space, preserve historic resources and/or create affordable housing.

The Table below summarizes the current state of such initiatives in Consortium communities.

Table SP-55 – A Status of Major Initiatives Affecting Affordable Housing

Community	Inclusionary Zoning	Accessory Apartment	Overlay Districts such as 40R	Chapter 40B LIP	CPA	Other Affordable Housing Incentive Zoning
Barnstable	x	x		x	x	
Bourne	X*			x	x	
Brewster		x		x	x	
Chatham	x	x		x	x	
Dennis	X*	x		x	x	x
Eastham		x		x	x	
Falmouth	X*	x		x	x	
Harwich				x	x	

Community	Inclusionary Zoning	Accessory Apartment	Overlay Districts such as 40R	Chapter 40B LIP	CPA	Other Affordable Housing Incentive Zoning
Mashpee				x	x	
Orleans				x	x	
Provincetown	X*	x		x	x	x
Sandwich	X*	X*		x	x	x
Truro		x		x	x	
Wellfleet		x		x	x	
Yarmouth	x	x		x	x	x
Barnstable County	x					

* Limited applicability

Data Source: Cape Cod Commission Survey of Bylaws 2014

Due to high development costs, it is prohibitive for investors to build new affordable units unless they are highly subsidized. With subsidies being curtailed for both development and financial assistance for occupants, the process becomes more difficult.

Some program regulations and requirements may also be a deterrent when it comes to creating affordable housing. Environmental review may trigger flood plain or historic property issues that may deter investors if they were considering the use federal funds. Additional income and rent limitations may also be a deterrent since they could limit the returns on an investment property.

The BCHC completed an update to its Analysis to Impediments to Fair Housing Choice (AI) in 2010. With the AI completed and barriers identified, BCHC allocated staff and resources to begin addressing any identified barriers, particularly the need for education and better awareness of Fair Housing laws. We work with developers of housing to ensure that units are fairly and affirmatively marketed. The minority percentage in Barnstable County is 8.6%; however, over the first four years of the 2010-2014 Con Plan, the % of HOME-assisted households was 15.9%.

Barriers to Affordable Housing

The Consortium identified a number of barriers to affordable housing production that involved resource allocation, housing policy, land use policy, lack of infrastructure and staff capacity, and public perception and attitudes. The Consortium proposes the following strategies to address these barriers over the 2015- 2020 period:

Resource allocation: With respect to public subsidies, the Consortium will continue to advocate for a larger share of budgetary resources be devoted to both housing production- including HOME- and housing voucher programs at the state and federal level. In addition, the Consortium will continue to support funding for the federal Affordable Housing Trust Fund.

Housing policy: The Consortium will have programmatic requirements to the greatest extent possible that are consistent with those of other public funders- especially with DHCD. For ongoing monitoring of rental projects, the Consortium will use reports from other public funders to the greatest extent possible for its required compliance reviews. Finally, the Consortium will continue to engage DHCD to develop an ownership deed restriction that 1) survives foreclosure; 2) satisfies HOME regulations; and 3) enables units to be counted on the Subsidized Housing Inventory so that HOME funds can again be directed to homeownership activities.

Land use policies: The Consortium will publicize and will advocate that towns 1) adopt local affordable housing bylaws such as those in Dennis and Barnstable; and 2) create a Chapter 40R district and/or adopt inclusionary zoning. The Consortium will continue to advocate for the continuation and improvement in Chapter 40B- the state's comprehensive permit law that allows applicants in communities that have not achieved 10% affordable housing to receive waivers from local regulations if the project has at least 20-25% affordable units. Chapter 40B has been a critical tool for affordable housing in the County as a September 2012 Cape Cod Commission study found that historically 44% of the County's affordable units had been created through the Chapter 40B zoning process- including 84% of all newly created affordable units since 2001. Chapter 40B allows the densities needed for affordable housing development which would otherwise have been impossible under the existing zoning. A ballot initiative to repeal Chapter 40B was rejected by the state's voters in November 2010.

Limited wastewater infrastructure: The Consortium will encourage and support wastewater planning and implementation efforts in local communities. The Consortium will also advocate that towns adopt land use bylaws that encourage affordable housing as part of their wastewater planning efforts.

Town staff capacity: The Consortium will continue to promote and support the use of the Planned Production regulations under Chapter 40B as a means for towns to both have an affordable housing plan and also to have more control over the types of Chapter 40B development that occurs. To implement these plans, the Consortium will advocate that Towns look to local resources- particularly Community Preservation Act funds- to provide staff capacity to carry out the activities in the housing plans.

Neighborhood and community resistance: The Consortium will continue to educate the public through publications, workshops, and its web site of the need for and impact of affordable housing in the region.

Strategy to Remove or Ameliorate the Barriers to Affordable Housing

As can be seen in the table above, many consortium members have several initiatives in place to encourage affordable housing development and others are recognizing and working to bring about change within their communities. Consortium members will continue to work on and address issues that pertain to affordable housing development. HOME funds cannot be used to create jobs other than through Section 3 requirements, but all consortium communities are involved in job creation within their communities.

Discussion:

As projects materialize and are planned, individual communities work with developers to address issues such as zoning changes, code requirements and most importantly financial considerations such as tax incentives and fees associated to construction (building permits, sewer hookups, etc.). As examples, we have seen local communities contribute local funding such as Community Preservation Act (CPA) funding to assist with overall project costs, waived fees, and even issued municipal bonds to fund infrastructure upgrades to support a project.

