2010-2014 CONSOLIDATED PLAN

August 12, 2010
Abilene, Texas
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Goal: Enhance quality of life for elderly citizens

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Goal: Revitalize neighborhoods

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Goal: Improve the quality of programs and facilities for health and safety, information, transportation, childcare and recreation services

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Executive Summary

The 2010-2014 Consolidated Plan and the 2010 One-Year Action Plan will be submitted for HUD approval in August 2010. HUD's approval of the City's Consolidated Plan and annual Action Plan is required in order for the City to remain eligible for annual Community Development Block Grant (CDBG) and Home Investment Partnerships (HOME) entitlement funds. CDBG and HOME are the City's primary funding sources for housing and community development activities.

The development of the 2010-2014 Consolidated Plan began in 2010 with public hearings and reviews of existing community studies and planning documents. During that time, representatives of neighborhoods, civic, public and private interests worked together to identify housing and community development issues and needs in Abilene. These needs were then prioritized and categorized in accordance with HUD's Priority Needs Tables, as summarized below.

High Priority Needs
- First Time Homebuyer Assistance
- Single-Family Rehab & Construction
- Critical/Limited Home Repair
- Handicap Accessibility
- Health Services
- Senior Services
- Transportation Services
- Homeless Facilities/Support
  - Services: Emergency, Long-Term & Transitional
  - Childcare Facilities
  - Infrastructure Improvements: Infill Development, Parks, Sidewalks, & Lighting
  - Planning/Neighborhood Improvement
  - Section 108 Debt Repayment

Medium Priority Needs
- Youth Job Training: Skills & Education
- Micro-Enterprise Grants
- Financial Support Services
- Services: Homeless & Special Needs Population
- Refugee-Specific Needs
- Program Coordination Transportation
- Housing for Ex-Offenders

From the need prioritization process, the 2010-2014 Consolidated Plan was developed with broad goals for addressing housing and community development in Abilene. These goals, along with specific objectives, are listed below. Each year, as annual action plans are formulated toward achieving these goals, objectives may be added or modified to reflect previous accomplishments and/or new challenges, thus amending the Consolidated Plan. Any substantial amendments to the Consolidated Plan require approval through a formal public hearing and citizen participation process in accordance with 24 CFR 91.105.

Annually, the City prepares the Consolidated Annual Performance Evaluation Report (CAPER), which evaluates the goals and objectives set forth for the program year.
2005-2009 Self-Evaluation

The purpose of the CDBG Program is to provide decent housing, a suitable living environment and the expansion of economic opportunity primarily for low- and moderate-income persons. The City of Abilene is pleased with its progress during the past year in addressing identified priority needs and objectives of the 2005-2009 Consolidated Plan. All funds were expended to benefit those of low- to moderate-income. At the end of the third year of the three-year compliance period, the City of Abilene achieved 100% LMI benefit. There were no activities falling behind schedule, with the exception of the projected clients in the TBRASS Program (see discussion below). All other major goals were on target. All grant disbursements were accomplished in a timely manner as is consistent with the City of Abilene Finance Department close of fiscal year.

The City has been able to affect the availability of affordable housing in Abilene through the First-Time Homebuyer Program. Programs such as Critical/Limited Repair Program, Single-Family Rehab/Reconstruction and CHDOs (Habitat for Humanity and Connecting Caring Communities) have consistently assisted low-income persons/households during the past 5 years.

The TBRASS Program showed a decline in use from a projected 50 to an actual of 15 clients. As the AHA continued to rectify its significant under-leasing, the TBRASS client list continued to diminish. Beginning in PY08, the TBRASS Program began a 2-year phase out. All eligible TBRASS clients continued to receive assistance for the contracted two-year period or until they are assisted by the Housing Choice Voucher Program.

The assessment and abatement of lead-based paint in older homes continues to slow rehabilitation work. However, during PY06 and PY07, the City initiated a pilot incentive program to encourage general contractors to become lead certified. The addition of one new lead certified contractor helped increase the number of rehab projects. Additional certifications are possible as staff continues efforts to recruit contractors and the Lead Certification Incentive Program becomes better known.

At the end of PY06, CCC was certified as a CHDO and started the planning process for a housing and park development project during PY07. Site preparation began in early PY08. Habitat for Humanity continues to provide affordable housing on schedule.

Other programs such as Access to Jobs, Medical/Dental, Adult Protective Services Partners, Abilene Volunteer Weatherization and Family Self-Sufficiency were all instrumental in providing a suitable living environment and economic opportunity for hundreds of low- and moderate-income Abilene citizens. These programs created a more comprehensive approach to improving the living environment.

Expanding economic opportunities for low- and moderate-income citizens is an objective of not only the public sector, but the private sector as well. The City’s one-half cent sales tax for economic development has been invaluable in providing
jobs that are made available to low- and moderate-income residents. Through the DCOA’s efforts a Doctorate of Pharmacy program through Texas Tech University was recruited to Abilene and has graduated 3 classes to date. In addition, the DCOA contracts with the Small Business Development Center (SBDC).

There were many things that had a substantial impact on the City’s ability to meet community needs. The most critical barrier that affected the ability to fulfill the strategies and the overall vision of the current Consolidated Plan was the funding level in relation to the amount of need. The amount of funding available in recent years has not been adequate to address all the needs identified by the community. Given the uncertainty funding levels, the City will rely heavily on the Consolidated Planning process to ensure that funding is focused on the most highly prioritized needs. In addition, hurricanes Rita, Katrina and Ike and the depressed economy continued to cause an impact that reduced other funding sources for local projects.

**Housing Needs**

Goal: Low- to moderate-income citizens will have access to safe, decent and affordable housing

Objectives:
- Increase the availability, financial accessibility, and support for affordable home ownership opportunities
- Increase the availability, financial accessibility, and support for affordable and subsidized rental units
- Maintain, rehabilitate and improve existing single-family, multi-family, and subsidized housing units
- Educate homeowners and homebuyers on all aspects of homeownership to include, but not limited to, property maintenance and environmental hazards
- Educate renters and landlords on all aspects of fair housing practices to include, but not limited to, property maintenance and environmental hazards
- Expand education and enforcement of safety codes and/or services to improve conditions of housing
- Increase the availability, financial accessibility, and support for handicap accessible housing

**Homeless and Non-Homeless Special Needs**

Goal: Prevent and reduce homelessness

Objectives:
- Provide and maintain transitional housing and support services for individuals and families, including unaccompanied youth and ex-offenders

Goal: Improve the quality of programs and facilities for health and safety, information, transportation, childcare, and recreation services

Objectives:
- Support the expansion of comprehensive affordable health and dental services
- Enhance the mechanism for coordination, communication, and quality assurance among service providers, city services, citizens, and clients
- Provide and expand social and recreational services and facilities, including but not limited to, youth and individuals with disabilities
- Expand crime prevention strategies, law enforcement services, and code enforcement
- Facilitate assimilation of refugees into the community

**Other Community Development Needs**

**Goal:** Revitalize neighborhoods

**Objectives:**
- Encourage and support programs that diminish crime
- Provide incentives to encourage neighborhood initiated projects and organizations
- Encourage mixed use/mixed income infill development

**Goal:** Enhance the physical environment of Abilene

**Objectives:**
- Provide and maintain adequate public facilities and infrastructure especially in low- to moderate- income areas, including gree spaces
- Enhance pedestrian, bike, and traffic safety

**Goal:** Enhance quality of life for elderly citizens

**Objectives:**
- Increase the availability, financial accessibility, and support for safe, decent, and affordable housing
- Provide resources for home repairs and property maintenance for owner-occupied homes
- Maintain and increase services to encourage independent living
- Support the expansion of comprehensive affordable health and dental services
- Enhance the mechanism for coordination, communication, and quality assurance among service providers, city services, citizens, and clients

**Economic Development Needs**

**Goal:** Enhance the economic well being of all citizens

**Objectives:**
- Support maintenance, enhancement, and expansion of quality childcare
- Support maintenance, enhancement, and expansion of transportation services
- Utilize and promote rehabilitation of existing properties to support business development
- Partner with higher education, businesses and service programs for life skills and language training
- Expand or enhance existing financial asset building programs
- Develop job skills training for youth
- Establish micro-loan/grant programs for small business development

**Strategic Plan**

**Mission:**
The mission is to develop goals and objectives for the Consolidated Plan that will then be used to guide strategies for housing and community development over the next five years, as well as priorities with Community Development Block Grant and HOME Investment Partnerships Program funds.

**General Questions**

Abilene is located in west central Texas in an area known as “Midwest Texas” or the “Big Country”. The region is comprised of nearly 17,800 square miles. The population within the Abilene city limits is 115,930 (2000 Census), approximately one-third of the area's population.

The City of Abilene is a full-service city and provides services in areas such as public works, community development, economic development, community services, public and environmental health, police and fire protection, water and sewer, and general administration.

Since the 1980s, the Abilene economy has steadily improved as Abilene began to depend less on oil and natural gas and more on manufacturing, retail sales, health sciences and the service industry.

Today, Abilene’s three private universities, one junior college, one technical college, and a branch of a State university dedicated to higher level technology degrees and the School of Pharmacy continue to draw students from all over the United States and the world. The City of Abilene and the Development Corporation of Abilene through use of the ½ cent sales tax have built a Life Sciences Accelerator, helping Abilene develop into a regional medical center that serves people from all over the region.

Abilene has approximately 19,200 students enrolled in secondary school systems (ages 5-18). This includes 18,600 students in two public school systems and about 530 students in three private schools.

Abilene is a city with a growth rate of about .5 percent in recent years. The quality of life is considered good and many military people decide to stay in Abilene and raise their families. Due to limited population, the city is expected to continue to have a steady but slow growth rate.

Activities under CDBG and HOME are generally offered citywide to allow all low- to moderate- income Abilenians equal access to housing and community development programs. The Single-Family Rehabilitation/Reconstruction Program attempts to
target a significant amount of funds (50% or more) in low- to moderate-income neighborhoods that have also been targeted by the City Council through a neighborhood planning process. Carver, North Sayles and Sears Neighborhoods have plans in place. A 1997 City Council resolution directed that a minimum of 50% of the funds allocated to address the rehabilitation activities related to housing be used for projects in targeted neighborhoods.

From the need prioritization process, the 2010-2014 Consolidated Plan was developed with broad goals for addressing housing and community development in Abilene. Each year, as annual action plans are formulated toward achieving these goals, objectives may be added or modified to reflect previous accomplishments and/or new challenges, thus amending the Consolidated Plan. Any substantial amendments to the Consolidated Plan require approval through a formal public hearing and citizen participation process in accordance with 24 CFR 91.105.

Among the concerns and issues voiced by the attendees during our Consolidated Plan workgroup sessions, was job-creation and training, new housing construction for low-income families, rehabilitation of housing stock, expansion of affordable rental housing, homeless service/facility needs and transportation needs for after hours jobs and/or school, code enforcement, safety and enhanced quality of life for the elderly. Other obstacles to meeting underserved needs is the high number of residential properties located in the 100-year floodplain (approximately 25%), which limits the amount of funding allowable toward the rehabilitation those properties. A new Corps of Engineer floodplain study has been performed and final revisions are expected by June 2011. The new study is not expected to alter the maps, only increase the degree of accuracy along the many creeks that run through Abilene. Another obstacle is the delay in the completion of Single-Family Rehabilitation projects due to a shortage of local certified lead based paint abatement contractors. In 2007, the City developed a pilot program to assist contractors in the LBP certification process. This program has produced one new LBP certified contractor. Recruitment continues.

Managing the Process

The City of Abilene's 2010-2014 Consolidated Plan demonstrates a concerted effort to enhance the quality of life for all residents through a strategic plan for community development. To achieve this goal, the city will maximize the use of available resources in order to expand and preserve the availability of safe, decent, and affordable housing.

The overall goals of the community development and planning programs covered by the Consolidated Plan are to strengthen partnerships between HUD and the jurisdictions; to extend and strengthen partnerships among all levels of government and the private sector, including for-profit and non-profit organizations; to enable them to provide decent housing, establish and maintain a suitable living environment; and to expand economic opportunities for every American, particularly for low- to moderate-income persons. Due to size and distance of comparable, adjacent units of general local government, the City of Abilene
consulted with local government, government agencies and area and regional agencies in the development of the Consolidated Plan to identify problems and solutions that go beyond a single jurisdiction. (See Appendix B)

HUD approval of the Consolidated Plan is required in order for the City to remain eligible for funds under CDBG and HOME. In addition, other governmental and non-governmental agencies seeking federal grants from HUD will be required to receive a Certification of Consistency with the Consolidated Plan. The Plan will be submitted to HUD on or before August 15, 2010 and will become effective October 1, 2010 upon HUD's approval.

The City of Abilene is the lead agency in the development of the Consolidated Plan. The Neighborhood Initiatives Division under the Department of Planning and Development Services Department was responsible for coordinating the process and overseeing the citizen participation responsibility.

The major components of the Consolidated Plan are the Consultation and Citizen Participation Plan, Housing and Homeless Needs Assessment, Housing and Market Analysis, Five-Year Strategic Plan, and a One-Year Action Plan. The One-Year Action Plan will guide funding priorities for approximately $1.8 million of CDBG & HOME funds.

The Consolidated Plan will accomplish the following:

- Enable the communities to view the U. S. Department of Housing and Urban Development programs not as isolated tools to solve narrow functional problems, but as an invitation to embrace a comprehensive vision of housing and community development. This comprehensive vision includes affordable housing, adequate infrastructure, fair housing, environmental justice, enhancement of civic design and economic growth coordinated with human development.

- Allow HUD and local government to work together to provide a forum for planning an integrated approach.

- Improve program accountability and supports results-oriented management by:
  - Establishing priorities, goals and objectives;
  - Providing citizens timely and reasonable information on needs, goals, and proposed projects;
  - Providing measurable indicators of progress and reporting on progress against these measures.

- Facilitate "bottom up" planning by creating a planning process that renews commitment and generates new citizen involvement.

- Ensure that the needs and resources of public housing authorities are included in a comprehensive planning effort to revitalize distressed neighborhoods and help low-income residents locally.
Integrate efforts to identify and take measures to overcome impediments to fair housing as an integral part of the comprehensive planning effort.

The City of Abilene has conducted major campaigns to solicit citizen input into the 2010-2014 Consolidated Plan. Methods of obtaining input include consultation work group sessions to identify service needs and gaps, and neighborhood meetings within the Community Development Eligible Areas. In addition to these efforts, the Office of Neighborhood Services Advisory Council was established in 2003 by the City of Abilene with the members appointed by the Mayor specifically for the purpose of coordinating and managing neighborhood resources and services aimed at improving the vitality of Abilene’s neighborhoods. They assisted in the development of the 2010-2014 Consolidated Plan and Strategy on housing and community development.

The Advisory Council’s primary purpose during the Consolidated Plan process was to develop goals and objectives for the Consolidated Plan that were then used to guide strategies for housing and community development over the next five years, as well as funding priorities with Community Development Block Grant and Home Investment Partnerships Program funds.

As part of the plan’s requirements, the City must develop goals, objectives and strategies for the following areas:

- affordable housing
- homelessness
- other special needs populations
- non-housing community development (including economic development)

Strategies may or may not be specific with regard to the use of CDBG or HOME funds. (See the 2010-2014 Consolidated Plan table of goals, objectives and strategies for a format example.)

The City has established that, in order to be considered for CDBG or HOME funding, projects must:

- be consistent with the goals and objectives of the Consolidated Plan;
- meet HUD’s criteria of meeting a national objective (CDBG) and be an activity;
- eligible for funding under HUD regulations; and
- meet additional criteria adopted by the Abilene City Council in 1997

**Process**

The Advisory Council developed goals and objectives for the 2010-2014 Consolidated Plan after a thorough review of data and information accumulated from the following sources:

Four Consultation Workgroup sessions held throughout the months of February and March 2010. Sessions focused on the following topics and were attended by a total...
of 80 people from throughout the community, representing the private, public and nonprofit sector, as well as concerned citizens and neighborhood residents:

- The availability and affordability of safe, decent housing;
- Homelessness and special needs populations;
- Jobs, job training, and economic development; and
- Community and neighborhood development (with an emphasis on public service and facility needs, infrastructure and planning).

Neighborhood resident focus groups were held in three neighborhoods located within Community Development Eligible Areas. Meetings were held in the Sears Park, Cobb Park and Rose Park neighborhoods, with a total of 24 residents attending, broken down as follows:

- Sears Park – 1 attendees
- Cobb Park – 13 attendees
- Rose Park – 10 attendees

Additional data was derived from the 2000 Census, other local studies and documents produced within the past five years.

**Time-line**

In early February, Sandy Bowen, Neighborhood Initiatives Manager, met with local media and discussed the purpose of the Consolidated Plan process and announced the dates, times and locations of each of the Consultation Workgroups and Community Meetings. Media coverage was provided at 6 of the 7 meetings. The Advisory Group met on April 6, 2010 to develop the goals and objectives for the Plan. Their recommended goals and objectives were presented to and adopted by City Council during a public hearing held on April 22, 2010.

**Evaluation**

The Advisory Council regularly meets quarterly or on an as-needed basis and may meet after August 15, 2010, to review the final Consolidated Plan and Strategy and conduct an evaluation of the process used for its development.

**Abilene Housing Authority**

The AHA was very important in the plan development with regard to addressing the availability and affordability of safe, decent housing in the community. The Housing Authority provided information regarding issues that address public housing and the importance of implementing guidelines in the elimination of lead based paint in low-income housing units and the effort to reduce fraud. The Housing Authority had a representative at two of the four workgroup sessions and met with the Neighborhoods Initiatives staff during the development of the Consolidated Plan.

Approximately 374 public and private service providers were mailed invitations to attend the four Consultation Workgroup Sessions. Surveys were enclosed with the invitation. A complete list of the providers and agencies invited to the sessions is located in Appendix B. Some of the agencies participating were the United Way,
Abilene Christian University, Adult Protective Services, AHA, Habitat for Humanity, Abilene Hope Haven, Abilene Independent School District and Region 14 Education Service Center, Abilene Volunteer Weatherization, Meals on Wheels Plus, West Texas Rehab, Abilene Regional Council on Alcoholism and Drug Addiction, rental property owners and representatives of religious congregations. See Appendix B for a complete list of attendees.

**Citizen Participation**

1. The purpose of this Citizen Participation Plan is to provide for and encourage participation by all residents in the development of the Consolidated Plan. This Plan is designed especially to encourage participation by the following groups of residents:

   A. Low- and moderate-income persons (as defined by the U.S. Department of Housing and Urban Development);

   B. Residents of slum and blighted areas;

   C. Residents in areas in which funds are to be used;

   D. Residents of predominantly low- and moderate-income neighborhoods;

   E. Minorities and non-English speaking persons;

   F. Persons with disabilities;

   G. Residents of public and assisted housing developments;

   H. Residents of targeted revitalization areas.

The above group of residents will be invited and encouraged to participate in the consolidated planning process through announcements in the media, notices posted on the City website, the Hispanic Abilene website, posted notices, announcements at community and civic meetings. Participation by the above groups may consist of general suggestions delivered either orally or in writing or specific project proposals delivered in writing. All forms of comments and suggestions from residents of Abilene were received and considered by the City staff.

2. All citizens will be provided an opportunity to comment on the Citizen Participation Plan and any substantial amendments thereof. A Public Notice will be published in a local newspaper including, but not limited to, the Abilene Reporter-News.

3. Before a Consolidated Plan is submitted to the Department of Housing and Urban Development (HUD), the City of Abilene will:
A. Make available to citizens, public agencies, and other interested parties information on the amount of assistance the jurisdiction expects to receive, the amount expected to benefit low- and moderate-income persons and the range of activities that may be undertaken.

B. Make available for public inspection its Residential Antidisplacement and Relocation Assistance Plan.

C. Publish a summary in a local newspaper including, but not limited to, the Abilene Reporter-News. Copies of the entire Consolidated Plan will be available at the lead agency.

D. Hold a minimum of two public hearings per year. At least one public hearing will be held at a community site, where feasible, and will be conducted in the early stages of the development of the Consolidated Plan. Public hearings will be conducted at different stages of the program year and will address:

   1) Housing and Community Development Needs;
   
   2) Development of Proposed Activities; and
   
   3) Review of Program Performance.

4. Advance notice of public hearings will be published at least two (2) weeks in advance in a local newspaper including, but not limited to, the Abilene Reporter-News. Notice will also be provided by posting at City Hall at least 72 hours in advance.

5. To the greatest extent possible, public hearings will be held at times and locations convenient to potential and actual beneficiaries and with accommodations for persons with disabilities.

6. Accommodations will be made to assist non-English speaking residents that may choose to participate. A person bilingual in English and Spanish will be available upon request.

7. Provide a minimum of 30-day period to receive comments. A Public Notice announcing the 30-day comment period will be published in a local newspaper including, but not limited to, the Abilene Reporter-News.

8. Provide a minimum 30-day comment period to receive comments on any substantial amendment to the Consolidated Plan. Written comments should be directed to the lead agency. Any comments received in writing or orally at a public hearing, will be considered in preparing the substantial amendment of the Consolidated Plan. A summary of these comments or views shall be attached to the amended consolidated Plan.
9. Citizens will be given at least 15 days to comment on the performance report before it is submitted to HUD. A Public Notice announcing the 15-day comment period will be published in a local newspaper including, but not limited to, the Abilene Reporter-News. A summary of any comments or views of citizens received in writing or orally at public hearings will be attached to the performance reports.

10. All citizens will be provided with reasonable and timely access to local meetings, information and records relating to both proposed and actual use of grant funds.
   
   A. All meetings will be open to the public, announced in the media where practicable and a Notice with an agenda will be posted 72 hours in advance in accordance with the Texas Open Meetings Act.

   B. All records, except those which would violate individual privacy, will be available for public inspection. Upon request, information will be made available in a form accessible to persons with disabilities.

11. Technical assistance will be available to groups representative of persons of low- or moderate-income that request such assistance in developing proposals for funding assistance under any of the programs covered by the Consolidated Plan. The assistance will consist of the provision of a set of guidelines to be used in preparing project proposals as well as advice in the preparation of specific items.

12. Funding requests will follow the procedure below.

   A. A Community Development Funding Request must be completed by outside agencies.

   B. Funding requests will be reviewed for eligibility and compliance with the City’s Strategic Plan, Consolidated Plan, City Council Guidelines and CDBG National Objectives.

   C. The funding requests will be forwarded to the appropriate City Department and/or citizen’s board, if applicable, for review and comment.

   D. Staff will make funding recommendations to the City Council based on available funds, and items B and C above.

13. Written complaints and grievances shall be addressed to the lead agency. Written complaints and grievances will be reviewed by the appropriate City staff for an answer in writing. Answers will be provided within 15 working days where practicable.

Efforts to broaden public participation include, but are not limited to, amending the Citizen Participation Plan to include additional public hearings, hold these public
hearings at times and places more convenient to expected beneficiaries, developing a formal application process for funding requests and posting notices at public facilities, including the five Senior Activity/Recreation Center sites, the public housing sites and the City of Abilene web site. To encourage attendance, the neighborhood meetings were held in the early evening, at locations within high LMI census tracts and block groups. In addition to the public notices in the Abilene Reporter-News, public meeting notices were posted at City Hall and distributed to all local print, radio and TV media. Local TV stations and the Abilene Reporter-News ran special stories on the process and listed each meeting in “Mark Your Calendar”, a daily listing of community meetings. All meetings were listed on the City of Abilene web site, as well.

The needs and priorities information from the public meetings is discussed below.

**Consultation Workgroup Session #1 – Availability & Affordability of Safe, Decent Housing**

On February 18, 2010, 26 people representing various segments of the community, including health providers, social service providers, neighborhood residents, realtors, builders, housing service providers, and the media met to discuss the availability and affordability of safe, decent housing. Those in attendance provided feedback on current resources and availability of housing.

**Prioritization of Needs & Activities to Address the Needs**

There were two methods used to prioritize the needs identified and potential activities to address the needs. They were the play money exercise and the group process.

**Play Money Exercise**

An exercise utilizing play money and fourteen categories of activities commonly used to address housing needs was conducted. Participants were each given a total of $171 in denominations of $50, $20, $10, $5 and $1, and were asked to spend their money on their top five housing priorities, with the greatest denomination going to their top priority. A category labeled “other” allowed participants to “spend their money” on any other activity they felt should be a priority, but that was not already identified on the original list of activities. For more detailed information on the results, see Appendix C.

**Group Process**

In addition to identifying the above priorities/activities for funding through the money exercise, the group went through a facilitated process to prioritize those needs which they vocalized as most pressing for the community. The group prioritized their concerns in the following manner.

Priority #1: Expanded and affordable home ownership opportunities
- Assistance with down payments
- Affordable housing for the elderly
New single family construction
Affordable housing for the non-elderly
Affordable housing development

Priority #2: Housing and resources for persons with special needs
- Help with utility rental deposit
- Transitional shelters
- Rental assistance for the elderly
- Permanent supportive housing
- Supportive housing for 21 years+
- Emergency transitional respite -mental health patients
- Homeless emergency shelters (services)
- Rental assistance for the non-elderly
- Homeless outreach assessment

Priority #3: Need for aid in home maintenance and repair
- Home ownership – home repairs
- Energy efficiency improvements
- Demolition of sub-standard units

Priority #4: Need for community-wide education and outreach
- Program clearinghouse
- Homebuyer education

Leveraging and Collaboration
After identifying and prioritizing needs, the participants discussed ways in which the City could leverage its resources for the purpose of improving its housing stock and enhancing housing development.

