

EXECUTIVE SUMMARY

CITY OF OMAHA-COUNCIL BLUFFS CONSOLIDATED SUBMISSION FOR COMMUNITY PLANNING AND DEVELOPMENT PROGRAMS FOR FISCAL YEARS 2008 TO 2012

The National Affordable Housing Act, “the Act”, affirmed as a national goal the notion that every American family has the right to affordable, decent housing in a safe and livable neighborhood. To assist states and local governments achieve this national housing goal, the Act created a number of new housing programs, among them the HOME Investment Partnerships. Additionally, in order to receive direct assistance under certain Federal formula grant programs, Title I of the Act established the requirement that states and local governments have a housing strategy that has been approved by the U. S. Department of Housing and Urban Development (HUD).

This new “strategy document” is called the Consolidated Submission for Community Planning and Development Programs, or the **Consolidated Plan**. The Consolidated Plan serves the following functions: 1) a planning document built upon on a participatory process at the grassroots levels; 2) an application for federal funds under HUD’s formula grant programs; 3) a strategy to be followed in carrying out HUD programs; and 4) an action plan that provides a basis for assessing performance. The formula grant programs covered by the Consolidated Plan are the Community Development Block Grant Program (CDBG), the Emergency Shelter Grant (ESG) Program, the HOME Investment Partnerships (HOME) Program, and the Housing Opportunities for Persons With AIDS (HOPWA) Program.

2008 to 2012 Priorities

The priorities developed for the 2008 to 2012 Consolidated Plan represent the most general principles guiding the Five-Year Strategy and the uses of funds described in each Annual Action Plan through 2012. The following priorities are not in a particular order.

- Low -income (80% and less of the area Median Family Income [MFI]) existing homeowners including all types and sizes of families. Higher priority given to homes located in the Omaha Neighborhood Revitalization Strategy Areas (NRSA)
- Low -income (80% and less of the area MFI) first time homebuyers including all types and sizes of families. Higher priority given to homes constructed in the Omaha NRSA.
- Low -income (80% and less of the area MFI) renters including all types and sizes of families. Higher priority given to housing located in the Omaha NRSA.
- Economic development activities for low -income (80% and less of the area MFI) individuals and families. Higher priority given to activities that benefit households located in the Omaha NRSA.

- Homeless individuals, families, and persons at risk of becoming homeless.
- Non-homeless persons with special needs.

Summary of Objectives and Outcomes for 2008 to 2012

The Performance Measurement System developed for use by grantees such as the Omaha-Council Bluffs Consortium is based on a framework which utilizes the broad statutory purposes of the programs funded by HUD: Suitable Living Environment, Decent Housing, and Economic Opportunity. The framework also utilizes a set of outcomes that refine the objectives and provide greater definition to the nature of the change or the expected result the objective is expected to achieve: Availability/Accessibility, Affordability, and Sustainability. The framework takes the form of a matrix using the three Objectives as one of the axes and the three Outcomes as the other. An Objective and an Outcome are combined to form Outcome Statements that fill the matrix. For instance, the outcome statement created by combining the Objective of Decent Housing with the Outcome of Affordability is “Affordable for the purpose of providing Decent Housing”. Combination of Objectives with Outcomes can also yield a new nomenclature by abbreviating the Objective and numbering the outcomes. For instance, Decent Housing can be abbreviated to DH, and Affordability is the number 2 outcome to create DH-2. The matrix items the Omaha-Council Bluffs Consortium community development program will use are in bold in the following table.

Outcome Measurement Matrix

	Outcome 1: Availability/Accessibility	Outcome 2: Affordability	Outcome 3: Sustainability
Objective #1 Suitable Living Environment	<u><i>SL-1</i></u> Accessibility for the purpose of creating Suitable Living Environments	<i>SL-2</i> Affordable for the purpose of creating Suitable Living Environments	<u><i>SL-3</i></u> Sustainability for the purpose of creating Suitable Living Environments
Objective #2 Decent Housing	<u><i>DH-1</i></u> Accessibility for the purpose of providing Decent Housing	<u><i>DH-2</i></u> Affordability for the purpose of providing Decent Housing	<i>DH-3</i> Sustainability for the purpose of providing Decent Housing
Objective #3 Economic Opportunity	<u><i>EO-1</i></u> Accessibility for the purpose of creating Economic Opportunities	<u><i>EO-2</i></u> Affordability for the purpose of creating Economic Opportunities	<u><i>EO-3</i></u> Sustainability for the purpose of creating Economic Opportunities

The following table is a summary of the outcome indicators, such as households or businesses assisted, for each Outcome Statement the Omaha-Council Bluffs Consortium estimates it will achieve thru 2007 as well as the actual outcomes achieved from 2003 to 2006. Figures in parenthesis indicate the number of outcome indicators estimated for targeted areas.

<u>Outcome/Objective</u>	<u>Actual from 2003 to 2006</u>	<u>Expected from 2003 to 2007</u>
<u>DH-1</u> Accessibility for the purpose of providing Decent Housing	5,980 (4,252) households or housing units assisted	7,500 (5,333) households or housing units assisted
<u>DH-2</u> Affordability for the purpose of providing Decent Housing	1,300 (974) households or housing units assisted	1,125 (843) households or housing units assisted
<u>EO-1</u> Accessibility for the purpose of creating Economic Opportunities	606 (606) businesses assisted	375 (375) businesses assisted
<u>EO-2</u> Affordability for the purpose of creating Economic Opportunities	5 (4) businesses assisted	8 (6) businesses assisted
<u>EO-3</u> Sustainability for the purpose of creating Economic Opportunities	10 (10) businesses assisted	15 (15) businesses assisted
<u>SL-1</u> Accessibility for the purpose of creating Suitable Living Environments	23,164 (23,164) homeless people assisted 1 public facility improvement assisted	27,500 (27,500) homeless people assisted 4 public facility improvement assisted
<u>SL-3</u> Sustainability for the purpose of creating Suitable Living Environments	85 (78) demolished units 1 (1) expanded improved parks/open space 12 (11) public facility improvement assisted 62 (57)	100 (92) demolished units 1 (1) expanded improved parks/open space 10 (9) public facility improvement assisted 50 (46)

<u>Outcome/Objective</u>	<u>Actual from 2003 to 2006</u>	<u>Expected from 2003 to 2007</u>
	buildable lots	buildable lots

Accomplishments

The City of Omaha’s housing and community development accomplishments are in accord with its strategic plan and the accomplishments have had a positive impact on identified needs.