In most cases there are subsidies involved when creating affordable housing. These funding sources trigger other federal and state requirements that add further stipulations to projects. Environmental studies and review as well as comprehensive permits can create issues if host communities and developers do not work together. Larger projects could trigger Section 3, 504, affirmative marketing plans and other regulations if federal funding is utilized.

BCHC and the Consortium members work closely with developers to encourage and support affordable housing initiatives.

SP-60 Homelessness Strategy – 91.215(d)

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

As an overall strategy to addressing the needs of those who are currently homeless, BCHC has as its overall goal to provide a viable continuum of care that implements a housing first strategy for permanent supportive housing. As is evidenced in the 2014 PIT Count, the vast majority of unsheltered persons are chronically homeless and have other issues, including but not limited to mental illness and substance abuse. Therefore, reaching out and assessing individual needs requires a partnership between shelter, service and health care providers.

The region has at least five street outreach workers who engage the unsheltered homeless to link them with emergency shelter, physical and mental health services, and case management for benefits enrollment, housing placement, and other services. There is an Emergency Response Network that involves the outreach workers, Duffy Health Center, the police, Cape Cod Hospital, service providers, treatment providers, the Council of Churches, and businesses that meets to coordinate responses to those living on the street or in other places not meant for human habitation.

The Regional Network to Address Homelessness (the region's Continuum of Care) has a Client Coordination Council that meets monthly and that is comprised of staff from the Community Action Committee, homeless service providers, housing authorities, health care providers, and faith-based organizations to identify service gaps, eliminate barriers to accessing housing, develops and implements training in evidence-based best practices, and improves and coordinates the intake and assessment process for the homeless individuals and families they are working with.

The Network also has a Community Consortium that meets quarterly and that is comprised of representatives from Duffy Health Center, local and state governments, mental health and substance abuse agencies, homeless providers, the Council of Churches, veterans' services providers, and homeless or formerly homeless individuals that develops strategies to increase access to permanent housing for chronically homeless individuals, and evaluates and recommends changes to discharge policies for individuals exiting behavioral health, criminal justice, and health care systems.

Addressing the emergency and transitional housing needs of homeless persons

The region has one shelter for individuals- the NOAH Shelter in Hyannis operated by HAC- that has a capacity of 60 beds and that serves an average of 500 people a year. There are a variety of

family shelters in the region that have a capacity of about 70 units/beds. While the focus of the CoC over the last decade has been to provide permanent supportive housing (PSH), especially for the chronically homeless, there are approximately 80 transitional housing beds available for homeless individuals. The average length of stay in emergency shelter is four months and eleven months in transitional housing.

During this past year, the Day Shelter (housed in the same location as the overnight NOAH Shelter) has begun operation. The Day Shelter is open during daytime hours, to provide a safe place for homeless individuals. Duffy Health Center is now providing case management to individuals. There are also various referral services available.

While not expanding the capacity of current shelters, there is an ongoing effort to continue to provide emergency shelters and transitional housing for the homeless and continue to support the efforts of the Council of Churches to continue its Overnights of Hospitality program and local efforts such as Operation In From the Streets.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

As indicated above, a variety of programs and partnerships among local, regional, state and federal agencies have facilitated the work of providers in the BCHC communities in assisting homeless persons and families in transitioning to independent living and in preventing reoccurrences of homelessness. ESG funds, RAFT and Homebase funding, among other resources have helped in this effort. The Veterans Outreach Center has received Rapid Rehousing funds along with VA funding for Supportive Services for Veteran's Families to address needs of homeless or at-risk Veterans. Rental subsidies, including State (MRVP) and Federal vouchers have been allocated with priorities for chronically homeless. There are also approximately 50 shelter plus care vouchers and 25 VASH Vouchers.

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs

With the exception of the vouchers, most of the funding discussed above addresses both the homeless and those at risk of becoming homeless. The Regional Network to Address Homelessness has a Community Consortium that meets quarterly and that is comprised of representatives from Duffy Health Center, local and state governments, mental health and substance abuse agencies, homeless providers, the Council of Churches, veterans' services providers, and homeless or formerly homeless individuals that develops strategies to increase access to permanent housing for chronically homeless individuals, and evaluates and recommends changes to discharge policies for individuals exiting behavioral health, criminal justice, and health care systems.

SP-65 Lead based Paint Hazards – 91.215(i)

Actions to address LBP hazards and increase access to housing without LBP hazards

While the cost of lead paint removal can potentially be prohibitively expensive, the Consortium will vigorously enforce the revised 2002 lead based paint regulations for all of its program activities and will continue to support efforts of local organizations to attract lead paint removal resources to the region.

How are the actions listed above related to the extent of lead poisoning and hazards?

Because housing in Barnstable County is relatively new (median year built is estimated to be 1974) compared with other areas of the state, lead paint poisoning is not a widespread problem. This is documented in Section MA20 and in table (MA20-1) which shows the history of Lead Based Paint poisoning in the BCHC communities. As can be seen, there was a spike in Provincetown in 2004 and in Brewster in 2010. In general though, the injurious impact of lead based paint has been declining over the last 20 years.

How are the actions listed above integrated into housing policies and procedures?

All housing funded through the Cape Cod Commission and through the BCHC requires that properties meet the requirements for containment and/or removal of lead based paint.