Other Issues and Themes
Much discussion took place regarding issues of program duplication and design, information, outreach and accountability. Additional comments and issues expressed during the planning process are also listed in Appendix D.

Consultation Workgroup Session #2 – Homeless and Special Needs Populations
On March 1, 2010, 20 people representing various segments of the community, including health providers, social service providers, neighborhood residents, realtors, builders, housing service providers, and the media met to discuss issues and concerns related to the homeless and other special needs groups.

Prioritization of Needs & Activities to Address the Needs
There were two methods used to prioritize the needs identified and potential activities to address the needs. They were the Play Money Exercise and the Group Process.

Play Money Exercise
An exercise utilizing play money and fourteen categories of activities commonly used to address housing needs was conducted. Participants were each given a total of $171 in denominations of $50, $20, $10, $5 and $1, and were asked to spend their money on their top five homeless and special needs populations priorities,
with the greatest denomination going to their top priority. A category labeled “other” allowed participants to “spend their money” on any other activity they felt should be a priority, but that was not already identified on the original list of activities. For more detailed information on the results, see Appendix C.

**Group Process**

In addition to identifying the above priorities/activities for funding through the money exercise, the group went through a facilitated process to prioritize those needs which they vocalized as most pressing for the community. The group prioritized their concerns in the following manner.

**Prioritization Results**

The needs and concerns related to the homeless population in Abilene were:

- Homeless emergency shelters

**Homeless outreach assessment**

- Long term housing with onsite assistance
- Filling the gap for homelessness and disability individuals
- Issues regarding unaccompanied youth (14-17 years of age)
- Transitional Shelters
- Supportive services for individuals with mental health needs
- Shelter for victims of family violence
- Utilities assistance

**Leveraging and Collaborative Resources**

Leveraging and collaborative resources identified included United Way, 2-1-1 Texas A Call for Help Resource Center, and the federal grant funds, including the Community Development Block Grant and Home Investment Partnerships grant and the HUD Continuum of Care grant. In addition, there are four local philanthropic foundations that announce annual application for funding requests periods. There was a lengthy discussion concerning the need for an Abilene support council to help clarify the overlap of services and use solution-oriented networking and problem solving. Several years ago, a local support council of this nature existed, but the major participants are no longer involved. Many have retired and the community no longer communicates in this way.

**Other Issues and Themes**

The theme of the meeting focused on the need for better understanding of the causes of these special populations and the limiting restrictions attached to federal and state funds and specific programs that hinder or delay help to those in need. Another theme focused on the need for economic development that would provide permanent full-time jobs with benefits. Additional comments and issues expressed during the planning process are also listed in Appendix D.

**Consultation Workgroup Session #3 – Jobs, Job Training and Economic Development**
On March 11, 2010, 17 people primarily from non-profit organizations representing the areas of childcare and services for low-income or homeless persons, and concerned citizens, met to discuss jobs, job training and economic development and those issues related to increasing economic self-sufficiency for low-income individuals.

**Prioritization of Needs & Activities to Address the Needs**

There were two methods used to prioritize the needs identified and potential activities to address the needs. They were the play money exercise and the group process.

**Play Money Exercise**

An exercise utilizing play money and fourteen categories of activities commonly used to address housing needs was conducted. Participants were each given a total of $171 in denominations of $50, $20, $10, $5 and $1, and were asked to spend their money on their top five homeless and special needs populations priorities, with the greatest denomination going to their top priority. A category labeled “other” allowed participants to “spend their money” on any other activity they felt should be a priority, but that was not already identified on the original list of activities. For more detailed information on the results, see Appendix C.

**Prioritization Results**

The top five issues, needs and concerns identified were:

- More jobs/at all wage levels
- Leadership development- a youth junior leadership program
- Efficiency
- Commercial/industrial infrastructure
- More cooperation/collaboration between agencies

**Other Issues and Themes**

There was a long discussion by the group concerning the lack of training, education and work opportunities for people in Abilene. As well as the lack of affordable child care and transportation to and from daycare, work and home again. Additional comments and issues expressed during the planning process are also listed in Appendix D.

**Consultation Workgroup Session #4 – Community and Neighborhood Development**

On March 16, 2010, 17 people representing mostly non-profits and concerned citizens met. The group focused on four specific categories of needs: public facility needs, infrastructure needs, public services needs and community and neighborhood planning needs.

**Prioritization of Needs & Activities to Address the Needs**

There were two methods used to prioritize the needs identified and potential activities to address the needs. They were the play money exercise and the group process.
Play Money Exercise
An exercise utilizing play money and fourteen categories of activities commonly used to address housing needs was conducted. Participants were each given a total of $171 in denominations of $50, $20, $10, $5 and $1, and were asked to spend their money on their top five homeless and special needs populations priorities, with the greatest denomination going to their top priority. A category labeled “other” allowed participants to “spend their money” on any other activity they felt should be a priority, but that was not already identified on the original list of activities. For more detailed information on the results, see Appendix C.

Prioritization Results
The top five issues, needs and concerns identified were:
• Senior Services
• Substance abuse services (including drug prevention and treatment)
• Neighborhood Appearance
• Expanded neighborhood/police collaboration
• Mechanism to take action in neighborhoods

Other Issues and Themes
A major portion of the group discussion concerned the need to improve Abilene’s appearance, both citywide and in neighborhoods. General consensus was that there needed to be more teeth in the laws to enable stronger enforcement. The group felt that neighborhoods needed to be strengthened by partnerships with the police and the City by assistance in forming neighborhood associations. Another concern was the availability of jobs as related to businesses not locating in Abilene because of appearance issues. Additional comments and issues expressed during the planning process are also listed in Appendix D.

Community Neighborhood Meetings
Three evening meetings were held with the residents of Community Development eligible area neighborhoods. Flyers were displayed in the three Senior Recreation Centers across the community. Public service announcements were sent to all print, radio and television media, as well as interviews given by the Director of Planning and Development and the Division Manager. Residents participated in discussions and were asked to complete the survey (See Appendix E).

Priorities identified to improve conditions in the neighborhood:
• Affordable housing
• Affordable housing for the elderly
• Repair of elderly housing
• Clean neighborhoods and trash (large objects) collection
• Street/school crossings and child safety
• Animal control
• Financial assistance to homebuyers
• Financial assistance to small businesses
Priorities identified to improve conditions across the community:

- Appearance, appearance, appearance & neighborhood appearance
- Youth services
- Elderly transportation & neighborhood transfer stations
- Drainage
- Health facilities
- Increased street lighting
- Increased parks and recreation locations
- Housing & weatherization repairs
- Street/school crossings
- Free access to landfill (City does not own the landfill)

Additional comments and issues expressed during the planning process are also listed in Appendix D.

Sears Park Neighborhood Meeting (1 participant)

Comments from participant
On February 25, 2010, one citizen attended the meeting representing others in the area. The staff provided more surveys for him to provide to his congregation to complete. Even though only one participant attended this neighborhood meeting much discussion took place concerning improving the quality of life for ex-offenders, employment and job training and skills to obtain/maintain employment, and the necessity of health and dental insurance. Low wages, inferior rental property and landlords that fail to repair their houses were among other topics covered.

Cobb Park Neighborhood Meeting (10 participants)
On March 12, 2010, ten participants addressed shelters, infill development, and employment. There are many similarities between Sears and Cobb neighborhoods such as the need for safe and affordable housing, the need for an Information Center connecting services for low-income people to the correct agency for assistance, and eliminating barriers of knowledge/education, and fear in addressing issues with landlords.

Rose Park Neighborhood Meeting (11 participants)
On March 23, 2010, eleven citizens met to discuss issues that are needed in not only their neighborhoods, but across the city. These topics were the need for sidewalks, infill development, Code Enforcement such as visible trash/vehicles affecting many areas and support for refugee integration into neighborhoods.

Additional comments and needs expressed at all three neighborhood meetings during the planning process are also listed in Appendix D.

Institutional Structure
The City of Abilene will implement the Consolidated Plan by using the Planning and Development Services Department, Neighborhoods Initiatives Division (as part of...
the Office of Neighborhood Services) as the lead agency. The City is responsible for administration, financial oversight and field services. The Planning and Development Services Department mission is to advocate for and secure a quality built environment for the community. The Planning and Development Services Department encompasses a variety of functions, which all relate to development and quality of life in the community. Divisions within the department include Planning Services, Building Inspections, Neighborhood Initiatives, and Community Enhancement (code enforcement).

The Neighborhood Initiatives Division is responsible for administering the Community Development Block Grant and Home Investment Partnerships Grant. It is also responsible for the development and monitoring of the Consolidated Plan, the Annual Action Plan and the end of the year CAPER report. The division also oversees the annual allocation process, contract approval process, IDIS reporting process and compliance monitoring.

The mission of the Neighborhood Initiatives Division is to enhance the community through the development and implementation of programs and projects that improve the physical condition of the city and improve the quality of life for all residents. The mission of the Office of Neighborhood Services (ONS) is to strengthen Abilene’s neighborhoods by coordinating services and offering technical assistance to enable residents to devise and implement locally created solutions. The ONS will effectively utilize federal assistance programs and other resources to revitalize target neighborhoods, support the provision of essential services to the low- and moderate-income population, and supplement the supply of decent, affordable housing. Included in the ONS staff are two grants administrators, a housing counselor, a housing rehab inspector, a housing specialist, and a senior planner, who provides guidance for the development of neighborhood associations and neighborhood plans. This planner is also the City’s historic preservation officer, which allows for unique preservation skills to be brought into the mix. Adding to the strength of the ONS, the City Council has appointed an ONS Advisory Council. This advisory group has a structured membership to include representatives from each of the three local universities and one representative from the Council of Neighborhood Associations. The Council of Neighborhood Associations is currently in the building stage. At this time, there is not a representative from the neighborhood associations. As associations come into being, a representative will be elected. There are three at large members. It is intended that the representation on this group will ensure a strong neighborhood input. Members of the ONS Advisory Council continue to develop new alliances and explore ways to expand local assistance to help a greater number of residents. In addition to the annual report to the City Council, staff now reports program and project accomplishments quarterly.

The City Manager’s Right-Sizing and Structure Task Force of 2004 made recommendations that have been adopted to strengthen programs, service delivery and customer service. One of the changes included relocating the four CDBG and HOME housing-related programs from the Housing Division to the Neighborhood Initiatives Division. Beginning with the 2008 fiscal year, the AHA, previously the
Housing Division of Planning and Development Services became an autonomous entity. The Neighborhood Initiatives Division works closely with the Housing Authority to ensure that CDBG and HOME programs continue to provide safe, decent, affordable housing. The Housing Authority also assures federal housing services, financing, and other investments are provided to state and local governments in a coordinated and supportive fashion.

**Coordination**

The various agencies and organizations responsible for carrying out the City’s housing priorities are discussed at length throughout the Consolidated Plan. Coordination between these organizations is critical to the success of the City’s housing initiatives. As the primary City department responsible for the administration of the Consolidated Plan, the Planning and Development Services Department will strive for efficient and effective coordination between the AHA and other City departments, including Community Enhancement, Building Inspections, Senior Citizens and the Traffic and Transportation Division. The AHA will continue to process the Housing Choice Voucher program and public housing applicants. They will refer applicants for the Single Family Rehab/Reconstruction, Critical/Limited Rehab and First Time Homebuyer programs to the Neighborhood Initiatives Division. Wherever possible, the City will promote coordination and cooperation between the nonprofit and for-profit sectors, including developers and lenders.

Planning and Development Services staff currently serve on various local nonprofit boards and committees such as the CAP, Inc. Board, West Texas Homeless Network, and the Historic Preservation Committee, which strengthens ties and encourages cooperation between entities. A senior planner is assigned to the development of neighborhood plans and attends neighborhood association meetings to assist the association with the process. As different areas of the plan are developed, additional staff are called upon to assist in the process. The local Center for Nonprofit Management has been dissolved with different agencies taking over the various duties and responsibilities of the previous organization. Area non-profits can use the Dallas Center for Non-Profit Management. The Neighborhood Initiatives Division will continue to involve those agencies and the Abilene Christian University School of Social Work and the School of Urban Studies. These agencies are active in outreach to other nonprofits and neighborhood associations to provide support and training for growth, strengthening organizations and continuous improvement in communication between these organizations. City staff and agency staff respond to invitations to speak at neighborhood association and organization meetings to assist members in areas of interest. Staff also provides contacts for specific topics such as neighborhood watch, fire safety, community enhancement and code enforcement.

The City will also rely heavily upon its established network of nonprofit housing and supportive service providers. These providers are adept at working with one another and with local authorities. The City includes these providers and nonprofit agencies in its information sharing network, referrals and appropriate public notices. Participation in and the use of the 2-1-1 A Call for Help Resource Center referral system has expanded beyond expectations. It has helped close the gap
between providers and has provided a valuable link for local agencies and citizens alike.

**Public Institutions**
Generally, Abilene’s goal is to maximize the number of organizations and the effectiveness of these institutional forces working toward achieving affordable housing for all City residents. The leadership for this effort is derived from the Mayor, the City Council and the City Manager's Office.

**Planning and Development Services Department**
Approved and adopted by the Abilene City Council in January 2004, the Comprehensive Plan identified six elements as part of the coordinated set of policies to guide Abilene’s physical development over the next ten to fifteen years: Land Use and Development, Neighborhoods, Community Appearance, Community Facilities and Services, Natural Environment and Resources, and Economic Base. In response to the growing need of residents to cooperatively address neighborhood issues, the City has created the Office of Neighborhood Services (ONS) to provide planning services for existing and future neighborhoods. The ONS is founded on five principles to: (1) build and support neighborhood leadership; (2) change the community mindset to advocate neighborhoods; (3) secure a resource commitment for neighborhoods; (4) focus service efforts on achieving neighborhood stability; and, (5) respect neighborhood identity. The technical assistance available through the ONS supports neighborhood self-determination, customized solutions for meeting local needs, and gives neighborhoods a voice in how City resources are utilized for infrastructure and other physical improvements.

The Planning and Development Services Department will ensure that the policies, regulations and development fees pertaining to affordable housing remain fair and do not provide disincentives to development and/or rehabilitation.

**City Departments**
City Departments, particularly the Planning and Development Services Department, Economic Development Department, Community Services Department, and the Public Works Department must work closely with other entities such as the City Council, the AHA, nonprofit organizations, social service agencies, homeless providers, private lending institutions, realtors, private owners, and tenants. Specifically, City departments will be called upon to do the following:

Planning and Development Services Department— Rather than present only year-end annual reports to the Abilene City Council, all City departments participate in an effort to share more timely information with the Abilene City Council. Accomplishments are reported to Council on a monthly basis. This allows Council the ability to evaluate progress and educate those not familiar with City services and programs.

Neighborhood Initiatives Division of Planning and Development Services— will provide the following programs: Single Family Rehab/Reconstruction,
Critical/Limited Rehab, and First Time Home Buyer. Each of the above-stated programs is currently in operation. These programs will be maintained or expanded to the extent that funding is available.

Building Inspection Division of Planning and Development Services—will continue its efforts in enforcing the City’s housing codes and in overseeing the actions of the mayor-appointed Board of Building Standards. The inspector position that previously carried out the Condemnation and Rehab program has been restructured into the Community Enhancement Division addressing code compliance as it relates to housing health and safety issues. All building inspectors route safety issues to the Community Enhancement compliance officer. This program has proved to be a successful component of enforcing safe housing issues throughout the community.

The AHA assists in executing the goals and priorities of Abilene Consolidated Plan. The AHA was created by action of the Abilene City Council. The Abilene City Council maintains the appointing authority of AHA board members. The AHA will continue to administer five buildings (213 units) of public housing and will serve at least 1,339 families through its Housing Choice Voucher and Certificate programs. The AHA will improve the conditions and management of public and assisted housing through the Federal Comprehensive Improvement Assistance Grant (CIAP) program.

Community Enhancement Division of Planning and Development Services – Through the recommendation of the Restructuring Task Force, the following code issues were brought together to eliminate the weaknesses and strengthen compliance and enforcement. This division will provide code enforcement in all areas of the city through the animal services, code compliance, and environmental health. The Keep Abilene Beautiful program has been reorganized under the Storm Water Division of the Public Works Department. The ability to enforce some ordinances has proved to be a weakness. A major Ordinance rewrite over the past three years has added to the effectiveness of code compliance.

**Economic Development Department**

This department provides a large service in the local collaborative effort “Develop Abilene.” In conjunction with the Abilene Chamber of Commerce, The Abilene Industrial Foundation, the Chamber of Commerce Military Affairs Council, and the Texas Tech University Small Business Development Center, the Economic Development Department administers sales tax funding (through the Development Corporation of Abilene, Inc.) for the purpose of job training, job creation and job retention in Abilene. This structured partnership, “Develop Abilene”, closes the recruitment gap by sharing information and bringing together the resources to strengthen businesses, build a better economic base and create jobs for Abilene residents.

**State Departments**

The Texas Department of Housing and Community Affairs provides financing to several community nonprofit groups. The Texas Department of State Health Services handles all lead-based paint complaints.
Non-profit Organizations

Abilene has an extensive and active network of dedicated social service providers. These organizations provide a wide range of assistance, including housing and housing-related services. Abilene's nonprofits will serve an integral role in carrying out the mission of the Consolidated Plan. The City will continue to work with nonprofits to facilitate their roles in the community and provide financial support when possible.

The area Community Action Program (CAP, Inc.) serves an important role in providing a variety of programs assisting low- and moderate-income residents. City staff continues a good relationship and calls on CAP for joint client assistance when possible. CAP has been extremely successful in developing and administering the Financial Resources for Economic Empowerment (F.R.E.E.) program that matches dollars saved toward the goal of home ownership, secondary education or business development. The City's First-Time Homebuyer Program has been able to and will continue to assist program graduates who apply for homebuyer assistance.

In addition to the 2-1-1 A Call for Help Resource Center, the United Way of Abilene has been instrumental in assessing the Community's social service needs. In 2007, the United Way conducted the “What Matters” needs assessment survey of service providers and residents of Abilene. The “What Matters” group continues to meet quarterly. The City of Abilene will continue to work closely with the West Texas Homeless Network in the addressing the needs of the homeless in the community and the implementation of a Continuum of Care Program; Christian Community Development Corporation in the provision of shelter and services for transitional youth; Connecting Caring Communities in the goal of neighborhood revitalization and LMI affordable housing; Habitat for Humanity in providing LMI affordable housing. The City will continue concentrating efforts in the Council-approved Target Neighborhoods of North Sayles, Carver and Sears and working with the neighborhood associations in those areas and other developing neighborhood associations.

Private Industry

Area realtors have recognized the need to become involved in assisting low-income residents to learn about and locate affordable housing. The Abilene Board of Realtors has established a Fair Housing Community Group, consisting of area realtors, lenders and nonprofits. This group demonstrates a strong participation in community outreach and educational programs. Individual realtors actively serve on many community boards and committees.

Private Lenders

Bank One, Bank America and First Financial Bankshares actively participate in public and/or affordable housing efforts. Representatives of Bank One and Bank of America served on the Affordable Housing Task Force and the Board of Realtors Fair Housing Community Group. Banks work with City staff to provide mortgages through the First Time Home Buyers Program. One local bank continues to work with the Salvation Army to establish fee-free bank accounts for individuals in transitional housing. First Financial Bankshares provides training for the F.R.E.E.
Program and IDA accounts associated with that program. In compliance with certain Community Reinvestment Act requirements, Abilene's lending institutions have become participants in a variety of affordable activities such as first time homebuyer assistance, single family rehabilitation/reconstruction and LIHTC projects. During the upcoming years, the City expects to see continued involvement from the local financial institutions. Officers and staff of local financial institutions actively serve on many community boards and committees, including the ONS Advisory Council.

**Public Housing Resident Initiatives**

The AHA submitted its annual Public Housing Management Assessment to HUD in November 2009. This program rates the overall public housing management performance, for the year ending September 30, 2009, on such issues as rent collections, vacancies, tenant accounts receivables, occupancy, unit turnover, HQS inspections and resident initiatives. Resident initiatives encompass home ownership opportunity, welfare to work, security, drug elimination, and family self-sufficiency ratings. During 2008 and 2009 contracts were initiated for non-routine public housing improvements estimated at $630,000. These improvements and others included the following highlights:

- Installation of low-flush toilets in 175 units, utilizing ARRA funds;
- Began work on installing completely new sewer-line system at Riviera Apartment Complex, utilizing ARRA funds;
- Installation of playground equipment at three of the four apartment sites;
- Installation of vent heat lights in bathrooms;
- Replacement of refrigerators and stoves;
- Installed 75 ball valves to allow for easier water shut-off capability and;
- Installed a new customer database system.

The AHA works to provide various opportunities for tenant involvement. The Resident Advisory Council (RAC) is in position to elect officers in the Public Housing Program; the Resident Advisory Board (RAB) is still active and providing valuable input during AHA’s Annual Planning process. On the Housing Choice Voucher (HCV) program, landlords and tenants are active participants on the Advisory Committee (designed to receive input from landlords and tenants on how to improve the HCV program). The Board works directly with AHA management and the AHA resident initiative coordinator to help resolve issues, bring up needs for the capital fund improvement dollars, and work to help set new or revise old policies. The AHA resident coordinator works directly with many of the community agencies to attain programs and benefits for the residents, i.e. the Work Force Center that provides supportive assistance to residents seeking work; the Food Bank, the Abilene Independent School System, and Big Brothers/Big Sisters. The Big Brothers/Big Sisters program expands productive, recreational opportunities for its youth and enables the AHA to provide preventive services for the youth. The HCV program increased its Family Self-Sufficiency program from five families to 30 families to promote self-sufficiency.
Management
AHA has 20 employees and developed two new positions to ensure that it meets its regulatory, operational and customer needs. AHA implemented a helpdesk@abileneha.org e-mail address to enable the community to share concerns with the organization. AHA has also continued to develop its website (www.abileneha.org) as an interactive informational tool for participants, applicants (added an online application for its Public Housing and HCV programs), landlords and the community. The AHA is always looking for additional ways to fund tenant programs, or to collaborate with other organizations to provide meaningful programs.

Home Ownership
In addition to public and assisted housing, AHA collaborated with a neighborhood non-profit organization to provide 10 program families with the opportunity for home ownership. The AHA is looking for ways to help families become first time homebuyers and is currently reviewing the possibility of providing a Housing Choice Voucher Home Ownership Program which will only work with active HCV participants that meet established eligibility requirements.

AHA is also actively promoting another home ownership program for a local non-profit organization offering four homes for sale to low-income families.

Public Housing Performance
The AHA continues to manage 213 public housing units at four separate sites. AHA also administers the HCV program (1,339) vouchers) for 19 counties in West Central Texas. AHA has increased its number of vouchers by 310 since October 2008. During the 2009 program year the AHA received a “Standard” performance rating for its Public Housing Program and a “High Performer” rating on its Housing Choice Voucher program.

Monitoring
Monitoring of the progress of CDBG and HOME activities carried in furtherance of the Plan is the responsibility of the Neighborhood Initiatives Division of the Planning and Development Services Department.

Community Development Block Grant Program (CDBG)
- Projects proposed by eligible organizations will be reviewed by staff for compliance with eligibility requirements, national objectives, Consolidated Plan and City Council guidelines.
- An environmental review record will be prepared. The records will contain all assessments, findings and pertinent information.
- A contract agreement will be prepared and executed between the City and any contractors and subrecipients.
- A Letter of Agreement will be prepared for City Departments.
- Monitoring through monthly, quarterly or annual reporting will be conducted on all programs offered through the City and through contractors and subrecipients.
Staff will monitor to ensure that federal labor standards, bidding and contract requirements are met.
Prior to issuing reimbursement for any goods or services, the City will verify that the goods or services have been provided according to specific program requirements.
An annual monitoring risk assessment and on-site visit, as applicable, will be conducted for contractors, subrecipients and City services.
An annual performance report identifying performance toward planned goals will be prepared (CAPER).

**Home Investment Partnerships Program (HOME)**
- The City will offer programs as outlined in the HOME Program Description and any subsequent amendments. These programs will be offered directly by the City and through eligible CHDOs and developers.
- Projects proposed by eligible organizations will be reviewed by staff for compliance with eligibility requirements, national objectives, Consolidated Plan and City Council guidelines.
- An environmental review record will be prepared. The record will contain all assessments, findings and pertinent information.
- Staff will review the economic feasibility of the proposals for HOME funds.
- A contract agreement with specific scope of services and project budget will be prepared and executed between the City, CHDO and developer.
- Monitoring through monthly, quarterly or annual reporting will be conducted on all programs offered through the City and through subrecipients.
- Staff will monitor to ensure that federal labor standards, bidding and contract requirements are met.
- Prior to issuing reimbursement for any good or service, the City will verify that the good or service has been provided according to specific program requirements.
- An annual monitoring risk assessment and on-site visit, as applicable, will be conducted for owners/developers, contractors and subrecipients.
- A monitoring on-site visit will be conducted for owners/developers. Frequency of monitoring depends on the risk assessment, progress of the activity and the review of tenant files to ensure that the owner/property managers are performing compliance standards.
- An annual performance report identifying performance toward planned goals will be prepared (CAPER).
Priority Needs Analysis and Strategies

This strategic plan covers the period October 1, 2010 - September 30, 2014. It indicates the general priorities for allocating investment geographically within the jurisdiction. Expected federal resources for PY 2010 include $1,179,667 in CDBG and $615,770 in HOME funds. The jurisdiction does not receive ESG or HOPWA funds.