Major accomplishments during Fiscal Year 2006 include:

- Construction of new single-family houses in the 33rd and Spaulding, Highlander, Charles Place, Concord Square, Long School, Orchard Hill, Clifton Hills South and Fontenelle View redevelopment areas.
- Construction of streetscape improvements along the North 24th Street commercial corridor.
- Completion of the expansion of the Siena/Francis House Home less Shelter.
- Completion of the elderly rental units in the Villa de Sante redevelopment area.
- Completion of Community Alliances special needs housing for mentally ill persons.
- Construction of streetscape improvements on South 24th Street in the South Omaha business district.

Consultation and Citizen Participation Process

The Omaha-Council Bluffs Consortium

Recognizing that Omaha, Nebraska and Council Bluffs, Iowa, are part of the same housing market and encouragement from the local HUD office, led the two cities to form a housing Consortium in 1999. The benefits of this relationship are apparent on several levels, not the least of which is the fact that additional HOME funds are available to Omaha and Council Bluffs than each would receive separately. In addition, the experience that each Consortium member brings to all phases of the community development process is considerable.

Lead Agency

The City of Omaha Planning Department serves as the lead agency for the development of the Consolidated Plan. The Housing and Community Development Division of the Planning Department is responsible for the coordination and development of the Consolidated Plan.

Coordinating and Managing the Process

Development of the Consolidated Plan involved an ongoing process of consultations with representatives of low-income neighborhoods, non-profit and for-profit housing developers and service providers, lenders, social service agencies, homeless shelter and service providers, faith

based organization, supportive housing and service providers, as well as with other units of government.

In addition to individual meetings with the various neighborhood, community, business, and government representatives, the Planning Department held a number of public forums. The first of two public hearings was held on **May 17, 2007**, of this year to gather the views of what the housing and community development needs of the city. A second public hearing was held on **September 27, 2007**, to review past performance and to present the current Consolidated Plan.

Several other forums were conducted in 2007 that permitted discussions of the needs of particular population groups as well as consideration of Five-Year Strategy and North and South Neighborhood Revitalization Strategy Area (NRSA) Plans. The first meeting conducted by the Planning Department was in February of this year and attempted to identify the needs of Omaha's homeless population. In March, the City of Omaha held a seminar on how to apply for federal funds through the City. In April, several meetings were conducted; a focus group meeting was held regarding the housing and community development needs of special needs populations such as the elderly, people with physical and mental disabilities, people with AIDS. Two focus group meetings were also held with representatives of neighborhood/community organizations and low-and moderate-income households. An opportunity the City took advantage of was in partnership with the U. S. Department of Housing and Urban Development (HUD) in their annual community consultation. Included in the topic covered at this consultation were: fair housing, economic development, the North and South Omaha NRSA Plans and community development in general. Numerous smaller meetings were held through the 2007 with individuals and organizations interested in, or with a stake in the housing and community development activities of Omaha.

The organizations consulted during the development of the 2008 to 2012 Consolidated Plan are identified below.

37th Street Shelter	MICAH
Augustana Cornerstone Foundation	Mike Royce, Contractor
Camp Fire USA	Mildred D. Brown Memorial Study Center, Inc.
Catholic Charities	Mosaic Community
Catholic Charities Juan Diego	Nebraska AIDS Project
Charles Drew Homeless Clinic	New Community Development Corporation
Chicano Awareness Center	OIC Neighborhood Association
City of Council Bluffs	Omaha 100, Inc.
Collins & Collins LLC	Omaha Economic Development Corporation
Community Alliance	Omaha Housing Authority
Douglas Co. STD Control	Omaha Public Power District
Eastern Nebraska Office on Aging	Omaha Public Schools
Family Housing Advisory Service	Omaha Small Business Network
Family Passages	Open Door Mission
First National Bank of Omaha	Pizza Shoppe
Geroge Thomas Realty	Ponca Tribe of Nebraska
GESU Housing	Q Street Merchants Association

Goodwill Industries
Great Plains Black History Museum
Habitat for Humanity of Omaha, Inc.
Heart Ministry Center
Heartland Family Services
Holy Name Housing Corporation
Hope Net
Howard Properties
HUD
IICA
Inner-City Resource Development, Inc.
J Development
League of Human Dignity
Legal Aid of Nebraska
Long School Neighborhood Association
Love's Jazz & Art Center
MACCH Book
Malcom X Foundation
McAuley Center

Quality Living, Inc.
Region Behavioral Health Care
Restored Hope
Roll N On Entertainment
Salvation Army
Scattered Site/Harrington Homes
Siena Francis
Source Net
St. John Baptist Church
Stephen Center
Triple One Neighborhood Association
TRP Salvation Army
TSA-MASS
Urban League of Nebraska
VNA Pottawattamie Co.
VNA Shelter Nurse
Youth Emergency Services
YWCA

Community Profile

Overview

The strengths and weaknesses of a community are the culmination of years of tradition, growth, and change. The resulting conditions have implications for the housing and community development needs of a community. The following provides an overview of significant conditions and trends and helps to clarify the link between the housing and community development needs of the Consortium and the approaches it will take to address those needs.

Population

The population within the Consortium was 448,275 in 2000 and represents an increase of 12.4 percent from 1990. The rate of population growth between the two entities that form the Consortium was different, with Omaha's population growing by 16.1 percent and Council Bluffs' by 7.3 percent during the ten-year period.

Table 1
Consortium Development Area Population Growth: 1990 to 2000

	<u>Council Bluffs</u>	<u>Omaha</u>	<u>Consortium</u>
2000	58,268	390,007	448,275
1990	54,315	335,795	390,110
Percent Change	7.3%	16.1%	12.4%

Sources: 1990 and 2000 Censuses

Race and Ethnicity

An exact comparison of racial data between the 1990 and 2000 Censuses is impossible because of differences in the way each Census allowed respondents to answer questions regarding their race. In 1990, respondents were given the option of reporting only one race to identify their racial background, while in 2000 respondents were given the option of reporting one, two or more races. In spite of this difficulty, changes in the racial composition within the Consortium can be reasonably considered due to the fact that less than two percent of the population reported being of more than one race.

Comparing the 1990 Census with the 2000 Census of those reporting only one race indicates the level of racial diversity increased within the Consortium. All (single-race) categories of race experienced numerical increases and, with exception of White, increases in their proportion of the Consortium's population. The number of people reporting their single-race as "White" increased by just over 25,000 people. Respondents reporting "Other Race" increased from nearly 12,000 to 16,304 people, more than tripling the proportion of single-race population compared to 1990. African Americans had a substantial increase of more than 8,200 people from 1990. The Asian/Pacific Islander population nearly doubled to more than 7,000 people from 1990 to 2000. The remaining racial category, American Indian, had a smaller increase from 1990 to 2000.

