3-5 Year Strategic Plan

This document includes Narrative Responses to specific questions that grantees of the Community Development Block Grant, HOME Investment Partnership, Housing Opportunities for People with AIDS and Emergency Shelter Grants Programs must respond to in order to be compliant with the Consolidated Planning Regulations.

GENERAL

Executive Summary

The Executive Summary is optional, but encouraged. If you choose to complete it, please provide a brief overview that includes major initiatives and highlights that are proposed throughout the 3-5 year strategic planning period.

3-5 Year Strategic Plan Executive Summary:
The Northeast Tennessee/Virginia HOME Consortium is authorized under Title I of the Housing and Community Development Act of 1974, as amended. The Consortium shall follow the guidelines of the U. S. Department of Housing and Urban Development, 24 CFR Part 92, HOME Investment Partnerships Program; Final Rule. This Consortium, the first in the state of Tennessee, was initially funded in 2003-04.

The Northeast Tennessee/Virginia HOME Consortium includes the Cities of Bluff City (TN), Bristol (TN), Bristol (VA), Johnson City (TN) Kingsport (TN), Washington County (TN) and Sullivan County (TN). The minority/ethnic population is relatively small within the Consortium area, averaging approximately 4.5% Consortiumwide. All programs will benefit low and moderate-income persons.

Strategic Plan

Due every three, four, or five years (length of period is at the grantee’s discretion) no less than 45 days prior to the start of the grantee’s program year start date. HUD does not accept plans between August 15 and November 15.

Mission:
To identify gaps in housing and homeless services to determine the projects for which the Consortium will use its resources to address priority needs.

General Questions
1. Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.

2. Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)).

3. Identify any obstacles to meeting underserved needs (91.215(a)(3)).

3-5 Year Strategic Plan General Questions response:
The members of the Northeast/Tennessee Virginia HOME Consortium are Bluff City, Bristol, Johnson City, Kingsport, Sullivan County and Washington county, Tennessee, as well as the City of Bristol, Virginia. Four CDBG Entitlement Cities are included in the Consortium. They are, Bristol, Virginia, Bristol, Johnson City and Kingport, Tennessee. Refer to the Consortium Map in Strategic Plan Additional Files folder. This Consortium Consolidated Plan covers a five-year period beginning July 1, 2005 through June 30, 2009.

The HOME Consortia Participating Members Percentage Report serves as a basis for the division of funds to the members of the Consortium with some adjustments. The HOME Consortium Board approved the allocations on an annual basis.

Priorities established for Consortium funds are homeownership assistance, rehabilitation/reconstruction of single-family, owner-occupied housing and rental rehabilitation.

CDBG and other Federal, State and Local funds spent in the region address additional Housing and Community Development needs of the individual Entitlement Cities.

Obstacles to Meeting Underserved Needs: Again in this instance, availability of funds is a tremendous problem. However, the funding provided through the HOME Program will be utilized to assist persons into homeownership and to rehabilitate and reconstruct single-family owner-occupied homes. Partnerships will be continued with other housing (CHDO) and service agencies to overcome obstacles in meeting underserved needs. Other obstacles in assisting the homeless are the homeless themselves. Many reject services because of the conditions placed on them by shelter providers. Many of the persons threatened with homelessness are third or fourth generation welfare recipients, uneducated, who lack the skills and self-reliance to work toward independence. Others seem to be unwilling to take advantage of the educational or job-training opportunities offered that would help make them more employable.

Managing the Process (91.200 (b))

1. Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering
programs covered by the consolidated plan.

2. Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.

3. Describe the jurisdiction's consultations with housing, social service agencies, and other entities, including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, and homeless persons.

*Note: HOPWA grantees must consult broadly to develop a metropolitan-wide strategy and other jurisdictions must assist in the preparation of the HOPWA submission.

3-5 Year Strategic Plan Managing the Process response:
The City of Bristol, Tennessee, Office of Community Development, serves as the Lead Entity for the Northeast Tennessee/Virginia HOME Consortium and is responsible for overseeing the development of the plan and the significant aspects of the process by which the Consolidated Plan has been developed. Additionally, all members of the Consortium, as well as the First Tennessee Development District (Administrative Agent), are instrumental in providing information for the Plan.

The Appalachian Regional Coalition on Homelessness administers funds from the McKinney Act. Local governments are involved with economic development activities and planning and engineering activities.

All members of the Consortium are involved in the preparation of the Consolidated Plan. Additionally, the CDBG Entitlement cities prepare a one-year Action Plan for CDBG funding. There is an approved Citizen Participation Plan for the Consortium. Additionally, each CDBG jurisdiction within the Consortium has an established Citizen Participation Process for public input from citizenry and agencies providing some level of housing services to the client base the Plan is intended to serve. (See Citizen Participation section.) Consultations have been held with four Public Housing Authorities, nonprofit service providers, including those focusing on services to children, elderly persons and persons with disabilities.

Citizen Participation (91.200 (b))

1. Provide a summary of the citizen participation process.

2. Provide a summary of citizen comments or views on the plan.

3. Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.

4. Provide a written explanation of comments not accepted and the reasons why these
3-5 Year Strategic Plan Citizen Participation response:

When the Northeast Tennessee/Virginia HOME Consortium was formed, a new Citizen Participation Plan was adopted for the Consortium to cover the participating entities. Public Hearings for the 2005 Consolidated Plan were held at the following times and locations:

- Bristol, Virginia - February 22, March 8 and April 12, 2005
- Bristol, Tennessee - September 14, 2004 and May 3, 2005
- Johnson City, Tennessee - March 21 and April 21, 2005
- Kingsport, Tennessee - April 25 and May 3, 2005
- Washington County, Tennessee - April 19, 2005
- Sullivan County, Tennessee - April 18, 2005

The members of the Consortium who are also CDBG Entitlement Cities conducted combined HOME/CDBG Public Hearings.

Advertisements were placed in all local newspapers of general circulation specifying the funding available to each Consortium member. Individuals with mobility, visual or hearing impairment were afforded assistance, upon request.

SUMMARY OF CITIZEN PARTICIPATION PROCESS
(INCLUDING PUBLIC COMMENTS - See Strategic Plan Additional File)

The Northeast Tennessee/Virginia HOME Consortium conducted public Hearings as follows:

Sullivan County/Bluff City: April 18, 2005
A Joint Public Hearing by all members of the Consortium was held on April 18, 2005, 6:00 p.m. at the Library at Northeast State Community College. The Consolidated Plan for the Northeast Tennessee/Virginia Consortium was presented to the Bluff City Board of Mayor and Alderman on May 5, 2005.

Washington County: April 19, 2005
A Joint Public Hearing by all members of the Consortium was held on April 19, 2005, 6:00 p.m. at the Boones Creek Christian Church

Bristol, Tennessee: Public Hearings were held at the Community Development Advisory Committee meeting in September 2004 and at the City Council meeting on May 3, 2005 for CDBG and HOME. In September, the application of CDBG and HOME funds were discussed and possible projects suggested. In May, the budget allocations were presented in the Action Plans.

Bristol, Virginia: Public Hearings were held on February 22, March 8 and April 12, 2005 on CDBG and HOME.
Johnson City, Tennessee: Public Hearings were held March 21 and April 21, 2005, on CDBG/HOME.

Kingsport, Tennessee: Public Hearings were held April 25 and May 3, 2005 for CDBG/HOME.

The approved Citizen Participation Plan encourages and provides avenues for public input in the planning, implementation and evaluation of both the CDBG and HOME Programs. The principles of the Citizen Participation Plan include:

1. Citizen access to all available information pertaining to the HOME Investment Partnership Grant and the Community Development Block Grant Program so that they may effectively join in the citizen participation process.

2. Public hearings are conducted to solicit input from citizens, particularly LMI persons residing in proposed project areas.

3. The development of all programs and plans will reflect the suggestions and views of concerned citizens, governmental departments, Citizen Advisory Groups and nonprofits within the Consortium boundaries.

PUBLIC PARTICIPATION/OUTREACH:

Within the jurisdictions, a more intentional effort is being made to obtain input from the general public through public meetings about the Consolidated Plan. Specifically, outreach is being provided to minorities and non-English speaking persons through meetings with local Housing Authorities. Efforts are being made to present the Consolidated Plan program in neighborhoods that have the highest percentages of minority populations within the jurisdictions.

All comments were accepted.

**Institutional Structure (91.215 (i))**

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

2. Assess the strengths and gaps in the delivery system.

3. Assess the strengths and gaps in the delivery system for public housing, including a description of the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of housing agency, relationship regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; review by the jurisdiction of proposed capital
improvements as well as proposed development, demolition or disposition of public housing developments.

3-5 Year Strategic Plan Institutional Structure response:
The institutional structure through which the Consolidated Plan for the Northeast Tennessee/Virginia HOME Consortium will be implemented will be as a partnership forged between private businesses, nonprofit organizations, and public institutions. The key partners will be public institutions, nonprofit organizations, and private development and lending institutions.

All members of the Northeast Tennessee/Virginia HOME Consortium will continue solid, productive relationships with all agencies we serve and those that serve our communities. Advisory committees in Johnson City, Kingsport and both Bristol, Tennessee and Bristol, Virginia, provide advice and guidance on needs. They also overcome institutional gaps.

The cities of Bristol, Tennessee, Bristol, Virginia, Johnson City and Kingsport Offices of Community Development provide the basic coordination for all planning and implementation efforts for housing and community development provided by various funding agencies, foremost, the U. S. Department of Housing and Urban Development, the Tennessee Housing Development Agency, and the Tennessee Department of Human Services. Bluff City, Sullivan County and Washington County operations are overseen by each individual Mayor’s office.

Abuse Alternatives, The Salvation Armies of Bristol, Kingsport and Johnson City, the Haven of Rest, Safe House, Safe Passage, Bristol Faith In Action, People, Inc., Haven of Mercy, Interfaith Hospitality Network, Good Samaritan Ministries and Catholic Charities are all nonprofit organizations that will address the needs of the homeless. The First Tennessee Human Resources Agency and People, Inc. provide programs in home energy assistance, homebuyer assistance, housing counseling, transportation, adult daycare, and nutrition.

The Upper East Tennessee Human Development Agency and People, Inc. provide a weatherization program through local neighborhood service centers.

Locally, the Department of Human Services assists very low and low-income people with financial aid and food stamps. Bristol Faith-In-Action and Good Samaritan Ministries also provides financial aid.

FEMA Emergency Food and Shelter Local Boards operate in Washington and Sullivan Counties to provide funding to nonprofits who then assist individuals and families.

One of our strengths is the integrated regional approach for the HOME program and the Continuum of Care program and the delivery of services to low and moderate-income people. We believe that our programs are managed well at the local level. Gaps in the institutional structure will be addressed by involving more agencies in the consolidated
planning process. Attempts will be made to partner with our Public Housing agencies to a greater extent. Nonprofit capacity to deliver housing and related services to the public needs to be improved significantly. There is a need to include more private sector entities involved in housing and support services for low and moderate-income population.

Federal Programs

· Homebuyer assistance: The Consortium members will administer a program that offers homeownership assistance to LMI families to purchase their own home.
· Rental assistance: Housing Authorities administer various rental assistance programs including the Section 8 and Voucher program. Project-based units are provided directly to qualified very low income families.
· Rehabilitation programs that utilize CDBG and HOME funds are operated to improve substandard houses located within the Consortium boundaries.
· FEMA funds are distributed in Sullivan and Washington Counties for rent, utilities and food needs for their clients.

Nonfederal

* Tennessee Department of Human Services ESG Funds.
* Tennessee Victims of Crime Act (VODA) funding is received by Abuse Alternatives and assists with salaries of direct-care staff.
* Tennessee Family Violence Prevention Project (FVPP) funding is received by Abuse Alternatives and assists with nondirect care salaries as well as operational expenses.
* Many of the nonprofit social service providers within the Consortium boundaries receive United Way funding.

For-Profit Agencies

For-profit agencies that contribute to the reduction of homelessness include Bristol Nursing Home, Cambridge House and Outlook Pointe. These agencies all report that they serve occasional homeless persons or persons threatened with homelessness. Lending institutions and private property owners assist with homeownership programs.

Nonprofit Agencies

Nonprofit agencies that are community resources that address homelessness include the Haven of Rest, Haven Home, Haven of Mercy, People, Inc., Eastern Eight CDC, Salvation Armies within the Tri-Cities, Holston Habitat for Humanity, Bristol Faith In Action, Appalachia Service Project, Safe Passage, Safe House and Abuse Alternatives.

Legal Services of Upper East Tennessee and Legal Aid Society of Southwest Virginia This agency provides assistance to local community based citizen groups including tenant organizations. They also promote fair housing and provide counsel for potential fair housing complaints.
Public Housing: There are four Public Housing agencies within the Consortium boundaries. Housing Authority Commissioners are appointed by the Mayor of each jurisdiction. Each housing authority follows procurement policies mandated by HUD. The local jurisdictions and housing authorities work jointly on intergovernmental agency projects. Capital improvement projects completed annually are in compliance with each city's building codes and are approved initially by HUD in the Annual Agency Plan submitted by each Housing Authority.

Gaps in the institutional structure will be addressed by involving more agencies in the consolidated planning process.

**Monitoring (91.230)**

1. Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.

3-5 Year Strategic Plan Monitoring response:
Community Development Departments in Bristol, Virginia Bristol, Tennessee, Johnson City and Kingsport will be responsible for monitoring the progress of strategies, priorities and outcomes outlined in the Consolidated Plan as they relate to CDBG activities. They will maintain their involvement with housing and service agencies throughout the jurisdiction as well as monitoring of the projects. All activities will be reviewed annually to assure that they are carried out in accordance with applicable laws, ordinances and program regulations. The Cities will continue efforts related to minority business outreach.

Subrecipients are required to submit quarterly reports regarding the status of their projects to ensure that they are in compliance with program rules. Reports will be analyzed by CDBG staff, and on-site visits will be conducted.

CDBG funds are formally audited in conjunction with the annual audits for each city.