Every community has many important priorities that they must attempt to address. In order to remain focused and effective in meeting the needs within Abilene, key priorities have been limited to a manageable number. Participation from Abilene citizens and social service providers enabled the City to establish its strategies.

Nevertheless, successfully accomplishing these priorities over the next five years is an ambitious objective that will challenge the commitment and perseverance of all sectors of the community. Moreover, our collective ability to meet these objectives as described below will not only depend upon the effective implementation of "programs", but also upon access to sufficient Federal, State, local and private resources to pay for these programs.

The categories for 2010 - 2014 Housing and Community Development priorities are:

Affordable Housing
Homelessness

Other Special Needs

Non-Housing Community Development

The basis for assigning the priority was:
HIGH - Activities to address the need will be funded by the locality during the five year strategic planning period. The need is well documented.
MEDIUM - CDBG or HOME funds may be provided if funds are available. The need is well documented.
LOW - CDBG or HOME funds are not expected to be available. The need is documented.

The following are goals and objectives of the 2010-2014 Consolidated Plan as compiled by the Office of Neighborhood Services Advisory Council and approved by the Abilene City Council:

Housing Needs
Goal: Low- to moderate-income citizens will have access to safe, decent and affordable housing
Objectives:
• Increase the availability, financial accessibility, and support for affordable home ownership opportunities

• Increase the availability, financial accessibility, and support for affordable and subsidized rental units

• Maintain, rehabilitate and improve existing single-family, multi-family, and subsidized housing units

• Educate homeowners and homebuyers on all aspects of homeownership to include, but not limited to, property maintenance and environmental hazards

• Educate renters and landlords on all aspects of fair housing practices to include, but not limited to, property maintenance and environmental hazards

• Expand education and enforcement of safety codes and/or services to improve conditions of housing

• Increase the availability, financial accessibility, and support for handicap accessible housing

**Homeless and Non-Homeless Special Needs**

**Goal:** Prevent and reduce homelessness

Objectives:
• Provide and maintain transitional housing and support services for individuals and families, including unaccompanied youth and ex-offenders

• Provide long-term housing opportunities and emergency shelters

**Goal:** Improve the quality of programs and facilities for health and safety, information, transportation, and recreation services

Objectives:
• Support the expansion of comprehensive affordable health and dental services

• Enhance the mechanism for coordination, communication, and quality assurance among service providers, city services, citizens, and clients

• Provide and expand social and recreational services and facilities, including but not limited to, youth and individuals with disabilities

• Expand crime prevention strategies, law enforcement services, and code enforcement

• Facilitate assimilation of refugees into the community
Other Community Development Needs

Goal: Revitalize neighborhoods

Objectives:
- Encourage and support programs that diminish crime
- Provide incentives to encourage neighborhood initiated projects and organizations
- Encourage mixed use/mixed income infill development

Goal: Enhance the physical environment of Abilene

Objectives:
- Provide and maintain adequate public facilities and infrastructure especially in low- to moderate-income (LMI) areas, including green spaces
- Enhance pedestrian, bike, and traffic safety

Economic Development Needs

Goal: Enhance the economic well being of all citizens

Objectives:
- Support maintenance, enhancement, and expansion of quality childcare
- Support maintenance, enhancement, and expansion of transportation services
- Utilize and promote rehabilitation of existing properties to support business development
- Partner with higher education, businesses and service programs for life skills and language training
- Expand or enhance existing financial asset building program
- Develop job skills training for youth
- Establish micro loan/grant programs for small business development

Other Housing and Community Development Needs

Goal: Enhance quality of life for elderly citizens

Objectives:
- Increase the availability, financial accessibility, and support for safe, decent, and affordable housing
- Provide resources for home repairs and property maintenance for owner occupied homes
- Maintain and increase services to encourage independent living
- Support the expansion of comprehensive affordable health and dental services
• Enhance the mechanism for coordination, communication, and quality assurance among service providers, city services, citizens, and clients

**Obstacles to Meeting Underserved Needs**

The economic climate since the home mortgage and banking crisis of 2007 has strained all sources of revenue. There has been a 10% decline in sales tax receipts by the City of Abilene over the past 12 months. Abilene unemployment has risen from 4% to 6.9%. Abilene was listed as “in recession” in April 2009. With the recession, greater demands are being placed on all programs, services and resources. The continuous reduction in funding from Federal, State and local agencies was the major obstacle identified in the Consultative Workgroup Sessions. Since 1999 (with the exception of a couple of years), CDBG and HOME funding for Abilene has decreased. Program Year 2010 CDBG funding has increased 8%, while HOME funding has decreased .36%. Other local agencies are experiencing the same. All entities are suffering greatly from reduced return on investments due to extremely low interest rates. Over 50% of the Abilene CDBG entitlement is used to repay Section 108 loans, greatly reducing the amount of funding available to meet current underserved needs. Another obstacle mentioned was unfunded mandates from Federal, State and local government concerning issues of security, privacy, building codes, lead-based paint and other health, safety, environmental and banking and mortgage issues. All groups identified lack of jobs for all income levels, low wage jobs and poor credit as obstacles to improved quality of life. The City of Abilene Other issues discussed were fraud by those receiving federal and state funds/services, and local ordinances that need to be rewritten to strengthen enforcement. With continued funding, it is through the above goals and objectives for the 2010-2014 Consolidated Plan that the City will be able to continue to address only a portion of these needs.

**Lead-based Paint**

Lead-based paint hazards occur in older homes throughout the country. This problem can cause lead poisoning resulting in IQ reductions, reading and learning disabilities, decreased attention span and hyperactivity. Lead-based paint was banned from residential use beginning in 1978. Some of the major sources of lead-based paint hazards are lead dust (often generated during inappropriate lead-based paint elimination efforts) and the deterioration and peeling of lead-based paint (even where the lead paint has been covered with oil-based or water-based paint).

There is no accurate information on the incidence of lead-based paint in the city of Abilene; however, the 2006 Texas State Health Services Department reported that 905 children under the age of 6 were tested for elevated lead blood levels out of the 12,250 child county population (7.39%), resulting in 2.32% elevated. The City acknowledges that lead-based paint poses a serious health threat and must be addressed. Of Abilene's four public housing units, three out of the four were built after 1978. The fourth unit received substantial rehabilitation in 1993. A lead-based survey conducted in 1994 concluded that the levels were below the federal threshold. The 8 single-family rehab units completed by the City during 2009-2010 used Lead Safe Work Practices on two units and full lead abatement on one unit.
Age of the housing unit is one of the key ways to estimate the number of units with lead-based paint. This method is not entirely accurate since not all housing units built before 1979 contain lead paint. The data presented below shows the age of existing housing and the age of existing households occupied by extremely low-income, low-income and moderate-income families. This is a strong indicator of the extent of lead-based paint hazards. The information is provided by the 2000 Census.

Estimated Number of Housing Units with Lead Hazards

Pre 1940 Housing: Estimated at 90% (+/- 10%)
Subtotal: 3,824 X .90 = 3,442

1940-1959 Housing: Estimated at 80% (+/- 10%)
Subtotal: 14,932 X .80 = 11,946

1960-1979 Housing: Estimated at 62% (+/- 10%)
Subtotal: 14,827 X .62 = 9,193

TOTAL 24,581

Age of housing stock occupied by extremely low-income, low-income and moderate-income families is presented below.

NOTE: Information was provided by the CHAS Data Book. The CHAS Data only contains information through 1970 rather than through 1979. It identifies only the percent of units built prior to 1970. It does not provide the number of units built prior to 1970 as occupied or vacant. Submitted below is the number of both occupied and vacant housing units by affordability built prior to 1970.

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Affordability</th>
<th>Pre-1970</th>
<th>Occupied</th>
<th>Vacant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent Units</td>
<td>&lt;=30%</td>
<td>3252</td>
<td>2808</td>
<td>444</td>
</tr>
<tr>
<td>Rent Units</td>
<td>&gt;30% to &lt;=50%</td>
<td>6721</td>
<td>5508</td>
<td>1213</td>
</tr>
<tr>
<td>Rent Units</td>
<td>&gt;50% to &lt;=80%</td>
<td>7976</td>
<td>7627</td>
<td>349</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>17949</td>
<td>15943</td>
<td>2006</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner Units</th>
<th>&lt;=30%</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner Units</td>
<td>&gt;30% to &lt;=50%</td>
<td>12,295</td>
<td>11926</td>
<td>369</td>
</tr>
<tr>
<td>Owner Units</td>
<td>&gt;50% to &lt;=80%</td>
<td>7958</td>
<td>7808</td>
<td>150</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>20,217</td>
<td>19734</td>
<td>519</td>
</tr>
</tbody>
</table>

Complaints associated with lead-based paint are referred to the Texas State Health Services Department. Prior to 2000, the AHA had only one report of lead-based
paint poisoning incident filed. The family was relocated. No complaints have been received since 2000. The Public Housing Authority distributes educational HUD literature regarding lead paint hazards to all Housing Choice Voucher (HCV) program participants.

The City of Abilene Planning and Development Services Department and the AHA distribute educational HUD literature regarding lead-based paint hazards and a pamphlet entitled "Protect Your Family From Lead in Your Home" to all individuals/families that may be affected by lead-based paint through the HCV, Critical/Limited Rehab and the First Time Homebuyer programs. Program participants must sign a certification that they have received the information and the publication. All subrecipients, CBDOs and CHDOs receiving CDBG and HOME funding from the City of Abilene are required to follow lead-based paint regulations. The Planning and Development Services Department and the AHA will continue to make clients aware of this hazard and will review existing lead-based paint regulations on an annual basis. Any modifications to program requirements will be made as mandated by federal and State law. The City of Abilene Office of Neighborhood Services has a Radiation Safety Officer on staff licensed to operate the XRF lead based paint detection equipment and perform required testing.

Housing

Housing Needs

According to the 2000 Census figures listed in the CHAS Data, housing problems for households of extremely low-income, low-income, moderate-income and middle-income families, renters and owners and elderly persons, single persons, large families, which includes cost burden is presented in Appendix G. As seen in Appendix F, the housing needs by income level, families with children, elderly families and families with disabilities are listed on the Public Housing Needs Waiting List and the Housing Choice Voucher Assistance Waiting List. The AHA also lists 37 public housing clients and 232 HCV clients as waiting on handicap-accessible units.

The agencies and data resources listed below were instrumental in collaborating information concerning the housing needs for subpopulations.

AHA, West Central Council of Governments, Area Agency on Aging (AAA), Mental Health Mental Retardation (MHMR), the Council on Alcohol and Drug Abuse, AIDS Resources of Rural Texas (AART), Big Country AIDS Resources (BCAR), Texas State Community Care Services to the Aged and Disabled, the Abilene State School, and the U.S. Census 2000 Data Sets.

While the agencies were helpful in determining the number of clients served and the number on waiting lists, none of the agencies could help us establish an estimate on the numbers of those that go unaided.
Housing Needs Elderly
Census 2000 figures provide that there are 13,924 elderly (age 65 and older) in Abilene, Texas. Rental households experiencing any type of housing problem is 45.9% and owner households experiencing any type of housing problem is 16.8%. The AHA Statement of Housing Needs Waiting List data shows that there are 74 elderly families waiting for public housing/housing assistance. Considering the income level of those served by AHA and the HCV program assistance, we estimate that at least 95%-100% are also in need of supportive services of some type.

Frail Elderly
A source of information that lists the number of the frail elderly in need of housing and supportive services could not be located. Local nursing facilities were polled for the total number of beds and residents. Currently, there are 1,374 beds available for those in need of nursing home care with 1,101 occupied. The Texas Department of Community Care Services to the Aged and Disabled Services is currently serving 1,090 frail elderly Taylor County clients with supportive services. They estimate that 65 (6%) were in need of housing assistance and another 1,745 are in need of supportive services. We would estimate that 100% of those in nursing care facilities are receiving the supportive services they need.

Mental Disability
Census 2000 information lists 6,292 people with mental disability. Based on 2009 figures, the Betty Hardwick Center (Community Mental Health Mental Retardation) served 2,722 unduplicated adult persons with serious mental illness and 540 individuals through the Child and Adolescent program. An estimated 26.2% of Americans ages 18 and older – about one in four adults – suffer from a diagnosable mental disorder in a given year. Given the population in Taylor County (127,784), it is safe to assume that about 37,000 people in Taylor County (97% living in Abilene) have some diagnosable condition. Of that number, it is estimated that 30% have some type of housing needs and that 50% have some type of supportive services needs.

Developmentally Disabled
Census 2000 data does not list people that are developmentally disabled. Based on 2009 figures, the Betty Hardwick Center (MHMR) served 1,026 unduplicated adult persons with developmental delays as well as 1,047 infants to age three through Early Childhood Intervention (ECI). Based on their sources and the Texas Department of State Health Services, it is safe to assume that 3,480 people live in Taylor County (97% living in Abilene) with developmental delay. Of that number, it is estimated that 40% have some type of housing needs and that 60% have some type of supportive services needs. The Abilene State Supported Living Center (SSLC) is a “last option resource” institution for the developmentally disabled with an I.Q. of 69 or less. This institution is licensed for 520 and currently has 452 residents. There is no waiting list however, there are many people across the state waiting to be admitted to a SSLC.
Physically Disabled
Census 2000 data lists 14,400 people with physical and sensory disabilities. Many different local organizations assist this subpopulation. No one organization could help with a good estimate of the number with housing needs and supportive service needs. Using the MHMR guideline, it can be estimated the 10,800 (75%) have some type of supportive services needs. The AHA Statement of Housing Needs for public housing and HCV program lists 269 families with disabilities on the waiting list.

Alcohol/Other Drug Addicted
The Council of Alcohol and Drug Abuse assisted 8,111 adults in 2009. They estimated that 6,343 (30%) of those had some type of housing need and 20,720 (98%) had supportive services needs. They also assisted 13,032 youths and estimated that 3,258 (25%) had some type of housing need and 1m380 (95%) had supportive services needs.

Persons with HIV/AIDS
AIDS Resources of Rural Texas (ARRT) assists clients with medical case management, outpatient/ambulatory medical care, AIDS pharmaceutical assistance, and short-term rental, mortgage and utility assistance. In the past year ending July 2010, ARRT provided AIDS pharmaceutical assistance to 125 clients, medical case management to 179 clients, housing subsidy assistance to 35 clients and outpatient/ambulatory medical care to 157 clients. All numbers represent unduplicated clients. The same number of clients is listed as in need of supportive services both from ARRT and from Big Country AIDS Resources (BCAR). BCAR provides referral services, food pantry, dental services, health insurance assistance and transportation. There were 496 clients assisted in the last year.

Public Housing Residents
Currently, there are 1,260 families on the AHA Statement of Housing Needs waiting list for public housing and the HCV Program.

Priority Housing Needs
See Housing Needs Table for identification of the priority housing needs. See Housing Market Analysis Section and Housing Needs Section for the characteristics of the housing market and severity of housing problems and needs of each category of residents.

The basis for assigning the priorities was:

HIGH - Activities to address the need will be funded by the locality during the five year strategic planning period. The need is well documented.
MEDIUM - CDBG or HOME funds may be provided if funds are available. The need is well documented.
LOW - CDBG or HOME funds are not expected to be available. The need is documented.
Obstacles to Meeting Underserved Needs

Obstacles to Meeting Underserved Needs
The economic climate since the home mortgage and banking crisis of 2007 has strained all sources of revenue. There has been a 10% decline in sales tax receipts by the City of Abilene over the past 12 months. Abilene unemployment has risen from 4% to 6.7%. Abilene was listed as “in recession” in April 2009. With the recession, greater demands are being placed on all programs, services and resources. The continuous reduction in funding from Federal, State and local agencies was the major obstacle identified in the Consultative Workgroup Sessions. Since 1999 (with the exception of a couple of years), CDBG and HOME funding for Abilene has decreased. Program Year 2010 CDBG funding has increased 8%, while HOME funding has decreased .36%. Other local agencies are experiencing the same. All entities are suffering greatly from reduced return on investments due to extremely low interest rates. Over 50% of the Abilene CDBG entitlement is used to repay Section 108 loans, greatly reducing the amount of funding available to meet current underserved needs. Another obstacle mentioned was unfunded mandates from Federal, State and local government concerning issues of security, privacy, building codes, lead-based paint and other health, safety, environmental and banking and mortgage issues. All groups identified lack of jobs for all income levels, low wage jobs and poor credit as obstacles to improved quality of life. The City of Abilene Other issues discussed were fraud by those receiving federal and state funds/services, and local ordinances that need to be rewritten to strengthen enforcement. With continued funding, it is through the above goals and objectives for the 2010-2014 Consolidated Plan that the City will be able to continue to address only a portion of these needs.

Housing Market Analysis

General Housing Supply and Demand
In terms of overall Abilene housing supply and demand, The 2000 Comprehensive Housing Affordability Strategy (CHAS) data for Abilene identified 45,618 total housing units in Abilene; 41,570 (91.1%) of the total units were occupied, leaving 4,048 (8.9%) of the 45,618 total housing units in Abilene as vacant. Comparing owner and renter occupancy shows owner-occupancy of 24,363 (58.6%) of the total occupied housing units and renter-occupancy of 17,207 (41.4%) of the occupied units. Further analysis of the total unit vacancy rate of 8.87% reveals a 2.3% vacancy rate in homeowner units and a 10.4% vacancy rate in rental units. Homeowner units in Abilene do not come on the market or stay on the market in as high a percentage of total units as do rental units. Part of this difference in vacancy between homeowner and rental vacancy may be attributed to the influence of a mobile population in Abilene’s three residential universities and a military base within the Abilene housing market.
Abilene housing market data supplied through the Texas A&M Real Estate Center provides a basis for assessment of current housing supply and demand.

Overall number of houses for sale in June 2010 was 262 as compared to 253 in June 2009. An estimated 1.5% of the total households were occupied by homeowners. This represented a minimal change (3%) in number of houses for sale in June 2010. These houses stayed on the market for an average of 6.3 months in 2010, compared to 6.6 months for the same period (Jan-June) in 2009. In 2005, the average for the same period was 5.5 months, thus reflecting the changes occurring during the recession years. The Texas average length of time on the market was 7.1 months in 2010, compared to 6.9 months for the same period (Jan-June) in 2009. In 2005, the Texas average length of time on the market was 5.8 months. Overall, houses for sale over the period 2005-2010 have remained stable, with length of time on the market decreasing slightly.

Median price of Abilene 2010 year-to-date houses sold is $130,000 an 8% increase over 2009 and a 34.5% increase over the 2005 figures. For the period 2005 through 2010, houses sold in the lowest price range ($39,999 or less) decreased from 5.9% in 2005 to 2.9% in 2009 houses sold in the $40,000-69,999 price range declined from 7.6% to 6.6%. This reflects the increase in median value of houses sold being more a shift in the $40,000 – 69,999 market than in the lowest housing price market. In 2009 there were only 71 houses the $39,999 and below range as compared to 101 houses in 2005.

Abilene apartment data statistics for May 2010 show an average occupancy of 92.1% which is a -0.7% change from May 2009, comparable to the Texas metro average of 88.8%, which is a .6% change from May 2009. This is fairly consistent with the 2000 CHAS data on occupancy, with vacancies at a slightly higher rate.
Housing Problems
The 2000 CHAS Data Book for Abilene identified 26.6% of the total households in Abilene reporting “any housing problems”, meaning the household cost burden was greater than 30% of income and/or a household condition of overcrowding and/or a household without complete kitchen or plumbing facilities. Of these households, 38.1% were rental households and 18.5% were homeowner households.

Examining households with housing problems by income level reveals a predictable relationship between household income and housing problems for both rental and homeowner households. For rental households, 76.44% of 5,994 with household income <=50% MFI reported housing problems, compared to 17.6% of rentals =>50%MFI. Among homeowner households, 53.1% of the 3,569 households<=50% MFI reported housing problems compared to 12.6% of homeowner households =>50% MFI.

The overall cost burden of essential housing expenses for all households <=50% MFI exceeded 30% of the household’s gross income, except for owner households with income >30 to <=50% MFI. Excluding the owner households >30 to <=50 MFI, the % of households with cost burden greater than 30% ranged from a high of 74.8% for rental households <=50% MFI to 68.5.% for owners <= 30% MFI. Housing cost burden was greater than 50% of household gross income for 70.7% of rentals <= 30% MFI.

The market assessment of housing problems and burden on households with income <=50% MFI suggests the need for response to low/moderate income household risk in four areas: (1) single-family rehab assistance needed for code compliance, (2) readiness to assist with critical health and safety issues, (3) support through tenant-based rental assistance, and (4) other housing requests that come through community programs serving low/moderate income groups, the elderly and the disabled. Considering the age of Abilene housing stock, the MFI for Abilene in relation to median price of home sales and rentals, the relative stability of housing options affordable by low to moderate income families, and the number of low- to moderate-income families in the community, it is the opinion of the City that changes in the Abilene housing market over the next five years will not deviate significantly from the patterns established in the previous five years. Therefore, the market will not have a significant influence on the allocation of CDBG and HOME funds allocated to the First Time Homebuyer, Single-Family Rehab, and Critical/Limited Rehab programs. Due to the decrease in HUD funding during the next five years, the number of assisted units will continue in a stable or downward trend. Abilene currently has several community groups that assist with housing needs, including the Abilene Volunteer Weatherization program, Adult Protective Services Partners, Habitat for Humanity, and CAP, Inc.

Since addressing the needs of elderly citizens emerged as a priority in all public forums conducted as part of the planning process, (Appendices B through E), analysis of 9,360 rental and homeowner households by occupant age is broken out in the market analysis to assess public perception. These data show that 45.9% of the rental households and 16.8% of the homeowner households occupied by elderly...
1 or 2 person living groups reported housing problems. Breaking this age group into income levels revealed 62.7% of the elderly rental households and 46.8% of elderly homeowner households =<50% MFI reported “significant housing problems.” The overall pattern of housing problems and cost burden for elderly households <=50% MFI does not clearly identify a greater incidence of problem than other households in this cohort. However, the cost burden for total elderly rental households suggests a greater than cohort % of households at risk for housing cost burden >30% gross income (44.6% of elderly rentals compared to 32.3% of all rentals) and housing cost burden >50% gross income (22.3% of elderly households compared to 15.0% of all rentals). The 2000 Census identified 12.4% of the Abilene MSA population as 65 and older, compared to 9.9% for Texas as a whole, supporting the visibility of elderly needs in Abilene.