The number and proportion of people identifying themselves as being of Hispanic origin also increased from 1990 to 2000, further contributing to the increasing diversity of the Consortium. In 1990, 10,870 people identified themselves as being of Hispanic origin within the Consortium, compared to nearly 32,000 in 2000. This increase of more than 20,000 people more than quadruples, to more than thirteen percent, the proportion of the Hispanic population within the Consortium.

Individually, Omaha and Council Bluffs each contributed to the level of racial and ethnic diversity within the Consortium from 1990 to 2000. Omaha had a greater level of diversity in 1990 and it is not surprising that increases in its population were considerably more diverse than Council Bluffs. The overwhelming proportion of increases in populations other than White or non-Hispanic were seen in Omaha.

Table 2
Race and Ethnicity: 1990 to 2000

<u>Council Bluffs</u>	1990		2000	
	<u>Number</u>	<u>% of Pop.</u>	<u>Number</u>	<u>% of Pop.</u>
			One Race:	57,503 98.7%
White	53,222	98.0%	White	55,123 96.0%
African American	409	0.8%	African American	614 1.1%
			Am. Ind. & Alaskan	
Am. Ind. & Alaskan Native	127	0.2%	Nat	263 0.5%
Asian/Pacific Islander	196	0.4%	Asian/Pacific Islander	359 0.6%
Other Race	361	0.7%	Other Race	1,054 1.8%
			Two Races:	765 1.3%
Hispanic	1,167	2.1%	Hispanic	2,594 4.5%
<u>Omaha</u>				
			One Race:	382,529 98.1%
White	281,676	83.9%	White	305,745 79.9%
African American	43,829	13.1%	African American	51,917 13.6%
			Am. Ind. & Alaskan	
Am. Ind. & Alaskan Nat	2,325	0.7%	Nat	2,616 0.7%
Asian/Pacific Islander	3,602	1.1%	Asian/Pacific Islander	7,001 1.8%
Other Race	4,363	1.3%	Other Race	15,250 4.0%
			Two Races:	7,478 2.0%
Hispanic	9,703	2.9%	Hispanic	29,397 7.7%
<u>Consortium</u>				
			One Race:	440,032 98.2%
White	334,898	85.8%	White	360,868 82.0%
African American	44,238	11.3%	African American	52,531 11.9%
			Am. Ind. & Alaskan	
Am. Ind. & Alaskan Nat	2,452	0.6%	Nat	2,879 0.7%
Asian/Pacific Islander	3,798	1.0%	Asian/Pacific Islander	7,360 1.7%
Other Race	4,724	1.2%	Other Race	16,304 3.7%
			Two Races:	8,243 1.9%

	1990			2000		
Hispanic	10,870	2.8	Hispanic	31,991	13.4%	

Sources: 1990 and 2000 Censuses

Age of Population

Very little difference exists in the percentage of the population within each of the six age categories used in the Table 3 below according to the 2000 Census. Similar patterns of change within many of the age categories are apparent between the 1990 and 2000 Censuses. The age category with the most baby boomers, people between the ages of 34 and 62, constitutes the largest proportion of the population within the Consortium at 34 percent. People 20 to 34 years of age were the second largest population group with 23.2 percent of the population, followed by five to nineteen year olds with 21.5 percent. The remaining age categories each had less than ten percent of the population.

In terms of the changes in the population by age from 1990 to 2000, Council Bluffs varied somewhat from Omaha in several age categories. The decline in the population of Council Bluffs for people ages 20 to 34 also explains the decline in the number of people younger than 5 years old. Omaha experienced a modest increase of 2.8 percent in people 20 to 34 years of age and 9.9 percent for young children. Declines of approximately 23 percent of the population 62 to 74 were similar for both cities and the population more than doubled in Omaha and in Council Bluffs for people 75 years and older from 1990 to 2000.

Table 3
Age Composition: 1990 to 2000

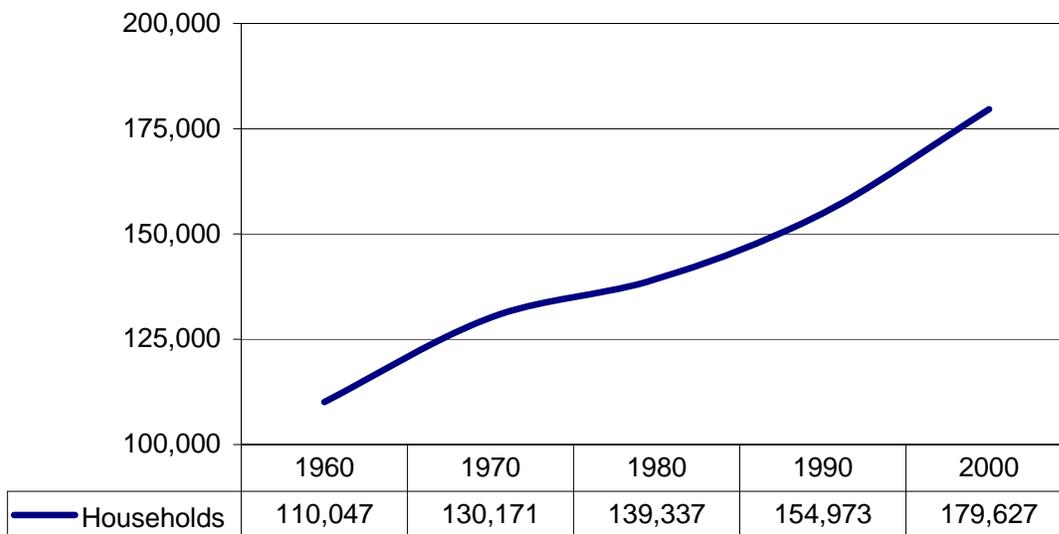
	<u>1990</u>			<u>2000</u>			<u>Percent Change:</u> <u>1990 to 2000</u>		
	<u>CB</u>	<u>Omaha</u>	<u>Cnsrtm</u>	<u>CB</u>	<u>Omaha</u>	<u>Cnsrtm</u>	<u>CB</u>	<u>Omaha</u>	<u>Cnsrtm.</u>
Under 5 years	4,372	25,711	30,083	4,174	28,249	32,423	-4.5%	9.9%	7.8%
Percent	7.8%	7.7%	7.7%	7.2%	7.2%	7.2%			
5 to 19 Percent	11,813 21.2%	69,545 20.7%	81,358 20.8%	12,812 22.0%	83,500 21.4%	96,312 21.5%	8.5%	20.1%	18.4%
20 to 34 Percent	13,269 26.5%	89,004 26.5%	102,273 26.5%	12,455 21.4%	91,470 23.5%	103,925 23.2%	-6.1%	2.8%	1.6%
35 to 61 Percent	15,837 28.4%	99,557 29.6%	115,394 29.5%	19,775 33.9%	132,658 34.0%	152,433 34.0%	24.9%	33.2%	32.1%
62 to 74 Percent	7,227 12.9%	41,342 12.3%	48,569 12.4%	5,508 9.5%	31,938 8.2%	37,446 8.4%	-23.8%	-22.7%	-22.9%
75 and Older Percent	1,797 3.2%	10,636 3.2%	12,433 3.2%	3,542 6.1%	22,190 5.7%	25,732 5.7%	97.1%	108.6%	107.0%