HOME program monitoring shall be assumed by Bristol, Tennessee as the Consortium Lead Entity. A monitoring plan has been developed in order to match available resources with the needs and capacity of agencies. The plan includes objectives; standardized procedures for reporting by funding recipients; standardized procedures for review and monitoring; how risk will be identified and addressed; frequency of meetings, monitoring reviews and inspections; pre-monitoring preparation; use of staff and other resources for monitoring; monitoring “checklists”; and sample monitoring letters.

The Consortium's HOME funds are formally audited in conjunction with the annual audit for Bristol, Tennessee (Lead Entity).
Priority Needs Analysis and Strategies (91.215 (a))

1. Describe the basis for assigning the priority given to each category of priority needs.

2. Identify any obstacles to meeting underserved needs.

3-5 Year Strategic Plan Priority Needs Analysis and Strategies response:

(1) Very-low income (VLI) households below 51% of the area MFI have priority over other low-income or moderate-income families (51-80% MFI). The most critical needs have been identified as most severe among very low-income families with single parent households who earn less than fifty percent of the area median household income.

(2) VLI homeowners are given priority over other low-income homeowners for investment of funds for rehabilitation programs.

(3) VLI families are given priority over individuals and families who are not VLI for investment of funds for Bristol's home purchase program. However, VLI households generally have the most difficulties obtaining mortgage financing and therefore are deemed a highest priority. Other low-income families and individuals are also a high priority because they have enough income to afford the cost burden of a mortgage payment. In addition, they will likely vacate public housing or other affordable rental space that may then be recycled to other very-low income families. This recycling process of LMI families moving up and out of affordable or subsidized housing is an important aspect of the Consortium’s homeownership program. Moderate-income families living in subsidized housing are also given high priority because they are generally most financially able to afford a mortgage and also vacate affordable rental units which then become available to other VLI families.

(4) Housing market conditions also drive the assignment of priority to housing needs and determination of fund planning. The primary market condition which influences fund development is the shortage of affordable housing.

The housing needs of low-income families in the Consortium area have improved but have not kept pace with the demand during the past ten years. Affordable housing remains in great demand as the market provides little incentive for landlords to rehab rental properties when they can obtain high rents with minimal repairs. The problem is exacerbated by losses of substandard housing stock due to demolition and other processes. Meanwhile additional affordable rental housing is not being created. Some members of the Consortium report a shortage of one and two-bedroom units, while others report a shortage of affordable two and three-bedroom units.

The Strategic Plan will be the structure on which the Consortium will rely to bring about a measurable, consistent and progressive process that will hopefully lead to a highly productive program of housing and community development solutions to meet the needs of very low, low and moderate income households in our community.
Lead-based Paint (91.215 (g))

1. Estimate the number of housing units that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.

2. Outline actions proposed or being taken to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs.

3-5 Year Strategic Plan Lead-based Paint response:

In September of 2000, Federal legislation was enacted regarding lead-based paint hazards to protect young children. The regulations set hazard reduction guidelines that include increased requirements for reducing lead in house dust. The Cities in the Consortium will meet these requirements by taking the necessary steps outlined in the law to work with a certified lead-based paint inspector to ensure that all projects undertaken will be properly inspected, assessed and then the proper course of action taken, whether it be encapsulation or abatement.

We have had success in the past of being able to identify instances of possible lead-based paint poisoning within the Consortium boundaries. Through work with our local housing authorities and our health departments, we have implemented a process of information dissemination to housing authority residents and the general public using HUD and Department of Health and Human Services information concerning the hazards of lead-based paint. We have also established a policy in our rehabilitation program to perform risk assessments and clearances in any structure we intend to rehabilitate and to require replacement paint and encapsulation in specifications in cases where older flaking paint is found.

Health Departments throughout the Consortium area participate in testing of children who have been identified as possibly being exposed to high levels of lead.

Please see Tenure by Poverty Status in 1999 By Year Structure Built in Strategic Plan Additional Files folder.
HOUSING

Housing Needs (91.205)

*Please also refer to the Housing Needs Table in the Needs.xls workbook

1. Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost-burden, substandard housing, and overcrowding (especially large families).

2. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

3-5 Year Strategic Plan Housing Needs response:
The Northeast Tennessee/Virginia HOME Consortium had 113,779 occupied housing units in the 2000 Census. Of the 113,779 occupied units, 72.2 percent are owner occupied and 27.8 percent are renter occupied. The U.S. has 66.2 percent of housing units being owner occupied and 33.8 being renter occupied. The unincorporated areas of Sullivan County had the highest percentage of occupied housing units being owner occupied at 84.9 percent while Johnson City had the lowest percentage with 57.2 percent. Several factors contributed to Johnson City having fewer owner-occupied units and more renter-occupied units. Johnson City is home of East Tennessee State University with over 12,000 students, many living in rental units. Johnson City had the highest median home value in the region at $99,600 according to the 2000 Census. Affordable housing is harder to find in Johnson City and renting is an alternative solution. (See Housing Need/Housing Stock Table in Strategic Plan Additional Files.)

The homeowner vacancy rate was 1.7 percent in the U.S. compared to 2.1 percent for the region. While the vacancy rate for the region was higher than the nation, the percentage was relatively low. Kingsport had the highest homeowner vacancy rate at 3.5 percent. Kingsport has a relatively older housing stock as 44.3 percent of the housing units were built before 1960 compared to 35.0 percent for the U.S. As Kingsport has a relatively older housing stock with repair needs, the homes are more difficult to sell resulting in a higher vacancy rate. The rental vacancy rate was 6.8 percent for the U.S. compared to 10.8 percent for the region. The vacancy rate for the region increased in all of the HOME Consortium communities from 1990 to 2000. Bluff City had its rental vacancy rate
increase from 7.9 percent in 1990 to 13.1 percent in 2000. Kingsport had its rental vacancy rate increase from 7.1 percent in 1990 to 12.8 percent in 2000. Demographics were a contributing factor as the baby boom generation, born 1946 to 1964, were of an age where homeownership was preferred over renting. In addition, young persons are living at their parents home longer and delay entering the rental housing market. (See Housing Need/Vacancy Rates Table in Strategic Plan Additional Files.)

Johnson City and Bluff City were the only municipalities in the region that had more of its housing stock built from 1990 to March 2000 than the nation. The unincorporated areas of Sullivan and Washington counties had 23.8 percent and 23.7 percent of its homes built during this period. During that period, 19.3 percent of the housing units were built in Johnson City and 18.8 percent in Bluff City compared to 17.0 percent for the nation. Both Johnson City and Bluff City had a solid demand for new housing structures and available land. (See Housing Need/Age of Housing Stock Table in Strategic Plan Additional Files.)

In the region, 62.1 percent of households were in family households compared to 68.1 percent for the nation. Thus, the region had 37.9 percent of households in non-family households compared to 31.9 percent for the U.S.

Several factors contributed to the trend of a lower percentage of family households. The presence of East Tennessee State University (ETSU) in Johnson City contributed to a higher percent of non-family households in the region. Non-family households include persons living alone or a group of unrelated persons living in the same household. ETSU has several students who are located in rental housing living alone or with unrelated persons. A second factor is that the region has 13.7 percent of its householders 65 years and older living alone compared to 9.2 percent for the U.S.

As the region has an older population than the nation, households with elderly persons are more common. In 2000, 29.3 percent of the region’s households had persons with individuals 65 years and older compared to 23.4 percent of households in the U.S. These households include elderly persons living alone, empty-nest couples and households where a grandparent is living with a son or daughter. Many elderly persons live in housing stock over 30 years of age and in need of repair. The lower income elderly households often lack the physical ability and funds to properly maintain their home.

Married couple families with children under 18 years of age make up the largest household subcategory comprising 24.3 percent of all households in the region. While this number is below the U.S., the 15,162 families in this category are a large segment of the region’s households.

The region has 8.6 percent of its households that are female head of household with their own children under 18 years of age present compared to 7.2 percent of households for the U.S. As many of these households are low income, finding affordable housing solutions is a need. (See Housing Need/Characteristics of Households Table in Strategic Plan Additional Files.)
Minority groups in the consortium area at the time of the 2000 census composed 5.3 percent of the total population. Minority populations are throughout the region with concentrations in the downtown and east areas of Johnson City and Riverview and southeast sections of Kingsport, as well as the eastern sections of both Bristols. The most numerous minority group in every community was African-American, but comparisons with 1990 showed very rapid increases in the small Hispanic population and the even smaller Asian population. The largest Hispanic population concentration was in Johnson City. As Hispanic is an ethnic group and not a race, it is not shown in the table. We have not been able to identify disproportionate needs in the different categories of those affected. (See Racial Composition of the Region Table in ConPlan 2005 Introduction in Strategic Plan Additional Files.)

This Consortium did not complete the CPMP Housing Needs Table; however, see Strategic Plan Additional Files for Excel documents for each of the affected jurisdictions. Please note that the data for Washington and Sullivan Counties also includes the incorporated areas; therefore, there is some duplication. These tables reflect the categories of renters and owners for extremely low-income, low-income, moderate-income and middle-income families, and elderly persons as well as small related and large related households.

Overcrowding occurs when a housing unit contains more than one person per room, as defined by the U. S. Census Bureau. A large household is defined as one with five or more persons, and households of less than five are categorized as small families. In most jurisdictions within the Consortium, the highest percentage of overcrowding is found among renters with over five family members (large households) who have a household income less than 30% of the Median Family Income. A high percentage of extremely low-income households in rental units are experiencing housing problems.

Elderly households are one or two-person households where either person is 62 years old or older.

The 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.

The Housing Market Analysis Table in the CPMP Tool is optional and was not completed. However, see Washington County, Sullivan County and Bristol, Virginia Affordability Mismatch files in Strategic Plan Additional Files for statistical data.

**Priority Housing Needs (91.215 (b))**

1. Identify the priority housing needs in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the
Consolidated Plan.

2. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category.
Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.

3. Describe the basis for assigning the priority given to each category of priority needs.

4. Identify any obstacles to meeting underserved needs.

3-5 Year Strategic Plan Priority Housing Needs response:
STRATEGIES, PRIORITY NEEDS AND OBJECTIVES

The Affordable Housing priorities are as follows:

Priority No. 1: The expansion of first-time homeownership opportunities for very low, low, and moderate income households.

Priority No. 2: Expand opportunities to qualified very low, low, and moderate income homeowners to rehabilitate their homes to correct major code violations.

Priority No. 3: Expanded rental housing opportunities to qualified very low, low, and moderate income households.

Priority No. 4: Develop transitional and special needs housing for at-risk clients.

Priority No. 5: Develop new single-family housing units within the Consortium.

Priority No. 6: Assist in the expansion of support services for the at-risk population.

Priority No. 7: Assist with economic development opportunities through the creation or expansion of job opportunities for low and moderate-income people.

DETERMINATION OF PRIORITIES:

Expanding First-Time Homeownership Opportunities - Our regional housing market is characterized by the following: Sharply rising home prices in both the new and existing market; lack of affordable housing in markets needed by our target households; aging housing stock; earnings do not keep up with the increased cost in housing, thus there is an ever-growing gap between available housing and what households can pay for that housing.

Home Rehabilitation - The characteristics of the existing market are an aging housing inventory, issues with lead-based paint hazards, large number of households on fixed incomes and that increasing need for replacement housing.
Rental Housing - Overall lack of affordable new units being constructed; aging existing rental housing stock; rapidly increasing rental rates and stagnated fair-market rents.

Transitional and Special Needs Housing - We are seeing an increase in our area of the number of homeless and at-risk households; lack of permanent affordable housing; time constraints placed on households to transition from emergency housing to permanent housing. The deinstitutionalization of several classes of persons within the state of Tennessee have created a significant need to provide specialized housing for people with disabilities and needs for supportive services. These include both development disabilities as well as physical disabilities.

New Single-Family Housing - There is a critical need to affect the construction of more affordable single-housing units in our area to take care of the ever-growing demand of low and moderate-income households. Efforts need to be made to coordinate with contractors, property owners, local planning and codes enforcement agencies and lenders to increase the availability of new single-family housing.

Support Services - See Homelessness and Continuum of Care

Economic Development - see Anti-Poverty Strategy. Jurisdictions within the Consortium are active partners in economic development activities.

AFFORDABLE HOUSING

General Priorities: Funding priorities currently exist for moderate and substantial rehabilitation of substandard properties owned by very low and low-income families. Families enduring housing problems in terms of cost burdens that exceed 30% of income are a priority for investment of resources. Specifically, a high percentage of extremely low and very low-income families are experiencing housing problems.

There is a demonstrated need for assistance to families trying to become homebuyers. Research will continue regarding ways to bring more funding to this program through grants from the Federal Home Loan Banks of Cincinnati and Atlanta. Area member banks would apply for the funding which could be used in partnership with the CDBG Affordable Homeownership Program.

Census data also verifies the need for additional family rental units in parts of the Consortium, both in the private sector and in the Public Housing Authority.

Along with rehabilitation of homes, are improvements to the infrastructure. Water and sewer improvements are an integral part of supporting a neighborhood.

Basis for Assigning Priorities: Census data (cost burdens) and a history of conducting rehab projects and homeowner assistance grants all support a need for these services. Also considered is the large number of substandard housing units owned by the elderly as
well as the age and condition of the current housing stock. Families enduring housing problems in terms of cost burdens that exceed 30% of income are a priority for investment of resources. Information obtained from the Bristol Tennessee Housing Authority verifies the need for rental units as substantiated by the continued existence of waiting lists for the one-bedroom units and family units. The Bristol, Virginia Housing Authority reports a shortage of units for the elderly and one-bedroom units.

The Strategic Plan identifies the priority needs established by the community and obstacles that must be addressed to ensure that residents have access to decent shelter or assistance in avoiding homelessness. These strategies will continue to be followed over the time period of this Plan.

The needs as identified in this Strategic Plan represent the levels of priority that we have set based on our housing needs assessment. Priority levels have been evaluated and assigned a ranking as follows:

- **High Priority**: Activities to address this need will be funded.
- **Medium Priority**: If funds are available, activities to address this need may be funded by the locality during the five-year period. Also, the locality will take other actions to assist in locating other sources of funds.
- **Low Priority**: The locality will not fund activities to address this need during the five-year period. The locality will consider certificates of consistency for other entities’ applications for Federal assistance.
- **No Such Need**: The locality finds there is no need or the grantee shows that this need is substantially addressed. No certifications of consistency will be considered.