While not detracting from attention to all housing problems, the market analysis of elderly households along with public identification of priority attention to needs of elderly citizens provides a basis for targeting planning attention to this population segment.
### Housing Problems Output for -All Households

<table>
<thead>
<tr>
<th>Name of Jurisdiction</th>
<th>Source of Data</th>
<th>Data Current as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abilene city, Texas</td>
<td>CHAS Data Book</td>
<td>2000 Owners</td>
</tr>
</tbody>
</table>

#### Housing Problems

<table>
<thead>
<tr>
<th>Problem</th>
<th>Elderly (1 &amp; 2 member households)</th>
<th>Small Related (2 to 4 holds)</th>
<th>Large Related (5 or more)holds</th>
<th>All Other Households</th>
<th>Total Renters (A)</th>
<th>Elderly (1 &amp; 2 member households)</th>
<th>Small Related (2 to 4 holds)</th>
<th>Large Related (5 or more)holds</th>
<th>All Other Households</th>
<th>Total Owners (L)</th>
<th>Total Households (J)</th>
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</thead>
<tbody>
<tr>
<td>1. Household Income &lt;=50% MFI</td>
<td>1,041</td>
<td>2,097</td>
<td>490</td>
<td>2,366</td>
<td>5,994</td>
<td>1,720</td>
<td>1,049</td>
<td>257</td>
<td>543</td>
<td>3,569</td>
<td>9,563</td>
</tr>
<tr>
<td>2. Household Income &lt;=30% MFI</td>
<td>498</td>
<td>1,019</td>
<td>236</td>
<td>1,423</td>
<td>3,176</td>
<td>689</td>
<td>419</td>
<td>82</td>
<td>304</td>
<td>1,494</td>
<td>4,670</td>
</tr>
<tr>
<td>3. % with any housing problems</td>
<td>56</td>
<td></td>
<td>77.9</td>
<td>94.1</td>
<td>81.8</td>
<td>77.4</td>
<td>67.5</td>
<td>70.2</td>
<td>90.2</td>
<td>68.8</td>
<td>69.7</td>
</tr>
<tr>
<td>4. % Cost Burden &gt;30%</td>
<td>55.2</td>
<td></td>
<td>76</td>
<td>75</td>
<td>80.7</td>
<td>74.8</td>
<td>66.9</td>
<td>69.2</td>
<td>78</td>
<td>68.8</td>
<td>68.5</td>
</tr>
<tr>
<td>5. % Cost Burden &gt;50%</td>
<td>41.2</td>
<td></td>
<td>60.7</td>
<td>63.6</td>
<td>69.2</td>
<td>61.7</td>
<td>38</td>
<td>56.1</td>
<td>29.3</td>
<td>55.6</td>
<td>46.2</td>
</tr>
<tr>
<td>6. Household Income &gt;30% to &lt;=50% MFI</td>
<td>543</td>
<td></td>
<td>1,078</td>
<td>254</td>
<td>943</td>
<td>2,818</td>
<td>1,031</td>
<td>175</td>
<td>239</td>
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<tr>
<td>7. % with any housing problems</td>
<td>68.9</td>
<td></td>
<td>73.2</td>
<td>90.6</td>
<td>77.2</td>
<td>75.3</td>
<td>32.9</td>
<td>50</td>
<td>57.1</td>
<td>43.5</td>
<td>41.3</td>
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<tr>
<td>8. % Cost Burden &gt;30%</td>
<td>67</td>
<td></td>
<td>69.1</td>
<td>65</td>
<td>76.1</td>
<td>70.7</td>
<td>32.9</td>
<td>42.9</td>
<td>37.1</td>
<td>43.5</td>
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<td>9. % Cost Burden &gt;50%</td>
<td>33.1</td>
<td></td>
<td>13.5</td>
<td>3.9</td>
<td>20.1</td>
<td>18.6</td>
<td>13</td>
<td>19</td>
<td>8.6</td>
<td>33.1</td>
<td>16.8</td>
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<tr>
<td>10. Household Income &gt;50 to &lt;=80% MFI</td>
<td>348</td>
<td></td>
<td>1,910</td>
<td>473</td>
<td>1,264</td>
<td>3,995</td>
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<td>1,239</td>
<td>564</td>
<td>484</td>
<td>3,626</td>
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<tr>
<td>11. % with any housing problems</td>
<td>63.3</td>
<td></td>
<td>51.1</td>
<td>28.8</td>
<td>32.4</td>
<td>34.9</td>
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<td>37.1</td>
<td>58.3</td>
<td>39</td>
<td>34.8</td>
</tr>
<tr>
<td>12. % Cost Burden &gt;30%</td>
<td>51.1</td>
<td></td>
<td>20.7</td>
<td>13.5</td>
<td>30</td>
<td>25.4</td>
<td>21.2</td>
<td>34.7</td>
<td>20.2</td>
<td>39</td>
<td>26.7</td>
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<tr>
<td>13. % Cost Burden &gt;50%</td>
<td>14.4</td>
<td></td>
<td>1</td>
<td>2.1</td>
<td>0.3</td>
<td>2.1</td>
<td>5.2</td>
<td>8.5</td>
<td>2.5</td>
<td>8.1</td>
<td>6.3</td>
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<tr>
<td>14. Household Income &gt;80% MFI</td>
<td>565</td>
<td></td>
<td>3,615</td>
<td>613</td>
<td>2,364</td>
<td>7,157</td>
<td>4,347</td>
<td>9,704</td>
<td>1,575</td>
<td>1,511</td>
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<td>15. % with any housing problems</td>
<td>11.5</td>
<td></td>
<td>6.9</td>
<td>22.7</td>
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<td>7.9</td>
<td>3.6</td>
<td>7</td>
<td>18.7</td>
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<td>7.9</td>
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<td>16. % Cost Burden &gt;30%</td>
<td>9.7</td>
<td></td>
<td>1.2</td>
<td>0.7</td>
<td>2.3</td>
<td>2.2</td>
<td>3.5</td>
<td>5.6</td>
<td>2.5</td>
<td>11.7</td>
<td>5.3</td>
</tr>
<tr>
<td>17. % Cost Burden &gt;50%</td>
<td>0.3</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.1</td>
<td>0.6</td>
<td>1</td>
<td>0</td>
<td>1.7</td>
<td>0.8</td>
</tr>
<tr>
<td>18. Total Households</td>
<td>1,954</td>
<td></td>
<td>7,622</td>
<td>1,576</td>
<td>5,994</td>
<td>17,146</td>
<td>7,406</td>
<td>11,992</td>
<td>2,396</td>
<td>2,538</td>
<td>24,332</td>
</tr>
<tr>
<td>19. % with any housing problems</td>
<td>45.9</td>
<td></td>
<td>31.3</td>
<td>53.9</td>
<td>40.2</td>
<td>38.1</td>
<td>16.8</td>
<td>14.6</td>
<td>33.3</td>
<td>28.1</td>
<td>18.5</td>
</tr>
<tr>
<td>20. % Cost Burden &gt;30%</td>
<td>44.6</td>
<td></td>
<td>25.7</td>
<td>26</td>
<td>38.4</td>
<td>32.3</td>
<td>16.7</td>
<td>12.8</td>
<td>12</td>
<td>26.8</td>
<td>15.3</td>
</tr>
<tr>
<td>21. % Cost Burden &gt;50%</td>
<td>22.3</td>
<td></td>
<td>10.4</td>
<td>10.8</td>
<td>19.7</td>
<td>15</td>
<td>6.6</td>
<td>4.6</td>
<td>2.2</td>
<td>12.3</td>
<td>5.8</td>
</tr>
</tbody>
</table>

**Definitions:**

Any housing problems: cost burden greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities.

Other housing problems: overcrowding (1.01 or more persons per room) and/or without complete kitchen or plumbing facilities.
Elderly households: 1 or 2 person household, either person 62 years old or older.

Renter: Data do not include renters living on boats, RVs or vans. This excludes approximately 25,000 households nationwide.

Cost Burden: Cost burden is the fraction of a household's total gross income spent on housing costs. For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.

Substandard Condition: For the purpose of use in the Consolidated Plan, units are in standard condition if they meet the HUD Housing Quality Standards (HQS) for the Housing Choice Voucher Program and the local building code as adopted by the City of Abilene (currently the 2003 International Residential Code [IRC]).

Units that are substandard but suitable for rehabilitation are units that can be completely brought up to code within the parameters of the City’s prescribed standard based on a maximum square footage and cost not to exceed 80% of new building costs.

Source: Tables F5A, F5B, F5C, F5D

Housing Affordability
In terms of potential for home ownership 2009 data from the Texas A&M Real Estate Center on Abilene housing affordability reported that the 2009 Median-Priced Home was $117,300 and the required income to qualify was $24,346, with the 2009 median family income of $50,500. Total listings for this period averaged 924 with an average of 6.3 months in the sale inventory. During the period 2005 through 2008, overall housing became less affordable for Abilene households as a whole, falling from an Affordability Index of 2.32 in 2005 to 2.01 in 2008, where “affordability index” equals the ratio of median family income to the income required to qualify for an 80% fixed-rate mortgage to purchase the median priced home. In fourth quarter 2009, sales were disproportionately centered in one geographic quarter of the city. Sales in the southwest quarter of Abilene alone totaled more than the total of all home sold in the other three quarters of the city. This was attributed to demand and development in both housing and commercial property in southwest Abilene pushing up sales and prices.

Overall housing affordability for Abilene appears positive, but the data must be broken down by household income levels to measure the impact of housing availability and costs on low- to moderate-income families.

For rental units, the 2000 CHAS Data Book analysis of housing units by affordability (where affordable is defined as gross rent less than or equal to 30% of a household’s gross income) identified 2,808 (16.3%) of the total rental units in Abilene as affordable to households with incomes less than or equal to 30% of the HUD Area Median Family Income. An additional 5,508 (31.7%) of the total rental units were identified as affordable to households with incomes >30% but <=50%
of the HUD Area Median Family Income. Taken together, these data report the
total units affordable by the 30 to 50% MFI cohort equal to 8,316 (48.7%) of the
rental units in Abilene. The majority of affordable rental units were built before
1970. The majority of units affordable by families above the 50% MFI level were
built after 1970.

The Abilene Board of Realtors does not differentiate the statistical tracking of
single-family rental housing units versus apartment units. The Board reports
qualitatively that the single-family rental market has remained stable over the
period 2005-2009, and that the market pattern today would be within the statistical
profile of the 2000 CHAS rental analysis in terms of numbers, condition and
affordability. Vacancies are understandably a bit higher than reported in the 2000
CHAS.

For homeowner units, 2000 CHAS data show 19,734 (81.0%) of 20,197 total owned
units as homes whose value was affordable by households with incomes greater
than 50% but less than or equal to 80% of the HUD MFI (where affordable is
defined as annual owner costs less than or equal to 30% of annual gross income).
For families with incomes less than or equal to 50% MFI, the number of affordable
units dropped to 11,926 (59.0%) of the total homeowner units. The majority
(81.6%) of homeowner units affordable by families <= 50% MFI were built before
1970, compared to 51.2% of homes affordable by families in the 50-80% MFI
cohort. Data for the owned or for sale units in the lowest income range (<=30%
MFI) were not available.

While the Board of Realtors data show a strong potential for homeownership among
Abilene households as a whole, the CHAS data point to a need for supporting low-
and moderate-income households currently renting older housing who may require
first-time buyer assistance to move from rental to home ownership.

April 30, 2010 was the federal deadline to enter into a contract if buyers wanted to
claim tax credits. Buyers who had not owned a home in three years were eligible
for up to $8,000. Others were eligible for up to $6,500. Abilene real estate
professionals reported that home sales siphoned to earlier in the year by buyers
eager to meet the federal tax credit deadline. Many local homebuyers changed their
plans to purchase from May/June to purchase in April to meet the deadline. During
May, when many of the contracts were finalized, there was a sharp rise in sales,
with 202 sales tallied for a 41% increase over the same month last year.

The President of the Abilene Board of Realtors reported that “with interest rates at
historic lows, hovering at 4.5% or below, rates allowed people to purchase a higher
priced home. Fewer homes sold in the popular $80,000 to $150,000 range.”

The full set of 2000 CHAS data on Housing Units by Affordability is shown in the
table below.
### SOCDS CHAS Data: Affordability Mismatch Output for All Households

**Name of Jurisdiction:** Abilene city, Texas  
**Source of Data:** CHAS Data Book  
**Data Current as of:** 2000  

<table>
<thead>
<tr>
<th>Housing Units by Affordability</th>
<th>Renters Units by # of bedrooms</th>
<th>Owned or for sale units by # of bedrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A) 1-2 (B) 3+ (C) 4+ (D) Total</td>
<td>(E) 1-2 (F) 3+ (G) 4+ (H) Total</td>
</tr>
<tr>
<td>1. Rent &lt;= 30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td># occupied units</td>
<td>740 745 1,323 2,808</td>
<td>N/A N/A N/A N/A</td>
</tr>
<tr>
<td>%occupants &lt;=30%</td>
<td>48 30.2 15.1 27.8</td>
<td>N/A N/A N/A N/A</td>
</tr>
<tr>
<td>%built before 1970</td>
<td>61.5 73.2 76.6 71.7</td>
<td>N/A N/A N/A N/A</td>
</tr>
<tr>
<td>%some problem</td>
<td>26.4 21.5 14.4 19.4</td>
<td>N/A N/A N/A N/A</td>
</tr>
<tr>
<td>#vacant for rent</td>
<td>44 170 230 444</td>
<td>N/A N/A N/A N/A</td>
</tr>
<tr>
<td>2. Rent &gt;30 to &lt;=50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td># occupied units</td>
<td>2,280 2,004 1,224 5,508</td>
<td>619 3,448 7,859 11,926</td>
</tr>
<tr>
<td>%occupants &lt;=50%</td>
<td>53.1 39.1 33.4 43.6</td>
<td>46 30 18.2 23</td>
</tr>
<tr>
<td>%built before 1970</td>
<td>52.4 58.4 68.6 58.2</td>
<td>81.6 81.6 81.7 81.6</td>
</tr>
<tr>
<td>%some problem</td>
<td>45.8 43.4 35.1 42.6</td>
<td>29.9 8.8 4.1 6.8</td>
</tr>
<tr>
<td>#vacant for rent</td>
<td>375 484 354 1,213</td>
<td>50 154 165 369</td>
</tr>
<tr>
<td>3. Rent &gt;50 to &lt;=80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td># occupied units</td>
<td>2,455 3,074 2,098 7,627</td>
<td>185 938 6,685 7,808</td>
</tr>
<tr>
<td>%occupants &lt;=80%</td>
<td>58.5 43.9 42.9 48.3</td>
<td>23.2 31.8 15.4 17.6</td>
</tr>
<tr>
<td>%built before 1970</td>
<td>25.5 36.6 53.8 37.7</td>
<td>47.6 65.5 49.2 51.2</td>
</tr>
<tr>
<td>%some problem</td>
<td>46 36.6 38.1 40</td>
<td>5.4 6.3 2.2 2.8</td>
</tr>
<tr>
<td>#vacant for rent</td>
<td>144 140 65 349</td>
<td>15 15 120 150</td>
</tr>
<tr>
<td>4. Rent &gt;80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td># occupied units</td>
<td>429 280 510 1,219</td>
<td>94 337 4,208 4,639</td>
</tr>
<tr>
<td>#vacant for rent</td>
<td>25 10 20 55</td>
<td>4 65 79</td>
</tr>
</tbody>
</table>

**Housing Stock Available to serve persons with disabilities and persons with HIV/AIDS and their families**

A total of 267 (10%) families were identified as “Families with Disabilities” waiting on Public Housing (2 families) or Housing Choice Voucher program (formerly Section 8) has 265 families. The AHA Housing Choice Voucher (HCV) program provides preference for families that have a disabled Head of Household, Co-Head of Household or Spouse. The Public Housing program provides specific units at each site for persons with disabilities. The AHA does not offer any specific programs for persons with HIV/AIDS at this time.

The Abilene clinic of AIDS Resources of Rural Texas reports the following demographics per service provided for clients treated from August 2009-July 2010.

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Race</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient/Ambulatory Medical Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male:</td>
<td>Am Ind</td>
<td>Black</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Female:</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>TMTF</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total All</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3-5 Year Strategic Plan 48
AIDS Pharmaceutical
Male 0 14 64 19 97
Female 0 9 15 4 28
TMTF 0 0 0 0 125
Total All 125

Medical Case Management
Male 0 21 91 23 135
Female 0 13 22 8 43
TMTF 1 0 0 0 1
Total All 179

Non-Medical Case Mgmt
Male 0 16 53 15 84
Female 0 9 22 8 39
TMTF 1 0 0 0 1
Total All 124

Housing Subsidy
Male 0 4 12 7 23
Female 0 2 8 2 12
TMTF 0 0 0 0 0
Total All 35

All Services Unduplicated Clients
Male 0 21 91 23 135
Female 0 13 22 8 43
TMTF 1 0 0 0 1
Total All 179

Housing needs of persons with HIV/AIDS and their families has not been assessed or reported since the Abilene Health Services Delivery were assessed and reported in a January 2002 report for the Abilene Health Services Delivery Area by the Northwest Texas HIV Planning Assembly. The report does not break out Abilene by specific designation, but allows an estimate of reporting for Taylor County. Abilene population constitutes approximately 92% to 96% of the Taylor County population.

An overview of the survey results that apply to numbers of HIV/AIDS individuals needing housing services in Taylor County shows:

- 30 individuals (63.8% of 47 total regional survey respondents) were residents of Taylor County compared to a reported 96 individuals in Taylor County (58.5% of the 164 total for the region) living with HIV/AIDS. Therefore, the data analyzed in the report account for a non-random 31.3% sampling of the total estimated HIV/AIDS population in the county.
Ethnicity of both survey participants and reported individuals living with HIV/AIDS reports greater incidence of HIV/AIDS among Black or African American than in the general population of Taylor County. Reports on other HIV/AIDS for other ethnic groups are less than the general population of Taylor County.
Needs Assessment Survey Participants Compared with that of living HIV/AIDS cases in the Abilene HSDA

<table>
<thead>
<tr>
<th>Category</th>
<th>Needs Assessment HIV/AIDS cases</th>
<th>Living with HIV/AIDS cases</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>72.3% (34)</td>
<td>80.5% (132)</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>27.7% (13)</td>
<td>19.5% (32)</td>
<td></td>
</tr>
<tr>
<td>Whites</td>
<td>63.8% (30)</td>
<td>66.5% (109)</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>17.0% (8)</td>
<td>21.3% (35)</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>17.0% (8)</td>
<td>12.2% (20)</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2.1 % (1)</td>
<td>2.1 % (1)</td>
<td></td>
</tr>
<tr>
<td>Men who have sex with men **</td>
<td>51.1% (24)</td>
<td>54.9% (90)</td>
<td></td>
</tr>
<tr>
<td>IDU**</td>
<td>27.7% (13) (q 46 p.55)</td>
<td>27.4% (45)</td>
<td></td>
</tr>
<tr>
<td>Heterosexual**</td>
<td>34.0% (16)</td>
<td>10.4% (17)</td>
<td></td>
</tr>
<tr>
<td>Residence of Taylor County</td>
<td>63.8% (30)</td>
<td>58.5% (96)</td>
<td></td>
</tr>
<tr>
<td>Residence of Brown County</td>
<td>14.9% (7)</td>
<td>9.8% (16)</td>
<td></td>
</tr>
<tr>
<td>Residence of Other 17 Counties</td>
<td>21.3% (10)</td>
<td>31.7% (52)</td>
<td></td>
</tr>
</tbody>
</table>

- When asked to identify the top ten (10) needed services in order of importance, 47 respondents identified a combination of medications, medical, food pantry, dental, transportation, vision/eye care, and housing (in that order) as needed services. In the region, housing payments was the single category identified as the “hardest to obtain”, with 6 of 47 (12.8%) respondents listing it first. Finding housing was ranked as the third hardest to obtain, with 4 of 47 (8.5%) listing it. It is important to note that the data on services needed were not broken out by County.

Services Most Identified as Being needed (N=47)
(Reported when asked to list the top ten services needed)
#5 Housing 29.8% (14)

Most Identified Services that are Hard to Obtain (pgs. 64-65) (N=47)
#1 Housing Payments 12.8% (6)
#3 Housing 8.5% (4)

- Gaps in services were determined by comparing service utilization with reported need for services and available resources. Services that were not available or with few resources with high need were noted and qualitative information from focus groups and services identified as hardest to get were then compared to those services to arrive at a final determination of the gaps in services.

Most Significant Gaps in Services
Direct Emergency Financial Assistance
Information/Referral
Mental Health Services
Housing/Housing Payments
Health Insurance Payments
Transportation
Food Pantry

Services Believed Available (Out of 79 listed)

<table>
<thead>
<tr>
<th>Services</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>46.8%</td>
<td>14.9 %</td>
<td>34.0%</td>
</tr>
<tr>
<td>Housing payments</td>
<td>66.0%</td>
<td>4.3%</td>
<td>25.5%</td>
</tr>
</tbody>
</table>

Services Used (Out of 79 listed)

<table>
<thead>
<tr>
<th>Services</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>23.4%</td>
<td>61.7%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Housing payments</td>
<td>44.7%</td>
<td>44.7%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

How easy was it for you to get the services (Out of 79 listed)?

<table>
<thead>
<tr>
<th>Services</th>
<th>Very easy to get</th>
<th>Somewhat easy to get</th>
<th>Hard to get</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>6.4%</td>
<td>10.6%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Housing Payments</td>
<td>6.4%</td>
<td>12.8%</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

Services you currently need (Out of 79 listed)

<table>
<thead>
<tr>
<th>Services</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>27.7%</td>
</tr>
<tr>
<td>Housing payments</td>
<td>42.6%</td>
</tr>
</tbody>
</table>

- Across the total region, 39 of 47 (83%) respondents lived in their own apartment house; 6 (12.8%) lived at a parent/relative apartment/house, 1 lived at someone else’s apartment/house, and one lived in “other” housing. Individuals with HIV/AIDS seeking housing through the AHA would be eligible for housing assistance under the same principles as individuals with disabilities. As a family comes to the top of the waiting list for either HCV program assistance or Public Housing, a plan to address specific disabilities or HIV/AIDS needs is developed. The AIDS Resources of Rural Texas (ARRT) program, based in Abilene, provides short and long term rent/utility assistance through its Housing Opportunities for Personal with AIDS (HOPWA) service (provided through ARRT). Thirteen of 47 respondents reported using the HOPWA services.

Areas of low income and minority concentration

Geographic areas of low to moderate income (which are areas with greater than or equal to 51%) in Abilene are highlighted in Appendix A: Community Development Eligible Areas. Of the Community Development Eligible Areas, three neighborhoods are targeted as priority areas based on low income. Appendix A: 2000 Census Block Groups with 20% or Greater Poverty Levels further delineates those geographic areas of low income into those that by percentage of Abilene households represent the greatest potential for public and/or private/non-profit sector assistance.

Appendix A: Percent Minority Population (2000 Census by Tract) identifies four census tracts of 20% or greater poverty that are also 48% or higher minority populations. These four tracts are all geographically adjacent, indicating a significant geographical pattern of ethnic and poverty-level households in the city.
An additional eight census tracts of 30 – 48% minority population and 20% or greater poverty are clustered on three sides of the four highest ethnic/poverty census tracts, further pointing to that geographical area of the city as a priority for attention to housing and other health, safety and welfare needs of households. A total of 24 census tracts (72.7% of the 33 census tracts in the City of Abilene) have an 18% or higher percentage of minority population.

The Planning and Development Services Department currently works with neighborhoods to develop formal neighborhood plans for adoption by the City Council. Two areas covered by the poverty census tracts, minority concentration and low-income eligible areas (Sears and Carver) have Council adopted neighborhood plans. The Planning and Development Services staff is available to work with eligible areas that choose to begin a formal plan.

**Condition of Public Housing**

HUD is in the process of changing the Public Housing Assessment System (PHAS) for public housing authorities (the change is not complete). Complete PHAS assessment was not in effect for this calendar year. “Standard Performer” is still the designation based off of the last full PHAS assessment.

The last complete assessment of the AHA through the HUD Public Housing Assessment System (PHAS) protocol was completed for FY 2004. The overall PHAS score for the AHA as reported in the HUD notification letter of July 12, 2005 was 87 points out of a possible 100, identified by HUD as that of a “Standard Performer”. Individual indicator scores on the FY 2004 PHAS indicators are summarized below:

<table>
<thead>
<tr>
<th>PHAS Indicator</th>
<th>Abilene Net Score/ Percentage Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Maximum PHAS Score</td>
</tr>
<tr>
<td>Physical</td>
<td>24/30 80%</td>
</tr>
<tr>
<td>Financial</td>
<td>27/30 90%</td>
</tr>
<tr>
<td>Management</td>
<td>27/30 90%</td>
</tr>
<tr>
<td>Resident</td>
<td>9/10 90%</td>
</tr>
<tr>
<td>Late Penalties</td>
<td>0</td>
</tr>
<tr>
<td>PHAS adjustments</td>
<td>0</td>
</tr>
<tr>
<td><strong>PHAS Total Scores</strong></td>
<td><strong>87/100 87%</strong></td>
</tr>
</tbody>
</table>

- **Physical Indicator;** this indicator includes the Uniform Physical Inspections report and requires every public housing unit to be inspected on an annual basis. This inspection is conducted by companies under contract with HUD and is designed to provide and inform HUD of the Physical condition of the AHA's property captured during the REAC INSPECTION. **The AHA scored 24 out of 30 Points.** The AHA did receive several level 1 deficiencies which have been corrected, i.e. range/stove damaged, damaged hardware, damaged so fits/fascia; Several level 2 deficiencies that have been corrected or in the process of being corrected, i.e. cracks/gaps in exterior walls of some of the building, cracked/ broken sidewalks, damaged driveways and parking lots; Several level 3 deficiencies, (these are serious deficiencies)
damaged hardware that prevented door from locking, inoperable GFI circuits that did not function as designed, obstructed or missing accessibility route, emergency/fire exits blocked/unusable because door egress blocked by double cylinder lock. The level 2 and 3 deficiencies brought the ranking down. All repairs have been corrected with the exception of the street repair. Street repairs will begin the latter part of November or first of December.

- **Financial Indicator:** this indicator is used by HUD to access the financial condition of the Public Housing Authority subject to evaluation by the Real Estate Assessment Center. The financial condition of each AHA is used evaluated to determine whether the AHA has sufficient financial resources and is managing those resources effectively to support the provision of decent, safe, and sanitary housing. **The AHA scored 27 out of 30 maximum points available.**

- **Management Indicator:** this indicator provides an assessment of each AHA's management effectiveness and includes sub-indicators (unit turnaround, management of capital fund program, work orders inspection of units and security) **The AHA scored 27 out of 30 maximum points available. The AHA received a score of only 2.61 with the 5.22 maximum score available for vacant unit turnaround time.**

- **Resident Service and Satisfactory:** This indicator provides an assessment of the level of resident satisfaction with living conditions at the AHA. This assessment is performed by HUD through a mail survey. **The AHA received a score of 74.5% out 100 maximum points available** and was required to submit a corrective action plan which resulted in the AHA receiving 9 out of 10 maximum points available. Residents were dissatisfied with the level of communication-the resident and public housing manager, security. To address these concerns the AHA continues to provide off-duty police patrol contracted through the city and monthly meetings to allow resident opportunity to voice concerns.

### Physical Indicator by Complex

Earl Williams Place (Pioneer), received a score of 83 out of a maximum score of 100, minus 6.6 deduction for health and safety resulting in an overall score of 76c*.

Deegan and Vogel Apartments, received a score of 91.6 out of 100, minus 10.1 deduction for health and safety resulting in an overall score of 81c*

Rivera was not assessed this past year as it was off line due to construction/modernization repairs.