Sources: 1990 and 2000 Census

Households

The composition and changes in households (and the people that live in them) have a significant impact on issues a community faces regarding its housing. Households contain the vast majority of Consortium residents, often as families but sometimes as people living by themselves or with other unrelated people. Using households and the people that live in them is important for understanding the housing market, and the conditions that influence a communities housing such as overcrowding and the need for particular housing types. Chart 1 indicates that changes in the number of households have increased steadily from 1960 to 2000.

Chart 1
Households: 1960 to 2000



Sources: 1960 to 2000 Censuses

Racial Composition

Nearly 84 percent of the households within the Consortium are headed by white householders as indicated by Table 4. Within the Consortium there exist areas of significant racial diversity.

A higher level of racial/ethnic diversity is found in Omaha than in Council Bluff. The overall percentage of households headed by racial minorities is 17.8% in Omaha, compared to 3.6% in Council Bluffs. No racial or ethnic group has a higher proportion of households in Council Bluffs than in Omaha. The largest minority group in the Consortium is African American with nearly 11%.

Table 4
Household Racial and Ethnic Composition

	<u>Council Bluffs</u>		<u>Omaha</u>		<u>Consortium</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Total Households	22,889		174,206		197,095	
White	22,068	96.4%	145,607	83.6%	167,675	85.1%

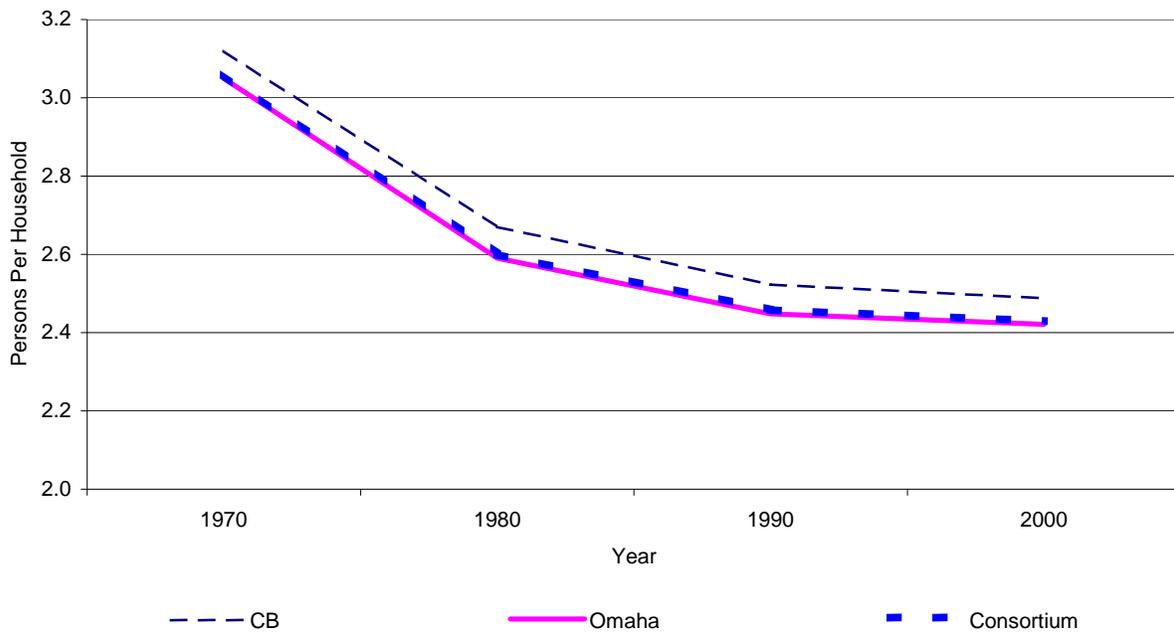
African American	190	0.8%	19,401	11.1%	19,591	9.9%
American Indian	78	0.3%	806	0.5%	884	0.4%
Asian	97	0.4%	2,642	1.5%	2,739	1.4%
Nat. Haw. & Other Pac.						
Islndr.	5	0.0%	66	0.0%	71	0.0%
Other race	279	1.2%	3,793	2.2%	4,072	2.1%
Two or more races	172	0.8%	1,891	1.1%	2,063	1.0%
Hispanic	672	2.9%	7,410	4.3%	8,082	4.1%

Source: 2000 Census

Household Size

The number of persons per household can have a major influence on the demand for housing units. As the number of persons per household declines more housing units are needed to house the same number of people. The number of persons per household continued to decline within the Consortium from 1990 to 2000 but at a slower rate than previous decades. The continuation of this trend may result in a leveling off of the number of persons per household within the Consortium.

Chart 2
Persons Per Household: 1970 to 2000



Sources: 1970, 1980, 1990 and 2000 Censuses

Family and Non-Family Households

At over 66 percent, Council Bluffs has a higher proportion of households that are families than does Omaha at 61 percent according to the 2000 Census. A factor contributing to the decreasing size of households is the reduction in the proportion of family households. Family households, which are more than two times the size of non-family households, declined from 64 percent of the households in the Consortium to 61.3 percent from 1990 to 2000. Corresponding increases in

the proportion of non-family households occurred with non-family households containing two or more persons increasing by more than 50 percent from 1990 to 2000. Of greater impact is the increase in single-person households within the Consortium an increase of over 10,000, or over 22 percent.