It should be noted that in estimating the dollars to address the priority needs, we understand that the total amount of funds needed will not be available during the five-year Consolidated Plan period.

The key to success in the actual implementation of any housing and community development plan lies in its ability to coordinate and focus adequate resources to meet the needs that have been identified. At the time of the development of this Consolidated Plan, there are serious questions as to what State and Federal funding levels will be that will assist us in meeting the priority needs as stated in this Plan. The Consortium’s intent is to create a structured, coordinated plan that will bring together a network of public, private, and nonprofit entities that can bring the necessary resources and abilities to realistically address the substantial needs that have already been detailed in this Consolidated Plan.

Obstacles to Meeting Underserved Needs: It has been noted by a variety of sources that there is an acute need for two and three-bedroom units for families with children in parts of the Consortium area. This apparent shortage is a barrier for many low and moderate-income families trying to obtain adequate housing and therefore represents a high priority for investment of funds. The lead-based paint regulations have had an effect on both the rehab and homeownership program that are costly.
Availability of funds is always a problem when attempting to meet the needs of a community that is economically distressed.

Objectives: CDBG and Federal HOME funds will be used to continue the rehabilitation program as well as the affordable homeownership grant program.

The Northeast Tennessee/Virginia HOME Consortium will assist families into homeownership. It will also rehabilitate single-family owner-occupied homes.

The Consortium encourages minority, disabled and women’s business enterprise. All contracts awarded state, “Minority, disabled or Women’s Business Enterprises (MBE, DBE & WBE) will be afforded full opportunity to submit bids and will not be discriminated against on the basis of race, creed, color, sex, handicap, or national origin in consideration for an award.”

Bristol, Virginia continues to support BRHA and private contractors in their efforts to produce ground level 1 & 2 bedroom units for the elderly and disabled and/or redeveloping existing structures to produce affordable 1 & 2 bedroom units for elderly, persons with disabilities, and others who are seeking affordable housing.

**Housing Market Analysis (91.210)**

*Please also refer to the Housing Market Analysis Table in the Needs.xls workbook*

1. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families.

2. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).

3. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.

3-5 Year Strategic Plan Housing Market Analysis responses:

**GENERAL CHARACTERISTICS**

The Housing Market Analysis looks at the supply, demand, condition and cost of the existing housing stock within the Consortium boundaries. The analysis evaluates existing public and assisted housing facilities, inventories homeless facilities and explains the impact that public policies may have upon affordable housing.
The Consortium is situated in the northeast Tennessee/Southwest Virginia portions of the two states in an area referred to as the Tri-Cities. Population grew solidly at 11.7 percent in the Northeast Tennessee/Virginia HOME Consortium between 1990 and 2000. The pace nearly equaled the national increase of 13.1 percent. Economic conditions and annexation laws affected the population gains. The Tri-Cities TN/VA Metropolitan Statistical Area (MSA), a measure of the region’s population, increased 10.1 percent between 1990 and 2000.

The municipalities in Tennessee can annex property in its growth area. Bristol (VA), because of its status as an independent city, is limited to its existing land area. As a result, Bristol (VA) lost population from 1990 to 2000, even though the surrounding county, Washington County (VA), experienced an 11.4 percent population growth. (See Housing Inventory Table in Year 1 Additional Files)

The demand for moderately priced units has exceeded the supply, and there has continued to be a shortage of rental housing. This is particularly true in terms of family-sized units that meet Section 8 standards. A real estate management firm has indicated that moderately-priced rental units continue to be in short supply and are characterized by a very short turnaround or vacancy period that is usually no more than one or two days for presentable units. There is a very high level of median gross rent as a percentage of household income.

HOUSING FOR THE DISABLED

The rental housing supply in the Consortium for disabled persons is provided primarily by the Housing & Redevelopment Authorities. Homeowners receive assistance from various service agencies as well as through CDBG emergency rehab programs to assist with the cost of installation of ramps, handrails, etc.

CONCENTRATION OF RACIAL GROUPS

An area of racial/ethnic minority concentration is a block group exhibiting a total percentage of minority households more than the total percentage for the City. Refer to the Introduction chapter in Year 1 Additional Files for the racial composition of the region.

OTHER HOUSING

The Holston Habitat for Humanity office is located in Kingsport, Tennessee and serves the Tri-Cities region. A Family Selection Committee evaluates applicants on the basis of:

1. Need – the applicant must currently live in substandard housing.
2. Ability to Pay – the applicant must be able to afford house payments of $250 to $300 per month plus house maintenance expenses. Applicants must have a good credit rating and be unable to qualify for a conventional loan.
3. Willingness to Partner – the applicant must be willing to contribute 500 hours of sweat equity and participate in the Habitat Homeowner Education Program.

Holston Habitat for Humanity was founded in 1985. To date, 135 new homes have been dedicated. Accomplishments as of April 2005 are as follows:

Kingsport: 91 new
Johnson City: 11 new
Bristol, TN: 16 new
Bristol, VA: 4 new
Bluff City: 1 new
Piney Flats: 1 new
Elizabethton/Carter County, 7 new
Unicoi County: 2 new
Gray: 2 new

The Housing Market Analysis Table in the CPMP Tool is optional and was not completed. However, see Washington County, Sullivan County and Bristol, Virginia Affordability Mismatch files in Strategic Plan Additional Files for statistical data.

Specific Housing Objectives (91.215 (b))

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.

2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Strategic Plan Specific Housing Objectives response:
The housing needs of low-income families in the Consortium area have improved but have not kept pace with the demand during the past ten years. Affordable housing remains in great demand as the market provides little incentive for landlords to rehab rental properties when they can obtain high rents with minimal repairs. The problem is exacerbated by losses of substandard housing stock due to demolition and other processes. Meanwhile additional affordable rental housing is not being created. Some members of the Consortium report a shortage of one and two-bedroom units, while others report a shortage of affordable two and three-bedroom units. Programs and activities that increase housing are priorities for investment.

The Strategic Plan will be the structure on which the Consortium will rely to bring about a measurable, consistent and progressive process that will hopefully lead to a highly productive program of housing and community development solutions to meet the needs of very low, low and moderate income households in our community.
STRATEGIES, PRIORITY NEEDS AND OBJECTIVES

The Affordable Housing priorities are as follows:

Goal No. 1: To expand first-time homeownership opportunities for very low, low, and moderate income households. Bristol, Tennessee and Johnson City will continue to fund their current Affordable Homeownership Programs with CDBG monies, as well as a Homeownership Program being offered Consortium-wide through HOME and ADDI funds.

Objectives:
1. Work with local lenders, realtors, and property owners to effect the acquisition of existing homes for very low, low, and moderate-income households for qualified first-time homebuyers through a due-on-sale loan.

2. Work with local lenders, national lenders, governmental agencies, non-profit and for-profit builders, property owners, (providing available, affordable land), and building material companies to effect the construction of new homes for very low, low, and moderate income households for qualified first-time homebuyers.

Goal No. 2: To provide expanded opportunities to qualified very low, low, and moderate income homeowners to rehabilitate their homes to correct major code violations. Bristol, Tennessee, Johnson City and Kingsport will continue their current rehab programs with CDBG funds. Consortium funds will also be used for rehabilitation projects.

Objectives:
1. Work with governmental agencies and local rehabilitation contractors to affect the rehabilitation of single-family owner-occupied dwellings for very low, low, and moderate income households.

2. Continue Emergency Rehab Programs in Bristol, Tennessee, Kingsport and Johnson City conduct emergency rehabilitation programs. People, Inc. in Bristol, Virginia, also operates an emergency program. As part of the rehabilitation program, some housing is identified which needs only emergency and/or minor repair to bring them up to minimum code without substantial rehabilitation. These cities will continue to operate emergency rehab programs with CDBG funds.

Goal No. 3: To provide expanded rental housing opportunities to qualified very low, low, and moderate income households.

Objectives:
1. Work with local rental property owners, non-profit, and for profit developers, local lenders, and local rehabilitation contractors to rehabilitate existing rental units to a level that meets HUD property requirements under the Section 8 program.
2. Work with local property owners, lenders, non-profit and for-profit developers, non-profit and for-profit builders, and local governmental agencies to effect the construction of new rental housing units that meet HUD property standards to qualify under the HUD Section 8 program.

Goal No. 4: To develop transitional and special needs housing for at-risk clients.

Objectives:
1. To work with local non-profit agencies, lenders, and property owners to develop customized housing in residential neighborhoods for persons with certified disabilities including the developmentally disabled.
2. To continue work on the Continuum of Care through the Appalachian Regional Coalition for the Homelessness to increase supportive housing in the region.

Goal No. 5: Develop new single-family housing units within the Consortium.

Objectives:
1. Work with CHDOs and other developers to increase the amount of affordable housing.
2. As areas within the Consortium age, upgrade water lines, sewer lines and sidewalks.

Rental Assistance: Opportunities to support low and moderate-income rental property may be pursued by members of the Consortium in partnership with local housing authorities, CHDOs and other nonprofit providers. Assistance should be construction/rehabilitation related.

Support Facilities: Bristol Faith In Action and the Continuum of Care (Appalachian Regional Coalition for the Homelessness).

Acquisition/Relocation: Members of the Consortium may, from time to time, provide voluntary acquisition/relocation assistance to low and moderate-income persons and families. The necessity of assistance will be driven by identification of housing which may be defined as “dilapidated” and ineligible for traditional rehabilitation.

Education and Life Management Skills: This is critical in many situations for renters and homebuyers to establish residency and/or prevent homelessness.

The following Federal, State and local resources are expected to be available and used during the next five-year Consolidated Plan period within the Consortium area. There are four CDBG Entitlement jurisdictions within the Consortium that anticipate getting these funds on an annual basis.

2005-06 Community Development Block Grant Funds
Bristol, Virginia - $327,047
Bristol, Tennessee - $263,464  
Johnson City, Tennessee - $557,638  
Kingsport, Tennessee - $468,336  
Northeast Tennessee/Virginia HOME Consortium - $1,378,243  
American Dream Downpayment Initiative - $45,264

Housing Authorities - The four Housing Authorities within the Consortium boundary receive assistance from the U.S. Department of Housing & Urban Development for capital projects, as well as Section 8 rental assistance.

Other - Other departments within the cities receive federal and state grants pertaining to their particular area, i.e., Weed & Seed Department of Justice, FEMA, Department of Criminal Justice, Bureau of Justice Assistance, and COPS.

The following State resources are available:
Some THDA HOME jurisdictions will continue to spend their balance of HOME funds. There is a possibility that there will be Tennessee state revenue funds available depending upon legislative action in 2005.

Tennessee Department of Human Services - 2005 Emergency Shelter Grant funds are set aside for the following cities Bristol ($37,000), Kingsport ($43,000) and Johnson City ($48,000).

Tax Credits - In Bristol, Virginia, the Regency Development Corporation, Inc. has received low-income housing tax credits on the Thomas Jefferson School elderly housing project. Local jurisdictions within the Consortium will most likely receive assisted housing developments through the Low-Income Housing Tax Credit Program in the State of Tennessee.

Other Resources
Local Government Funds
Local and National Non-Profit Agency Funds
Private Lender Funds
Federal Home Loan Bank Funds
Private Corporate Funds
Local Non-Profit Agency Funds
Private Foundation Funds
CDBG funds are leveraged to complete THDA rehabilitation projects

**Needs of Public Housing (91.210 (b))**

In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs
of public housing projects within the jurisdiction, and other factors, including the number of families on public housing and tenant-based waiting lists and results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25). The public housing agency and jurisdiction can use the optional Priority Public Housing Needs Table (formerly Table 4) of the Consolidated Plan to identify priority public housing needs to assist in this process.

3-5 Year Strategic Plan Needs of Public Housing response:
Public Housing in the Consortium area remains a significant portion of the affordable rental housing stock. The Public Housing units in the area, combined with Section 8 certified units continue to provide very low, low and moderate-income households with affordable rental housing choices. Listed below is information about the individual Housing Authorities within the Consortium area.

Bristol, Tennessee: The public housing agency in Bristol is the Bristol Tennessee Housing & Redevelopment Authority. The Housing Authority manages 372 public housing units. Those units include Edgemont Towers which is a multi-story facility with 118 units for elderly, handicapped, and/or disabled persons. Fort Shelby, also a multi-story facility, has 92 units for elderly, handicapped, and/or disabled persons. The remainder of the public housing units are 144 "scattered site" units and consist of single family, duplex, and townhouse units. These units are known as the family units.

There are 155 zero bedroom units, 105 one-bedroom units, 40 two-bedroom units, 37 three-bedroom units, 13 four-bedroom units, and 4 five-bedroom units in the total Bristol Tennessee Housing Authority stock. Of those units, all of the three to five-bedroom units are family units. None of the family units are available and the waiting list contained requests for over 100 units throughout the year. Units are available at both of the multi-story facilities so there is no waiting list.

Families with children represent one category that has been identified by the BTH&RA as representing a significant unmet needs population. Generally, the frail or disabled elderly population has been served with a relatively small waiting list or no waiting list. The evidence suggests that the present facilities are adequate to meet the demand for services.

Bristol, Virginia: All public housing in Bristol, Virginia is located in Census Tract 202, Block Group 3. There are a total of 399 units managed by Bristol Redevelopment and Housing Authority (BRHA) in six developments. Occupied units are as follows: 50 are efficiencies; 128 are one-bedroom; 102 are two-bedroom; 88 are three-bedroom; 27 are four-bedroom; and 4 are five-bedroom. Of those units, 31 are being remodeled. Some were constructed as long ago as 1939 and the newest was constructed in 1973. In the past, some of the older, more deteriorated larger units were demolished. BRHA has exceeded its requirements for handicap accessible units.
There is usually between a 3-5% vacancy rate. Factors that may contribute to the high vacancy rate include the area’s reputation for being a high-crime and disturbance area (although for the last several years, this area has had one of the lowest crime rates in the City); the fact that people can live cheaper in Tennessee because they do not have an income tax; the lengthy application process that requires criminal checks, credit checks, etc.; the lack of adequate paying jobs that draw residents to this area.