**NOTE:** *c is noted when there is one or more life threatening deficiencies observed.

### Resident Satisfaction Indicator by Complex

<table>
<thead>
<tr>
<th>Category</th>
<th>Earl Williams Place</th>
<th>Deegan/Vogel</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance/Repair</td>
<td>91.4%</td>
<td>75.1%</td>
<td>84.5%</td>
</tr>
</tbody>
</table>
The AHA has submitted a corrective action plan for Safety and Services. The plan was approved by HUD.

The Financial and Management Indicators cover the entire AHA and cannot be broken down by complex.

Specifically addressing the housing stock available to serve persons with disabilities, the AHA provides public housing units for persons with physical disabilities. Currently Public Housing has 37 disabled units occupied and the AHA HCV Program assists approximately 302 disabled families for a total of 339 served through the AHA. The Windsor Apartments has 10 units available for those with disabilities able to live independently.

Abilene has several federal, state and locally-assisted units other than public housing.

Anson Park I & II, located at 2934 Old Anson Road, is a LIHTC Project of 144 units. 129 units are targeted to serve the extremely low, very low and low-income resident. 15 units are at Market Rate. No loss of units is expected.

Arbors at Rose Park, located at 2702 S. 7th, is a LIHTC Project of 80 units serving only elderly residents. Of those 3 units are at Market Rate and 10 units are targeted to serve 30% income residents.

Canterbury Crossing, located at 1250 Yeoman’s Road, is a LIHTC Project of 304 units. All 304 units are targeted to serve 60% income residents. 100% are LIHTC units. No loss of units is expected.

Sunset Arbor, located at 3033 West lake Road, is a LIHTC Project of 220 units. All 220 units are targeted to 60% or less income residents. No loss of units is expected.

Carver Townhomes, located at 801 Mesquite, is a LIHTC Project of 18 units. All 18 units are targeted to serve 50% to 60% income residents. No loss of units is expected.

Windsor Apartments, located at 401 Pine Street, is a LIHTC Project of 80 units. All 80 units are targeted to the 60% and below income elderly and disabled resident. No loss of units is expected.

Courtyard Apartment, located at 3309 Sherry Lane, has 68 units. In 2005 the AHA gained those 68 vouchers.
Abilene North, located at 2411 N. Willis, is a 236 Program of 101 units out of 130 units. The 101 units are targeted to serve low income residents based on family composition. No loss of units is expected.

Riatta Ranch, located at 1111 Musken Road, is a RTC Multi-family Affordable Housing Program of 128 units. Of the 128 units, 45 units are targeted to serve low-income and elderly residents. No loss of units is expected.

Sunscape Apartments (previously Abilene East), located at 1315 Musken Road, is an HCV project based complex of 100 units. The 100 units are targeted to elderly and disabled low- and very low-income residents. There is no loss of units expected.

In Abilene, several private apartment complexes have accessible units for the disabled. Social service organizations work to meet the essential, non-housing needs of the disabled:

- Abilene Adult Day Care
- Department of Aging & Disability Services
- Texas Department of Human Services
- Meals on Wheels Plus, Inc
- AIDS Resources of Rural Texas
- The House that Kerry Built
- Taylor County Veterans Service Office
- Not Without Us
- Texas Rehabilitation Center
- West Texas Rehabilitation Center

Abilene’s population is aging and it is appropriate to address the elderly housing stock and services available for elderly households. The AHA has one public housing complex specifically designated for elderly, the Robert Deegan Place, which has 28 one-bedroom units. In addition to the facilities listed above, the following private residential facilities house Abilene senior citizens. (All phone numbers listed are in area code 325):

- Abilene Nursing & Rehabilitation Center 673-5101
  Nursing Facility: 114 beds - 53 occupied

- Care Inn of Abilene 672-2172
  Long term care nursing facility: 101 beds – 79 occupied

- Chisholm Place 670-0961
  Assisted Living: 38 Rooms – 13 Occupied

- Christian Village of Abilene 673-1917
  Independent Living Facility: 59 apartments - 55 occupied

- Coronado Nursing Center 673-8892
Intermediate & Skilled Nursing Facility: 221 beds - 174 occupied

Covenant Place
Assisted Living: 50 apartments – 50 occupied

Hendrick Skilled Nursing Facility
Skilled Nursing: 20 beds – 20 occupied

Mesa Springs Senior Living Community
There are 3 campuses that are operated by Sears Methodist Retirement System (SMRS)
Retirement Village Independent Living:
   34 garden homes – 28 occupied
   10 apartments – 9 occupied
   16 executive homes – 15 occupied

Wesley Court (SMRS)
Independent Living: 77 apartments—75 occupied
Executive homes: 35 homes —35 occupied
Assisted Living: 19 apartments — 19 occupied
Nursing Homes: 30 beds – 29 occupied

The Mission at Mesa Springs Health Care Center
(operated by Sears Methodist Retirement System)
Nursing facility: 75 beds – 67 occupied

Northern Oaks Nursing & Rehabilitation Center
Nursing and Rehab Facility: 96 beds – 80 occupied

Royal Estates of Abilene
Assisted Living: 71 apartments – 66 occupied

The Oaks at Radford Hills
Skilled Nursing & Rehabilitation: 116 beds – 93 occupied

University Place
Independent Living Facility: 124 apartments —110 occupied
Skilled Nursing Facility: 30 beds — 28 occupied

Windcrest Alzheimer Care Center (SMRS)
Nursing Facility: 120 beds - 112 occupied

Wisteria Place
Nursing & Rehabilitation Center: 123 beds – 104 occupied

Wisteria Place
Independent Living Center: 68 apartments – 55 occupied

Wisteria Place Retirement Living
Assisted Living: 75 apartments – 57 occupied
Wisteria Place Assisted Living Center 692-6145
Cottage Homes: 20 homes – 20 occupied
Assisted Living: 75 units - 57 occupied

A survey of local service providers revealed a lack of information concerning housing stock available for individuals with alcohol related problems and HIV/AIDS. The providers indicated that there is a low level of need.

The City operates five senior citizens centers, which do not directly provide housing but provide numerous services critical to helping the Abilene's elderly and frail elderly, remain independent and in their own homes. The following is a list of these facilities:

Cobb Park
Located at State & Kirkwood

G.V. Daniel
Located at N. 8th & Treadaway

Rose Park
Located at S. 7th & Mockingbird

Sears Park
Located at Ambler & Kirkwood

Chavez South Park
Located at 1002 Cherry

Combined, the centers serve approximately 450 on-site hot lunches, as well as meals to homebound seniors. Abilene's senior citizens centers offer transportation, health checks, outreach, job placement assistance, recreation, social activities, computer classes and other referral and supportive social services to the elderly. Seventy-five percent of the funding for the Abilene senior centers comes from City revenues. Federal funds represent 16% of the centers' revenue. Senior citizens who use the services and facilities donate the remainder of the revenue. In fiscal year 2009-2010, the program was used 93,700 times by seniors in Abilene in the various day-time and night-time programs and activities.

The United Way operates the 2-1-1 Texas A Call for Help Resource Center, which provides one-on-one resource assistance for daily activities, such as filling-out forms and maintaining personal paperwork, transportation to medical appointments, financial aid grocery shopping and services.

Numerous other social service providers assist seniors throughout the community. These organizations include Abilene Adult Day Care, Adult Protective Services, Community Care to Aged & Disabled, Meals on Wheels Plus and the Abilene Area Agency on Aging.
Specific Housing Objectives

The specific housing objectives the City of Abilene hopes to achieve during the 2010-2014 Consolidated Plan period are listed below.

Goal: Low- to moderate-income citizens will have access to safe, decent and affordable housing

Objectives:
- Increase the availability, financial accessibility, and support for affordable home ownership opportunities

Over the next five years the City will provide support for 115 units and no less than $750,000 through the First Time Homebuyer Program and CHDO rehab and new construction.

- Increase the availability, financial accessibility, and support for affordable and subsidized rental units

The City no longer provides the Tenant Based Rental Assistance Program. The Salvation Army provides assistance in this area through the Homeless Prevention and Rapid Rehousing program.

- Maintain, rehabilitate and improve existing single-family, multi-family, and subsidized housing units

Over the next five years, the City will provide assistance to 130 units and no less than $1,050,000 through the Single-Family Rehab, and Critical/Limited Rehab Programs.

- Educate homeowners and homebuyers on all aspects of homeownership to include, but not limited to, property maintenance and environmental hazards

The City will provide this training to at lease 100 potential homebuyers as a prerequisite of the First Time Homebuyer Program. Costs associated with this training are included in the program delivery costs of this program. Local CHDOs also provide required homebuyer training.

- Educate renters and landlords on all aspects of fair housing practices to include, but not limited to, property maintenance and environmental hazards

The City provides information on lead based paint and other hazards to participants of all City housing programs. The AHA provides training to at least 300 tenants during orientation to qualify as tenant and/or landlord receiving assistance or subsidy under the Public Housing and HCV Program.

- Expand education and enforcement of safety codes and/or services to improve conditions of housing
The City Planning and Development Services Department, Code Enforcement Division provides homeowner education and enforcement of codes and ordinances.

- Increase the availability, financial accessibility, and support for handicap accessible housing

This objective is supported through the rehabilitation and critical repair programs. The current outside organizations supported by the City are Adult Protective Services Partners, Inc., Abilene Volunteer Weatherization, Connecting Caring Communities and Habitat for Humanity.

Other Housing and Community Development Needs
Goal: Enhance quality of life for elderly citizens

Objectives:
- Increase the availability, financial accessibility, and support for safe, decent, and affordable housing

All repair, rehab and construction services provided by the City are available to elderly citizens.

Objective:
- Provide resources for home repairs and property maintenance for owner occupied homes

All rehab and construction services provided by the City are available to elderly citizens. Both Abilene Volunteer Weatherization and Adult Protective Services Partners provide for minor repairs and handicap accessibility through grants from the City.

Objective:
- Maintain and increase services to encourage independent living

Each year, over the next five years, the City will, as funding permits, provide no less than $100,000 through the Senior Nutrition and Activities Program provided as a public service, which includes hot meals, social services, transportation and recreation through the Senior Citizens Division of the Community Services Department.

Objective:
- Enhance the mechanism for coordination, communication, and quality assurance among service providers, city services, citizens and clients

During this five-year Plan period, it is expected that there will be active participation, collaboration and allocation of other Federal, State and local public and private sector resources available to address the identified housing needs. Planning and Development Services staff actively participate in the many needs assessment meetings and monthly/quarterly meetings with area service providers.
Federal CDBG and HOME funds will be used to fund the Single-Family Rehab Program, Critical/Limited Rehab Program and First Time Home Buyer Program.

In addition to low-rent public housing, the AHA receives Federal funding directly from HUD for the HCV Program and funds for the Comprehensive Improvement Assistance Program (CIAP).

Federal HOME CHDO Reserve funds will be used by two Community Housing Development Organizations. Habitat for Humanity and Connecting Caring Communities (CCC) will contribute funding from their own development fund raising events, in-kind donations from local vendors, volunteer labor and sweat equity. Local foundations will also contribute to various aspects of these projects. Both Habitat and CCC continue to partner with the three local universities for volunteer opportunities with their campus service organizations and fund raising events channeled specifically to their organizations. Habitat and CCC partner with neighborhood associations and local businesses for sponsorship opportunities.

In addition to Federal CDBG funds, the Abilene Volunteer Weatherization Program (AVW) receives individual donations, corporate donations and has received grants from the Community Foundation of Abilene, the Greathouse Foundation, the Dodge Jones Foundation, the Wal-Mart Foundation, and the Target Foundation. Dyess Air Force Base personnel continue to partner with AVW as their strongest volunteer partnership.

In addition to Federal CDBG funds, Adult Protective Services Partnerships raises funds through grants from the Community Foundation of Abilene and United Way, and fundraising activities.

The local CAP, Inc. provides utility assistance, weatherization and energy efficiency assistance, rehab assistance and other housing related assistance through State funding, corporate grants and local foundation grants. They have also been extremely successful in developing and administering the Financial Resources for Economic Empowerment (F.R.E.E.) Program that matches dollars saved toward the goal of home ownership, secondary education or business development. Many other services and outreach programs are available through agencies and organizations listed in the Homeless Inventory Section of this Plan.

**Needs of Public Housing**

The AHA has four Low-Rent Public Housing (LRPH) complexes with a total of 213 public housing units.

The Earl Williams/Pioneer Facility was built in 1980 and serves families and those with disabilities.

75 units:

- 26: 1 BR
- 29: 2 BR (4 for Disabled)
- 14: 3 BR (2 for Disabled)
6: 4 BR
The Vogel (B) Facility was built in 1984 and serves families and those with disabilities.
36 units:
   3: 1 BR (1 for Disabled)
   17: 2 BR (1 for Disabled)
   10: 3 BR (3 for Disabled)
   6: 4 BR

The Vogel (D) Facility was built in 1984 and serves families and those with disabilities.
36 units:
   3: 1 BR (1 for Disabled)
   17: 2 BR (1 for Disabled)
   11: 3 BR (2 for Disabled)
   5: 4 BR

The Riviera Facility was built in 1974 and serves families and those with disabilities.
38 units:
   10: 2 BR (2 for Disabled)
   16: 3 BR
   12: 4 BR

The Robert Deegan Place Facility was built in 1984 and serves the elderly and those with disabilities.
28 units:
   28: 1 BR (2 for Disabled)

Total Public Housing Units: 213
   60: 1 BR (4 for Disabled)
   73: 2 BR (6 for Disabled)
   51: 3 BR (8 for Disabled)
   29: 4 BR

Demographics of the Abilene Public Housing residents are below.

Of the 200 families living in public housing, 52 are White, 44 are Hispanic, 97 are Black, and 7 are Other.
• 19% of all families in public housing are disabled;
• 28% of all families in public housing residents are elderly;
• 69% of the families in public housing are families with children
• 100% of all public housing households are <=30% MFI income

The AHA does not anticipate any losses to the public housing inventory for any reason, including losses through public housing demolition or conversion to home ownership.

Other non-routine public housing improvements completed in the recent past consisted of the following:

• Low-flush toilet installs
• Sewer line replacement
• Installation of playground equipment
• Water shut-off valves
• Boiler installation
• Installation of bathroom heaters
• Caulking of windows and doors and weatherstripping of doors through the Energy Star Program.

Demographics of those assisted through the HCV program served by the AHA are below.

Of the 1,118 assisted with HCV, 526 are White, 300 are Hispanic, 282 are Black and 10 are Other.

• 27% of all families receiving HCV assistance are disabled
• 21% of all families receiving HCV assistance are elderly
• 59% of all families receiving HCV assistance are families with children
• 100% of all families receiving HCV assistance are <= 30% MFI
• 16% are male head of household
• 83% are female head of household

See Appendix F for the Statement of Housing Needs for Families on Public Housing and HCV Tenant-Based Assistance Waiting Lists.

Public Housing Resident Initiatives and Strategy

The AHA submitted its annual Public Housing Management Assessment to HUD in November 2009. This program rates the overall public housing management performance, for the year ending September 30, 2009, on such issues as rent collections, vacancies, tenant accounts receivables, occupancy, unit turnover, HQS inspections and resident initiatives. Resident initiatives encompass home ownership opportunity, welfare to work, security, drug elimination, and family self-sufficiency ratings. During 2008 and 2009 contracts were initiated for non-routine public housing improvements estimated at $630,000. These improvements and others included the following highlights:

• Installation of low-flush toilets in 175 units, utilizing ARRA funds;
• Began work on installing completely new sewer-line system at Riviera Apartment Complex, utilizing ARRA funds;
• Installation of playground equipment at three of the four apartment sites;
• Installation of vent heat lights in bathrooms;
• Replacement of refrigerators and stoves;
• Installed 75 ball valves to allow for easier water shut-off capability and;
• Installed a new customer database system.

The AHA works to provide various opportunities for tenant involvement. The Resident Advisory Council (RAC) is in position to elect officers in the Public Housing Program; the Resident Advisory Board (RAB) is still active and providing valuable input during AHA’s Annual Planning process. On the Housing Choice Voucher (HCV)
program, landlords and tenants are active participants on the Advisory Committee (designed to receive input from landlords and tenants on how to improve the HCV program). The Board works directly with AHA management and the AHA resident initiative coordinator to help resolve issues, bring up needs for the capital fund improvement dollars, and work to help set new or revise old policies. The AHA resident coordinator works directly with many of the community agencies to attain programs and benefits for the residents, i.e. the Work Force Center that provides supportive assistance to residents seeking work; the Food Bank, the Abilene Independent School System, and Big Brothers/Big Sisters. The Big Brothers/Big Sisters program expands productive, recreational opportunities for its youth and enables the AHA to provide preventive services for the youth. The HCV program increased its Family Self-Sufficiency program from five families to 30 families to promote self-sufficiency.

Management
AHA has 20 employees and developed two new positions to ensure that it meets its regulatory, operational and customer needs. AHA implemented a helpdesk@abileneha.org e-mail address to enable the community to share concerns with the organization. AHA has also continued to develop its website (www.abileneha.org) as an interactive informational tool for participants, applicants (added an online application for its Public Housing and HCV programs), landlords and the community. The AHA is always looking for additional ways to fund tenant programs, or to collaborate with other organizations to provide meaningful programs.

Home Ownership
In addition to public and assisted housing, AHA collaborated with a neighborhood non-profit organization to provide 10 program families with the opportunity for home ownership. The AHA is looking for ways to help families become first time homebuyers and is currently reviewing the possibility of providing a Housing Choice Voucher Home Ownership Program which will only work with active HCV participants that meet established eligibility requirements.

AHA is also actively promoting another home ownership program for a local non-profit organization offering four homes for sale to low-income families.

Public Housing Performance
The AHA continues to manage 213 public housing units at four separate sites. AHA also administers the HCV program (1,339) vouchers) for 19 counties in West Central Texas. AHA has increased its number of vouchers by 310 since October 2008. During the 2009 program year the AHA received a “Standard” performance rating for its Public Housing Program and a “High Performer” rating on its Housing Choice Voucher program.

Barriers to Affordable Housing
This portion of the Consolidated Plan discusses external and local factors affecting housing affordability
External Factors - Local government, especially those that relate to regional, national and even worldwide economic conditions, cannot control many of the factors, which tend to restrict housing supply. At present, oil prices are at an all time high driving the costs up on any portion of home building or acquisition. Various factors not under the control of local government influence the cost, supply and distribution of housing. These factors include land costs, construction costs and financing costs.

- Land Costs - Land costs increase the ultimate cost of the housing unit. Most developers feel there is relatively little they can eliminate from current projects to reduce the price, yet still be competitive with housing built by developers in other cities. Much of the increase in land prices can be attributed to the general inflation in the U.S. in the last 40 years.

- Construction Costs - Labor and materials add substantially to the cost of housing. Overall construction costs rose. The major components of the increased construction cost have been the steadily rising cost of energy, lumber and other building materials. In particular, milling and shipping costs have increased dramatically and will continue, especially with fuel costs increasing at its current rate. Increased construction costs have directly affected the Abilene housing market, making it difficult for developers to realize a profit on low and moderately priced homes.

- Financing Costs - Financing costs, for the most part, are not subject to local influence. The control of interest rates is determined by national policies and economic conditions and interest rates greatly influence the housing market for homebuyers and indirectly for renters. Though we are seeing some of the lowest interest rates in years, those too will begin to rise as soon as the economy rebounds and once again limit a buyer's ability to secure a loan.

- Impediments to Fair Housing Choice - The City, with technical assistance from HUD’s Region VI Field Office, began the update of the Analysis of Impediments to Fair Housing Choice Study during PY 2009. It will be approved by City Council in PY 2010. The City will integrate efforts to identify and take measures to overcome impediments to fair housing choice as an integral part of the comprehensive planning effort. The City and the AHA continue to implement strategies identified in the Analysis of Impediments to Fair Housing Choice study prepared in 1996. For example, the AHA conducts fair housing training through the Big Country Association for landlords participating in the HCV Program, with topics covering updates in pertinent legal issues. Although there were no recorded issues of concern and no record of complaints filed with the HUD Office of Fair Housing and Equal Opportunity, Region VI, the City realizes that this does not mean that there are no impediments to fair housing choice. The City website lists the website link and phone number for filing complaints. The City will continue to integrate efforts to identify and take measures to overcome impediments to fair housing as an integral part of the comprehensive planning effort.
Local Factors--Housing Prices and Rents

Housing affordability is also impacted by local factors such as the availability of land for new construction, the income of residents, the supply of housing and, housing costs.

Affordable housing in Abilene is deterred by insufficient funds for down payment, lack of credit, and poor credit. In addition, the long-term affordability of a home, such as the required monthly principal, interest, taxes, and insurance payments, are often too high compared with available income for a low-income household. Furthermore, the availability of homes for sale in the price range and size for the low- to moderate-income family is limited. For instance, there were 8 homes during the previous 12-month period ending in May, 2010 that had 4 or more bedrooms with a sales price under $50,000 and only a total of 211 out of 2,606 under $50,000 over the past year.

The U.S. Department of Housing and Urban Development (HUD) describes a household experiencing a cost burden as having gross housing costs that are more than 30% of gross income. A household that experiences a severe cost burden is when gross housing costs are more than 50% of gross income. The cost of home ownership can affect the level of property maintenance, the ability of the household to pay property taxes and ultimately the household's ability to retain its home. Likewise, high rents (and prohibitive security deposits) can make it difficult for renters to afford units. With almost half of the Abilene households under the median income, the cost of ownership or renting also becomes a burden.

- Insufficient funds for down payment - Private lending institutions typically require home purchasers to provide 10 to 20 percent of a home's value as a down payment. Many low-income households are already rent burdened, paying as high as 40 to 50% of their income for housing. Such high costs for current shelter preclude these low-income households from accumulating the funds for a down payment.
- High existing debt of prospective purchasers - Many low-income households also are saddled with excessively high existing debt for such items as credit accounts, car payments, and medical expenses that prevent obtaining private lender financing.
- Need for property repairs - The homes most affordable to low-income households tend to be located in neighborhoods where property has been poorly maintained and requires repair. Therefore, low-income purchasers often confront the prospect of obtaining a home that will require further financial investment for property improvements. Money for such improvements is frequently unavailable to low-income buyers and private lenders often are unwilling to lend the necessary funds for acquisition and repairs. Complicating the situation further is the reality that such affordable housing is often located in neighborhoods where money invested in property improvements does not necessarily translate into a corresponding increase in the value of the property.
- Lack of credit - Many low-income homebuyers have no credit record because they pay most of their expenses in cash.
• Poor credit - A very common barrier to home ownership is a blemished credit record. Unfavorable credit information can stay on a credit record for up to seven years and bankruptcy records stay on the report for 10 years.
• Available funding - A common barrier to affordable housing is available funding to the jurisdiction. When federal funding is threatened to the jurisdiction, the availability of affordable housing for low-income persons is threatened as well.
• Unemployment – January 2010 unemployment in the Abilene Work Force area is 6.5%.
• Low number of living wage jobs available.

Public Policies Affecting Affordable Housing

The City of Abilene is aware of the important impact various government policies can have upon the availability of affordable housing within our community. We endorse federal government initiatives that promote the elimination of public policies that limiting affordable housing.

The housing constraints that affect affordable housing in Abilene are primarily economic. Rising costs within the construction industry and the cost and availability of financing have combined to constrain housing production and rehabilitation, particularly for low- and moderate-income persons. The net result is significantly higher costs for housing during a period when incomes are not rising at the same pace.

The following are descriptions of regulations that affect housing development in Abilene.

• Suburban Building Regulations

The City requires that all street rights-of-way be a minimum of 50 feet wide. According to City guidelines, homes must be set back from the street and/or other houses as below. These restrictions were reduced in 2009 for all three categories.

Lots of 6,000 square feet
15-20 feet in front, 20 feet in back, 12 feet total on sides

Lots of 8,000 square feet
15-20 feet in front, 25 feet in back, 15 feet total on sides

Lots of 12,000 square feet
25 feet in front, 30 feet in back, 20 feet total on sides

• Regulatory Environment

In recognition of the many constraints facing home developers, the City has taken a number of steps to foster development while still protecting community standards. Abilene's land use controls, building codes, site development standards and
processing procedures are quite comparable, and in many cases, less restrictive that those of surrounding communities.

- **Building Codes**

The City of Abilene uses the International Code Package for Building, Plumbing, Mechanical and Fire (2003 version is currently adopted; 2009 version will be adopted by winter 2010; Fire Code is the 2000 version with no change anticipated). The City uses the 2008 National Electric Code. No supplemental codes, which would discourage affordable housing, are used by the City.

- **Rent Controls**

No special requirements are imposed upon property owners with respect to rental income within the City and no City-imposed rent limitation ordinances have been passed by the City Council.

- **Development Fees**

Applications for preliminary plats, final plats or replats cost $500 plus filing fees. Applications for minor plats (plats located in areas where streets are already in place) are $500 plus filing fees. Minor plat applications take approximately two weeks to process. Subdivision applications take two to three months to process because streets must be designed to meet City specifications.

Developers of subdivisions are responsible for constructing streets, drains and sewers. Developers must submit a letter of credit or performance bond to insure that construction is completed at the developer's expense.

- **Environmental Impact Fees**

The City of Abilene does not have any environmental impact fees associated with housing. 40% of all land in Abilene is located in a floodplain or floodway, with 25% being residential areas. New residential development is not allowed in the floodway. While there is additional cost associated with building one foot above the base flood elevation, there are no additional fees required to build new residential development in the floodplain.