Table 5
Household Composition: 1990 to 2000

	<u>1990</u>			<u>2000</u>			<u>Change in Percent:</u> <u>1990 to 2000</u>		
	<u>CB</u>	<u>Omaha</u>	<u>Cnsrtm</u>	<u>CB</u>	<u>Omaha</u>	<u>Cnsrtm</u>	<u>CB</u>	<u>Omaha</u>	<u>Cnsrtm</u>
Households	21,108	133,888	154,996	22,889	156,738	179,627	8.4%	17.1%	15.9%
Families	14,809	85,255	100,064	15,089	94,933	110,022	1.9%	11.4%	10.0%
Percent	70.2%	63.7%	64.6%	65.9%	60.6%	61.3%			
One person hhs	5,466	40,752	46,218	6,383	50,067	56,450	16.8%	22.9%	22.1%
Percent	25.9%	30.4%	29.8%	27.9%	31.9%	31.4%			
≥2 pers. non-Fam. Hhs	833	7,881	8,714	1,417	11,738	13,155	70.1%	48.9%	51.0%
Percent	3.9%	5.9%	5.6%	6.2%	7.5%	7.3%			

Sources: 1990 and 2000 Censuses

At-Risk Households

The factors that can put households at risk to outside influences are numerous. Two types of households that are particularly vulnerable are single-parent families with children and people 65 years and older living alone.

The number of single-parent families increased by more than 26 percent within the consortium from 1990 to 2000. The number of people 65 years and older living alone increased 4.6 percent within the Consortium, or by more than 750 households from 1990 to 2000. The increase for this type of household was considerably higher in Omaha than in Council Bluffs.

Table 6
Households with Vulnerable Populations: 1990 to 2000

	<u>1990</u>			<u>2000</u>			<u>Percent Change:</u> <u>1990 to 2000</u>		
	<u>CB</u>	<u>Omaha</u>	<u>Cnstm</u>	<u>CB</u>	<u>Omaha</u>	<u>Cnstm</u>	<u>CB</u>	<u>Omaha</u>	<u>Cnstm</u>
Single-Parent HHs with children younger than 18	2,401	14,077	16,478	3,073	17,756	20,829	28.0%	26.1%	26.4%
HHs w/persons 65+ living alone	2,393	14,025	16,418	2,422	14,759	17,181	1.2%	5.2%	4.6%

Source: 1990 and 2000 Censuses

Income by Race

Significant disparity in the level of poverty exists among racial and ethnic groups within the Consortium and a small disparity can be seen between Council Bluffs and Omaha, the two member cities. Only among Hispanic families is the rate of poverty higher in Omaha than in Council Bluffs. White families were the only racial or ethnic group whose level of poverty was lower than the overall Consortium level according to the 2000 Census. African American and

American Indian had the highest poverty rates, more than tripling the Consortium rate of poverty.

**Table 7
Poverty Status of Families by Race and Ethnicity**

	<u>CB</u>	<u>Omaha</u>	<u>Cnsrtm</u>	<u>CB</u>	<u>Omaha</u>	<u>Cnsrtm</u>
All Families	1,239	7,519	8,758	8.2%	7.8%	7.9%
White alone	1,091	3,339	4,430	7.5%	4.3%	4.8%
African American Alone	54	3,162	3,216	44.6%	25.7%	25.9%
American Indian/Alaska Native Alone	25	134	159	48.1%	25.3%	27.3%
Asian Alone	11	185	196	14.1%	12.2%	12.3%
Some Other Race Alone	44	499	543	18.5%	16.9%	17.1%
Two or More Races	14	200	214	23.7%	17.8%	18.1%
Hispanic or Latino	58	911	969	11.1%	16.3%	15.8%