SP-70 Anti-Poverty Strategy – 91.215(j)

Jurisdiction Goals, Programs and Policies for reducing the number of Poverty-Level Families

In so far as most households being provided housing assistance end up with a reduced level of housing costs, they are more able to allocate their scarce resources to other needs such as nutrition, education and other activities which can help lead them out of poverty. The estimated level of poverty within the BCHC communities and the foreign born component of these cohorts is as follows:

Table SP70-A Poverty Percentage and Foreign Born

BCHC Community	Poverty %		Foreign Born % of Poverty
	All families	All people	
Barnstable	6.6%	10.6%	8.2%
Bourne	9.2%	11.0%	5.4%
Brewster	6.2%	10.2%	11.7%
Chatham	5.4%	9.5%	17.1%
Dennis	11.2%	14.7%	14.3%
Eastham	1.1%	6.0%	10.3%
Falmouth	5.5%	7.3%	14.6%
Harwich	5.3%	8.6%	11.1%
Mashpee	8.2%	9.2%	7.0%
Orleans	2.3%	5.6%	0.0%
Provincetown	4.5%	14.6%	5.7%
Sandwich	2.4%	3.8%	1.5%
Truro	0.0%	5.0%	0.0%
Wellfleet	7.8%	11.1%	0.0%
Yarmouth	4.8%	8.1%	8.6%
Barnstable County	6.0%	9.0%	

Data Source: US Census ACS 2008-2012

Through implementation of this plan, the Consortium hopes to make an impact on the reduction of the number of families with incomes at or below the area’s poverty level. To the extent that the Consortium can support the creation of affordable rental housing- especially for extremely low income households- that will lessen the housing cost burdens on these households and will enable those households to have resources to meet other pressing needs. The creation of ownership housing for very low income households will enable those families to build assets. Finally, the Consortium will support all efforts in the region to protect low income households in deed restricted ownership units from losing their assets through foreclosure.

While the Consortium’s programs and resources can have some, albeit a very limited, impact on moving households out of poverty, there are other agencies in the region that have more

impact and resources to address this issue. Through a DHCD initiative, all of the region's Section 8 voucher holders are part of a Moving To Work program that is designed to provide flexibility to administering agencies and to encourage voucher holders to increase their economic self-sufficiency. The region's anti-poverty agency, the Community Action Committee of Cape Cod and the Islands, has a number of programs and resources that attempt to move households toward economic self-sufficiency: a child care network that provides information, referrals and access to child care subsidies; advocacy for low income immigrants; assistance for low income households to find free or affordable health care; housing search services; and staff support to Cape United Elders- a grassroots senior activist organization.

How are the Jurisdiction poverty reducing goals, programs, and policies coordinated with this affordable housing plan?

Most activities undertaken by the BCHC are coordinated with other municipal policies, programs and expenditures, especially with CDBG (which comes through Yarmouth and Barnstable and through the State for the other 13 communities) and with other federal and state funds for low income families include efforts to reduce persons in poverty and improve the quality of life for residents, either directly or indirectly. BCHC staff also work in partnership with citizens, other municipal departments and the public and private sectors to accomplish the goal of reducing poverty.

The State provides CDBG rehab funds to 5 towns in the County and combined with these are grants for child care vouchers. This synergy makes both programs more likely to have a positive impact.

Currently funded CDBG and Housing Authority programs which can directly influence the household income level include: self-sufficiency programs, elder case management programs, and health care activities.

Currently funded CDBG and Housing Authority programs which can indirectly influence the impact of household living by reducing other costs include affordable housing development, housing rehab, energy efficiency, public facility improvements, infrastructure improvements, neighborhood revitalization, counseling programs and health care assistance.

For the upcoming year the following activities are likely to be funded by CDBG agencies and PHAs :

- Housing rehabilitation, including an emergency repair program as well as energy efficiency improvements and lead abatement and for State CDBG grants to non-entitlement communities there are also child care voucher grants

- Public Housing and HCV Family Self-Sufficiency Programs
- Infrastructure improvements and neighborhood revitalization.

Additional projects will assist in providing decent affordable housing and a suitable living environment for area residents and much needed jobs in the impacted areas.

Section 3 requirements for some projects will assist in securing jobs for local residents in projects if new employees are added to the workforce.

SP-80 Monitoring – 91.230

Describe the standards and procedures that the jurisdiction will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements.

Barnstable County, through the Cape Cod Commission, and in collaboration with the Advisory Council, will review and monitor the activities of the Consortium on a monthly basis to assure that all of the statutory and regulatory requirements are being met and that its housing programs are being carried out in accordance with this plan. Commission staff reviews all the HOME funding reports on the HUD web site at a minimum on a monthly basis to ensure that HOME funds are being committed and expended within the required time frames.

The Consortium expects to continue its practice of contracting administration of its down payment program to a local agency. The selected agency is chosen through a competitive procurement process every three years and is required to execute a comprehensive sub-recipient agreement that comprises a scope of services, implementation timetables, requirements for program performance and the submission of quarterly reports. The Consortium went through the procurement process for an administering agency in summer 2013, and once again HAC was chosen as the sub-recipient.

The Advisory Council will meet monthly to review program operations, policies, goals, etc. Additionally, the Commission's affordable housing specialist will provide the Barnstable County Commissioners and/or Assembly of Delegates with annual reports.

The Consortium has instituted a schedule for annual on site monitoring of the down payment/closing cost program as well as housing development projects that are completed and occupied during the program year and will continue that practice during the next five years. In addition, all completed HOME assisted rental projects are monitored annually (usually in the late summer/early fall) for certification of tenant incomes and rents, compliance with affirmative marketing, tenant selection, lease terms and financial health. Finally, the Consortium contracts for an inspector to conduct the required (every one-three years depending upon the HOME unit total) Housing Quality Standards (HQS) inspections on completed HOME-assisted rental housing projects.