The City does not feel that any of the above regulations are excessive, exclusionary, discriminatory or duplicative. Nor does the City believe that any regulation, rule or policy constitutes a barrier to affordability.

**Strategy to Address Negative Effects**

Compared to nearby communities, Abilene's policies are reasonable. Furthermore, the development regulation process runs smoothly--City staff is available to assist developers and answer any questions. In the past, the City has provided regulatory incentives for affordable housing on a case-by-case basis. The Planning Division has developed incentives, in the form of relaxed regulations and Capital
Improvements Program funding for infill development on empty plots of land in currently developed neighborhoods. Infill development is generally less expensive than new-neighborhood construction. Thus, infill development incentives will most likely result in a greater supply of affordable housing. In the past two years, the City has set aside and awarded over $300,000 in CIP funds to encourage infill development and will continue to do so as CIP funds are available.

Much work remains to increase affordable housing opportunities. As a result, the City will continue to re-evaluate all development fees, regulations and program policies and procedures to determine whether any further revisions may be appropriate to enhance affordable housing for low-income City residents. As specific projects are proposed, the City will review the project for its compliance with existing local laws and regulations. If a local law or regulation should prove to have a negative impact on a proposed affordable housing program or project, such law or regulation would be reviewed to determine its viability.

Homelessness

On April 20, 2010, HUD published the proposed rule for the definition of homelessness. The publication of the proposed rule commences HUD’s regulatory process of the implementation of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), enacted into law on May 20, 2009. This proposed rule only addresses definitions of the following terms: “homeless,” “homeless individual,” “homeless person,” and “homeless individual with a disability.” The proposed rule clarifies that individuals and families may qualify as homeless in four possible categories, corresponding to the broad categories established by the statutory language of the definition in section 103 of the McKinney-Vento Act as amended by the HEARTH Act. The HEARTH Act also codifies in statutory law the Continuum of Care (CoC) planning process, long a part of HUD’s application process to assist homeless persons by providing greater coordination in responding to their needs (Code of Federal Regulation, April 20, 2010).

Most Texas metropolitan areas have their own CoC which works to develop comprehensive community plans to organize and deliver housing and services to homeless people. However, 190 of Texas’ 254 counties are not covered by a metropolitan CoC group and therefore comprise the 15 regions in the Balance of State CoC. Texas Homeless Network (THN) aided each of the 15 regions in developing project advisory committees to assist in identifying locations where people who are homeless are known to congregate, to recruit and train volunteers to administer the survey, and to provide other types of assistance and oversight. The city of Abilene is within the Rural West Texas Region of the Texas Homeless Network, Balance of State CoC and followed this process to count the homeless found within the city limits. (Texas Homeless Network Balance of State Survey Of Homelessness 2009)

The Texas Interagency Council for the Homeless (TICH) is appointed by the governor with advice and consent of the Texas senate. Created in 1989 to
coordinate the State’s homeless resources and services, the Texas Interagency Council for the Homeless consists of representatives from all state agencies that serve persons experiencing homelessness. The (TICH) serves as an advisory committee to the Texas Department of Housing and Community Affairs. This board is in the process of revising the strategic plan to end homelessness; increase housing stability for those persons who move to permanent housing; and to increase the permanent housing stock. Texas Homeless Network (THN) is an advisory member of this group and is encouraging the development of permanent supportive housing as one of the objectives of the plan. THN will continue to identify agencies interested in providing housing to chronically homeless persons and will provide technical assistance as needed; offer workshops designed to increase knowledge of housing stability issues; and encourage eligibility and participation in models of housing that are evidence-based effective programs. THN will also offer case management training that includes information on accessing the services provided by the various agencies and service providers to develop and implement a service plan to assist in resolving the issues that prevent or hinder the transition to permanent housing. (Texas Balance of State Continuum of Care Application 2009)

THN and TICH are currently revising the strategic plan to end homelessness to increase the number of homelessness prevention programs allowing the funding increased to communities with the greatest need. Both the THN and TICH are working with the Texas legislature to address poverty issues in Texas. (Texas Balance of State Continuum of Care Application 2009)

One of these strategies will be to encourage CoC agencies to partner with the local Workforce Centers of Texas to provide information and referrals to participants on job search and employment opportunities. The CoC agencies will assess each participant’s education and/or vocational needs and assist with transportation to Workforce locations, job interviews, job training programs and child care. (Texas Balance of State Continuum of Care Application 2009)

Texas is quite different from any other area of the country. Unlike big cities, Abilene has no homeless people sleeping in doorways, alleys, cardboard boxes, or on park benches. The chronically homeless in this area are referred to as “campers” for the lifestyle they live. Around Abilene, there are approximately a dozen “camps” where the chronically homeless persons have built makeshift huts as their homes. When severe weather hits, these individuals take advantage of their option to stay at The Salvation Army. But for most of the year, Abilene weather is such that the “campers” can usually remain where they are. These individuals generally keep to themselves leaving others alone and as such are left alone in return.

This information is drawn directly from the Point-In-Time Survey coordinated annually by the Texas Homeless Network (THN). The THN assists communities in the Texas Balance of State Continuum of Care. Throughout the past four years, the “known location” methodology has been conducted with volunteers surveying everyone found at sites identified by the community where homeless persons are known to gather. The information collected is derived from individuals in homeless
situations and also persons who are at risk in becoming homeless. The actual survey responses are not indicative of the total population; therefore, estimates are projected for the report. Through this type of study, communities collect significant demographic information which is later used to develop short and long-term goals and strategies to diminish homelessness.

The data centered in Abilene, which is the largest city in the area and the metropolitan trade center for a predominantly rural 19-county region, as identified by the West Central Texas Council of Governments. Located at the crossroads of several major highways, and one of few cities between Dallas and El Paso, Abilene is a central stopping point for persons headed east or west along Interstate 20. Many of the area’s homeless population are persons who stopped in Abilene on their way to somewhere else. Somewhere near Abilene, their car broke down, they ran out of money, or they decided to stop and look for work. Others are persons who never recovered from the oil bust of the 1980s and lost their homes and jobs. Many are from surrounding rural counties where there are very few social services available.

While there had always been an informal collaboration of homeless service agencies, efforts to establish a formal coalition began in 1999. These efforts were spurred by several local events. Some of the area’s largest service providers, including its two major emergency shelters, had recently lost HUD funding, partly due to a lack of planning and coordination around homelessness. Agencies were also motivated by the development of the 2005-2009 Consolidated Plan by the City of Abilene. Local homeless providers wanted to become more involved in the Consolidated Plan process and increase awareness and funding for homeless services. Another motivating factor was an incentive offered by the Texas Homeless Network (THN), a statewide membership organization of homeless coalitions. To encourage collaborative planning around homeless issues, THN offered financial and technical support to established homeless coalitions. In order to take advantage of this opportunity, local service providers would have to be formally organized and recognized by the Texas Homeless Network. The West Texas Homeless Network (62 persons from an average of 23 different agencies, businesses or organizations) is now used as an example of how to develop a multi-county coalition by the Texas Homeless Network.

The Point-In-Time Survey, 2010, states that Taylor County has a total of 127,764 people with 116,741 of those residing within the city limits of Abilene. The median family income is $50,500. However, the overall poverty rate is 16% (American Community Survey) and the unemployment rate was 6.5% as of January 2010 (U.S. Bureau of Labor Statistics). Unfortunately, some of those in poverty and unemployed suffer from homelessness in Abilene. Advocates conduct surveys to ascertain their characteristics and needs to develop better strategies for assisting people out of homelessness. A survey like this has been conducted over the past four years. Each year the sample size has increased and the quality of data has improved. Communities gain important information through this initiative. The annualized homeless population estimate for Abilene is 501. Even though the
process improves each year, these numbers are conservative (Texas Homeless Network, 2010).

HOMELESS COUNT and CHARACTERISTICS SURVEY RESULTS

ABILENE-JANUARY 28, 2010

1. Number of Surveys Recorded

<table>
<thead>
<tr>
<th>City</th>
<th>Abilene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveys</td>
<td>68</td>
</tr>
</tbody>
</table>

2. Age of Respondent

<table>
<thead>
<tr>
<th>Age</th>
<th>Median</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43.5</td>
<td>40.4</td>
</tr>
</tbody>
</table>

3. Where did you spend the night last night?

<table>
<thead>
<tr>
<th>Location</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>6</td>
<td>9.1</td>
</tr>
<tr>
<td>On the street</td>
<td>14</td>
<td>21.2</td>
</tr>
<tr>
<td>Living with Family</td>
<td>4</td>
<td>6.1</td>
</tr>
<tr>
<td>Living with Friends</td>
<td>8</td>
<td>12.1</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>20</td>
<td>30.3</td>
</tr>
<tr>
<td>Hotel/Motel</td>
<td>3</td>
<td>4.5</td>
</tr>
<tr>
<td>Hospital</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>15.2</td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4. Respondents’ Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>41</td>
<td>60.3</td>
</tr>
<tr>
<td>Female</td>
<td>27</td>
<td>39.7</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>100.0</td>
</tr>
</tbody>
</table>

5. What is your race?

<table>
<thead>
<tr>
<th>Race</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>42</td>
<td>67.7</td>
</tr>
<tr>
<td>Black/African American</td>
<td>11</td>
<td>17.7</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>American Indian/Alaska Native and White</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Black/African American and White</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>American Indian/Alaska Native and Black/African American</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Other Multi-Racial</td>
<td>3</td>
<td>4.8</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>100</td>
</tr>
</tbody>
</table>

6. Do you consider yourself to be Hispanic or Latino?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Yes, Hispanic or Latino 8 13.6
No, Not Hispanic or Latino 51 86.4
Total 59 100.0

7. Which of the following best describes your family/household?

<table>
<thead>
<tr>
<th>Description</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a single individual</td>
<td>41</td>
<td>60.3</td>
</tr>
<tr>
<td>Two parent family with children</td>
<td>6</td>
<td>8.8</td>
</tr>
<tr>
<td>One parent family with children</td>
<td>12</td>
<td>17.6</td>
</tr>
<tr>
<td>Couples without children</td>
<td>7</td>
<td>10.3</td>
</tr>
<tr>
<td>Other type of family</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>100.0</td>
</tr>
</tbody>
</table>

8. How many total people are in your family/household?

<table>
<thead>
<tr>
<th>People in family/household</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>2.11</td>
</tr>
<tr>
<td>Median</td>
<td>2.00</td>
</tr>
</tbody>
</table>

9. How many adults are in your family/household?

<table>
<thead>
<tr>
<th>Adults in family/household</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>1.50</td>
</tr>
<tr>
<td>Median</td>
<td>1.00</td>
</tr>
</tbody>
</table>

10. How many children are in your family/household?

<table>
<thead>
<tr>
<th>Children in family/household</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>2.00</td>
</tr>
<tr>
<td>Median</td>
<td>2.00</td>
</tr>
</tbody>
</table>

10. Age of Children in Respondents' family

<table>
<thead>
<tr>
<th>Age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>5.0</td>
</tr>
<tr>
<td>Mean</td>
<td>6.1</td>
</tr>
</tbody>
</table>

10. Gender Respondents’ children

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>16</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
</tr>
</tbody>
</table>

11. Have you ever been in the U.S. military?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12</td>
</tr>
<tr>
<td>No</td>
<td>55</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
</tr>
</tbody>
</table>

11. How long was your service?
12. Tour of Duty served by respondents’

<table>
<thead>
<tr>
<th>Length of service</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korea</td>
<td>6</td>
<td>54.5</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>36.4</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>100.0</td>
</tr>
</tbody>
</table>

13. How long have you been homeless?

<table>
<thead>
<tr>
<th>Median</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>1</td>
<td>100.0</td>
</tr>
</tbody>
</table>

14. Which of the following best describes your situation?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st time homeless in the past 3 years</td>
<td>40</td>
</tr>
<tr>
<td>2-3 episodes in the past 3 years</td>
<td>9</td>
</tr>
<tr>
<td>At least 4 episodes in the past 3 years</td>
<td>5</td>
</tr>
<tr>
<td>Continuously homeless for a year or more</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
</tr>
</tbody>
</table>

15. Have you had another separate homeless episode within the past twelve months?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
</tr>
<tr>
<td>No</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
</tr>
</tbody>
</table>

16. How old were you when you first became homeless

<table>
<thead>
<tr>
<th>Median</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td></td>
</tr>
</tbody>
</table>

17. City where respondent became homeless?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abilene</td>
<td>45</td>
</tr>
<tr>
<td>Biloxi</td>
<td>1</td>
</tr>
<tr>
<td>Dallas</td>
<td>1</td>
</tr>
<tr>
<td>Denton</td>
<td>3</td>
</tr>
<tr>
<td>Waco</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
</tr>
</tbody>
</table>

18. When respondent moved to city where they are now

<table>
<thead>
<tr>
<th>Median</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td></td>
</tr>
</tbody>
</table>
### 19. Reason respondent became homeless

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to pay rent/mortgage</td>
<td>143</td>
<td>56.5</td>
<td>84.1</td>
</tr>
<tr>
<td>Unemployment</td>
<td>50</td>
<td>19.8</td>
<td>29.4</td>
</tr>
<tr>
<td>Divorce</td>
<td>9</td>
<td>3.6</td>
<td>5.3</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>3</td>
<td>1.2</td>
<td>1.8</td>
</tr>
<tr>
<td>Incarceration</td>
<td>6</td>
<td>2.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Family/Personal Illness</td>
<td>7</td>
<td>2.8</td>
<td>4.1</td>
</tr>
<tr>
<td>Physical/Mental Disabilities</td>
<td>11</td>
<td>4.3</td>
<td>6.5</td>
</tr>
<tr>
<td>Addiction</td>
<td>10</td>
<td>4</td>
<td>5.9</td>
</tr>
<tr>
<td>Moved to seek work</td>
<td>13</td>
<td>5.1</td>
<td>7.6</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>1</td>
<td>0.4</td>
<td>0.6</td>
</tr>
<tr>
<td>Total</td>
<td>253</td>
<td>100</td>
<td>148.8</td>
</tr>
</tbody>
</table>

170 valid cases

### 19. Reason respondent remains homeless

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to pay rent/mortgage</td>
<td>76</td>
<td>59.8</td>
<td>82.6</td>
</tr>
<tr>
<td>Unemployment</td>
<td>31</td>
<td>24.4</td>
<td>33.7</td>
</tr>
<tr>
<td>Divorce</td>
<td>5</td>
<td>3.9</td>
<td>5.4</td>
</tr>
<tr>
<td>Incarceration</td>
<td>4</td>
<td>3.1</td>
<td>4.3</td>
</tr>
<tr>
<td>Family/Personal Illness</td>
<td>2</td>
<td>1.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Physical/Mental Disabilities</td>
<td>7</td>
<td>5.5</td>
<td>7.6</td>
</tr>
<tr>
<td>Addiction</td>
<td>2</td>
<td>1.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>127</td>
<td>100</td>
<td>138</td>
</tr>
</tbody>
</table>

92 valid cases

### 20. Shelter and Housing needed by respondents

<table>
<thead>
<tr>
<th>Shelter Type</th>
<th>Frequency</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>67</td>
<td>55.8</td>
<td>65</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>20</td>
<td>16.7</td>
<td>19.4</td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>29</td>
<td>24.2</td>
<td>28.2</td>
</tr>
<tr>
<td>No Services Needed</td>
<td>4</td>
<td>3.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>116.5</td>
</tr>
</tbody>
</table>

103 valid cases

### 20. Shelter and Housing received by respondents

<table>
<thead>
<tr>
<th>Shelter Type</th>
<th>Frequency</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>28</td>
<td>66.7</td>
<td>66.7</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>13</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>1</td>
<td>2.4</td>
<td>2.4</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

42 valid cases
21. How far did you go in school?  

<table>
<thead>
<tr>
<th>Level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School diploma</td>
<td>9</td>
<td>14.8</td>
</tr>
<tr>
<td>Technical school/job training program</td>
<td>12</td>
<td>19.7</td>
</tr>
<tr>
<td>Master's degree and beyond</td>
<td>23</td>
<td>37.7</td>
</tr>
<tr>
<td>1st - 8th grade</td>
<td>11</td>
<td>18.0</td>
</tr>
<tr>
<td>Some College</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Some high school</td>
<td>4</td>
<td>6.6</td>
</tr>
<tr>
<td>College Graduate</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

22. Are you able to work?  

<table>
<thead>
<tr>
<th>Answer</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>52</td>
<td>85.2</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>14.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

23. What best describes your job status?  

<table>
<thead>
<tr>
<th>Type</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular full time</td>
<td>11</td>
<td>20.0</td>
</tr>
<tr>
<td>Regular part time</td>
<td>5</td>
<td>9.1</td>
</tr>
<tr>
<td>Day labor</td>
<td>1</td>
<td>6.9</td>
</tr>
<tr>
<td>Temporary Job</td>
<td>9</td>
<td>16.4</td>
</tr>
<tr>
<td>Unemployed</td>
<td>29</td>
<td>52.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>55</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

24. On average, how many hours per week do you work for pay?  

<table>
<thead>
<tr>
<th>Hours worked per week</th>
<th>Average</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24.5</td>
<td>24.5</td>
</tr>
</tbody>
</table>

25. If unemployed, how long?  

<table>
<thead>
<tr>
<th>Months</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18</td>
</tr>
</tbody>
</table>

26. Reason Respondent is not Working  

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent physical disability</td>
<td>76</td>
<td>53.9</td>
<td>73.1</td>
</tr>
<tr>
<td>Mental health problem</td>
<td>4</td>
<td>2.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Poor health</td>
<td>7</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Don't want to</td>
<td>1</td>
<td>0.7</td>
<td>1</td>
</tr>
<tr>
<td>Lack skills/education</td>
<td>7</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Lack of proper clothing</td>
<td>2</td>
<td>1.4</td>
<td>1.9</td>
</tr>
<tr>
<td>No transportation</td>
<td>11</td>
<td>7.8</td>
<td>10.6</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Temporary Physical Disability</td>
<td>5</td>
<td>3.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Drug/alcohol problem</td>
<td>2</td>
<td>1.4</td>
<td>1.9</td>
</tr>
<tr>
<td>Lack child care</td>
<td>5</td>
<td>3.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Lack of permanent address</td>
<td>10</td>
<td>7.1</td>
<td>9.6</td>
</tr>
<tr>
<td>Criminal background</td>
<td>3</td>
<td>2.1</td>
<td>2.9</td>
</tr>
<tr>
<td>Learning/developmental disability</td>
<td>1</td>
<td>0.7</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>141</strong></td>
<td><strong>100</strong></td>
<td><strong>135.6</strong></td>
</tr>
</tbody>
</table>
104 valid cases

27. Monthly income earned by respondents’

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>??</td>
<td></td>
</tr>
</tbody>
</table>

27. Sources where respondents get income

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Support</td>
<td>36</td>
<td>51.4</td>
</tr>
<tr>
<td>Employer Wages</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>SSDI/SSI</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Asking for money on the streets</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Family/Friends</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Illegal Activity</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>22.9</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100</td>
</tr>
</tbody>
</table>

65 valid cases

28. Conditions respondents are receiving treatment for

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Illness</td>
<td>56</td>
<td>56.6</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>7</td>
<td>7.1</td>
</tr>
<tr>
<td>Other physical condition</td>
<td>5</td>
<td>5.1</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>9</td>
<td>9.1</td>
</tr>
<tr>
<td>HIV/AIDS related illnesses</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Have not or do not receive treatment</td>
<td>18</td>
<td>18.2</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>100</td>
</tr>
</tbody>
</table>

76 valid cases

29. Institutions respondents have been in

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug or Alcohol Abuse Treatment</td>
<td>52</td>
<td>59.1</td>
</tr>
<tr>
<td>State Hospital/long term care facility</td>
<td>9</td>
<td>10.2</td>
</tr>
<tr>
<td>Jail/Prison</td>
<td>20</td>
<td>22.7</td>
</tr>
<tr>
<td>Foster Care</td>
<td>5</td>
<td>5.7</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2.3</td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
<td>100</td>
</tr>
</tbody>
</table>

?? valid cases

30. If institutional history was respondent homeless prior to entering?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
</tr>
</tbody>
</table>

31. If institutional history when released did respondent have shelter?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
</tr>
</tbody>
</table>
32. Do respondents have medical insurance?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12</td>
<td>21.4</td>
</tr>
<tr>
<td>No</td>
<td>44</td>
<td>78.6</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
</tr>
</tbody>
</table>

32. Types of medical insurance that respondents have

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Sponsored</td>
<td>8</td>
<td>53.3</td>
<td>57.1</td>
</tr>
<tr>
<td>Medicaid</td>
<td>4</td>
<td>26.7</td>
<td>28.6</td>
</tr>
<tr>
<td>Medicare</td>
<td>1</td>
<td>6.7</td>
<td>7.1</td>
</tr>
<tr>
<td>VA Benefits</td>
<td>1</td>
<td>6.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Community Health Program</td>
<td>1</td>
<td>6.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>100</td>
<td>107.1</td>
</tr>
</tbody>
</table>

14 valid cases

33. In the past year have you needed Medical Care?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>42</td>
<td>72.4</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>27.6</td>
</tr>
<tr>
<td>Total</td>
<td>58</td>
<td>100.0</td>
</tr>
</tbody>
</table>

33. Were you able to get Medical Treatment?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>23</td>
<td>48.9</td>
</tr>
<tr>
<td>No</td>
<td>24</td>
<td>51.1</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>100.0</td>
</tr>
</tbody>
</table>

33. Where did respondent receive Medical Treatment?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abilene Regional Medical</td>
<td>3</td>
<td>16.7</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>3</td>
<td>16.7</td>
</tr>
<tr>
<td>Hendrick Medical Center</td>
<td>11</td>
<td>61.1</td>
</tr>
<tr>
<td>VA Clinic</td>
<td>1</td>
<td>5.6</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>100.0</td>
</tr>
</tbody>
</table>

34. In the past year have you needed Dental Care?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>40</td>
<td>66.7</td>
</tr>
<tr>
<td>No</td>
<td>20</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
</tr>
</tbody>
</table>

34. Were you able to get Dental Care?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
<td>12.8</td>
</tr>
<tr>
<td>No</td>
<td>41</td>
<td>87.2</td>
</tr>
</tbody>
</table>
### 34. Where did respondent receive Dental Care?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Mission</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>Local Dentist</td>
<td>3</td>
<td>50.0</td>
</tr>
<tr>
<td>Mexico</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>Taylor County Jail</td>
<td>1</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### 35. In the past year have you needed Mental Health Care?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
<td>23.7</td>
</tr>
<tr>
<td>No</td>
<td>45</td>
<td>76.3</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### 35. Were you able to get Mental Health Care?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>24.1</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>75.9</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### 35. Where did respondent receive Mental Health?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Hardwick MHMR</td>
<td>4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### 36. Services respondent reports needing

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need Job Training and Placement?</td>
<td>169</td>
<td>53.8</td>
<td>90.4</td>
</tr>
<tr>
<td>Need Case Management?</td>
<td>13</td>
<td>4.1</td>
<td>7</td>
</tr>
<tr>
<td>Need Child Care?</td>
<td>4</td>
<td>1.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Need Life Skills Training?</td>
<td>13</td>
<td>4.1</td>
<td>7</td>
</tr>
<tr>
<td>Need Food Stamps?</td>
<td>19</td>
<td>6.1</td>
<td>10.2</td>
</tr>
<tr>
<td>Need Veterans Benefits?</td>
<td>7</td>
<td>2.2</td>
<td>3.7</td>
</tr>
<tr>
<td>Need Transportation Assistance?</td>
<td>25</td>
<td>8</td>
<td>13.4</td>
</tr>
<tr>
<td>Need GED or Educational Training?</td>
<td>12</td>
<td>3.8</td>
<td>6.4</td>
</tr>
<tr>
<td>Need English as a Second Language</td>
<td>5</td>
<td>1.6</td>
<td>2.7</td>
</tr>
<tr>
<td>Need Legal Aid</td>
<td>7</td>
<td>2.2</td>
<td>3.7</td>
</tr>
<tr>
<td>Need Clothing and/or Food?</td>
<td>34</td>
<td>10.8</td>
<td>18.2</td>
</tr>
<tr>
<td>Do not need any services</td>
<td>6</td>
<td>1.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Total</td>
<td>314</td>
<td>100</td>
<td>167.9</td>
</tr>
</tbody>
</table>

187 valid cases

### 36. Services respondents reported receiving

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent of Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need Job Training and Placement?</td>
<td>130</td>
<td>52.2</td>
<td>83.3</td>
</tr>
</tbody>
</table>
Need Case Management? 15 6 9.6
Need Child Care? 8 3.2 5.1
Need Life Skills Training? 14 5.6 9
Need Food Stamps? 17 6.8 10.9
Need Veterans Benefits? 6 2.4 3.8
Need Transportation Assistance? 12 4.8 7.7
Need GED or Educational Training? 9 3.6 5.8
Need English as a Second Language 5 2 3.2
Need Legal Aid 6 2.4 3.8
Need Clothing and/or Food? 27 10.8 17.3
Total 249 100 159.6
156 valid cases

POINT-IN-TIME SURVEY 2010 REPORT

TAYLOR COUNTY DEMOGRAPHICS

- The median age of respondents is 44
- The gender breakdown is 60% male and 40% female
- Most respondents reported race as White (68%)
- African-Americans are over-represented in this survey (18%) as compared to the overall population 9% (U.S. Census Bureau)
- The majority of respondents are single, 26% were one and two parent families with children.
- Thirty-seven children were identified in the survey with an average age of 6.1.
- Veterans made up 18% of the sample, in 2009 17% identified as veterans.
- 17% were Veterans of Korea and 17% of Afghanistan.
- Veteran’s average length of service was two and a half years.