Source: 2000 Census

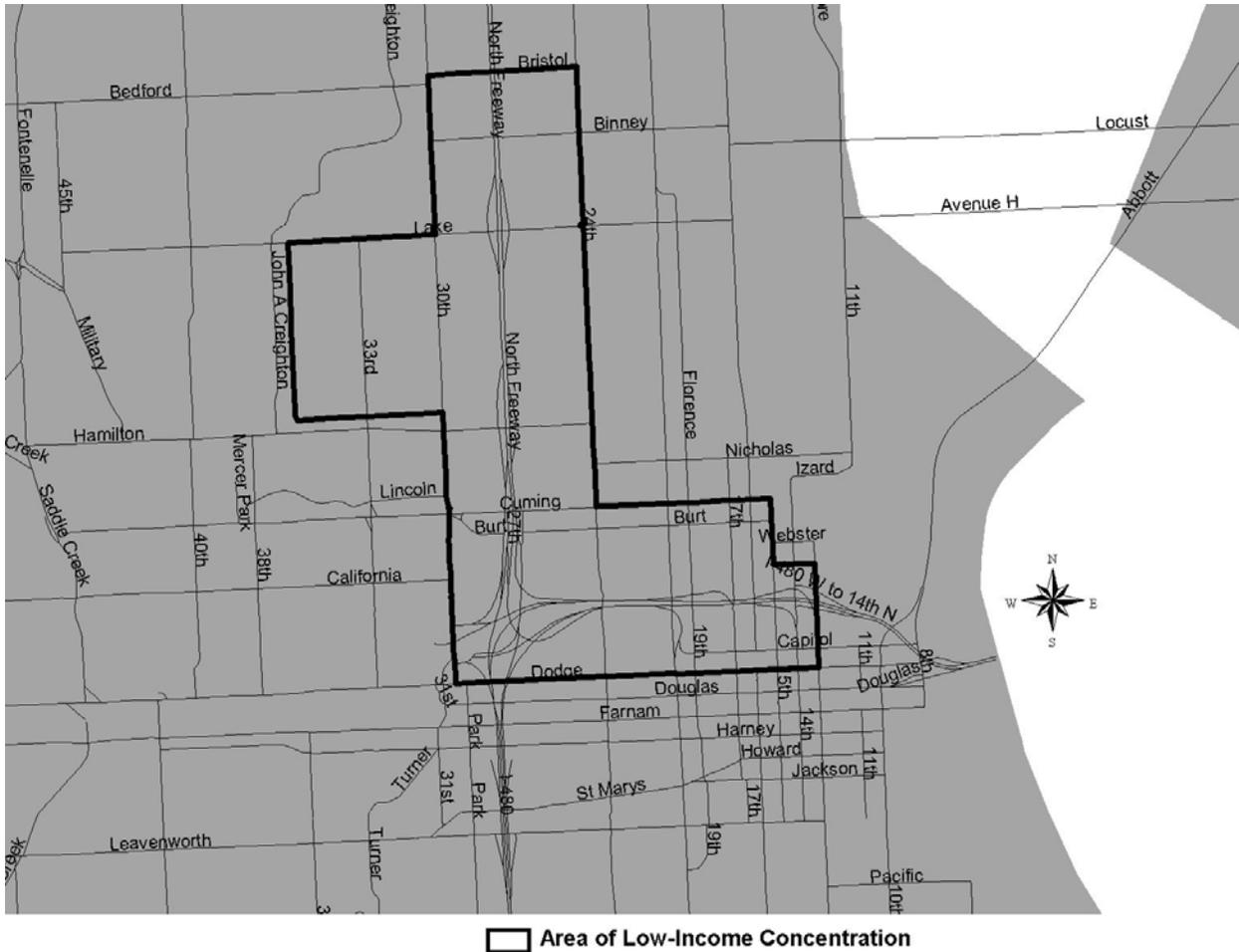
Area of Low Income Concentration

The City of Omaha defines “area of low-income concentration” (ALIC) as a census tract in which 40% or more of the population is in poverty.

Council Bluffs does not have an ALIC according to the definition, but several Census Tracts in Omaha meet the definition: 11, 16 and 52 (See Map 1). The 1.7 square mile ALIC is located north of Dodge Street to Bedford Avenue, primarily between 24th and 30th Street. The area extends west to 36th Street between Charles and Lake Streets and east to 15th Street between Dodge and Cumming Streets.

According to the 2000 census, 7,400 people live within the ALIC. Of the over 2,100 households, approximately 73% are headed by African Americans, 20% are headed by White householders and 3.8% are headed by Asian householders. Each of the remaining racial and/or ethnic groups comprise less than two percent of the households.

Map 1 Area of Low-Income Concentration



Racial and Ethnic Composition

The racial composition of the ALIC is quite different from and considerably more diverse than is found in the City of Omaha overall. Some differences are evident when comparing each racial/ethnic group but the most significant difference is found in the proportions of the two largest groups. African Americans are 55 percent of the population, compared to 13% of Omaha’s population, and the white population in the ALIC is 33%, compared to 78% in Omaha.

**Table 8
Population, Race and Ethnicity: Area of Low-Income Concentration**

	<u>ALIC</u>		<u>Omaha</u>	
	#	%	#	%
Total:	7,400		390,007	
Population of one race:	7,183	97.1%	382,529	98.1%
White alone	2,471	33.4%	305,745	78.4%
Black or African American alone	4,100	55.4%	51,917	13.3%
American Indian and Alaska Native alone	80	1.1%	2,616	0.7%

	<u>ALIC</u>		<u>Omaha</u>	
Asian alone	383	5.2%	6,773	1.7%
Native Hawaiian and Other Pacific Islander alone	11	0.1%	228	0.1%
Some other race alone	138	1.9%	15,250	3.9%
Population of two or more races:	217	2.9%	7,478	1.9%
Population of Hispanic Origin	292	3.9%	29,397	7.5%

Source: 2000 Census

Age

The age of the population within the ALIC is younger than that of the City of Omaha. The percent of population under 5-years old is somewhat higher than that of the city. The population from 5 to 19 years is considerably higher in the ALIC at 36% compared to 21% for the city. The other most significant difference in the age of the populations between the ALIC and Omaha is in the population 35-61 years with only 19% of the population within the ALIC in that range, compared to 34% within the city.

Table 9
Age: Area of Low-Income Concentration

	<u>ALIC</u>		<u>Omaha</u>	
	#	%	#	%
Under 5 years	630	8.5%	28,249	7.2%
5 to 19 years	2,562	34.6%	83,500	21.4%
20 to 34 years	2,126	28.7%	91,470	23.5%
35 to 61 Years	1,416	19.1%	132,927	34.1%
62 to 74 Years	373	5.0%	31,671	8.1%
75 Years and Older	293	4.0%	22,190	5.7%

Source: 2000 Census

Household Composition and Size

Differences exist in the composition of households within the ALIC compared to the city as a whole. The percentage of households having one or more people under 18 years within the ALIC is 41%, compared to the City at 33%. Married couple families within the ALIC are almost a third of the proportion of the city as a whole.

The number of persons per household in the ALIC is approximately the same as the city as a whole at 2.5.

Table 10
Household Composition and Size:
Area of Low-Income Concentration

	<u>ALIC</u>		<u>Omaha</u>	
	#	%	#	%
Total:	2,139		156,738	
Households with one or more people under 18 years:	883	41.3%	51,026	32.6%
Family households:	874	40.9%	50,401	32.2%
Married-couple family	167	7.8%	32,645	20.8%
Other family:	707	33.1%	17,756	11.3%

	<u>ALIC</u>		<u>Omaha</u>	
Nonfamily households:	9	0.4%	625	0.4%
Person Per Household	2.5		2.4	

Source: 2000 Census

Housing

The vacancy rate for housing in the ALIC is 11.2%, about twice that of the city as a whole. The proportion of owners within the ALIC is less at 27% which is less than half 60% of the city. The cost of housing is less within the ALIC than for the city as a whole. The median rent is \$400 compared to \$537 for the entire city and the median housing value of owner-occupied units in Omaha is nearly three times the \$34,211 of the ALIC.

Table 11
Housing Units, Vacancy, Tenure and Coats:
Area of Low-Income Concentration

	<u>ALIC</u>		<u>Omaha</u>	
	#	%	#	%
Total Housing Units:	2,408		165,731	
Occupied	2,139	88.8%	156,738	94.6%
Vacant	269	11.2%	8,993	5.4%
Tenure:				
Owner occupied	572	26.7%	93,449	59.6%
Renter occupied	1,567	73.3%	63,289	40.4%
Housing Cost:				
Median Gross Rent	\$400		\$537	
Median Housing Value	\$34,211		\$93,296	

Source: 2000 Census

Economic

Basic measures of economic well-being find those living in the ALIC much worse off economically compared to those in the entire city. The 47% of people in poverty is more than four times the poverty rate for the entire city. A similarly dramatic difference is found for median household incomes with the ALIC at \$10,015 and the city as a whole at \$40,006. The unemployment rate within the ALIC is 14.6%, compared to 4.3% for the city.