The revised HOME Rule of August 23, 2013 requires that jurisdictions develop and follow written policies, procedures, and systems, including a system for assessing risks of activities and projects, and a system for monitoring that ensures HOME requirements are met. The Consortium has adopted such policies.

All [\[PM2\]](#) HOME funded projects that fall within stipulated guidelines/regulations are monitored for compliance to any applicable regulation or law.

Prior to entering into an agreement or contract BCHC will review the project to determine what laws and regulations apply to the individual project and incorporate language into the contract regarding applicable requirements. BCHC will then monitor the project as it proceeds to ensure compliance. The following are major areas BCHC focuses on when reviewing or considering potential projects.

Davis Bacon Compliance:

In addition, BCHC staff oversees federally funded projects that require Davis Bacon compliance. BCHC has updated its agreements to include all necessary information which must be included in a contract for construction related projects including:

- HUD Form 4010 – Federal Labor Standards Provisions
- U.S. Department of Labor payroll forms
- The appropriate wage determination
- A copy of the “Notice to All Employees” poster, to be posted at the job site
- A copy of the “Contractor’s Guide to Prevailing Wage Requirements for Federally-Assisted Construction Projects”, which is to be provided to the prime contractor

BCHC will conduct site visits, conduct employee interviews and check the weekly payroll forms for accuracy and compliance.

Section 3 and MBE/WBE Compliance:

BCHC staff makes contractors aware of Federal Section 3 and MBE/WBE compliance issues and works with contractors to ensure low and moderate income residents and minority and women owned businesses are given due consideration under their contracts. Contracts contain specific language addressing these issues. BCHC will determine if laws or regulations are applicable

Section 504 and ADA:

Federal laws dictate and regulate accessibility issues regarding construction of new units. Contract language stipulates compliance to these laws and regulations.

Relocation/Displacement and 104d

BCHC is mindful of relocation and “one for one” replacement issues. We encounter temporary relocation on an occasional basis in our rehab projects when lead abatement activities occur but rarely have to deal with permanent relocation or displacement.

Fair Housing:

When assisting in the rehab or construction of rental units, language is included in contracts to assure units are affirmatively marketed and equal access is provided to all potential occupants.

Leases:

When assisted units are leased or rented to tenants BCHC will review lease agreements for language and ensure that tenants are income eligible and rents do not exceed allowable limits.

Occupancy and Property Standards:

Assisted units are also monitored to ensure that owner occupied units remain the primary residence or the assisted party and unit is maintained to applicable property standards.

Lead Paint:

Before assisted units are occupied by a family with children under the age of 6, BCHC will ensure the unit is in compliance with State and Federal lead paint regulations and proper procedures are followed when abatement activities occur.

The monitoring process for HOME closely follows the goals, outputs, outcomes and evaluation measures stipulated in the Consolidated Plan and in all contracts with sub-recipients, contractors and other providers.

BCHC also works in conjunction with State (DHCD) and other agencies to establish what additional monitoring may be required.

PERFORMANCE MEASUREMENT

HUD has issued a rule on its Outcome Performance Measurement System. The system incorporated the following three objectives of the Housing and Community Development Act of 1974: 1) create suitable living environments; 2) provide decent housing; and 3) create economic opportunities. The system also directed grantees to select from one of the following three outcomes to help define the intent of the activity: 1) availability/accessibility; 2) affordability; and 3) sustainability- promoting livable or viable communities. Therefore, for each proposed activity the grantee selects one of the nine Outcome Statements. In accordance with HUD’s

directive, the Consortium started to report its activities using this format as of October 1, 2006. As a result of the proposed Substantial Amendments to the 2010-2014 Con Plan, the Consortium will use the following annual performance measures for its programs:

Rental Production: Affordability for the purpose of providing decent housing- **25** units

- Number of affordable units produced: goal is 25 units
- Number of units for households at or below 30% area median income: goal is at least 10% of units
- Number of units for households at or below 50% of area median income: goal is at least 33% of units
- Number of minority households assisted: goal is at least 10% of all households
- Number that are accessible under Section 504: goal is at least 10% of newly constructed units
- Number of units for homeless individuals/families: goal is at least 3 units
- Number of units for special needs households: goal is at least 2 households
- Number of newly constructed units that meet Energy Star standards: goal is 100% of units
- Number of newly constructed units that are LEED certifiable: goal is 20% of units

Homebuyer Assistance: Affordability for the purpose of providing decent housing- 5 units

- Number of homebuyers assisted: goal is 5 households
- Number of minority households assisted: goal is at least 10% of all households.

The Consortium will review and revise as necessary its guidelines and scoring system for housing development projects to reflect the priorities and goals in the Consolidated Plan. In accordance with that policy, the Consortium reviewed and updated its scoring system in August 2010, August 2012, and again in December 2013. The Consortium plans to continue its practice of awarding additional funds beyond the per unit and per project funding maximums to projects that score exceptionally well.

In accordance with the revised set of HOME regulations that became effective on August 23, 2013, the Consortium's Advisory Council adopted the following policies and guidelines that became effective January 1, 2014:

1. Rental Housing Development Project Underwriting, Subsidy Layering, and Risk Analysis Policies and Guidelines

[:www.capecodcommission.org/resources/affordablehousing/RentalProjectUnderwritingPoliciesJan2014.pdf](http://www.capecodcommission.org/resources/affordablehousing/RentalProjectUnderwritingPoliciesJan2014.pdf).