The agency confronts the interrelated problems of declining demand for much of its public housing units and declining investment and maintenance in the privately owned housing adjacent to that public housing. To move public supply into balance with demand, it must reduce its total number of units; provide more one-bedroom units for an aging population; and make qualitative improvements to its existing units, site, and surrounding neighborhoods.

Johnson City: The overall condition of the public housing in Johnson City is very good. Most of the units are at least thirty years old, with some units over forty. Over the years, the housing authority has done a good job of maintenance and inside, as well as outside unit renovation. There is a total of 735 public housing units under the management of the Johnson City Housing Authority:

0 Bedroom = 44 3 Bedroom - 190  
1 Bedroom = 196 4 Bedroom = 53  
2 Bedroom = 263 5 Bedroom = 10

The housing authority has continued on a multi-year renovation program under the Comprehensive Improvements Action Grant Program. Under this program, they have, with the direct input of the housing residents, identified several restoration and revitalization needs. These include:

* Conversion of heating systems from gas to all electric  
* New, more energy efficient windows and doors  
* Upgraded kitchen fans and appliances  
* Upgraded bath fixtures and in some cases bathtubs and sinks.  
* Upgrades of play areas at selected project areas.

Kingsport: The Kingsport Housing and Redevelopment Authority has a total of 633 households assisted through its public housing units and 1,129 through Section 8 certificates and vouchers. Latest statistics showed 254 families on a waiting list to receive housing assistance. In order to be on the Federal Preference List, applications must meet one of these conditions:

* Live in overcrowded conditions which must be verified either by an agency or minister;  
* Spend 50% or more of income on rent and utilities;  
* Live in substandard housing, i.e., housing not meeting Housing Quality Standards set forth by HUD;  
* Be a victim of domestic violence which must be verified by police reports, agencies, social services, etc.; or  
* Be homeless due to no fault of their own.
Kingsport Housing and Redevelopment Authority utilizes the Federal Preference only, and does not have a local preference.

Apartments Managed by Kingsport Housing and Redevelopment Authority

<table>
<thead>
<tr>
<th>Apartments</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cloud</td>
<td>186</td>
</tr>
<tr>
<td>Dogwood Terrace</td>
<td>77</td>
</tr>
<tr>
<td>Holly Hills</td>
<td>81</td>
</tr>
<tr>
<td>Holston Terrace (Elderly/Disabled)</td>
<td>48</td>
</tr>
<tr>
<td>Lee</td>
<td>123</td>
</tr>
<tr>
<td>Riverview</td>
<td>88</td>
</tr>
<tr>
<td>Tiffany Court</td>
<td>14</td>
</tr>
</tbody>
</table>

Subsidized Apartments Managed by Developers and Others

<table>
<thead>
<tr>
<th>Apartments</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finley Villa</td>
<td>58</td>
</tr>
<tr>
<td>Hickory Hills</td>
<td>48</td>
</tr>
<tr>
<td>Green Valley Manor</td>
<td>24</td>
</tr>
<tr>
<td>Kingsport Manor</td>
<td>100</td>
</tr>
<tr>
<td>Kingsport West</td>
<td>103</td>
</tr>
<tr>
<td>Kiwanis Towers</td>
<td>94</td>
</tr>
<tr>
<td>Maple Oak</td>
<td>175</td>
</tr>
<tr>
<td>Miller Village</td>
<td>153</td>
</tr>
<tr>
<td>Model City</td>
<td>256</td>
</tr>
<tr>
<td>One Wilcox Place</td>
<td>72</td>
</tr>
</tbody>
</table>

It is not anticipated that any subsidized units will be lost over the time frame of this Plan.

SECTION 8 HOUSING CHOICE VOUCHER

Bristol, Tennessee: As of April 2005, the Bristol Tennessee Housing & Redevelopment Authority administered 200 Housing Choice vouchers and certificates to subsidize rental housing for qualified families. These units are family units and are scattered throughout the community. All of the units are occupied and demand is such that no new applications are being accepted for the waiting list. Most families who are unassisted remain so because prospective rental units are substandard and; therefore, turned down by the Inspector. Subsequently, the landlord refuses to expend the money necessary to bring the unit up to standards. Because of demand for rental units, landlords are typically able to keep units rented at going prices without investing significant capital for rehabilitation.
Bristol, Virginia: There are a total of 605 Section 8 units. BRHA administers 254 that are scattered throughout the City. One hundred thirty-six are located in the Springdale Village complex; 65 are in the Eastridge complex; and 150 are located in Leisure Park Towers. All are existing units (no new construction, etc.) And there are no TBA certificates or vouchers. None are expected to be lost from inventory as the demand exceeds the supply and vacancies are filled almost immediately.

The waiting list for Section 8 never closes and consists of non-preference and preference. The only way a non-preference household can be placed on preference is if they can provide documentation that they are homeless. The non-preference households could wait for years for a vacancy. Even preference households may have to wait up to a year, but seldom under three to four months.

Johnson City: There are a total of 1,040 Section 8 units in Johnson City. Of these, 608 are project based units including 334 elderly units and 432 are tenant based units and are predominantly small family units, and 150 units of the Section 8 total are substantial rehab units. There are 17 unused tenant based certificates for the Section 8 program, consisting of 12 two-bedroom certificates, and five one bedroom certificates. In addition, there are currently seven unused tenant based rental vouchers in the Section 8 program, consisting of six two bedroom vouchers and a single one-bedroom voucher. There are currently no vacant units in the Section 8 program. No losses in units are anticipated due to any reasons, including through prepayment or voluntary termination of a Federally assisted mortgage.

Kingsport: There are approximately 1,100 Section 8 certificates and vouchers issued in Kingsport.

Public Housing Strategy (91.210)

1. Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency’s strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency’s strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.

2. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))

3. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide
The Public Housing Authorities within the Consortium area will continue to provide affordable rental housing to the very low and low-income families through good management, use of capital improvement funds to maintain units and while encouraging active resident initiative programs.

In addition, the Housing Authorities, through their Section 8 Assistance Program will continue to expand opportunities for affordable rental housing as well as assisting with homebuyer opportunities through their Section 8 to Homeownership Voucher Program.

PUBLIC HOUSING RESIDENT INITIATIVES

Bristol, Tennessee: The Bristol Tennessee Regional and Housing Development Authority has a separate Resident Council in Edgemont Towers, Fort Shelby and in the family units. A Resident Advisory Board has been formed from representatives of each of these areas as well as from Section 8 tenants. The Resident Advisory Board elects officers and has input and makes recommendations to the Housing Authority on the required elements for the new Public Housing Authority Plan that will be submitted to HUD each year. All public housing residents, especially those in the family units, are notified of Homebuyer Education Workshops and encouraged to attend. As a result, several families from public housing units have been assisted into homeownership with CDBG funds.

Bristol, Virginia: The Bristol, Virginia Redevelopment & Housing Authority has a Residents’ Advisory Board made up of at least one resident from each public housing neighborhood and a staff member of BRHA. In addition, Rice Terrace, Stant Hall and Jones Manor have their own residents’ associations. The Rice Terrace Tenants’ Association produces a monthly newsletter that is delivered along with the Housing Authority’s newsletter to inform all residents of upcoming events or meetings they can participate in. Several residents play active roles in BRHA’s planning and decision making process. Several job training classes have been funded with CDBG for the residents and as a result, many have learned a skill and attained employment. Staff of BRHA and the CDBG Coordinator are active with the residents. Bristol Coalition includes public housing residents.

Johnson City: The public housing authority currently encourages resident management initiatives through an organization known as the Resident Association Organization. The City, through their Community Development Office, works with this organization in an effort to aid them in reaching their goals and objectives. This organization is involved in providing support services for youth, adults, and children of the Johnson City Public Housing Authority. This group seeks to create program and educational opportunities for public housing residents and to provide additional recreational and skill learning opportunities for residents of public housing. Members of this group consist of actual
public housing authority residents, and gives them an opportunity to have a voice in the
management and operations of the facilities. In addition, activities are often sponsored
such as classes on fire safety and prevention, as well as programs sponsored by the
Johnson City Public Safety Department regarding drug detection and prevention, as well
as, life skills development sponsored by community support agencies.

Kingsport: The Kingsport Housing and Redevelopment Authority (KHRA) is the public
housing agency that is responsible for disbursing local, State and Federal funds made
available for public housing and rental assistance programs under Section 8. KHRA is
completely autonomous with regard to hiring, contracting and procurement; however, it
is a subrecipient for funds from the CDBG program (Lee Family Learning Center).
Kingsport Housing and Redevelopment Authority is independent with regard to the
jurisdiction of proposed development sites, of the Comprehensive Plan of the agency, and
any proposed demolition or disposition of public housing development. The City
encourages and supports the efforts of the Housing Authority to promote resident
initiatives in the public housing developments in their system. KHRA and the City
developed a police sub-station in the area of Riverview Apartments (public housing
development). The sub-station is currently staffed by the Kingsport Police Department
and will continue. Cloud Community Center, located in the City’s largest public housing
community, will be utilized by residents for the next five years and in the future beyond.
The Center contains space being utilized for Head Start, day care, and includes
community space plus a full-sized gymnasium. Funds for construction of this facility
were provided by the Upper East Tennessee Human Development Agency (UETHDA)
and the Department of Housing and Urban Development (HUD) including CDBG funds
given by the City of Kingsport.

The Lee Center offers one-on-one basic reading and writing instruction to residents of
Lee Apartments and surrounding low-income families, teaches parents and other adults
reading skills along with children, and helps parents become involved in the learning
process of their children. In addition, the Center provides a GED (General Equivalency
Diploma) class, appropriate referrals to adult education classes, computer skills
instruction, and a growing library for family readers.

The City encouraged KHRA in the formation of a resident council which in turn formed a
This corporation promotes resident management and employment by employing several
public housing residents who are doing maintenance. This program accomplishes several
positive things. It makes these residents “self-sufficient”, builds self-esteem and pride by
allowing them to be productive citizens and therefore mutually benefits the residents and
their employer, both tangibly and intangibly.

None of the four Public Housing Authorities within the Consortium boundaries are
designated as troubled or otherwise performing poorly.

**Barriers to Affordable Housing (91.210 (e) and 91.215 (f))**
1. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.

2. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.

3-5 Year Strategic Plan Barriers to Affordable Housing response:
COST

There is a definite correlation between the rising cost of land, building materials and development costs as it relates to the lack of affordable housing in the Consortium area. All three of these factors have had a hand in driving up the cost of housing in the Consortium area putting it out of reach to the vast majority of low and moderate-income households.

BARRIERS TO AFFORDABLE HOUSING

RELEVANT PUBLIC POLICIES

The Consortium members administer a number of ordinances and regulations that may in some ways be considered obstacles to affordable housing; however, each represents an integral part of administration for the greater good of the community.

The following regulations, codes and policies were examined and determined necessary elements for city-wide planning for public safety and welfare. However, as noted each incorporates some degree of impediments to affordable housing:

1. Zoning Regulations
2. Subdivision Regulations
3. New Home Construction Codes
4. Unsafe Building Abatement Code
5. Property Taxes - City and County
6. Utility Board Restrictions
7. Southern Building Codes/BOCA
8. Code Enforcement
9. Unfunded Mandates
10. Poor Credit History
11. Inadequate Paying Jobs.
The Consortium members are surrounded by agriculture and mountain land that restricts development to some degree. Although the area is currently undergoing a static or slow-growth period, availability of affordable housing either for rent or sale remains limited. This is partially due to a predominance of high wage job losses during the last ten years. However, some barriers are imposed as a result of public policies considered necessary for controlling aspects of growth that would otherwise result in undesirable development. Subsequently, the public has demanded that certain policies and regulations be put in place. These policies could represent barriers that are necessitated by regulations and ordinances principally used to control industrial and residential development based upon appropriate aspects of type, location and density.

Efforts to remove barriers to affordable housing include the following:

- Continuation of the Fair Housing Program to assure that every citizen has equal access to housing opportunities. Fair Housing Resolutions will be adopted declaring April Fair Housing Month. Bristol, Tennessee participates in a media project designed to enhance public awareness of Fair Housing laws. Johnson City conducts workshops, advertising and a complaint referral network to educate both providers of housing and those needing housing in our local community. Bristol, Virginia advertises on a local free public TV channel.
- Land Use Controls - Planning Commissions will continue working to implement land-use controls that promote housing development in a safe, efficient manner that is harmonious with existing neighborhoods.
- Zoning Ordinance - Board of Zoning Appeals shall monitor requests for zoning variances due to hardships imposed by specific zoning regulations to determine if existing regulations are unreasonable.
- Building Codes - Continue to monitor the Southern Building Code and BOCA for changes in restrictions which might be extraordinary and potentially unreasonable.
- Infrastructure Requirements - The Planning and Engineering Departments will scrutinize the impact of infrastructure costs, along with utility fees and subdivision design requirements on the provision of affordable housing.
- Poor credit history prevents low to moderate-income families from realizing the dream of homeownership.
- The region does not offer adequate paying jobs; therefore, low-income families are unable to break the cycle of poverty.
- There are no court orders or HUD sanctions in force for any of the members of the Consortium.

Implementing these goals will provide for more affordable housing and thereby ameliorate negative effects of any public policies which may keep housing costs above the affordable index.
Homeless Needs (91.205 (b) and 91.215 (c))

*Please also refer to the Homeless Needs Table in the Needs.xls workbook

Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered. In addition, to the extent information is available, the plan must include a description of the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.

3-5 Year Strategic Plan Homeless Needs response:

The Appalachian Regional Coalition on Homelessness serves the Consortium area through its Continuum of Care. Point-in-time counts have been taken and homeless individuals identified by ARCH. Additionally, a separate point-in-time count was conducted specifically in Bristol, Virginia on January 26, 2005, under the leadership of People, Incorporated. During this 24-hour period, many of the same persons counted by ARCH at Haven of Rest and the Salvation Army were considered to be residents of Bristol, Virginia. However, 27 unsheltered homeless individuals were interviewed on the Virginia side of Bristol. These individuals were living in boxes, old cars, loading docks, etc. The majority of these persons suffer from alcohol or drug addiction or mental health problems. These figures show a need for permanent supportive housing.