WHERE ARE THEY? WHAT IS THE LENGTH OF HOMELESSNESS?

- 73% of respondents were living in Abilene when they became homeless. The other 27% were living in another Texas city or out of state.
- 9% of respondents stayed in an Emergency Shelter.
- 61% meet the HUD definition of homelessness
- The median length of homelessness reported by individuals is 12 months, which has doubled from the 2009 survey.
- 62% of persons stated this is the first time they have experienced homelessness in the past three years.
- 14% of those reported being homeless 2-3 times in the past three years and during that same time frame 17% were homeless for a year of longer.
- 21% stated experiencing another homeless period within the past 12 months.

WHAT ARE THE REASONS FOR BECOMING AND REMAINING HOMELESS?
Respondents were asked to identify the factors contributing to homelessness:
The most identified reasons for becoming homeless are:
- 35% Unemployment
- 23% Unable to pay rent/mortgage
- 9% Moved to seek work
- 8% Physical/Mental Disabilities
- 7% Addiction

The most common factors cited for remaining homeless were unemployment and inability to pay rent/mortgage. These findings are consistent with 2009 Point-in-Time survey findings in Abilene.

A set of questions were designed to elicit information about employment and income from respondents:
- 84% of all Taylor County residents’ graduate high school but only 75% of respondents report attaining a high school diploma or higher degree in this sample.
- 25% did not graduate high school and 18% of those did not pass 8th grade.
- 85% of respondents indicated that they were able to work and 47% are working (20% full time).
- Those that work average 25 hours per week and their median monthly income was $600.
- However, 53% are unemployed and the median length of unemployment is eighteen months.
- When asked why they were unemployed the two most frequently cited reasons were “No Transportation” (15%) and “Permanent physical disability” (15%)
- When asked where they get income the top three responses in order were: Other, Employer Wages, and asking for money on the streets.

EDUCATION, EMPLOYMENT AND INCOME

Respondents provided information on treatment received, history in institutions and their service needs:
When asked what they are receiving treatment for, the responses in order were:
- 32% Have not or do not receive services
- 23% Mental Illness
- 16% Alcohol Abuse
- 13% Drug Abuse
- 9% Other physical condition
- 7% HIV/AIDS related illness
- 39% reported having been in Foster care and 31% in Drug/Alcohol Abuse Treatment, the most common responses to the question about institutional history.
• Prior to entering institutions, 35% of respondents were homeless while 60% reported having shelter upon institutional discharge.
• Only 21% of respondents had health insurance but 49% were able to get medical care when needed.
• When asked where they received treatment the most common source was emergency care.
• 67% needed dental care but only 13% received it.
• 24% of respondents needed Mental Health Care but only 24% of those stated that they received it.

**Treatment Received, Institutional History and Services TAYLOR COUNTY**

When asked what supportive services respondents needed the top seven responses were:

• Clothing and/or Food
• Transportation Assistance
• Job Training and Placement
• Food Stamps
• Life Skills Training
• Case Management
• Do not need services

**HOUSING NEEDS**

Respondents were asked what type of housing they needed most:

• In 2010, 43% reported needing Afford-able housing followed by Transitional Housing (30%) and Emergency Shelter (21%)
• Over the two-year period of 2009-2010, this ranking is generally consistent, indicating a need for more supportive and permanent housing for people suffering from homelessness in Abilene. Responses in 2010 were slightly higher in the category of Transitional Housing.

**Priority Homeless Needs**

Outreach Services

The following information was provided by members of the West Texas Homeless Network. Each organization assists homeless persons by providing outreach services and ministries, emergency and transitional shelters, food, life-skills training, and basic needs. These are just a few of the many services provided within the City of Abilene and service area.

Love & Care Ministries
Love & Care Ministries visits each camp on a regular basis providing for their needs, both physically and spiritually. Across the city of Abilene, Love & Care Ministries helps the homeless and poor with the basic needs of life. Each year there are thousands helped with food, clothing, blankets, sleeping bags, socks, coats, shoes, hygiene items, prescriptions, medical and dental attention, and much more.

Salvation Army

In 2009, 15 men and women successfully completed the Corps Salvage and Rehabilitation Center Program (CSRC). This is a free 180 day drug and alcohol recovery program operated and funded in-house. The CSRC program is based on the 12-step model and utilizing work-therapy it is designed to allow men and women achieve self-confidence, self-sufficiency and responsibility while obtaining spiritual awareness.

Once completed, graduates of the CSRC program have the opportunity to enter the Outbound program. The Outbound program is designed as a 180-day transitional program for working men and women. Monthly room and board is paid to occupy a private room and utilize the dining amenities in the facility. Participants work towards self-sufficiency to return as a productive member of society. Anyone in the community may seek enrollment into this program.

The Salvation Army operates the largest emergency shelter in Abilene out of the Tiffany Memorial Social Services Center. Any given night, the shelter can accommodate 136 single adults and 16 families. Four private units are also available for displaced families. Over 10,900 guests stayed in the shelter in 2009.

A full service kitchen operates serving three, free nutritious meals 365 days per year. In 2009, 75,801 meals were served to the homeless and the working poor. Located in Abilene, The Salvation Army Family Store offers economical, quality merchandise, enabling families to provide the basic necessities of life during tough economic times. In 2009, The Salvation Army administered over 692 Clothing and Emergency Household Vouchers providing those in need with clothing, furniture and household items.

Financial uncertainty and struggles have affected many households in the Abilene community. In 2009, 4,009 households were assisted with utilities, rent, clothing, prescription and travel assistance. Working hand in hand with several community agencies, The Salvation Army aims to add pride and stability to families and help eliminate the inundation of financial struggles and homelessness.

Just People

Just People, Inc. provides employment assistance, counseling, educational opportunities, and comprehensive case management to homeless persons. In addition to employment services, Just People, Inc. provides outreach, life skills training, alcohol and substance abuse counseling, mental health counseling, financial assistance for medical care and prescription drugs, transportation,
referrals to other agencies and follow-up services. Through collaborative agreements, Just People refers homeless persons to The Salvation Army and Abilene Hope Haven for shelter and transitional housing services.

Abilene Hope Haven

Abilene Hope Haven (AHH) is a transitional housing program for individuals and families in the community who are experiencing homelessness. AHH operates two residential programs: the first for single adults and the second for families. As of March 2010, 12 single adults may be housed in apartments in Abilene, this is a scattered site model used by other organizations with much success. In addition, 14 families may live in the Hope Too residential facility. Hope Haven has been serving the homelessness since 1994 as a non-profit organization.

Adult residents at Abilene Hope Haven range in age from 18 years old through the mid-sixties. Homelessness affects people from different race and ethnicity as well as economic and educational background. Transitional housing residents may live up to 12 months in the Hope Haven program with the goal of moving into their own housing upon completion. The most basic needs as shelter, food, clothing, and transportation are provided to residents. Referrals to other service providers meet employment, childcare, and educational needs. Free counseling helps address emotional needs. Life skill classes are held weekly and address topics such as personal finance, budgeting, cooking, nutrition, and parenting. The residents are required to maintain a full-time job (40 hours per week); return to school for their GED and remain 100% drug and alcohol free. Hope Haven serves on average 200 residents per year and receives more than 750 requests for services annually.

Remaining Obstacles

The West Texas Homeless Network Executive Committee has acknowledged the following obstacles to ending chronic homelessness in the service area:

- Transient nature of chronically homeless in the area makes it difficult to outreach to this population, inform them of all the services available and to enroll them in these services;

- Mainstream Resources – many chronically homeless individuals do not stay in the area long enough to determine eligibility for services;

- Many agencies operate with a small staff and lack the financial resources and capacity to construct and manage permanent supportive housing projects;

- Lack of and the lengthy waiting list of permanent supportive housing in the area;
• Limited access to medical and dental care - although several agencies provide free or low-cost medical/dental care and prescription assistance, the need for such services vastly exceeds the services that are currently provided;

• Lack of motivation to take advantage of employment opportunities;

• Many chronically homeless individuals do not want to change their lifestyle. Chronically homeless persons in our service area receive continuous support from churches, agencies and individuals in the form of basic needs and other daily necessities. Panhandlers on the street can make enough money to allow them to support their chosen lifestyle. In this type of environment, chronically homeless persons have no incentive to make better choices that could move them toward self-sufficiency.

• Many chronically homeless individuals in this area do not want to participate in any type of structured program that would require them to follow and to adhere to specific program guidelines. Many are unwilling to give up alcohol or drugs for a better way of life. They turn down the opportunity to enter into a rehabilitation program that allows them to become clean and sober.

**Homeless Inventory**

The 2009 balance of state data is reported in a different format and does not contain the detail previous Continuum of Care surveys provided. The data used for this analysis was derived from the West Texas Homeless Network survey conducted in conjunction with the Balance of State Point in Time Homeless Survey taken January 28, 2010. Abilene and Taylor County are included in the Rural West Texas Region. Therefore, the following information is drawn directly from HELP LINES 2010 Resource Directory for West Central Texas, 2-1-1 TEXAS.

Services in place:

- Rental/Mortgage/Utility Assistance
  - AIDS Resources of Rural Texas
  - Aspermont Small Business Development Center
  - Central Texas Opportunities
  - Community Action Program, Inc.
  - First Baptist Church
  - Episcopal Church of the Heavenly Rest
  - Shackelford County Resource Center
  - Taylor County Veterans Services Office
  - The Salvation Army
  - Christian Service Center of Abilene
  - Christ Community Resource Center
  - Just People, Inc.
  - Abilene Baptist Social Ministries
  - Methodist Service Center
  - Christian Community Development Corp. (Our House)
Rental Assistance
- AHA
- Sweetwater Public Housing Authority
- Stamford Public Housing Authority
- Christian Community Development Corp. (Our House)

How persons access/receive assistance: United Way’s 2-1-1 Texas A Call for Help Community Resource Center often serves as the initial contact for persons who are homeless or at-risk of becoming homeless. The 2-1-1 Texas A Call for Help Community Resource Center refers clients to the available services and, if appropriate, enters their data into HMIS. Referrals and services can then be streamlined using HMIS. The West Texas Homeless Network has developed and will continue to update and distribute the Pocket Pal, which lists all services, provided by the various agencies, churches and organizations. Most services are provided on a first-come, first-serve basis, and most programs require an intake and eligibility screening prior to providing assistance.

Outreach

Outreach in place: Outreach to Homeless on the Streets
Love & Care Ministries conducts outreach through the Mobile Medical Unit which provides access to medical and dental services at different sites. Love & Care Ministries also visits homeless persons in their camps and provides approximately 100 sack lunches per day. Additional services at their facility such as providing lunch 4 days a week which is approximately 100-250 meals each day, and assistance obtaining I.D.’s and birth certificates and providing showering facilities

Christian Community Development Corp. (Our House):
Our House provides street outreach to homeless youth. This program improves their safety and maximizes their potential to take advantage of existing opportunities and resources. The staff delivers a range of services directly or through a collaboration with other agencies, specifically those working to protect and treat young people. These unaccompanied youth receive food, shelter, clothing, tutoring and counseling. CCDC assisted approximately 200 young people in 2009.

Just People, Inc. provides outreach services to street homeless and persons residing in emergency shelter and transitional housing. Offers personal and employment services to adults, people in recovery, and ex-offenders.

City Light Community Ministries:
As part of the West Texas Homeless Network, City Light Community Ministries is an outreach program of the First Baptist Church, assisting homeless with the following:
- Financial support such as prescriptions and transportation service
- Lunches on M-W-F
- Shower facility and laundry M-W-F
• Breakfast at 8:30 AM and Sunday church service at 9AM
• Extended lodging at Salvation Army when funds are available
• Spiritual guidance and referral services

City Light hopes to continue offering the above services to the homeless clients as long as funds are available and hopes to continue supporting other agency providers with the goal of alleviating the plight of the homeless in the community. They also partner with the Christian Women’s Job Corps and Connecting Caring Communities.

Breakfast on Beech Street:
Breakfast on Beech Street provides outreach services to street homeless and low-income persons by providing them with breakfast and a sack lunch five days a week. Operated out of First Christian Church, BoBs also provides spiritual guidance and program information on available services.

Drop-In Centers are operated by The Salvation Army and Love & Care Ministries to help homeless people learn about and access available services. Drop-in centers offer a range of basic services, including food, showers, laundry, and clothing.

Outreach to Other Homeless
The Drop In Centers operated by The Salvation Army and Love & Care Ministries also provide outreach and services to homeless families. Homeless persons are connected to appropriate services as a result of outreach efforts, as well as word-of-mouth information by other homeless individuals, soup kitchens, and service providers. Case Managers and Outreach Workers for homeless services are familiar with area agencies and with the eligibility requirements for various programs. Collaboration between the service providers in Abilene allows for an efficient and quick referral process. In addition, agencies participating in the HMIS can access other provider information on-line in order to determine availability and eligibility requirements.

With the addition of the 2-1-1 system across Texas, outreach to other homeless individuals has become easier. Anyone in need can use any phone to dial 2-1-1 for assistance and be connected immediately to Abilene’s A Call For Help Community Resource Center which opened March 1, 2004.

Other Homeless Persons

The West Texas Homeless Network will continue to expand the HMIS in order to provide up-to-date information on services. The Network is expanding the distribution of Pocket Pals to include convenience stores and other public locations.

Supportive Services in Place:

Life Skills Training
• Just People, Inc.
• The Salvation Army
• Faith Works
• Abilene Hope Haven, Inc
• ARCADA
• Workforce Center
• Noah Project
• Family Services Center
• Life Skills Education Family Services Center
• Parenting and Life Skills Classes
• Christian Community Development Corp. (Our House)

Mental Health and Counseling Services
• MHMR
• Noah Project
• The Salvation Army
• Just People, Inc.
• Medical Care Mission
• ARCADA
• Life Renovation Counseling
• Acadia Abilene Hospita Advocates of Abilene
• Advocates of Abilene
• Mental Health Association

Homeless Youth
• Abilene Independent School District Homeless Liaison
• Harmony Family Services
• New Horizons The Audrey Grace House
• Our House

Family Services
• Methodist Children’s Home & Services
• New Horizons: Family Connections
• Presbyterian Children’s Home & Services

Medical Care
• Taylor County Veteran Services Office
• Presbyterian Medical Care Mission
• Abilene/Taylor County Public Health Department
• Medical Assistance for Area Citizens (MAAC)
• Shackelford County Community Resource Center
• Abilene Intercollegiate School of Nursing
• Area Agency on Aging
• Hendrick Health Clinic
• Love & Care Ministries Medical and Dental Van
• AIDS Resource of Rural Texas (ARRT)

Substance Abuse Treatment and Aftercare
• The Salvation Army (Abilene – inpatient treatment)
• Just People, Inc.
• Abilene Regional Counsel on Alcohol and Drug Abuse (ARCADA)
• Alcohol and Drug Abuse Center (Abilene – information & referral only)
• Serenity Foundation (Abilene – halfway house)
• 180 House (Abilene – three-quarter house)
• Jubilee House (Abilene – halfway house)
• Big Country AIDS Resources
• Prevention Resource Center
• AIDS Resource of Rural Texas
• Outreach Screening Assessment, and Referral Program (OSCAR)
• Youth Prevention Universal (YPU)
• Youth Prevention/Intervention (YPI)
• Acadia Healthcare

Employment Assistance
• West Texas Council of Government Career Centers
• Just People, Inc.
• Goodwill Industries
• Abilene Hope Haven
• Noah Project
• Faith Works
• Veterans Administration
• Workforce Solutions of West Central Texas Center
• Betty Hardwick Center – MHMR
• Supportive Employment
• Senior Service American, Inc.

Child Care
• Day Nursery of Abilene
• Boys & Girls Club of Abilene
• City of Abilene Recreation Division
• Alliance for Women and Children
• Child Care Provider Organization
• Texas Workforce Center (for selected programs)
• Early Head Start
• Kids Campus
• Glo Day Care

AIDS/HIV Services
• Abilene/Taylor County Public Health Department (Abilene – HIV clinic)
• Big Country AIDS Resources
• AIDS Resource of Rural Texas

Transportation
• CityLink
• Classic Cab
• Veteran’s Administration Medical Transportation

Legal Services
• Noah Project
- West Texas Legal Services
- Legal Advocacy Program
- Not Without US!

Veterans Services
- Disabled Veterans Commission
- Local Veterans Employment Representatives Program (LVERS)
- Recovery and Employment Assistance Lifelines (ReaLifelines)
- Texas Military Family Access Project/T.R.I.A.D.
- Texas Veterans Leadership Program

Services planned:
- Expansion of The Salvation Army’s Substance Abuse program
- Expansion of The Salvation Army’s Homeless to Work program
- Completion of Christian Community Development Corp. (Our House) to provide shelter, training and social services for transitional youth
- The Noah Project is constructing a new larger facility for abused women and children. Completion is expected in 2012.

How homeless persons access/receive assistance:
In a community the size of Abilene, there is constant communication between supportive service and housing providers. The West Texas Homeless Network has facilitated a more formal collaboration between service providers. The monthly Network meetings provide the forum for discussing obstacles and learning about new services. In addition, the local 2-1-1 Call for Help through United Way also meets quarterly with all agencies listed in their service to discuss needs. Case management remains the most effective way to coordinate services for homeless individuals and families and is the primary method used to move homeless individuals through the system.

For homeless persons entering the system, the 2-1-1 Texas A Call for Help Community Resource Center and the Homeless Management Information System (HMIS) can offer information and referral to case management and other supportive services.

Most services are provided on a first-come, first-serve basis with the majority of programs having an application process and eligibility requirement.

**Homeless Strategic Plan**

HIGH - Activities to address the need will be funded by the locality during the five-year strategic planning period. The need is well documented.
MEDIUM - CDBG or HOME funds may be provided if funds are available. The need is well documented.
LOW - CDBG or HOME funds are not expected to be available. The need is documented.
The 2010-2014 Consolidated Plan goals and objectives as related to Homeless Needs are listed below.

**Goal: Prevent and reduce homelessness**

Objective:
- Provide and maintain transitional housing and support services for individuals and families, including unaccompanied youth and ex-offenders
- Provide long-term housing opportunities and emergency shelters

Last year the City committed $119,000 in ARRA funding for a transitional housing facility for unaccompanied youth. The facility will be completed in PY10. The City will continue to search for opportunities to assist local organizations and services that serve those at risk of becoming homeless and the homeless population.

**Discharge Planning Policy**

The 2009 Texas Balance of State Continuum of Care states basic provisions of a discharge policy include:

- Discharge from institutions into homelessness is prohibited.
- Discharge planning begins at entry into the institution, and appropriate planning processes are created and monitored.
- Access to mainstream service systems (establishing eligibility while still in the institution) is necessary for reducing recidivism and homelessness.

In 2003-2004 The West Texas Homeless Network met with city/county government, hospitals, Department of Human Services, the Justice System, and law enforcement agencies to develop a team approach to discharge planning in the West Central Texas area. This involved a four-step strategy of identifying the scope of the problem, identifying priorities, locating resources, and implementing institutional change.

The Network’s focus was to continue to identify the scope and nature of the problem. The following activities were conducted:
- Survey shelter providers to see what public institutions are releasing clients/inmates to the area shelters;
- Identify public institutions that should be providing housing as part of discharge planning;
- Have shelters keep a record for a month on where shelter residents resided prior to entering the shelter;
- Recruit participation in the Network from public institutions in the Network’s Continuum of Care service area including Abilene and the surrounding 13 counties.
Community Development

Community Development (Non-Housing)
The jurisdiction’s priority non-housing community development needs eligible for assistance by CDBG eligibility category are specified in the Community Development Needs Table.

As stated previously in the Priority Needs Analysis and Strategies portion, the basis for assigning priority is:

HIGH - Activities to address the need will be funded by the locality during the five year strategic planning period. The need is well documented.
MEDIUM - CDBG or HOME funds may be provided if funds are available. The need is well documented.
LOW - CDBG or HOME funds are not expected to be available. The need is documented.

The 2010-2014 Consolidated Plan goals and objectives as related to Non-Housing Community Development are listed below.

**Goal: Improve the quality of programs and facilities for health and safety, information, transportation, and recreation services**

Objectives:
• Support the expansion of comprehensive affordable health and dental services
  Over the next five years, the City of Abilene plans to provide public service through the Medical/Dental program for low- to moderate-income residents.

• Enhance the mechanism for coordination, communication, and quality assurance among service providers, city services, citizens, and clients

October 1, 2005, the CDBG and HOME funded housing programs were relocated from the AHA to the City of Abilene Neighborhood Initiatives Division. Programs provided are Single-Family Rehab/Reconstruction, Critical/Limited Repair and First-Time Homebuyer. The Office of Neighborhood Services (ONS) staff attend and participate in several area network needs organizations and meetings and serve on agency boards and committees that serve LMI clientele.

• Provide and expand social and recreational services and facilities, including but not limited to, youth and individuals with disabilities

During the next five years, the City of Abilene will identify for improvement two park or recreational facilities and spend not less than $50,000 in infrastructure or capital improvements.

• Expand crime prevention strategies, law enforcement services, and code enforcement
Over the next five years the City will provide continue to provide code enforcement (building, community enhancement, health) for not less than $2.4 million per year. Although CDBG funds are not plentiful enough to fund the Teen Court program, the City of Abilene Municipal Court Division continues to fund of the program.

**Goal: Enhance the physical environment of Abilene**

Objectives:
- Provide and maintain adequate public facilities and infrastructure especially in LMI areas, including green spaces

During the next five years, the City will provide, as funding permits, CDBG funds for no less than $20,000 for infrastructure improvements located in LMI Eligible census tracts. The City will, as funding permits, make infill development funds available to provide for new development of old established areas within the defined “infill area”. The majority of this area is LMI.

- Enhance pedestrian, bike, and traffic safety

See reference to sidewalk rehabilitation program above. Both the 2001 Abilene Community Excellence Report and the 2004 Comprehensive Land Use Plan discuss in detail the importance of the enhancement of the physical environment of Abilene and its effects on neighborhood revitalization, economic development, safety and security. The Community Services and Facilities Goal states: Provide community facilities and services (fire, police, health and safety, schools, etc.) that efficiently and fairly serve the community. There are over 30 strategies addressing roadways, mobility (public transportation, bicycling, walking), airport, expansion of infrastructure, services, parks recreation, and open space. The City of Abilene will continue to support this goal and the objectives through development, maintenance, promotion and education. The City was awarded $2.5 million through the American Recovery and Reinvestment Act of 2009 for street surface treatment, pavement rehabilitation, pavement resurfacing sidewalk, traffic signal modification/pedestrian improvements and curb ramps for handicap accessibility. In June 2010, the City Planning and Development Services Department won first place in the Safe Route to Schools competition for planned sidewalks for a LMI area with heavy elementary school pedestrian traffic. The $130,000 Federal Highway Administration funds will be used to provide sidewalk and curb ramps and ADA improvements The City of Abilene has a very effective social services delivery system and local organizations work to achieve established goals for the community. The City is committed to support the development and maintenance of strong social service providers in the community.

**Goal: Enhance quality of life for elderly citizens**

Objectives:
- Increase the availability, financial accessibility, and support for safe, decent, and affordable housing
• Provide resources for home repairs and property maintenance for owner-occupied homes

During the next five years, the City will fund, through CHDOs, Critical/Limited Repair, Single-Family Rehab and First-Time Homebuyer programs, no less than $1.5 million of City CDBG and HOME funds.

Objective:
Maintain and increase services to encourage independent living

During the next five years, the City will provide, as funding permits, at least $80,000 toward this objective through support to City Senior Nutrition and Activities programs.

Objective:
Support the expansion of comprehensive affordable health and dental services

During the next five years the City will fund, as funding permits, no less than $70,000 for affordable through medical and dental programs.

Objective:
Enhance the mechanism for coordination, communication, and quality assurance among service providers, city services, citizens and clients

City staff actively participates in several area organizations for the continued improvement in coordination, communication and quality assurance among service providers. A few of the agencies is United Way, 211 Call for Help, West Texas Homeless Network, Community Action Program, Inc., Habitat for Humanity, Connecting Caring Communities, FaithWorks and Christian Community Development Organization. In addition, the ONS staff participates in City University, a nine-month series of classes designed to educate citizens about city projects, processes and services. ONS staff also provides educational talks to various civic organizations and school children.

**Goal: Enhance the economic well being of all citizens**

Objectives:
• Support maintenance, enhancement, and expansion of quality childcare
• Support maintenance, enhancement and expansion of transportation services
• Utilize and promote rehabilitation of existing properties to support business development
• Partner with higher education, businesses and service programs for life skills and language training
• Expand or enhance existing financial asset building programs
• Develop job skills training for youth
• Establish micro loan/grant programs for small business development
During the next five years, the City will fund one project or public service at less than $50,000 for capital improvements childcare centers or properties to support business development or enhance transportation services.

Over the next five years, the City will provide at least $3 million in CDBG funds to repay four loans funded through the City’s Section 108 Downtown Loan Program. Program income received in the form of Section 108 repayments will be applied first to offset the use of CDBG funds for this activity.