2. Homebuyer Policies: HOME Down Payment Closing Cost (DPCC) Program Eligibility and Underwriting Policy. Note that this Policy was an update of policies adopted in July 2012 in response to the HOME requirements included in the Appropriations Act of 2012

[:www.capecodcommission.org/resources/affordablehousing/DPCC Eligibility Policy Jan2014.pdf](http://www.capecodcommission.org/resources/affordablehousing/DPCC%20Eligibility%20Policy%20Jan2014.pdf).

Expected Resources

AP-15 Expected Resources – 91.220(c)(1,2)

Introduction

The following describes what resources the BCHC expects to receive or leverage in the coming year July 1st 2015-June30th 2016.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation : \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	HUD		\$359,324	\$40,000	\$275,000	\$674,324	\$1,537,296	

Table 52 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

There are several major program types where leveraged funds play a significant role in program objectives and some of which contribute to the HOME Match requirement.

1. Investments in LIHTC or Historic Tax Credit projects with private funding and/bond financing, to assist in the creation of new affordable housing units.
2. Private (lending institutions) mortgage funding leveraged to assist low income families with the purchase of their first home, especially in conjunction with HCV vouchers. The use of HCV vouchers for homeownership has not been a practice used in the County, but has been used in many other communities in the country including ones with high housing costs. In addition, permanent mortgage financing is provided for affordable rental housing developments.
3. Community Preservation Funds [CPA]. All 15 Consortium communities have established a Community Preservation Fund to preserve open space, historic resources and community housing, by imposing a surcharge of up to 3% on local property taxes. Through June 30, 2014 Cape communities have generated over \$210 million in CPA funds and have committed over \$37 million of that total (17.7%) for community housing activities.

4. Inclusionary Zoning and Linkage Fees. The Cape Cod Commission requires that 10% of all residential developments of 30 units or 30 acres or more be set aside for affordable housing and also requires a linkage fee for commercial developments which require the CC review.
5. Local funds from some cities and towns provide other resources such as CDBG (Barnstable and Yarmouth) and Housing Trust funds (8 of the 15 communities).
6. Town Donated Land. Currently all fifteen towns in the County have designated a total of approximately 200 acres of undeveloped town-owned land for affordable housing.
7. Cape Light Compact. This County consortium provides grants to low income owners to install energy efficient lighting and appliances and also provides subsidies to developers of newly constructed housing that meet Energy Star standards.
8. Massachusetts Rental Voucher Program (MRVP). In recent rental development funding rounds. DHCD has made MRVP's available as project-based vouchers, primarily targeted to homeless individuals and families.
9. Project Based Vouchers. PHAs and the State can provide up to 20% of their HCV vouchers for specific projects.

To satisfy HOME match requirements the Consortium utilizes any allowable source, but relies mostly on the Massachusetts Rental Voucher Program match which in is excess of \$20m for HOME matching through 6/30/2014.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan.

The Bourne, Brewster and Sandwich Housing Authorities all have rental housing development projects on authority-owned land in the pre-development stage. All authorities intend to issue RFP's for qualified developers to permit the projects, secure funding, and build and manage the housing. The Towns of Eastham, Mashpee, and Provincetown will likely be issuing RFP's in 2015 for affordable housing developers on Town-owned sites. The Town of Provincetown is also investigating additional Town-owned parcels for potential use as affordable housing.

Discussion

Annual Goals and Objectives

AP-20 Annual Goals and Objectives

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
	Rental Housing Production	2015	2019		Barnstable County		204,493	25 units
	CHDO Housing Production	2015	2019		Barnstable County		\$53,899	Included in goal above
	Homebuyer Assistance (DPCC)	2015	2019		Barnstable County		\$65,000	5 Households
	TBRA	2018	2019		Barnstable County		\$0	0 Households
	Administration	2015	2019		Barnstable County		\$35,932	N/A

Table 53 – Goals Summary

Goal Descriptions

Rental Housing Production - BCHC will devote the majority of its resources to the creation of new and/or preservation of existing affordable rental housing for households at or below 60% area median income. This will primarily be accomplished through new housing developments- either new construction or on redeveloped sites- by non-profit, for-profit, or public entities.

CHDO Housing Production - At least 15% of BCHC's funds will be reserved for rental housing production as described above for BCHC's two currently qualified CHDO's: Housing assistance Corporation and Community Development Partnership. BCHC's third

designated CHDO- Harwich Ecumenical Council for the Homeless- will become eligible for the set-aside funds once it achieves housing development staff capacity.

Homebuyer Assistance - BCHC will provide up to \$20,000 in 0% repayable loans for down payment, closing cost, and minor rehabilitation assistance to households whose incomes are 80% or less of area median income and who are first time homebuyers. The successful completion of an approved First Time Homebuyer workshop is one of the requirements for the loan. The loan is repaid upon sale or transfer of the home.

Tenant Based Rental Assistance - BCHC will work with the Barnstable County Department of Human Services to identify potential agencies and households with particular needs that might benefit from the up to two years of tenant based rental assistance vouchers that is allowed by HOME for this type of activity.

Administration - BCHC will allocate 10% of its annual HOME allocation to the administration and program compliance that are required by the HOME program regulations.

Projects

AP-35 Projects – 91.220(d)

Introduction

In general the BCHC relies on organizations and agencies in the 15 communities developing their own affordable housing initiatives. As projects advance, and require HOME investment, they are submitted to the BCHC for review and a determination if they meet the priorities of the Consortium. If the submitted project meets the BCHC priorities and there is available funding, it is then submitted to the BCHC Advisory Council for approval.

Most of the projects funded by HOME also use State resources and thus they are usually developed in conjunction with the DHCD application for funding cycles. The next DHCD rental funding round application deadline will likely be late March/early April 2015. It is expected that projects will be submitted to the BCHC sometime in Calendar year 2015.