Haven of Mercy provided the following assessment of homelessness. Homelessness can be divided into two major categories (chronic homeless and temporary homeless). Chronic homelessness constitutes almost 90% of those found in shelters. Although they have economic problems, these are not the main reasons they are homeless. The reasons for chronic homelessness are:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>46.5%</td>
</tr>
<tr>
<td>Dysfunctional Personality</td>
<td>25.0%</td>
</tr>
<tr>
<td>Economic Problems</td>
<td>12.5%</td>
</tr>
<tr>
<td>Severe Mental Illness</td>
<td>10.2%</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>5.6%</td>
</tr>
<tr>
<td>Other</td>
<td>.2%</td>
</tr>
</tbody>
</table>

More money, services, handouts, etc. will not solve chronic homelessness. In order to be effective, programs must be directed at solving the real problems. Programs that address only the physical needs are largely a waste of time and money. They are a Band-Aid
solution. It is necessary to address both the physical and mental/emotional needs by providing:

* Rehabilitation programs for those addicted to alcohol or drugs, including aftercare;
* Employment training and job search assistance; and
* Life skills training and case management.

Temporary homelessness constitutes about 10% of the homeless and is generally caused by loss of income or an unusual group of expenses resulting in the loss of housing. Usually this group has family or friends who take them in until they can find a new job and housing. These groups seldom ended up in homeless shelters, although the need for family shelter is becoming apparent. Temporary homelessness appears to be experienced more by families now than in the past.

The persons most threatened with homelessness are very low-income families (0 to 30% HAMFI) with children, who are paying over 30% of their income on shelter. These families most at risk are not only the traditional family, but are many times single female heads of household which resulted from divorce, death, abandonment by spouse, etc. These families could benefit mostly from:

* Housing counseling to assist families facing foreclosure/eviction;
* Programs offering temporary financial assistance;
* Shelters which keep families together;
* Job training, counseling, placement, and follow-up;
* Payment of deposits and first month rent for permanent housing;
* Educational services such as GED preparation;
* Child care at shelters or accessible to shelters;
* Financial and budgetary training;
* Transportation;
* Programs to help very low-income households pay rent and utility bills that exceed their ability to pay; and
* Job placement and retraining programs for laid-off workers, or adults entering the workforce for the first time.

One group of homeless subpopulations that constitutes temporary homeless is those fleeing domestic violence. Nationwide, 50% of the homeless women and children are due to physical violence. Safe House currently provides temporary shelter in these cases. Special needs of domestic violence are:

* Comprehensive services to move the families through the system;
* Support groups and outreach programs;
* Job training;
* Affordable daycare;
* Court advocacy; and
* Transportation.
The nature and extent of homelessness by race and ethnic group is unknown. A primary need in the development of homeless programs is a need for cultural and racial sensitivity. The existing delivery system for homeless shelter and services is largely all white and Christian oriented. This may alienate homeless individuals of different racial or religious backgrounds. In addition, the increase of foreign population, mainly Latin American, may result in a language barrier between service providers and this group.

It is accurate to say that the following identified needs apply to the entire Consortium area.

* Transitional housing facilities for men, women, and families.
* More permanent housing particularly for single male homeless persons.
* An alternative shelter facility to serve those who do not want to be in a regular shelter.
* A detoxification treatment facility.
* More satellite medical clinic facilities.
* Higher level case management services, particularly job opportunities.
* Better prevention programs, particularly involving families with children.
* More comprehensive mental health services.
* A Safe Haven/Day Shelter facility.
* More community awareness programs.
* More directed legal services particularly in the areas of housing and benefit discrimination.
* Pre-eviction and preventive counseling.
* More permanent supportive housing.
* Homeless shelter for families.

Priority Homeless Needs

1. Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.

2. A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its
Homeless Needs Table - Homeless Populations and Subpopulations.

3-5 Year Strategic Plan Priority Homeless Needs response:
Continuum of Care Goals and System Under Development

Chronic Homelessness Strategy/Goals
3 (a). 1 Past Performance

During the past year, the member agencies of ARCH have reached several milestones both collectively and individually. Among these were:

* ARCH has emerged as the leading catalyst to develop programs to meet the needs of the chronically homeless on a regional level. During the past twelve months, the coalition has seen the highest and most active level of participation in its history and has organized into a strong public/private partnership that encourages a systematic and collaborative approach to the needs of the chronically homeless in our region.

* Conducting a series of point-in-time counts to identify the number, geographic location and other relevant demographic location of chronically homeless persons in the area, including the beginnings of seasonal population data.

* Conducted a series of task force and committee meetings specifically targeted toward ending chronic homelessness in the region by critically reviewing the system currently in place and preparing a comprehensive gaps analysis. These meetings include those by an Executive Committee, which plans and oversees the organizational structure of the coalition; a Point-in-Time Committee to collect and analyze data to determine gaps; a Public Relations task force charged with creating greater public awareness of homeless issues in the region; a Membership Development task force; a Ranking/Steering/Ranking Committee charged with independent and unbiased evaluation and ranking of CoC funding applications; a Discharge Planning Task Force to develop a consistent regional discharge policy regarding chronically homeless persons; a Mainstream Resources Committee to develop information about access to and barriers to access by chronically homeless persons; and an HMIS task force charged with development of a comprehensive information sharing system with the goal of maximum participation.

* Developed an inventory of emergency shelters, transitional housing, and permanent supportive housing for homeless individuals and families. In the course of this inventory, we discovered that there is a critical shortage of both transitional and permanent supportive housing space. Included within the funding requests contained in this document are requests for funding by The Salvation Army and Kingsport Housing and Redevelopment Authority to increase transitional housing by 24 and permanent supportive housing by 26 beds specifically targeting the chronically homeless individuals.

* Identified the outreach availability in the region and the critical need for more outreach workers specifically targeted for working with the chronically homeless.

* The Johnson City Downtown Clinic has worked extensively on assisting chronically homeless persons throughout the region access mainstream resources.
Began developing a public awareness campaign regarding issues of chronic homelessness to implement through means of popular mass media and public education efforts.

There are series of obstacles remaining in the region’s progress at eliminating chronic homelessness including:

- The need for additional outreach services targeted exclusively toward the chronically homeless population. The region’s PATH workers are not sufficient to provide the services needed for such a large geographic area and time-intensive population. The Veterans Affairs Homeless Veterans outreach worker has both a limited amount of time and resources with which to provide services to his specialized population.
- Lack of sufficient permanent supportive housing designed specifically for meeting the needs of the chronically homeless.
- Lack of transitional housing opportunities that are both appropriate and designed with the needs and issues of the chronically homeless population.
- Need for a central clearing house and information sharing system (HMIS).
- Shortage of substance abuse treatment options for the chronically homeless.
- Lack of funding for services targeted directly toward assisting chronically homeless population due in part to severe budget problems experienced by both state and local governments.

3(a) 2 Current Chronic Homelessness Strategy

ARCH continues to revise its strategy as more accurate information is gathered through regular meetings and point-in-time counts. During the most recent regional point-in-time count conducted in February of 2004, ARCH found a total of 393 homeless persons with 300 sheltered and 93 unsheltered. Using data obtained through approximately 200 completed survey forms used during the count ARCH estimates that at least 98 are chronically homeless. Due to the lack of an HMIS system in our region to provide detailed and comprehensive information about homeless persons in our area ARCH is still working to get the clearest and most accurate picture of the homeless population in our region. As the HMIS system is implemented in our region we will be able to obtain a clearer, more detailed picture of the homeless and chronically homeless population based on deeper and more long-term data.

The current strategy as developed by ARCH includes:

- Establishment of a Mainstream Resource Committee as well as a Discharge Planning Task Force to begin the work of coordinating and encouraging access to mainstream resources both for persons currently homeless and for those exiting institutional care into homelessness.
- Identifying the chronically homeless population through increased street outreach efforts in both rural and more urban areas targeted specifically at the chronically homeless population with the goal of housing and ensuring appropriate and adequate
services. As part of this effort, ARCH seeks to increase the number of outreach workers specifically targeted to the chronically homeless population.

* Surveying emergency shelters, the local police, sheriff’s department, jails, hospital emergency rooms, feeding programs and mental health providers to determine both the numbers who are currently on the streets and in emergency shelters who have been homeless for a year or more and the needs of the chronically homeless population to determine how the continuum of care might better work towards meeting those needs.

* ARCH, in partnership with the state Creating Homes Initiative and area Public Housing Authorities will increase the number of available permanent supportive housing beds for individuals in the region by at least 100 units and for families by at least 100 units over the next ten years. If this application is funded it will provide more than 20 units of permanent supportive housing designated specifically for chronically homeless individuals in the region who have a diagnosed mental illness.

* ARCH is seeking to develop the resources to add the first additional transitional housing specifically for chronically homeless persons to be added in over 10 years.

* Planning for an HMIS to gather information and share data in order to encourage consistent standards of care throughout the region, disseminate information needed by municipal planners, disseminate information to the general public to increase awareness of the presence and needs of homeless persons in the eight counties, and to encourage non-duplication of services.

b. See Other Homeless Goals Chart Year One Folder

3 (b) 1 Accomplishments over the past year in addressing other homelessness goals

During this second full year of implementing a consistent, region-wide continuum of care process, ARCH has laid the groundwork for effectively and systematically addressing the needs of homeless individuals and families in our area. Some of the accomplishments include:

* Secured funding to provide transitional housing for 6 families

* Secured funding for over 25 units of permanent supportive housing, the first ever in the region dedicated to the use of chronically homeless individuals

* Conducted three additional point-in-time counts throughout the upper eight counties of Northeast Tennessee, which in turn allowed the coalition to complete and publish a comprehensive gaps analysis report. The counts are designed to provide baseline data regarding the seasonal characteristics of the homeless population in this region.

* Information from both the point-in-time counts and gaps analysis reports were distributed to members of ARCH and any other interested parties who requested a copy of the document to assist them in identifying the homeless population characteristics, geographic location and unmet needs for planning/development purposes.

* Identified continued need for additional transitional housing for families with children. Historically the waiting list for these beds has averaged between three and four families; currently there are five families waiting for these beds.

* Examined at length the need for a central clearing house and HMIS system to adequately monitor and track the persons who access mainstream and community
resources in the region. The coalition’s movement toward adoption of an HMIS and clearing house system marks significant progress toward collaborative efforts and partnerships that will result in better service to clients in need of services in the region.

* Established a Mainstream Resources Committee to begin the work of improving access to mainstream government resources by homeless persons by:
  * Publication of a listing of mainstream and other program/resources for use by intake workers;
  * Provision of opportunities for mainstream resource providers to educate network members about mainstream resource availability/requirements;
  * Beginning development of a consolidated application for multiple mainstream resources for use by intake/social workers to simplify the process for homeless persons.

**Homeless Inventory (91.210 (c))**

The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.

3-5 Year Strategic Plan Homeless Inventory response:

**HOMELESS FACILITIES**

**NATURE AND EXTENT OF HOMELESS**

The nature and extent of homelessness in the Consortium area is difficult to define. Many of the homeless persons are served by the facilities noted below. Many others are transient and are still served by the facilities noted below; however, their stay is short-term. These homeless persons move from town to town by way of the interstate and stay at a shelter only long enough to obtain food, clothing and a bed. Some of the homeless are homeless by choice. That is, local shelters with the assistance of the police have made efforts to take these persons to available shelters and they refuse. Many times their refusal is based upon rules which must be followed at the shelters (i.e. no alcohol).

**HOMELESS AND EMERGENCY SHELTERS**

**BLUFF CITY, TENNESSEE:**

The Community Chest and Department of Human Resources provide Meals on Wheels and transportation services to homeless individuals and families. Bluff City's close proximity to both Bristol, Tennessee and Johnson City allow homeless individuals to be served by the facilities in those areas as well.

**BRISTOL, TENNESSEE/VIRGINIA:**
Abuse Alternatives, Inc. - (maximum capacity 24 women plus children for a maximum total of approximately 54 persons) has twenty+ years of experience in providing services to clients involved in domestic violence situations. This agency's mission is to interrupt and/or eradicate the cycle of violence in the lives of those served in residence in an emergency shelter, as well as participants of a support group and Intervention Programs. Abuse Alternatives' goal is to serve all abused women and their children by providing safe, temporary shelter, meeting their immediate physical needs and providing a strong support system to address their emotional and psychological needs through counseling and referral to specialized agencies, i.e., mental health, DHS, legal aid, medical services, etc. and to assist those with the desire to establish independence with referral to housing agencies, employment agencies, and job training agencies. Intervention with those who batter is provided to break the cycle of violence at its cause and provide support to victims.

The Salvation Army - (maximum capacity 40 with some additional capacity for women with children on an emergency basis) is a well-known and well-respected organization that has operated in the United States, as well as other parts of the world, since 1865. They have operated in Bristol for more than sixty years. The Bristol Salvation Army seeks to meet the needs of the homeless through various programs. The services offered are guided by the Army's priority of serving basic human needs, i.e., food, shelter and clothing. Areas of service in the Office of Emergency Social Services include assistance with rent/mortgage, utilities, food, clothing, prescriptions and emergency travel and food baskets at Christmastime. The Salvation Army offers support and encouragement to individuals, building their character, and giving them an opportunity to serve their community. Group activities at the Army include the Ladies Home League, the Men's Fellowship Club, the Senior Citizens Club, the Boy's Adventure Corps, the Girl Guards, the Sunbeams, the Young People's Legion and the Corps Cadets. The most visible reminder of The Salvation Army is the Red Kettle seen around the world during Christmastime.

The Haven of Rest - (single women, 6); Haven Shelter (women with children, 14-16); Haven of Rest Men's Mission (32 men) has been ministering to the homeless and hungry in the Tri-Cities since New Year's Eve 1955. Beginning in a leased pool hall on State Street in downtown Bristol and continuing with its main campus now located at 624 Anderson Street, the ministries of the Haven of Rest include the Rescue Mission, a men’s shelter; Haven Home, a women’s shelter; Haven Shelter, a shelter for women with children; Haven Outlet, a thrift store; Housing Projects Ministry, a program for children at the Boys and Girls Club; and a Kids Kafe that serves snacks to children after school and the noon meal during the summer school break. Chapel services are held in the Haven chapel nightly at 7:30 p.m. Future plans for ministry include utilization of two newly purchased houses on Seventh Street, adjacent to the main campus, for expansion of the men’s program and a family ministry.