The City of Abilene has a long and strong history of working with community partners, both private and public, local universities, the junior college and the vocational school to enhance the economic well being of all citizens.

The City of Abilene, economic development half-cent sales tax monies and private lenders encourages commercial/industrial development and offers incentives to businesses locating into targeted areas and enterprise zones. TIF (tax increment finance district), Section 108 loans and private funding are also used. The City of Abilene, the half-cent sales tax, private funding and neighborhood groups provide funds for programs involved in employment, vocational training and small business assistance to accomplish job creation and retention through business expansion and training. In addition to business recruitment and retention, the Economic Development Department works with the Abilene Industrial Foundation to market available industrial properties.

It is through strong community partnerships and the desire to diversify Abilene industry and jobs that the City of Abilene Economic Development Department and DCOA was able to recruit The Texas Tech University School of Pharmacy and develop the Life Sciences Accelerator for medically-based biotech research near the Hendrick Hospital and Health Systems campus. Adding to the diversification of jobs, the Economic Development Department and the DCOA have been successful at recruiting wind turbine energy companies. One is a manufacturing and maintenance company, and the other is a regional facility for blade manufacturing and maintenance.

The City of Abilene, contracts with the Texas Tech University Small Business Development Center (SBDC) to provide quality service and assistance to business owners and potential entrepreneurs. The SBDC provides business counseling, technical assistance, training workshops and business plan development for small businesses. The SBDC aims to promote growth, expansion, innovation, increased productivity and improved management for small business. Workshops range from obtaining Historically Under-Utilized Business (HUB) certification to enable contracts with State and Federal agencies to Internet businesses. Through various programs and services, self-sufficiency efforts improve the quality of life for the citizens of Abilene. Available through the AHA, Family Self-Sufficiency Assistance includes help with incidental and/or unanticipated expenses that threaten a family’s progress toward self-sufficiency (e.g. school, job training and counseling). Families must agree to maintain employment and/or enroll in continuing education or training programs. FaithWorks is a local agency that trains
the under/unemployed in new life skills, job training and internships. The City of Abilene will continue its strong support of maintenance, enhancement and expansion of quality childcare and transportation services. Realizing the importance of very low-income households, particularly renters and homeless persons, the City will focus its resources on assisting these families and individuals through economic development programs.

**Goal: Revitalize neighborhoods**

Objectives:
- Encourage and support programs that diminish crime
- Provide incentives to encourage neighborhood initiated projects and organizations
- Encourage mixed use/mixed income infill development

The importance of neighborhoods continues to be reiterated in recent years. The neighborhood remains a place where small-scale local forums may still be used by residents to convene discussions and debates, and in some cases even make important choices. The City of Abilene, during the development of the Abilene Community Excellence Report of 2001, established the Office of Neighborhood Services Advisory Council to coordinate and manage neighborhood resources and services aimed at improving the vitality of Abilene’s neighborhoods. The Advisory Council membership was to be appointed by the Mayor of the City of Abilene with the approval of City Council. Four of the memberships are reserved for representatives of the following entities: Abilene Christian University, Hardin-Simmons University, McMurry University and one membership reserved for a selected representative of the Council of Neighborhood Associations. The remaining members will be at-large from among relevant stakeholders in the community with an interest or expertise in neighborhoods. This structure and neighborhood philosophy was a highlight of the City of Abilene’s Comprehensive Land Use Plan adopted in January 2004. The Neighborhood Goal states: Preserve and enhance the quality of existing and new neighborhoods as places to live, work, shop and recreate. Over 20 strategies address neighborhood organization, planning, established stable neighborhoods, established redeveloping neighborhoods, and new and developing neighborhoods.

The City of Abilene will continue to encourage and facilitate the development of neighborhood plans which allow for more citizen involvement. The City will continue to work closely with neighborhoods by providing technical assistance in developing neighborhood plans. For example, the Sears Neighborhood designed a revitalization plan that was adopted by the City Council on September 27, 2001. The plan is currently working to address the goals and objectives of its founders. The creation of the Sears Neighborhood Plan was a collaborative effort of the Sears Neighborhood Revitalization Committee, the Sears Park Advisory Board, Sears Neighborhood citizens, Hardin-Simmons University, the Planning Division of the Planning and Development Services Department and other community organizations. Another plan was the Carver Neighborhood Plan which was adopted by the City Council in July 9, 1998. The creation of the Carver Plan was a
collaborative effort between the Carver Community Steering Board, Carver Task Forces, Interested Citizens of Abilene North organization, other community organizations, and the City of Abilene. These plans are vital tools for other neighborhoods in the community. The plans provide guidance to citizens, the City of Abilene, non-profit groups, private firms, and others in developing ways to improve conditions within the neighborhood. Currently, City Planning staff is assisting three areas in the development of neighborhood plans: the Fort Phantom Area is collaboration with the Fort Phantom Lake Association; the Sayles Blvd. Area is collaboration with the Amarillo-Highland Neighborhood Association; and, the Abilene Heights Area is collaboration with the Cedar Creek Neighborhood Association.

In 2009, with the collaboration of the City Council, City Administration, Police, Planning, Neighborhood Services and Code Enforcement, the Abilene Neighborhood Initiative (ANI) partnered with Connecting Caring Communities (CCC) to began an outreach with local church officials in three LMI neighborhoods to accomplish the following mission: Enhance the quality of life in Carver, Butternut/Chestnut, Alameda and Holiday Hills neighborhoods; partner with area churches and other key stakeholders; and fulfill key elements of the City Comprehensive Land Use Plan in-fill development and redevelopment. Partners are currently involved with identifying leaders, organizing and educating neighborhood groups in each area and identifying services and resources available.

The City of Abilene will also continue to enhance improvement and cooperation within and among neighborhoods by improving infrastructure. Through the Planning and Development Services Department, an ongoing sidewalk program to enhance neighborhood infrastructure will be part of the annual plan. The City will continue to work closely with CCC, a local non-profit that undertakes housing and neighborhood development projects, the local universities, and other nonprofits to improve the physical and economic conditions of neighborhoods targeted for revitalization. The majority of these projects will fall within the Community Development Eligible Areas of Abilene.

In 2009, the funding granted to Abilene Christian University (ACU) for assuming responsibility for the community Nonprofit Management Center, operated through the ACU Center for Building Community was withdrawn. Several organizations in the community, including Connecting Caring Communities and the Community Foundation of Abilene have assumed a portion of the services previously offered by ACU. The ACU School of Social Work and the School of Urban Studies continues to assist in programs and projects on an as-needed and contracted basis. Another resource in the area is the Dallas Center for Non-Profit Management.

In 2004, Hardin-Simmons University received a grant from a local foundation to create the Neighborhood Enhancement Center. The program operating out of the Center is focused on building a sense of community in the neighborhoods adjacent to the university. The basic program goals are to:

- Improve the overall appearance of the neighborhood
• Build relationships with the residents of the neighborhood and the Abilene community at large
• Provide a bridge between the needs of the neighborhood, university resources, and community resources
• Offer students the opportunity to be aware of social problems and experience the satisfaction of working with others to be a part of the solution
• Empower the neighborhood to help themselves and each other (creation of neighborhood associations)
• Build a model of community renewal to train others and provide support to other neighborhoods.

The larger focus is a community-wide initiative called Connecting Caring Communities whose goal is to identify caring people and organizations, raising the visibility of caring in the community, and to rebuild a sense of caring on the street where we live. This will be accomplished through volunteers who will take responsibility for getting to know their neighbors and helping them get to know each other.

Abilene neighborhoods need leaders to emerge and provide opportunities for residents to be involved and represent their neighborhoods. The City will continue to assist neighborhoods in providing new and innovative solutions to improve neighborhoods by seeking financial commitments from the private sector as well as federal and state funding sources. The City of Abilene held its first “City University” in August 2005 and it continues to be a popular event. This is a program that aims to help residents learn about city services and processes and how to access elected officials. A class of 30 participants meets for six hours monthly for nine months with a focus on community issues including diversity; public safety, such as fire, police, courts; community services such as parks, streets and libraries; and planning and zoning development.

All participants in neighborhood development should remember that community development and neighborhood revitalization are long-term. While working to change things and get people involved, leaders are providing participants with positive reinforcement through strong relationships and connections for neighborhood and community involvement.

Obstacles to Meeting Underserved Needs
One of the major obstacles identified in the Consultative Workgroups was the ongoing reduction in funding from Federal, State and local agencies. Since 1999 CDBG and HOME funding for Abilene has been declining. For Program Year 2010 funding was increased by 7.4% for CDBG and reduced .36% for HOME. Local agencies and organizations report experiencing the same. Interest rates have reached new lows and affect the rate of return on investments. Another obstacle mentioned was unfunded mandates from Federal, State and local government concerning issues of security, privacy, building codes, lead-based paint and other health, safety and environmental issues. All groups identified lack of permanent full-time jobs for all income levels, low wage jobs, adequate transportation, quality
childcare and poor credit as obstacles to improved quality of life. Other issues discussed were fraud by those receiving federal and state funds/services and local ordinances that need to be rewritten to strengthen enforcement. With continued funding, it is through the above goals and objectives for the 2010-2014 Consolidated Plan that the City will be able to continue to address as many of these obstacles as allowed by funding and pooling of other resources.

**Antipoverty Strategy**

According to Sales & Marketing Management Survey and Texas Labor Market Review, April 2005, the overall unemployment rate for the Abilene Work Force Area was 4.5 percent, with a workforce of 65,549 persons and 2,924 unemployed. The 2010 Texas Metro Market Overview shows the Abilene Work Force Area unemployment rate reported for January 2010 was 6.5% with a workforce of 65,700.

During the 1970's and early eighties, Abilene's labor force was dependent on the oil industry. Over the years, the city has adjusted to the declining oil industry. Today, professional, technical, and service workers constitute a growing portion of the area's labor force. Education, health care, government, manufacturing, wind energy farms and sales-related occupations are showing an upward trend.

The goal of economic development can be accomplished through the encouragement of private sector involvement and business investment in low-moderate income areas. The strategy of economic development must also include the opportunity for businesses in the community to hire from targeted populations and continue to support the maintenance, enhancement and expansion of quality childcare. The importance of affordable childcare is necessary for individuals to achieve stable employment. The City will continue to seek funding that helps alleviate the cost burden with a long-term vision of childcare in regard to employment. Support will also be given for expansion of transportation services that allow individuals to maintain employment. Transportation is key to the linkage between individuals and employment. Additionally, the City will seek to attract quality businesses and promote the importance of technological skills development.

The Abilene Anti-Poverty Plan focuses on the most vulnerable groups in the City -- primarily very low-income households between 0 and 30 percent of the median household income, the individuals in public or assisted housing, and the uncounted homeless individuals and families. The lowest-income households are generally those threatened with homelessness and persons in public or assisted housing. These individuals are dependent upon public subsidies to maintain their own residences. In all, this segment of the population has the highest incidence of poverty. These households will see the most immediate benefit from a concentrated effort to increase economic opportunities for households in Abilene.

It is important to recognize that the Anti-Poverty Strategy is not a housing plan; it is an economic development plan that increases job opportunities for low-income
households. The economic changes in Abilene have lead to growth in the number of low- as well as high-paying jobs. Nonetheless, housing is a major component of the Plan, since a secure and affordable residence allows households members to pursue jobs, education and training without having to worry about the threat of homelessness. Thus, implementation of anti-poverty efforts is a cooperative effort between City agencies (including Planning and Development Services Office of Neighborhood Services as the administrator of CDBG and HOME funds), the Economic Development Department and the AHA. The Chamber of Commerce also plays a significant role in attracting employers and visitors to the city. Local nonprofit service organizations discussed throughout the Consolidated Plan also provide critical resources to combat poverty and promote family self-sufficiency.

The Abilene CDBG program is instrumental to the Anti-Poverty Plan. CDBG funds may be used for a variety of activities, including improving city infrastructure and to rehabilitate affordable housing for lower-income households. Additionally, these funds may be used for economic development that creates jobs for low- and moderate-income persons, creates community-based businesses and assists businesses that provide services needed by low- and moderate-income residents.

Federal HOME funds are also an important aspect of the Anti-Poverty Plan. In Abilene, HOME funds are used for housing construction and rehabilitation. To the extent that the City can reduce housing costs and give residents a feeling of empowerment through home ownership, the HOME program can help individuals and families gain the resources to become independent.

The AHA hopes to receive additional public and assisted housing units in the future. The City has partnered with other agencies in the past to assist with the development of LIHTC projects and looks forward to the possibility to partner with the recipients of an award of Low Income Housing Tax Credits in the future.

The City’s Downtown Revitalization Program, targeting the Abilene Central Business District (CBD), was at one time partially funded by CDBG and administered by the Community Development Department. The program is currently administered by the Economic Development Department and provides technical assistance, information and management of projects in the CBD. In 1982 the CBD was designated by the City Council as a Slum/Blight Area. The downtown area also encompasses a local Tax Increment Financing (TIF) District and was re-approved as a state Enterprise Zone (EZ) in 1998. In PY 94 the city was awarded a $1,000,000 Economic Development Initiative (EDI) grant and authority for up to $7,000,000 in Section 108 Loans. The EDI grant and the Section 108 Loan were used to support a Downtown Loan fund for downtown economic development in the TIF District. A map of the TIF District is located in Appendix A. The Section 108 Loan application was amended in 2004 to include the construction of a public facility in the CBD.

Since 1991, the City’s one-half cent sales tax has largely supported Abilene’s economic development activities. A combination of federal, state and local funding continue to be used as leveraging sources to encourage private sector investment that would build interest in and support for revitalization and job creation. The
Development Corporation of Abilene (DCOA) is charged with administering sales tax revenues and is governed by a five-member Board of Directors.

The City’s focus on reducing the number of poverty level families will continue to consist of promoting self-sufficiency and innovative economic development strategies. The City of Abilene Economic Development Department will continue to promote economic expansion in a number of ways that enhance opportunities for low- and moderate-income residents. The Department continues to be pro-active in seeking businesses that will bring salaries above the local average in order to raise the level of income for all Abilenians. It targets market shortages in the area, which benefit the un/underemployed, and opens up entry-level opportunities. Economic Self-Sufficiency Strategy is the specific action CDBG is taking through various programs and services; self-sufficiency improves the quality of life for the citizens of Abilene.

The Development Corporation of Abilene (DCOA) is a five-member board of directors appointed by the Abilene City Council that is charged with administering the ½ cent sales tax revenues dedicated to economic development efforts. To further strengthen Abilene’s economy, the DCOA may provide incentive packages to entice industrial/manufacturing expansion within or into Abilene. Each economic development incentive package may be customized to meet the needs of a company in exchange for the creation of new jobs and new capital investment in the community. A company may qualify for assistance in one or more of the following categories:

- Job creation incentives
  - For jobs paying up to $60,000 per year, incentives can range from $1,000 to more than $15,000 per full-time job dependent on salary and non-mandatory employee benefits
  - For jobs paying over $60,000 per year, incentives can range from 35% of first year annual salary and up
- Grants/forgivable loans & loan participations for capital investment
  - 10% or more of capital investment costs (in lieu of tax abatement)
- Assistance with land purchases
  - 25% or more participation in land costs
- Grants for code compliance
  - 25% or more of architectural & engineering services and cost of alterations to existing buildings for code compliance
- Job training grants
  - $500 or more per job upon completion of training and employee probation period
- Relocation grants
  - 15% or more of relocation costs for equipment, key personnel, etc.

The economic incentive packages are fully controlled at the local level and are not dependent on State or County approval. Every economic development incentive package is prepared to meet the best possible solution for a company relocation and/or expansion needs.
Economic Self-Sufficiency Strategy
Through various programs and services, self-sufficiency improves the quality of life for the citizens of Abilene. Some of these programs include Family Self-Sufficiency. Family Self-Sufficiency is a program funded by the AHA, which assists qualifying single parent households receiving HCV Rental Assistance or Public Housing assistance. Assistance includes help with incidental and/or unanticipated expenses that threaten a family’s progress toward self-sufficiency (e.g. school, job training, counseling, etc.).

Very low-income households, are rated a top-priority in the Consolidated Plan. Homeless persons are also given high priority. The City will focus its resources on assisting these families and individuals through economic development programs. However, poor housing is a result of poverty, not a cause of it. Therefore, the thrust of an anti-poverty plan must be economic growth and the creation of decent jobs.

NON-HOMELESS SPECIAL NEEDS

Specific Special Needs Objectives
Goal: Improve the quality of programs and facilities for health and safety, information, transportation, childcare and recreation services

Objectives:
• Support the expansion of comprehensive affordable health and dental services
• Enhance the mechanism for coordination, communication, and quality assurance among service providers, city services, citizens and clients
• Provide and expand social and recreational services and facilities including, but not limited to youth and individuals with disabilities
• Expand crime prevention strategies, law enforcement services, and code enforcement
• Facilitate assimilation of refugees into the community

Each year, the City provides funding to the Medical/Dental Program for those families without insurance. Other projects include the rehabilitation and upgrade of medical and dental facilities for uninsured and homeless clients.

Access to Jobs is a public transportation service that provides round trip transportation after business hours. It was specifically designed to help those working night shifts or going to school at night. This service not only provides transportation to those targeted riders, but has become an important service to those needing medical care after hours (i.e., dialysis). With continued CDBG funding, the City of Abilene anticipates continued funding of a Federal match grant.

Other special needs populations are the elderly, those with disabilities and those with HIV/AIDS. CDBG funds will continue to be used to help fund weatherization and minor renovation for those with disabilities and for the elderly through the Abilene Volunteer Weatherization program and the Adult Protective Services
Partnership program. In addition to CDBG funding, private local funds, material donations and in-kind donations will make these projects possible.

For many years, CDBG funded the Call for Help program that provided information to individuals in need of financial, medical, mental and social services assistance. That program eventually evolved into the 2-1-1 Texas A Call for Help Community Resource Center through the United Way of Abilene which serves a 19-county area. In addition to the individuals it serves, the 2-1-1 system provides a connectivity network for service providers. While CDBG no longer contributes to this program, the City of Abilene General Fund, as well as the United Way of Abilene, the State of Texas Health and Human Services Commission and the West Central Texas Workforce Development Board (State) fund the program.

City staff serves on many local non-profit boards, committees and task forces to provide professional knowledge and information. In this way, the City will enhance the mechanism for coordination, communication and quality assurance among service providers, city services, citizens and clients. The City is committed to being a part of problem solving and improving the quality of life for all citizens in Abilene. It is this network that oftentimes brings to light available funding sources. The Office of Neighborhood Services staff members serve on various boards, such as the CAP, Inc. Board, Family Self-Sufficiency Board, and the West Texas Homeless Network. These organizations help serve the homeless and those with special needs.

The City of Abilene continues to provide the Adaptive Recreation Program that provides specialized and adaptive recreational activities for persons with disabilities. It is funded through the City of Abilene General Fund, MHMR State funding, State funding through local group homes and private pay.

**Non-homeless Special Needs Analysis**

The agencies and data resources listed below were instrumental in collaborating information concerning the non-homeless special needs subpopulations:

AHA, West Central Texas Council of Governments, Area Agency on Aging (AAA), Mental Health Mental Retardation (MHMR), the Council on Alcohol and Drug Abuse, AIDS Resources of Rural Texas (AART), Big Country AIDS Resources (BCAR), Texas State Community Care Services to the Aged and Disabled, the Abilene State School, and the U.S. Census 2000 Data Sets.

While the agencies were helpful in determining the number of clients served and the number on waiting lists, none of the agencies could help us establish an estimate on the numbers of those that go unaided.

**Housing Needs Elderly**

Census 2000 figures provide that there are 13,924 elderly (age 65 and older) in Abilene, Texas. Rental households experiencing any type of housing problem is
45.9% and owner households experiencing any type of housing problem is 16.8%. The AHA Statement of Housing Needs Waiting List data shows that there are 74 elderly families waiting for public housing/housing assistance. Considering the income level of those served by AHA and HCV program, we estimate that at least 95%-100% are also in need of supportive services of some type.

The Texas Department of Community Care Services to the Aged and Disabled Services 2009 Annual Report reflected that they served 1,090 Taylor County clients with supportive services. They estimate that 65 (6%) were in need of housing assistance and 382 (35%) in need of supportive services.

**Frail Elderly**
A source of information that lists the number of the frail elderly in need of housing and supportive services could not be located. Local nursing facilities were polled for the total number of beds and residents. Currently, there are 1,374 beds available for those in need of nursing home care with 1,101 occupied. The Texas Department of Community Care Services to the Aged and Disabled Services is currently serving 1,090 frail elderly Taylor County clients with supportive services. They estimate that 65 (6%) were in need of housing assistance and another 1,745 are in need of supportive services. We would estimate that 100% of those in nursing care facilities are receiving the supportive services they need.

**Mental Disability**
*Census 2000 information lists 6,292 people with mental disability. MBased on 2009 figures, the Betty Hardwick Center (Community Mental health Mental Retardation) served 2,722 unduplicated adult persons with serious mental illness and 540 individuals through the Child and Adolescent program. An estimated 26.2% of Americans ages 18 and older – about one in four adults – suffer from a diagnosable mental disorder in a given year. Given the population in Taylor County (127,784), it is safe to assume that about 37,000 people in Taylor County (97% living in Abilene) have some diagnosable condition. Of that number, it is estimated that 30% have some type of housing needs and that 50% have some type of supportive services needs.

**Developmentally Disabled**
Census 2000 data does not list people that are developmentally disabled. Based on 2009 figures, the Betty Hardwick Center (MHMR) served 1,026 unduplicated adult persons with developmental delays as well as 1,047 infants to age three through Early Childhood Intervention (ECI). Based on their sources and the Texas Department of State Health Services, it is safe to assume that 3,480 people live in Taylor County (97% living in Abilene) with developmental delay. Of that number, it is estimated that 40% have some type of housing needs and that 60% have some type of supportive services needs. The Abilene State Supported Living Center (SSLC) is a “last option resource” institution for the developmentally disabled with an I.Q. of 69 or less. This institution is licensed for 520 and currently has 452 residents. There is no waiting list however, there are many people across the state waiting to be admitted to a SSLC.
Physically Disabled
Census 2000 data lists 14,400 people with physical and sensory disabilities. Many different local organizations assist this subpopulation. No one organization could help with a good estimate of the number with housing needs and supportive service needs. Using the MHMR guideline, it can be estimated the 10,800 (75%) have some type of supportive services needs. The AHA Statement of Housing Needs for public housing and HCV program lists 269 families with disabilities on the waiting list.

Alcohol/Other Drug Addicted
The Council of Alcohol and Drug Abuse assisted 8,111 adults in 2009. They estimated that 6,343 (30%) of those had some type of housing need and 20,720 (98%) had supportive services needs. They also assisted 13,032 youths and estimated that 3,258 (25%) had some type of housing need and 1m380 (95%) had supportive services needs.

Persons with HIV/AIDS
AIDS Resources of Rural Texas (ARRT) assists clients with medical case management, outpatient/ambulatory medical care, AIDS pharmaceutical assistance, and short-term rental, mortgage and utility assistance. In the past year ending July 2010, ARRT provided AIDS pharmaceutical assistance to 125 clients, medical case management to 179 clients, housing subsidy assistance to 35 clients and outpatient/ambulatory medical care to 157 clients. All numbers represent unduplicated clients. The same number of clients is listed as in need of supportive services both from ARRT and from Big Country AIDS Resources (BCAR). BCAR provides referral services, food pantry, dental services, health insurance assistance and transportation. There were 496 clients assisted in the last year.

Public Housing Residents
Currently, there are 1,260 families on the AHA Statement of Housing Needs waiting list for public housing and the HCV Program.

The City of Abilene will continue to support and fund the programs and projects that provide housing and supportive services to the low- to moderate-income residents of the community. The City of Abilene has a strong public and social services program. Programs funded in the recent past and in the near future include the Senior Nutrition and Activities program (hot lunches, special diet lunches, transportation, social activities, health checks, etc.), Access to Jobs (after hours transportation), Medical/Dental, Single Family Rehab, Critical/Limited Repair and First-Time Homebuyer, Abilene Volunteer Weatherization (elderly and disabled), Adult Protective Services Partners (elderly and disabled), Christian Community Development Corporation (transitional youth), Big Country AIDS Resources, and the House That Kerry Built (medically fragile children). When possible, the City of Abilene will continue to support affordable housing Low-Income Housing Tax Credit projects for low- and moderate-income persons, the elderly, and homeless/transitional housing.
The local agencies working with the non-homeless special needs populations in Abilene are very knowledgeable about the resources available to those with housing needs and supportive services. Agencies dealing with persons returning from mental and physical health institutions require registration with the AHA. In addition, the 19-county 2-1-1 Texas A Call for Help Resource Center line includes in its data base, information on all the programs and agencies available for assistance. See the Homeless Inventory Section for a summary of facilities and services available to these special subpopulations.

Obstacles to meeting underserved needs continue to be reduced funding and lack of funding not only from CDBG and HOME funds, but other Federal and State funds. The needs continue to increase annually, causing increased dependency and competition for local and national foundation funding. Another obstacle is created by definitions and “cut-off” levels to qualify for programs and those affected by dual diagnoses. In addition, Federal and state funding requirements and restrictions cause many organizations to seek funding from alternative sources as they do not have the support staff or capacity to meet record keeping requirements and regulations.
The actual content of Appendixes A-J may be viewed upon request in the Office of Neighborhood Services located in City Hall at 555 Walnut Street, Room 206.