Table 12
Housing and Vacancy and Tenure:
Area of Low-Income Concentration

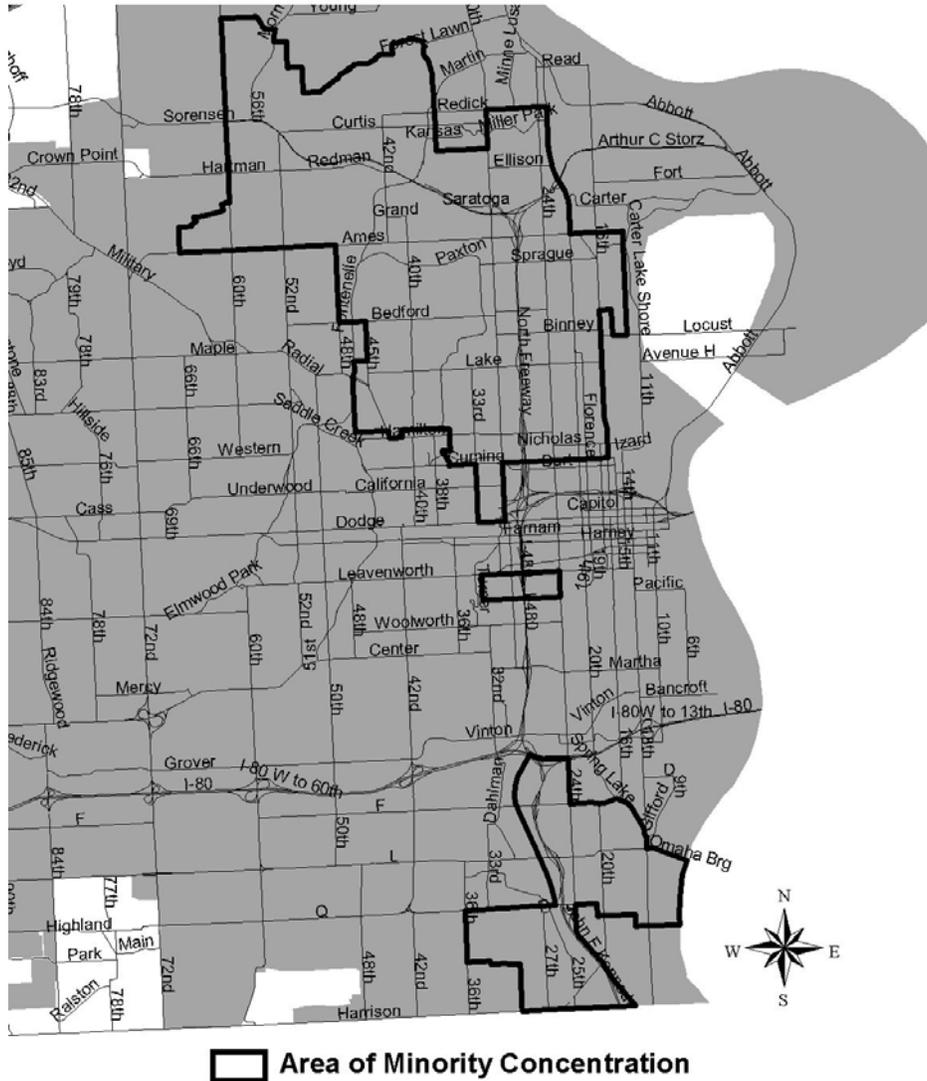
	<u>ALIC</u>		<u>Omaha</u>	
	#	%	#	%
Income:				
People in Poverty	2,508	46.8%	43,037	11.3%
Median Household Income	\$10,015		\$40,006	
Unemployment Rate:		14.6%		4.3%

Source: 2000 Census

Area of Minority Concentration

The City of Omaha defines “area of Minority concentration” (AMC) as any census tract in which 50% or more of the population is a racial minority or is Hispanic. Council Bluffs does not have an AMC according to this definition. A number of Omaha Census Tracts meet this definition (See Map 2 Area of Minority Concentration.)

Map 2
Areas of Minority Concentration



The Areas of Minority Concentration (AMC) occupy 13.2 square miles and are in three locations in the eastern part of the city (See Map 2.) The AMC includes the following Census Tracts:

Table 13
Area of Minority Concentration Census Tracts

<u>North</u>	<u>Central</u>	<u>South</u>
3.00, 6.00, 7.00	39.00	26.00
8.00, 11.00, 12.00		27.00
51.00, 52.00, 53.00		29.00
54.00, 59.01, 59.02		32.00
60.00, 61.01, 61.02		
63.01, 63.02		

Racial and Ethnic Composition

As would be expected, the racial and ethnic composition of the AMC is considerably more diverse than the City of Omaha. The largest racial group is that comprised of African Americans with 53 percent of the population, compared to thirteen percent of Omaha’s population. The proportion of the population that is white is less than half the city-wide proportion. Other racial groups within the AMC are within 2% of the same racial groups in Omaha.

The proportion of people of Hispanic origin is nearly two times the percentage of the whole city.

Table 14
Population, Race and Ethnicity: Area of Minority Concentration

	<u>AMC</u>		<u>Omaha</u>	
	#	%	#	%
Total:	61,274		390,007	
Population of one race:	59,263	96.7%	382,529	98.1%
White alone	20,858	34.0%	305,745	78.4%
Black or African American alone	32,175	52.5%	51,917	13.3%
American Indian and Alaska Native alone	747	1.2%	2,616	0.7%
Asian alone	458	0.7%	6,773	1.7%
Native Hawaiian and Other Pacific Islander alone	49	0.1%	228	0.1%
Some other race alone	4,976	3.3%	15,250	3.9%
Population of two or more races:	2,011	3.0%	7,478	1.9%
Population of Hispanic Origin	1,820	14.5%	29,397	7.5%

Source: 2000 Census

Age

The age of the population within the AMC is younger than that of the City of Omaha. The percent of population under 20 years is nearly 10% higher in the AMC than in the city as a whole.

Table 15
Age: Area Minority Concentration

	<u>AMC</u>		<u>Omaha</u>	
	#	%	#	%
Under 5 years	5,970	9.7%	28,249	7.2%
5 to 19 years	17,084	27.9%	83,500	21.4%

	<u>AMC</u>		<u>Omaha</u>	
	#	%	#	%
20 to 34 years	13,394	21.9%	91,470	23.5%
35 to 61 Years	18,185	29.6%	132,927	34.1%
62 to 74 Years	4,360	7.1%	31,671	8.1%
75 Years and Older	2,600	4.2%	22,190	5.7%

Source: 2000 Census

Household Composition and Size

Differences exist in the composition of households within the AMC compared to the city as a whole. A higher percentage of households have one or more people under eighteen years in them within the AMC at 44%, than does the City at 33%. Family households are higher in the AMC than in the City as whole.