Bristol Faith In Action - This agency can help persons who need lodging, food, etc. if the shelters are full.
Crossroads Medical Mission - This organization makes monthly visits to the Haven of Rest, Douglas Community Center and BRHA property and provides healthcare free of charge to persons who have no medical insurance or other means of payment.

Many local churches provide emergency services such as shelter and food. Additionally, a church-sponsored weekend soup kitchen is open to anyone in need. There is a mobile soup kitchen that travels throughout Bristol on weekdays.

Although a majority of homeless men are alcoholic or drug dependent, there are no sheltered treatment programs for alcohol and drug abuse.

JOHNSON CITY:
There are currently three full-service homeless shelters in Johnson City, these being the Shelter of Hope operated by the Salvation Army, the Haven of Mercy Rescue Mission Shelter, and the Safe Passage Domestic Violence Shelter. The current capacity of the three shelters is 120. Sixty-four beds at the Shelter of Hope, 40 beds at the Haven of Mercy Rescue Mission Shelter, and 16 beds at the Safe Passage Domestic Violence Shelter.

In the way of services, the Shelter of Hope provides food, clothing, personal counseling, vocational counseling, and health screening and some treatment through the medical clinic operated by the Nursing School of East Tennessee State University. The Haven of Mercy Rescue Mission Shelter provides food, clothing, and personal counseling. Safe Passage Domestic Violence Shelter provides food, clothing, housing deposits, utility deposits and personal counseling.

The Interfaith Hospitality Network provides food, shelter and other basic assistance to families. They provide sixteen beds (transitional housing) as well as case management in an effort to keep family members from being separated.

KINGSPORT:
Salvation Army Transient Lodge - Provides emergency shelter with 54 beds. The Salvation Army also uses Model City Motel to temporarily house families and single women. This facility contains 20 rooms and 2 apartments for emergency situations in conjunction with the Upper East TN. Human Development Agency. The Salvation Army also provides hot meals each day at Noon, and at 4:00 p.m. on Sunday.

Hope Haven Ministries - A Christian halfway house that provides a supportive living environment and counseling for up to 18 men. More of a rehabilitative type of organization which offers programs for drug and alcohol rehabilitation, they also offer a job search program for those lacking training and education.

Link House, Inc. - A not-for-profit corporation that currently has 2 facilities for homeless teenagers. Emergency Shelter-Group Home is licensed for a short-term stay for 8 residents (4 males, 4 females) and up to 20 in an emergency. An Independent Living For Boys facility houses 4 male clients for long-term stays.
Safe House - A shelter for abused women and children which can provide 9 beds and 3 cribs.

John Hay House - Provides transitional housing for 18 persons. It is a residential program for men who can benefit from an alternative to prison. Eligible clients include non-violent youthful and/or first time offenders, and are often court ordered referrals for probationers. The Hay House program is designed around a six-month structured residency during which time the resident receives professional counseling, educational or vocational opportunities, job placement, and after-care services.

Emergency Relief Agency - Provides short-term crisis assistance to permanent residents of the Kingsport area who are having temporary financial emergencies as a result of loss of employment, illness, desertion, and domestic violence.

Department of Human Services - Refers individuals and families to agencies that can provide housing or emergency assistance.

United Way of Greater Kingsport - Provides funding to Salvation Army, Red Cross, Link House, and Safe House so these agencies can give emergency relief to individuals and families in need.

American Red Cross, Kingsport Area-Hawkins County Chapter - Provides planning for community disasters, assistance to fire and disaster victims, and case work for an emergency fuel assistance program.

Upper East Tennessee Human Development Agency - Provides temporary shelter, education and job assistance for the homeless. Sometimes UETHDA works in conjunction with the local housing authority to provide temporary housing and assistance through the Alliance of Business and Training.

Contact Concern - Provides an answering and referral service to agencies for those looking for assistance.

TRANSITIONAL HOUSING

There is very little transitional housing offered within the Consortium. However, in Johnson City, there are 24 units at the Downtown Apartments, 22 at the Manna House (both operated by Fairview Housing) and 16 at Magnolia Ridge (operated by Frontier Health).

Effective July 1, 2005, the Salvation Army of Johnson City will receive McKinney Act funding to provide 12 transitional housing units for men and 12 transitional housing units for women. Additionally, Potters Wheel Ministries in Johnson City will receive McKinney Act funding to rehab and furnish an existing facility to provide transitional...
housing primarily for chronically homeless individuals with substance abuse or mental illness problems (20 beds).

WASHINGTON COUNTY

The Catholic Charities provides transitional housing for families (8 beds). They receive funds through the McKinney Act. Full capacity will be 12 beds.

OTHER

Kingsport Housing & Redevelopment Authority has received in excess of $1.1 million through the McKinney Act - Shelter-Plus Care dollars to be used in the eight counties of northeast Tennessee for those individuals who are homeless and have a disability. Results from this five-year grant are projected to assist at least 50 families.

**Homeless Strategic Plan (91.215 (c))**

1. Homelessness—Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.

2. Chronic homelessness—Describe the jurisdiction’s strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.

3. Homelessness Prevention—Describe the jurisdiction’s strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.

4. Institutional Structure—Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.
5. Discharge Coordination Policy—Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include “policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.” The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

3-5 Year Homeless Strategic Plan response:
Continuum of Care Service Activity Chart

Fundamental Components in CoC System – Service Activity Chart Component: Prevention
Services in Place:
Rent/Utility/Mortgage Assistance
* The Salvation Army of Johnson City, Kingsport, and Bristol provide rent/utility/mortgage assistance. These services are provided through donations to the three Salvation Army agencies through both fund raising activities and the local United Ways.
* The Upper East Tennessee Human Development Agency operates a series of Neighborhood Service Centers located in each county of ARCH’s CoC region to provide rental and utility services.
* Catholic Charities provides rental and utility assistance as well as assisting benevolent groups that serve at-risk clients in bringing their homes into a habitable condition.
* Good Samaritan Ministries Inc. provides a wide range of prevention services including rental and utility assistance as well as assisting with food and prescription medications.
* Greeneville/Greene County Community Ministries offers rental and utility assistance. Utility assistance funds come from donations directly to the GGCCM and through donations by consumers to the local utility company, which the GGCCM manages & distributes.
* A.R.M (Area Resource Ministry) provides rental and utility assistance as well as emergency food to residents of Carter County.
* Hale Community Ministries (with a center in Carter County and one in Johnson County) offers rental and utility assistance as well as emergency food.
* Kingsport Community Ministry Center (KCMC), a coalition of more than eleven Kingsport area churches, provides rental/utility/mortgage assistance as well as providing emergency food and referral for other needs.
* St. Vincent de Paul, a service group of St. Dominic’s Catholic Church, provides rent and utility assistance in coordination with one of the area’s 211 human & social services information & referral service providers.
* Community Aid Services in Hawkins County provides limited rental and utility assistance.
* American Red Cross chapter for the Kingsport Area also provides rent and utility assistance for residents of Hawkins and Sullivan Counties.
* Frontier Health, the region’s community mental health organization with facilities in each of the eight counties, provides limited rent and utility assistance.

**Assistance in Locating Housing**
* Frontier Health has Housing Developers serving all eight counties of the region by providing persons having a diagnosed mental illness with assistance.
* Public Housing Authorities in the region assist persons with low income to locate and obtain affordable housing in properties managed by the PHA’s.
* Many area agencies assist clients though their case management services to locate housing.
* Johnson City Downtown Clinic outreach worker assists homeless and “at-risk” clients to locate affordable housing.
* Salvation Army assists shelter clients and preventative services clients to locate housing.
* Veterans are assisted in locating housing by both the outreach worker at the Veterans Affairs Medical Center and the social workers, as well as by the Vet Center.
* All area domestic violence shelters assist clients in locating safe and affordable housing.
* Holston Home for Children, Free Will Baptist Family Ministries, Tennessee Baptist Children’s Homes, and the Christian Children’s Homes of Tennessee all assist youths exiting their institutions to locate and obtain affordable housing.
* Family Life Ministries, Inc., Tennessee Baptist Children’s Homes, Free Will Baptist Family Ministries, Bethany Christian Services, and the Florence Crittendon Agency assist pregnant teens to locate housing when exiting their programs after giving birth.

* Those clients who are HIV positive are assisted through “HOPE for Tennessee”, which receives HOPWA funds to both provide prevention services and assistance in locating housing.
* Better communication and coordination to maximize effective use of vouchers currently available across the region. With the wide geographic diversity of the CoC region, a systematic approach is needed to ensure equal distribution and access. The strong, informed network of well-established service providers represented by ARCH are communicating through a variety of means, both formal and informal, to ensure that all counties are fully represented.

**Services Planned:**
* One agency is currently providing Dial 2-1-1 service to three of the eight counties (with expansion as resources allow). Dial 2-1-1 is designed to quickly assist callers to locate the nearest access point for services and provide information about availability of a variety of mainstream and community resources and programs. Dial 2-1-1 is a project of the United Way of America and the Alliance of Information & Referral Systems. 211 has been set aside as an abbreviated dialing code, similar to 911, 411, 311, etc by the Federal
Communications Commission (FCC) for human and social services information & referral.

How persons access/receive assistance:
* Services are accessed through both formal and informal understandings with all members of the continuum. Once a person seeks any assistance, at least a limited assessment is completed, and the service provider will attempt to locate other service providers that may be either more suited for assistance or could also provide some support to the client. Many service providers conduct a comprehensive assessment and, through case management, actively seek to connect clients with mainstream and community resources.

Component: Outreach

Outreach in Place:
* Veterans: The Veterans Affairs Medical Center (VAMC), located in Johnson City, provides outreach for veterans. The homeless outreach worker and the coordinator of the program are very active members of the ARCH.
* Seriously mentally ill: In addition to the services of the Veterans Affairs Medical Center (VAMC) outreach staff, the Johnson City Downtown Clinic provides intensive outreach to the region’s mentally ill homeless individuals and families including those who are living on the streets. Both programs are actively searching areas of homeless activity such as feeding programs and bridges/underpasses in the Johnson City area but there is a critical need for additional outreach to other urban areas in the region and to the more rural areas as well. Fairview Housing operating as Manna House also provides outreach to the region’s serious mentally ill. All of these entities meet twice monthly to better coordinate efforts to adequately serve this population. The TN Department of Developmental Disabilities also conducts outreach to this population. Frontier Health, the region’s community mental health organization with facilities in each of the eight counties, provides services to homeless persons having a variety of mental health disorders through outreach by case managers to emergency shelters and hospitals.
* Substance abusers: The Johnson City Downtown Clinic also provides weekly outreach to the region’s homeless population. The outreach staff is well trained to link substance abusers to services. Manna House also provides weekly outreach to many of the known homeless encampments. Frontier Health, the region’s community mental health organization with facilities in each of the eight counties, conducts outreach at local colleges/universities and through the criminal justice system across the region and works in coordination with the Johnson City Downtown Clinic.
* HIV/AIDS: Frontier Health provides outreach services for this population through HOPE for Tennessee, which has three outreach workers that provide outreach to this population throughout the eight counties through Frontier Health, the community mental health organization. The Tennessee Association of People With AIDS (TAPWA) conducts extensive outreach to this population, particularly among the student population at East Tennessee State University (main campus in Johnson City with satellite campuses in Kingsport, Bristol, and Greeneville).
* Domestic violence: There are six domestic violence shelters within our region that offer a twenty-four hour hotline. All domestic violence shelters provide assistance for clients to access mainstream resources such as Families First (TANF), TennCare (the
state’s managed care program for low-income and uninsurable persons & SCHIP), Food Stamps, etc.

* Youth: Frontier Health operates an outreach program for homeless youth. Both the Johnson City and Kingsport School Systems have a Homeless Education program specifically for children who are homeless/at risk of becoming homeless. These programs offer after school tutoring, school supplies, immunizations, limited transportation, clothing, enrollment assistance, and work with other agencies to provide a continuum of care for members of this population.

Outreach planned:

* Johnson City Downtown Clinic is seeking funds to add one full-time employee dedicated to outreach for the region. Presently, there are only two outreach workers specifically targeted to homeless individuals for the entire region.

Component: Supportive Services

Services in Place:

* Case Management: Case management is offered by many agencies within the continuum. Frontier Health offers case management as appropriate. Johnson City Downtown clinic provides needed case management for any of its clients in need or desiring such service. The Salvation Army of Johnson City provides case management for those in their extended stay shelter program. Manna House provides case management services to all clients. HOPE for TN provides case management to HIV/AIDS clients. Social workers at many of the benevolent agencies provide limited duration case management to most of their clients. The Veterans Affairs Medical Center (VAMC) Homeless Outreach Clinician provides case management services to eligible veterans.

* Life Skills: Fairview Housing as the Manna House provides for budgeting and other life skills classes for its residents. Frontier Health provides services at the Victory Center for those clients who need to “re-learn” skills to avoid homelessness. All of the local Salvation Army corps provide for budgeting and other skill classes. Consumer Credit Counseling Services, located in Johnson City, also provides budgeting, HUD certified comprehensive housing counseling, debt management counseling and educational services. Legal Aid of East Tennessee provides HUD certified comprehensive housing counseling among many services offered to the community. Catholic Charities and Good Samaritan Ministries also offer limited life skills training for clients as part of their case management. Eastern Eight Community Development Center provides home ownership training and budgeting/personal finance education.