Projects

#	Project Name

Table 54 – Project Information

Describe the reasons for allocation priorities and any obstacles to addressing underserved needs

These are determined on a case by case basis at the time of submission.

AP-38 Project Summary

Project Summary Information

At this time (March 2015) no projects have been submitted to the BCHC for approval; however, BCHC expects rental development funding requests in conjunction with the April 2015 DHCD round. In addition, the BCHC has been in conversation with a number of communities about their plans and anticipate that a few projects will be submitted later in the year.

AP-50 Geographic Distribution – 91.220(f)

Description of the geographic areas of the entitlement (including areas of low-income and minority concentration) where assistance will be directed

There will be no geographic focus for the investment of HOME funds.

Geographic Distribution

Target Area	Percentage of Funds

Table 55 - Geographic Distribution

Rationale for the priorities for allocating investments geographically

There will be no geographic focus for the investment of HOME funds.

Discussion

Affordable Housing

AP-55 Affordable Housing – 91.220(g)

Introduction

The tables below list the proposed goals for the first year of this 5 year plan – July 1st 2015 through June 30th 2016.

One Year Goals for the Number of Households to be Supported	Goal
Homeless	3
Non-Homeless	30
Special-Needs	2
Total	35

Table 56 - One Year Goals for Affordable Housing by Support Requirement

One Year Goals for the Number of Households Supported Through	Goal
Rental Assistance	0
The Production of New Units	30
Rehab of Existing Units	0
Acquisition of Existing Units	5
Total	35

Table 57 - One Year Goals for Affordable Housing by Support Type

Discussion

AP-60 Public Housing – 91.220(h)

Introduction

HOME funds are not disbursed to any public housing authorities. However housing authorities can benefit from CDBG entitlement funds for housing rehab, public facilities, public infrastructure and public services related activities which can directly or indirectly benefit public housing residents.

Actions planned during the next year to address the needs to public housing

It is possible that the Commonwealth of Massachusetts through its CDBG program may assist the other PHAs in the County.

CDBG funds can also be used to conduct public services activities that will directly and indirectly benefit residents of PHA properties.

BCHC provides housing counseling, under its homeownership program that is open to PHA residents. BCHC also provides down payment and closing cost assistance under the HOME program that is available to PHA residents.

Actions to encourage public housing residents to become more involved in management and participate in homeownership

The following are initiatives the PHAs may implement to encourage tenant participation and further benefit residents.

1. Increase social services department
2. Ongoing modernization

Three PHAs also have a Housing Choice Voucher and Family Self Sufficiency program to encourage residents to improve themselves and hopefully become independent homeowners. Participants in this program are encouraged to take advantage of the down payment assistance funding offered by the BCHC.

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance

N/A - there are no troubled Federal Housing Authorities located in the Consortium area.

Discussion

The Housing Authorities have their own funding sources, priorities, management and maintenance issues. The BCHC's involvement is to ensure that that the PHA Plans (for those with Federal public housing and/or Federal vouchers) are consistent with this Consolidated Plan and also the CDBG Consolidated Plans of Barnstable, Yarmouth and the State. Under CDBG, assistance has been provided in the past and may continue to do so. Public service activities assist Housing Authority residents. Under HOME there may have been PHA resident beneficiaries through the down-payment program.

AP-65 Homeless and Other Special Needs Activities – 91.220(i)

Introduction

While the HOME Consortium's primary role would be to provide funding support for any new permanent supportive housing requests, the Consortium will continue to play an active role in the Regional Network's efforts to end homelessness in the region.

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including

- **Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs**

The Consortium will continue to participate on the Continuum of Care committees to coordinate services to the homeless on Cape Cod.

- **Addressing the emergency shelter and transitional housing needs of homeless persons**

The Consortium will continue to participate on the Continuum of Care committees to coordinate services to the homeless on Cape Cod. The consortium will also be considering a TBRA program in the later years of this five year planning period.

- **Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again**

The Consortium's efforts to increase the supply of affordable rental housing and assist first time homebuyers will provide better opportunities for homeless or near homeless individuals and families to find permanent affordable housing.

- **Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs**

The Consortium will continue to participate on the Continuum of Care committees to coordinate services to the homeless on Cape Cod.

Discussion

In the course of selecting projects to fund, the BCHC plays close attention to how any one project is connected to the efforts of the CoC and its partners in serving the homeless, especially in terms of permanent housing.

AP-75 Barriers to affordable housing – 91.220(j)

Introduction:

The Cape is a high housing cost, low wage region in a state with extremely high housing costs compared with the rest of the nation. It is extremely challenging to create affordable housing, especially rental housing for very low income households, anywhere in the state, but even more particular to smaller communities and more rural areas in this region. Some of the specific barriers are common to all affordable housing developers in the state; others are more particular to smaller communities and more rural areas:

Insufficient public resources- In the projects the Consortium has funded over the last five years the amount of public subsidy (exclusive of the value of any donated land and/or the value of low income housing tax credits) needed to create one unit of affordable rental housing is about \$135,000, while the subsidy needed to create one affordable ownership unit about is \$82,000. It would require about \$620,000,000 in public subsidies for the region to meet its 10% goal by creating 4,000 rental units and 1,000 ownership units.

Federal housing policy- The replacement about 30 years ago of deep federal subsidy programs for low income housing development with more and shallower subsidy programs has lengthened the time to complete development projects and has increased transaction costs. Different state and federal subsidy sources have differing requirements that increase the time and complexity involved in planning a project. For rental developments, it has also meant more staff time devoted to compliance issues for the various funders.

Land use policies- At the town level, there exists land use policies that have been problematic with respect to the development of affordable housing. These land use policies were driven in large part by the need to protect the fragile nature of the Cape's environment. While their intent was not necessarily to function as a barrier to affordable housing, these policies have had that effect. Many of these policies were adopted in response to the rapid and over-development that took place on the Cape from 1970-1990. The primary land use barrier is large lot zoning. Approximately 70% of the residential acreage on the Cape is zoned one acre or more. While large lot zoning was envisioned as a mechanism to control growth and to protect the sole source aquifer, there is an increasing awareness on the Cape that these policies did not control growth or protect our water and coastal resources. They in fact have contributed to sprawl development and insufficient affordable housing. Fundamentally, lot requirements of this type make it impossible to create affordable housing without density relief and/or significant subsidies. Since 2001, 84% of the affordable housing created in the region has been

permitted through the Chapter 40B comprehensive permit process that allows relief from certain zoning regulations.

Limited wastewater infrastructure- Only Barnstable, Bourne, Chatham, Falmouth, and Provincetown have centralized sewer systems in parts of their towns. While the region is certainly now starting to face its wastewater challenge, this lack of infrastructure has limited the size and scope of affordable housing development.

Limited town capacity- While the non-profit affordable housing development capacity has certainly increased over the last decade, towns have lagged behind. Only Barnstable, Bourne, Provincetown, and Yarmouth have town staff whose job is focused on affordable housing. While affordable housing development is not overly complicated, it does require time, perseverance and attention to detail that is often difficult for town staff to achieve given the myriad other responsibilities they have in addition to affordable housing.

Neighborhood and community resistance to development- While it is natural for neighbors to be curious and have concerns about any new development that might occur in their neighborhood, the amount and intensity of concerns expressed- whether it be about traffic, property values, fiscal impact, or community character- are significantly higher for affordable housing development. Rental housing development in particular typically faces more intense opposition and more scrutiny by town boards than do ownership projects.

HOME/universal deed rider inconsistency- The recent HUD determination that HOME funds- either project-based or homebuyer-based- cannot be used in any transaction that involves the state's universal deed rider has significantly impacted the region's ability to support homeownership. Towns and lenders embraced the universal rider because it survived foreclosure (towns' interest) and was saleable to Fannie Mae (lenders' interest). The Consortium's ability to support small-scale ownership projects that rely on no state resources but significant Town support and CPA funds has been hampered. In addition, there are a number of first time homebuyers looking to purchase Town-supported, deed restricted units that now will not have access to the region's only pool of down payment and closing cost assistance.

Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment

Also included in this section per HUD requirements are the County's strategies for removing barriers to affordable housing; its actions to reduce lead-based paint hazards; its anti-poverty strategy; the institutional structure through which the County will carry out its plan, including activities to enhance coordination among housing providers, government and quasi-governmental agencies and other participants; the strategy for addressing the needs of public housing residents; and its strategy to affirmatively further fair housing.

The Consortium identified a number of barriers to affordable housing production that involved resource allocation, housing policy, land use policy, lack of infrastructure and staff capacity, and public perception and attitudes. The Consortium proposes the following strategies to address these barriers over the next five years:

Resource allocation: With respect to public subsidies, the Consortium will continue to advocate for a larger share of budgetary resources be devoted to both housing production- including HOME- and housing voucher programs at the state and federal level. In addition, the Consortium will continue to support funding for the Federal Affordable Housing Trust Fund.

Housing policy: The Consortium will have programmatic requirements to the greatest extent possible that are consistent with those of other public funders- especially with DHCD. For ongoing monitoring of rental projects, the Consortium will use reports from other public funders to the greatest extent possible for its required compliance reviews. Finally, the Consortium will engage DHCD to develop an ownership deed restriction that 1) survives foreclosure; 2) satisfies HOME regulations; and 3) enables units to be counted on the Subsidized Housing Inventory.

Land use policies: The Consortium will publicize and will advocate that towns 1) adopt local affordable housing bylaws such as those in Dennis and Barnstable; and 2) create a Chapter 40R district and/or adopt inclusionary zoning. The Consortium will continue to advocate for the continuation and improvement in Chapter 40B- the state's comprehensive permit law that allows applicants in communities that have not achieved 10% affordable housing to receive waivers from local regulations if the project has at least 20-25% affordable units. Chapter 40B has been a critical tool for affordable housing in the County as a September 2008 Cape Cod Commission study found that historically 40% of the County's affordable units had been created through the Chapter 40B zoning process- including 84% of all newly created affordable units

since 2001. Chapter 40B allows the densities needed for affordable housing development which would otherwise have been impossible under the existing zoning. (Note: A ballot initiative to repeal Chapter 40B will go before the state's voters in November 2010).

Limited wastewater infrastructure: The Consortium will encourage and support wastewater planning and implementation efforts in local communities. The Consortium will also advocate that towns adopt land use bylaws that encourage affordable housing as part of their wastewater planning efforts.

Town staff capacity: The Consortium will continue to promote and support the use of the Planned Production regulations under Chapter 40B as a means for towns to both have an affordable housing plan and also to have more control over the types of Chapter 40B development that occurs. To implement these plans, the Consortium will advocate that Towns look to local resources- particularly Community Preservation Act funds- to provide staff capacity to carry out the activities in the housing plans.

Neighborhood and community resistance: The Consortium will continue to educate the public through publications, workshops, and its web site of the need for and impact of affordable housing in the region.