* Alcohol and Drug Abuse Treatment: Frontier Health, the community mental health center with facilities located in each county, through its Magnolia Ridge facility offers an individualized recovery program on an in-patient basis. Frontier Health also offers an extensive outpatient program. Through the Adventure Program, Frontier Health works to serve adolescents with alcohol and drug addictions as well as their families. The Veterans Affairs Medical Center (VAMC) offers detoxification, primary treatment, and follow-on recovery and after care services for veterans. There are many 12-step programs within our region. Comprehensive Community Services (CCS) with offices throughout the region also offers A&D services for both adults and juveniles. CCS has a 40-bed facility in Sullivan County that provides in-patient substance abuse services for
adolescents. Indian Path Pavilion in Sullivan County provides in-patient A&D services for both adults and juveniles. In addition, there are a variety of counseling services available on a sliding scale basis from groups such as Mustard Seed Ministries (including an addiction counselor certified in both TN and VA); Tri-Cities Center for Christian Counseling with offices in Kingsport and Johnson City; and Family Consultants, a division of Christian Children’s Homes of Tennessee.

Mental Health treatment: Frontier Health has outpatient offices in all of the counties within our region. They are designated as the community mental health center. There are three inpatient psychiatric hospitals within our region, each providing a variety of programs. Frontier Health provides mobile crisis services throughout the region. The Veterans Affairs Medical Center (VAMC) in Johnson City offers a full range of behavioral health services to the regions veterans. The Johnson City Downtown Clinic offers a full range of behavioral health treatments to the regions homeless and uninsured. In addition, there are a variety of counseling services available on a sliding scale basis from groups such as Mustard Seed Ministries (including an addiction counselor certified in both TN and VA); Tri-Cities Center for Christian Counseling with offices in Kingsport and Johnson City; and Family Consultants, a division of Christian Children’s Homes of Tennessee. The Bristol Crisis Center provides crisis counseling on both a hotline and face-to-face basis. There are two CONTACT centers (both are accredited by CONTACT USA and are members of the Association of Tennessee CONTACT & Crisis Centers) providing crisis intervention/helpline services on a telephone basis. The CONTACT centers and the Bristol Crisis Center offer services 365 days per year, including holidays. The Bristol Crisis Center also offers the region’s only sexual assault response center, located in Johnson City, with response workers located throughout the region.

Primary Health Care: The Johnson City Downtown Clinic provides comprehensive primary health care to the homeless and the “at risk” population. The Veterans Affairs Medical Center (VAMC) provides comprehensive health services to qualifying veterans.

AIDS-related Treatment: Frontier Health, through HOPE for TN, offers a wide range of services to this population. The Tennessee Association of People With AIDS (TAPWA) offers advocacy services, assistance, and referral services.

Education: Adult education classes including G.E.D. classes are offered through Frontier Health’s Victory Center and Fairview Housing as the Manna House. Many local high schools offer Adult Basic Education classes and G.E.D. classes. Both the Johnson City and Kingsport School Systems have a Homeless Education program specifically for children who are homeless/at risk of becoming homeless. These programs offer after school tutoring, school supplies, immunizations, limited transportation, clothing, enrollment assistance, and work with other agencies to provide a continuum of care for members of this population.

Employment Assistance: The Johnson City Downtown Clinic, Frontier Health and the entire local Salvation Army Corps offer employment assistance to their clients. Fairview Housing as Manna House requires those residents who are not currently receiving entitlement benefits, to attend job placement education. All area shelters provide employment assistance as part of their case management services for clients. Two comprehensive Career Centers, the Northeast Tennessee Career Center and the Five Rivers Regional Career Center, partner with the TN Dept. of Labor and Workforce Development, the TN Dept. of Human Services, Adult Education, Vocational
Rehabilitation, Veterans Services, and the Alliance for Business & Training to provide a “one-stop-shop” offering a variety of services to job seekers including assistance writing a resume, employment workshops, skills assessment, career plan development, employment listings, and linking clients with prospective employers. In addition, clients can apply for many mainstream resources at the center, including TennCare, Food Stamps, Families First (Tennessee’s program to administer TANF), and other services. Through the “Ticket to Work and Self-Sufficiency” Program disability beneficiaries are provided with more choices for receiving employment services and increases employer incentives to provide job availability for these clients. Ticket to Work is available to those receiving Title II or Title XVI benefits.

* Child Care: Family First (TANF) vouchers are available. The TN Dept. of Human Services offers referrals to child care services through a statewide toll-free number. Neighborhood Service Centers located in each county also provide limited assistance with childcare costs and in locating childcare services.

* Transportation: Johnson City and Bristol offer mass transit services within their municipality. Homeless clients who have TennCare can access transportation services for medical and mental health appointments through N.E.T. Trans; for non-medical related transportation and for those without insurance coverage transportation is either by walking or help from friends. When possible, outreach workers will transport clients to access services.

Services Planned:

* A series of community service link centers designed to assist those in need, including homeless individuals and families, to access both community and mainstream resources. These facilities may be located in a main office with several “satellite” offices located throughout the eight county region. These centers will supplement the already in place one-stop shops at the career center located in Johnson City by providing services at scattered sites for those unable to find transportation across long distances.

How homeless person’s access/receive assistance

* Currently most of the homeless persons within our region are referred to other agencies by use of self-referral. Once services are initially accessed, our region has both a formal and an informal referral system in place. If one agency cannot fully meet the needs of a client, then referral is given to another agency. Many of the discharge planners of our region’s hospitals are now contacting coalition members prior to discharge to procure the needed services of those clients being discharged.

As part of the development of the CoC, the members of the network have identified the lack of an HMIS system as a major gap and have begun work to implement such a system. After reviewing the gaps analysis and comparing available inventory with numbers of people not housed, it was decided by the network that based on current available information the strategic goal in our region should be to increase the numbers of permanent supportive housing units to 100 and transitional housing units by 100 over the next 10 years. This goal will be reviewed as more information is gathered and analyzed and may be changed in the future to reflect more complete information as the HMIS system is developed.

(a) On February 25, 2004, ARCH conducted the most recent regional point-in-time count. During a specified period on the night of February, members of the ARCH Point-in-Time
Committee and community volunteers surveyed traditional sleeping and gathering locations for homeless persons in our region (“camp” sites, dumpster areas, convenience centers, etc). Local law enforcement agencies, including several county sheriff departments, also assisted in identifying and recording the presence of homeless persons in their jurisdictions. Street and shelter counts were performed during the 24-hour period. Information about persons in shelter was received directly from the service providers using a standardized data collection form.

After consulting representatives from other CoC’s within Tennessee to identify methodologies used for providing an accurate and unduplicated count, the task force decided to divide the region geographically by county. Counting of unsheltered persons was conducted after local shelters in each county had closed for the night. For sheltered individuals it was decided to conduct the survey by fax, or where necessary by telephone. Follow up phone calls were made within a twenty-four hour time period in cases where the surveys were not immediately faxed to the previously agreed upon central location. Following collection of the survey forms, the results of the count were then tabulated according to county and returned to the chair of the Point-in-Time Committee who in turn conducted a series of meetings for the purpose of data analysis so that a Gaps Analysis Report could be presented in as timely a manner as possible.

ARCH has committed to conducting a point-in-time count on at least an annual basis using the same methodology and process used in this year. During a specified 24-hour period, members of the ARCH Point-in-Time Committee and community volunteers will survey traditional sleeping and gathering locations for homeless persons in our region (“camp” sites, dumpster areas, convenience centers, etc). Local law enforcement agencies, including county sheriff departments will be asked to assist in identifying and recording the presence of homeless persons in their jurisdictions. Street and shelter counts will be performed during the same 24-hour period. Information about persons in shelter will be received directly from the service providers using a standardized data collection form. ARCH will continue to consult other CoC’s within Tennessee to identify methodologies and practices to ensure we are keeping up to date and conducting the best and most accurate count possible. Recognizing the lack of baseline data in our region, caused in part by the lack of an HMIS system, ARCH will conduct additional point-in-time counts during different seasons, one of which will be January of 2005.

ARCH has committed to conducting a point-in-time count on at least an annual basis using the same methodology and process used in this year. Information about persons in shelter will be received directly from the service providers using a standardized data collection form. ARCH will continue to consult other CoC’s within Tennessee to identify methodologies and practices to ensure we are keeping up to date and conducting the best and most accurate count possible. Recognizing the lack of baseline data in our region, caused in part by the lack of an HMIS system, ARCH will conduct additional point-in-time counts during different seasons, one of which will be in the final week of January of 2005 and is tentatively scheduled for January 27th, 2005.
During a specified 24-hour period, members of the ARCH Point-in-Time Committee and community volunteers will survey traditional sleeping and gathering locations for homeless persons in our region (“camp” sites, dumpster areas, convenience centers, etc). Local law enforcement agencies, including county sheriff departments will be asked to assist in identifying and recording the presence of homeless persons in their jurisdictions. Street and shelter counts will be performed during the same 24-hour period. ARCH will continue to consult other CoC’s within Tennessee to identify methodologies and practices to ensure we are keeping up to date and conducting the best and most accurate count possible. Recognizing the lack of baseline data in our region, caused in part by the lack of an HMIS system, ARCH will conduct additional point-in-time counts during different seasons, one of which will be in the final week of January of 2005 and is tentatively scheduled for January 27th, 2005.

ARCH has established a Discharge Planning Task Force to develop policies that will promote successful placement of clients. The task force includes discharge planners from local hospitals, jails/Dept. of Correction facilities, DCS foster care system, local providers, and ARCH representatives. The process will include input from the state level to develop a consistent regional and statewide discharge policy.

The Task Force is working to develop and recommend a uniform discharge planning policy regarding homeless persons and persons at risk of becoming homeless. At a minimum, the uniform discharge planning policy will include the following: a) criteria for the identification of individuals and families who are homeless and those at risk of becoming homeless; b) identification of institutions and facilities throughout the eight county area that serve a high number of clients who are homeless or at risk of becoming homeless; c) collaboration with identified facilities/organizations to participate in coordinated discharge planning for this population; d) development of an instrument for use as a discharge planning tool for institutions and facilities throughout this region.

The Appalachian Regional Coalition on Homelessness (ARCH) is the lead entity that manages the Continuum of Care planning process. ARCH traces its beginnings back to the Regional Homeless Symposium sponsored in part by the Department of Veterans Affairs in February of 1995. Organized in 1997, ARCH continues to grow with a roster of over 90 organizations and 130 individuals. In the late summer of 2002, successful efforts at addressing the needs of transitional and permanent supportive housing were undertaken by the Tri-Cities Transitional Housing Task Force with encouragement and assistance from HUD’s regional office in Knoxville, TN. Having met successfully throughout the second half of 2002 and well into the first quarter of the following year, on March 21, 2003 the task force voted unanimously to consolidate with the continuum (ARCH) and focus all regional efforts through this public-private partnership.

ARCH’s mission is to work cooperatively in facilitating systematic solutions, particularly the continuum of care, addressing homelessness and housing issues. ARCH’s vision is to eliminate homelessness, as currently experienced in Northeast Tennessee, by working cooperatively. ARCH’s roster of participants includes representative community service providers, bankers, business leaders, housing developers, health care providers, college
and university faculty, members of the clergy, and a variety of government officials. Presently, the organization has a Board of Directors. An Executive Committee is drawn from the Board to manage the day to day activities of the organization. ARCH is incorporated in the State of Tennessee and has received a designation from the IRS as a non-profit organization. ARCH is actively working to raise funding to provide essential staff and to implement a regional HMIS program. ARCH has received cash match commitments from the City of Johnson City, TN; the City of Bristol, TN; the City of Kingsport, TN; and Mountain States Health Alliance (a regional network of hospitals and health care providers).

ARCH meets at least monthly to engage in the process of becoming an even more effective regional continuum of care that fosters continuous, consistent, and collaborative planning between the organizations to ensure that all key stakeholders are vested in the resulting CoC plan. ARCH works in direct consultation with the region’s three municipal Directors of Community Development, two of whom regularly attend network meetings. These directors for the cities of Bristol, Kingsport and Johnson City administer Community Development Block Grant (CDBG) funds in their respective municipalities through the Consolidated Plan and, with the cities of Bluff City, TN and Bristol, VA, recently established a HOME consortium. Membership in the continuum also reflects the predominantly rural nature of the region with representation by county executives, church leaders, and law enforcement officials. ARCH is guiding the region’s service providers, non-profits, and other stakeholders to more effectively and cooperatively address the issues of homeless individuals and families.

Working committees/task forces of ARCH which are made up of representatives of the full network include:
* Executive Committee, which represent the four most populous counties, plans and oversees the organizational structure of the coalition;
* Point-in-Time Committee to collect and analyze data to determine gaps;
* Public Relations Task Force charged with creating greater public awareness of homeless issues in the region;
* Membership Development Task Force;
* Ranking/Steering/Ranking Committee charged with independent and unbiased evaluation and ranking of CoC funding applications;
* Discharge Planning Task Force that works to develop a coordinated discharge policy throughout the region;
* Mainstream Resources Committee responsible for disseminating information about mainstream resources and facilitating access to those resources by homeless persons;
* HMIS Task Force charged with development of a comprehensive information sharing system with the goal of maximum participation.

Vision and directional planning for ARCH, including the setting of goals and strategies, takes place in meetings of the full coalition with open and ample opportunity for input and review by all participants.
ARCH meets at least monthly to engage in the work of a continuous planning process made up of a variety of service providers, non-profits, government officials, various businesses, financial institutions, educational partners, and concerned individuals. In addition to monthly meetings of the network, the Johnson City Homeless Coalition meets monthly and addresses housing needs, housing gaps, and medical issues both mental and physical. Johnson City has the largest number of homeless individuals in our region. Creating Homes Initiative meetings explore the need for and plan for development of permanent/permanent supportive housing for persons with mental illness and co-occurring disorders. Kingsport Affordable Housing meetings are held every other month to discuss affordable housing needs in the area and how local agencies are contributing to affordable housing and the ongoing development of such needed housing. A representative from ARCH participates and is able to blend the information from this meeting into the overall planning process of ARCH.

The Discharge Planning Task Force will work in coordination with the Policy Academy established by the State of Tennessee in response to the perceived need to provide a consistent, effective discharge policy across the state designed to prevent discharge into homelessness. The Policy Academy gathers information on discharge policies across the State as a first step to developing a consistent state-wide discharge policy as part of a state-wide strategy to end homelessness. To meet this goal, the Policy Academy is teaming with the Inter-Agency Council on Homelessness.

**Emergency Shelter Grants (ESG)**

(States only) Describe the process for awarding grants to State recipients, and a description of how the allocation will be made available to units of local government.

3-5 Year Strategic Plan ESG response:  
This area does not receive Federal ESG funding.

**COMMUNITY DEVELOPMENT**

**Community Development (91.215 (e))**

*Please also refer to the Community Development Table in the Needs.xls workbook*

1. Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), – i.e., public facilities, public improvements, public services and economic development.

2. Describe the basis for assigning the priority given to each category of priority needs.

3. Identify any obstacles to meeting underserved needs.
4. Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.

NOTE: Each specific objective developed to address a priority need, must be identified by number and contain proposed accomplishments, the time period (i.e., one, two, three, or more years), and annual program year numeric goals the jurisdiction hopes to achieve in quantitative terms, or in other measurable terms as identified and defined by the jurisdiction.

3-5 Year Strategic Plan Community Development response:
NONHOUSING COMMUNITY DEVELOPMENT NEEDS

COMMUNITY/ECONOMIC DEVELOPMENT

Nonskilled employment has increasingly become service oriented following the loss of several major employers over the years. In Bristol, Tennessee, the Industrial Development Board actively pursues prospective industry to locate in the area. Kingsport promotes the Riverview Employment Outreach Office, South Central Kingsport CDC Micro-Enterprise Initiative and the redevelopment as it relates to reuse of vacant, previously developed land. In Johnson City, the Economic Development Board leads the efforts to bring additional industry to the area. In addition, the Johnson City Development Authority has a small business development program, and ETSU operates a Small Business Development Center. Bristol, Virginia’s economic development activities are conducted through an Economic Development Director, Economic Development Committee and People, Inc.

SCORE, “Counselors To America’s Small Business”, is a nonprofit association dedicated to providing, NO-COST, personalized, confidential one-on-one counseling to help people start-up new business, secure financing or operate, manage and/or expand existing business. SCORE volunteers consist of working and retired business owners, executives and professionals donating their time and expertise, in any number of disciplines (Accounting, Banking, Law, Procurement, Manufacturing, Sales) as business counselors and mentors. Our SCORE chapter is not only affiliated with the Small Business Administration (SBA) but also works in conjunction with the Bristol Chamber of Commerce, East Tennessee State University (ETSU), Virginia Highlands Community College (VHCC) and various economic and Small Business development organizations servicing both the cities and counties of Northeast Tennessee and Southwest Virginia.

People, Incorporated operates a microenterprise loan program for low to moderate-income people. Nine businesses in Bristol, Virginia have been established as a result of this program.

Goal No. 1: To expand opportunities for the creation and expansion of small businesses that can develop employment opportunities for very low, low, and moderate-income persons.
Objectives:
1. Work with local governmental agencies such as the area Chambers of Commerce, Economic Development Boards, local colleges and universities, to develop a small business center (incubator). The objective would be to physically locate a small business center and then to work together to form a development group to attract capital to the project and to recruit entrepreneurs to locate businesses in the facility.

2. Work with local lenders to establish a loan pool to fund small business startup and expansion for low/moderate income individuals.

Goal No. 2: Property acquisition for industrial parks or high-tech manufacturing sites; downtown façade improvements to attract businesses.

Goal No. 3: To support local agencies in developing employment opportunities for low and moderate-income persons.

Objectives:
1. Work with South Central Kingsport Community Development Corporation (SCKCDC) in the continuation of the Riverview Employment Outreach Office.

2. Work with SCKCDC in the development of a micro-loan program for public housing residents in their jurisdiction.

3. Work with SCORE to help people start-up new business, secure financing or operate, manage and/or expand existing business

ANTI-CRIME PROGRAMS

The City of Bristol, Tennessee is the recipient of a Federal Weed and Seed Grant from the U. S. Department of Justice to reduce crime in the Anderson Neighborhood target area. Funding will continue through the duration of this Consolidated Plan. Johnson City will also apply for Official Recognition with the U. S. Department of Justice to have the Wilson Avenue/Carver Neighborhood designated as a Weed and Seed site.

STREET/SIDEWALK IMPROVEMENTS

All cities within the Consortium will address this need. Johnson City, Kingsport, Bristol, Virginia and Bristol, Tennessee have a street and sidewalk improvement plan in place based upon need factors and available capital funds in the City’s budget.

PUBLIC FACILITY IMPROVEMENTS

Due to expanded needs, deterioration of older buildings, and revitalization efforts, this as an important need.
CENTERS FOR PERSONS WITH DISABILITIES

Appalachian Independence and Frontier Health are the leader in this region for seeing to the needs of persons with disabilities. Crossroads Medical Mission also serves both Bristols. Johnson City funds the Dawn of Hope for individuals with developmental disabilities.

HEALTH CENTERS

Healing Hands Health Center offers free medical, dental, eye, foot, psychological care to persons who have proof of employment but who cannot afford medical insurance. Both Bristols are served by this agency. Johnson City has the Downtown Clinic/Keystone Clinic that serves the indigent and those who are not covered by medical insurance.

EMPLOYMENT TRAINING

Bristol, Virginia, Redevelopment & Housing Authority Resident Advisory Board has established a computer learning center in the Neighborhood Center located on Housing Authority property. Johnson City, through the ETSU Families First Program, offers both employment skills training through a computer learning center and also offers career assessment counseling. Kingsport, Tennessee will continue partnering with South Central Kingsport Community Development Corporation in the operation of the Riverview Employment Outreach Office which provides job-seeker training and employment opportunity contacts.

People, Incorporated operates a Workforce Development Program through the Virginia Employment Commission.

CHILDREN AND YOUTH SERVICES

CDBG funds have and will continue to be invaluable to agencies who serve children and youth. The City of Johnson City uses CDBG funds to support after-school education and recreational programs through the Coalition for Kids, Family Resource Center and Carver Recreation Center. The City of Kingsport funds the Learning Centers of KHRA. Bristol, Virginia, funds the Children's Advocacy Center and both Kingsport and Bristol, Virginia fund CASA agencies.

AFFORDABLE CHILD CARE

This is identified as an unmet need for children under five years old who are members of very low and low-income families. There are two daycares in Johnson City that serve predominantly low-income families. These are the Children's First Daycare Center through the Johnson City Housing Authority and the TLC Daycare Center in our downtown neighborhood. Bristols’ low-income families are served by the YWCA and Building Blocks Daycare Centers. There is a demand for extended hours to be offered to parents who work shifts other than the 8:00-5:00 workday.
Antipoverty Strategy (91.215 (h))

1. Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually). In consultation with other appropriate public and private agencies, (i.e. TANF agency) state how the jurisdiction's goals, programs, and policies for producing and preserving affordable housing set forth in the housing component of the consolidated plan will be coordinated with other programs and services for which the jurisdiction is responsible.

2. Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.

3-5 Year Strategic Plan Antipoverty Strategy response:
Employment opportunities are the key to reducing the number of households living in poverty. Many times a lack of education and/or skills training for many adults limit their employment potential. Improving the economy within the Consortium area is an essential element in the anti-poverty strategy. Kingsport’s Economic Development Task Force, Bristol, Tennessee’s Industrial Development Board, Bristol, Virginia’s Economic Development Committee, and Johnson City’s Economic Development Board all are working to increase opportunities for families living in poverty.

In June 2004, the Sullivan County Economic Development Partnership was formed. It is composed of the cities of Bluff City, Bristol, Kingsport and Sullivan County, Tennessee. The Partnership is a governmental entity that consolidates the economic development program for all of Sullivan County. This entity is charged to establish, coordinate and implement a comprehensive economic development agency whose purpose is to develop and implement an overall economic development strategic plan. The Partnership seeks to stimulate development in new manufacturing and services, existing businesses, retail destinations/venues, small business and startups and support hospitality and tourism.

Objectives used to meet this goal involve the use of federal funds for homeownership assistance, rehabilitation of housing, infrastructure improvement, utility tap fees and PSAs to educate the general public about fair housing choice. Efforts will be coordinated with the local Housing Authorities Comprehensive Grant programs to provide rental units for low-income elderly, handicapped and families. Additionally, we will coordinate with local agencies using Tennessee ESG funds to increase the amount and quality of emergency shelter accommodations for the homeless.

Partnering For Economic Progress” Initiative - This initiative was begun two years ago in Johnson City and has developed into a community-wide effort to focus on economic development initiatives that will produce job growth in the local and regional economy. The initiative has seven volunteer working groups that number over 100 volunteers. Each working group: Livable Communities; Infrastructure Development; Workforce Development; Entrepreneurship; Tourism/Hospitality; Health/Medical; and Existing Business has priority action items that are to be accomplished during 2005 culminating in
a regional Economic Summit at the end of October each year to look at progress made and to set goals for the future.

**Low Income Housing Tax Credit (LIHTC) Coordination (91.315 (k))**

1. (States only) Describe the strategy to coordinate the Low-income Housing Tax Credit (LIHTC) with the development of housing that is affordable to low- and moderate-income families.

3-5 Year Strategic Plan LIHTC Coordination response:
Not Applicable

**NON-HOMELESS SPECIAL NEEDS**

**Specific Special Needs Objectives (91.215)**

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.

2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Non-homeless Special Needs Analysis response:
ELDERLY AND FRAIL ELDERLY

Indications are that there is an unmet need for more independent living shelters that include limited services and medical response systems for the elderly and frail elderly in the Consortium area.

In Bristol, Tennessee, the Housing Authority subsidized apartment units give first priority to elderly persons with disabilities. There is no waiting list for elderly and handicapped units. Bristol, Virginia’s Housing Authority does have a need for elderly units. To address this need, three obsolete three-bedroom units are scheduled to be demolished and will be replaced with approximately 20 ground-level units for the elderly and disabled. In addition, an old school in Bristol, Virginia has been renovated and houses the Thomas Jefferson Senior Apartments. There are 31 units at this facility.

The YWCA of Bristol is in the process of instituting an Adult Day Care Program. The church serves clients from both sides of the state line in Bristol. Nursing homes/assisted living homes include Bristol Nursing Home; The Cambridge House; Outlook Pointe at Bristol, Fort Shelby Manor, Freda and Friends, NHC Healthcare of Bristol, Broadmore and Steele’s Creek Manor. These agencies serve both Virginia and Tennessee.
Johnson City is served by Appalachian Christian Village, Colonial Hills, and Asbury Center that are all full-service permanent housing with nursing care.

Kingsport has Holston Terrace and Kiwanis Towers which together total 144 units. The units are all occupied and have a waiting list of prospective applicants. There are 20 units (10 each) available for mentally challenged at Rainbow (Eldreth) Home and for the physically challenged at Roller-Russ Home. In addition, Link House, Holston Methodist Home, and Sullivan County Youth Center provide assistance for approximately 250 young people per year.

Kingsport has endeavored to assist people with special needs. One area in which it has been successful is with the Madison House project which provides day care for its frail, elderly citizens. The Center provides a planned therapeutic day program of restorative care, socialization, and rehabilitative therapy for its participants. Madison House has set many goals for the facility, including:

· Furnish help during the day, allowing the participant to continue living at home, thereby preventing premature institutionalization.
· Decrease the severity of physical disability.
· Promote health maintenance through an ongoing health education program.
· Minimize social isolation by providing a safe environment which stimulates peer interaction.
· Assist families caring for a disabled participant.

PERSONS WITH DISABILITIES (MENTAL, PHYSICAL AND DEVELOPMENTAL)

Frontier Health houses special needs persons in group homes and semi-independent living apartments as follows: Kingsport (20 beds), Johnson City (18 beds), Bristol (10 beds) and Opportunities Unlimited (Bristol) (50 beds) special needs persons. An inventory of housing units for the nonspecial needs population indicates the possibility of an unmet need for more semi-independent living quarters for those with severe mental and physical disabilities.

Dawn of Hope also serves Johnson City with 15 residential units to serve up to a total of 37 developmentally disabled clients. They also operate a day center and a vocational workshop for higher functioning developmentally disabled clients.

Existing shelter-care services house about half of those in need. The remaining are under the care of their families who often are elderly or have incomes that are overtaxed by the special needs of caring for these individuals.

There is a need in the Consortium area for a clearinghouse agency to advise individuals with disabilities regarding available resources and services.

PERSONS DIAGNOSED WITH AIDS
There is no facility in the Consortium area that houses persons with AIDS. Frontier Health operates Project Hope to serve patients with AIDS. Wellmont sponsors an AIDS-awareness education program. The American Red Cross also operates an AIDS awareness/prevention program.

PERSONS RETURNING FROM INSTITUTIONS

There are no housing services for persons returning from institutions in the Bristol area. Those needs are met by Link House in Kingsport that serves the entire region. Counseling services for these individuals, however, is available through The Bristol Crisis Center and Highlands Community Services.

**Non-homeless Special Needs (91.205 (d) and 91.210 (d)) Analysis (including HOPWA)**

*Please also refer to the Non-homeless Special Needs Table in the Needs.xls workbook.*

1. Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (formerly Table 1B) of their Consolidated Plan to help identify these needs.

*Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.*

2. Identify the priority housing and supportive service needs of persons who are not homeless but require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.

3. Describe the basis for assigning the priority given to each category of priority needs.

4. Identify any obstacles to meeting underserved needs.

5. To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.

6. If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.

3-5 Year Non-homeless Special Needs Analysis response:
This area does not receive Federal HOPWA Funds.

**Housing Opportunities for People with AIDS (HOPWA)**

*Please also refer to the HOPWA Table in the Needs.xls workbook.*

1. The Plan includes a description of the activities to be undertaken with its HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons who are homeless in order to help homeless persons make the transition to permanent housing and independent living. The plan would identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.

2. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.

3. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).

4. The Plan includes an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.

5. The Plan describes the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.
6. The Plan includes the certifications relevant to the HOPWA Program.

3-5 Year Strategic Plan HOPWA response:
This area does not receive Federal HOPWA funds.

**Specific HOPWA Objectives**

1. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Specific HOPWA Objectives response:
This area does not receive Federal HOPWA funds.

**OTHER NARRATIVE**

Include any Strategic Plan information that was not covered by a narrative in any other section.