Discussion:

AP-85 Other Actions – 91.220(k)

Introduction:

No additional actions beyond those described in the priorities and goals outlined in the SP and AP sections above are planned at this time.

Actions planned to address obstacles to meeting underserved needs

No additional actions beyond those described in the priorities and goals outlined in the SP and AP sections above are planned at this time.

Actions planned to foster and maintain affordable housing

No additional actions beyond those described in the priorities and goals outlined in the SP and AP sections above are planned at this time.

Actions planned to reduce lead-based paint hazards

No additional actions beyond those described in the priorities and goals outlined in the SP and AP sections above are planned at this time.

Actions planned to reduce the number of poverty-level families

No additional actions beyond those described in the priorities and goals outlined in the SP and AP sections above are planned at this time.

Actions planned to develop institutional structure

No additional actions beyond those described in the priorities and goals outlined in the SP and AP sections above are planned at this time.

Actions planned to enhance coordination between public and private housing and social service agencies

No additional actions beyond those described in the priorities and goals outlined in the SP and AP sections above are planned at this time.

Discussion:

No additional actions beyond those described in the priorities and goals outlined in the SP and AP sections above are planned at this time.

Program Specific Requirements

AP-90 Program Specific Requirements – 91.220(I)(1,2,4)

Introduction:

As there have been recent temporary (interim rule) and final rule changes made to the HOME regulations, BCHC staff attend seminars and webinars to keep abreast of these changes in regulations and program requirements and the dates of implementation.

HOME Investment Partnership Program (HOME)

Reference 24 CFR 91.220(I)(2)

1. A description of other forms of investment being used beyond those identified in Section 92.205 is as follows:

The BCHC will utilize any and all available funding sources to accomplish their goals and objectives. Many of those appear in tables located in sections SP-35 and AP-15 of this plan. These sources include, but are not limited to, private sources (such as banks, private developers and first time homebuyer contributions), and public sources (such as tax incentives, grants), and local funding through varied municipal resources.

2. A description of the guidelines that will be used for resale or recapture of HOME funds when used for homebuyer activities as required in 92.254, is as follows:

Homeownership Development

Each applicant/borrower shall be required to sign a Promissory Note, Mortgage, and Loan Agreement with the Affordable Housing Restriction (AHR) as an exhibit to the Loan Agreement. The HOME funds shall be provided in the form of a short term (less than five years), zero interest, no monthly payment, forgivable loan. Upon the applicant's completion of the project and submission of evidence that the required number of HOME-assisted units were sold to income-eligible households and that affordable housing restrictions were recorded, the Consortium will discharge the mortgage.

All HOME-assisted homeownership unit(s) shall be restricted to ensure long-term affordability through the use of an Affordable Housing Restriction recorded after the deed of the homebuyer. The length of the affordability term will be perpetuity or the longest term allowable by law. The Consortium will employ an AHR that uses a resale formula indexed to area median income that will ensure a fair return (including approved capital improvements) while preserving affordability. In compliance with HOME regulations, the AHR will require that

the owner sell their home/unit to an income-eligible household during the minimum required HOME affordability period, i.e. 5-15 years depending upon amount of assistance. In addition, the AHR will survive foreclosure.

Homebuyer Assistance

The Consortium will utilize recapture provisions for its Down payment/Closing Cost program. The HOME funds shall be provided in the form of a zero-interest, no monthly payment, deferred loan. Each applicant/borrower shall be required to sign a Promissory Note and Mortgage, along with a Disclosure Statement. The Consortium will require applicants receiving down payment/closing cost homeownership assistance to repay all of the HOME assistance at the time the unit is resold, transferred, or in some cases refinanced. Repayment of the full amount due in the case of a resale will not be required if there are not sufficient net proceeds. Net proceeds are the sales price minus closing costs and loan repayment (other than HOME funds). If full repayment of the HOME funds is not possible, then the amount of the HOME repayment will be proportional to the HOME investment and the owner's initial down payment, i.e. HOME loan / HOME loan + owner down payment times net proceeds will equal the HOME repayment amount.

3. A description of the guidelines for resale or recapture that ensures the affordability of units acquired with HOME funds? See 24 CFR 92.254(a)(4) are as follows:

Rental Housing Development

All HOME-funded rental housing units must contain long-term affordability restrictions. The length of the restrictions is dependent on the amount of development project assistance received. Rental projects receiving assistance under the rental housing development program are subject to the following restrictions:

- 15 years for award below \$15,000;
- 20 years for award between \$15,000 to \$29,999;
- 30 years for award between \$30,000 to \$49,999;
- 40 years for award between \$50,000 to \$74,999;
- 50 years for award of \$75,000 or more.

Each applicant/borrower shall be required to sign a Promissory Note, Mortgage, Loan Agreement and Affordable Housing Restriction.

The HOME funds shall be provided in the form of a fifteen to fifty year, zero interest, and no monthly payment, deferred payment loan. The note will contain language that will allow for an

extension of the loan term if necessary to preserve affordability. The loan amount will be recaptured if the unit(s) is sold during the term of mortgage, unless there is a default on the terms of the loan, in which case the entire loan amount, plus interest, will be due. During the term of the Affordable Housing Restriction, the affordability requirements will remain in effect regardless of a transfer occurring during its term.

All rental units receiving HOME rental assistance will be subject to a one year lease and will comply in every respect with all applicable HOME regulations governing income eligibility, income occupancy percentages, and HOME rents.

4. Plans for using HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds along with a description of the refinancing guidelines required that will be used under 24 CFR 92.206(b), are as follows:

None

Discussion:

Appendix - Alternate/Local Data Sources