The number of persons per household in the AMC is somewhat higher at 2.8, than in the city at 2.4.

Table 16
Household Composition and Size:
Area of Minority Concentration

	<u>AMC</u>		<u>Omaha</u>	
	#	%	#	%
Total:	21,801		156,738	
Households with one or more people under 18 years:	4,536	43.7%	51,026	32.6%
Family households:	9,412	43.2%	50,401	32.2%
Married-couple family	3,747	17.2%	32,645	20.8%
Other family:	5,665	26.0%	17,756	11.3%
Non-family households:	124	0.6%	625	0.4%
Person Per Household	2.8		2.4	

Source: 2000 Census

Housing

The housing vacancy rate in the AMC is somewhat higher than the housing vacancy rate for the city as a whole. Owners and renters occupy a nearly equal number of housing units within the AMC while tenure rate for the City favours owners at 60% over renters at 40%.

The cost of housing is less within the AMC than for the city as a whole. The median rent in the AMC is \$365 compared to \$537 for the entire city. The median housing value of owner-occupied units in the AMC at \$49,000 is considerably less than for the city as a whole.

Table 17
Housing Units, Vacancy, Tenure and Coats:
Area of Minority Concentration

	<u>AMC</u>		<u>Omaha</u>	
	#	%	#	%
Total Housing Units:	23,659		165,731	
Occupied	21,801	92.1%	156,738	94.6%

	<u>AMC</u>		<u>Omaha</u>	
	#	%	#	%
Vacant	1,858	7.9%	8,993	5.4%
Tenure:				
Owner occupied	10,824	49.6%	93,449	59.6%
Renter occupied	10,977	50.4%	63,289	40.4%
Housing Cost:				
Median Gross Rent	\$365		\$537	
Median Housing Value	\$49,176		\$93,296	

Source: 2000 Census

Economic

The 28% of people in poverty is considerably more than the poverty rate for the entire city at 11.3%. A similar difference is found for median household incomes with the AMC at \$25,381 and the city as a whole at \$40,006. The unemployment rate within the AMC is 10.5%, compared to 4.3% for the city.

Table 18
Housing and Vacancy and Tenure:
Area of Low-Income Concentration

	<u>ALIC</u>		<u>Omaha</u>	
	#	%	#	%
Income:				
People in Poverty	16,850	27.9%	43,037	11.3%
Median Household Income	\$25,381		\$40,006	
Unemployment Rate:		10.5%		4.3%

Source: 2000 Census

Low- and Moderate-Income Area

The City of Omaha includes an area in which a substantial percent of the population are of low- and moderate income. The City of Omaha refers to this area the Low- and Moderate-Income Area (LMA) in which 65.6% of the population is of low- and moderate-income. The LMA is generally defined as the area east of 42nd Street south of Dodge Street, and the east of 48th Street north of Dodge Street (See Map 3).

The LMA occupies 33.5 square miles and includes the following 43 Census Tracts:

Table 19
Low- and Moderate Income Area Census Tracts

3.00	4.00	5.00	6.00	7.00	8.00	11.00
12.00	16.00	18.00	19.00	20.00	21.00	22.00
23.00	24.00	25.00	26.00	27.00	28.00	29.00
30.00	31.00	32.00	33.00	34.01	34.02	38.00
39.00	40.00	42.00	43.00	49.00	50.00	51.00
52.00	53.00	54.00	59.01	59.02	60.00	61.01
61.02						

Racial and Ethnic Composition

As would be expected, the racial and ethnic composition of the LMA is considerably more diverse than the City of Omaha. The largest racial group is that comprised of White residents with 57% of the population, compared to 78% of Omaha's population. African Americans comprise 28% of the population in the LMA. Residents identifying themselves as of some other race comprise ten percent of the LMA population, compared to four percent for Omaha.

At eighteen percent, the proportion of people of Hispanic origin is more than two times the percentage of the whole city.

Table 20
Population, Race and Ethnicity: Low- and Moderate-Income Area

	<u>LMA</u>		<u>Omaha</u>	
	#	%	#	%
Total:	121,881		390,007	
Population of one race:	118,013	96.8%	382,529	98.1%
White alone	69,543	57.1%	305,745	78.4%
Black or African American alone	32,592	26.7%	51,917	13.3%
American Indian and Alaska Native alone	1,718	1.4%	2,616	0.7%
Asian alone	1,963	1.6%	6,773	1.7%
Native Hawaiian and Other Pacific Islander alone	67	0.1%	228	0.1%
Some other race alone	12,130	10.0%	15,250	3.9%
Population of two or more races:	3,868	3.2%	7,478	1.9%
Population of Hispanic Origin	21,710	17.8%	29,397	7.5%

Source: 2000 Census

Age

The age of the population within the LMA is somewhat younger than that of the City of Omaha. The percent of population under 34 years is nearly six percent higher in the LMA than in the city as a whole.

Table 21
Age: Low- and Moderate-Income Area

	<u>LMA</u>		<u>Omaha</u>	
	#	%	#	%
Under 5 years	10,151	8.3%	28,249	7.2%
5 to 19 years	28,266	23.2%	83,500	21.4%
20 to 34 years	32,264	26.5%	91,470	23.5%
35 to 61 Years	36,816	30.2%	132,927	34.1%
62 to 74 Years	8,291	6.8%	31,671	8.1%
75 Years and Older	6,093	5.0%	22,190	5.7%

Source: 2000 Census

Household Composition and Size

Minor differences exist in the composition of households within the LMA compared to the city as a whole. Among the more significant differences is in the proportion of “Other Family” households with eighteen percent in the LMA compared to eleven percent for the city as a whole.

Table 22
Household Composition and Size:
Low- and Moderate-Income Area

	<u>LMA</u>		<u>Omaha</u>	
	#	%	#	%
Total:	46,265		156,738	
Households with one or more people under 18 years:	16,029	34.6%	51,026	32.6%
Family households:	15,756	34.1%	50,401	32.2%
Married-couple family	7,500	16.2%	32,645	20.8%
Other family:	8,256	17.8%	17,756	11.3%
Non-family households:	273	0.6%	625	0.4%
Elderly 1 & 2 Member	4,437	9.6%	11,079	7.1%
Households w/inc. <=50% MFI				
Owners	2,722	5.8%	6,808	4.3%
Renters	1,751	3.8%	4,271	2.7%
Person Per Household	2.5		2.4	

Sources: 2000 Census and HUD Special Tabulation tables f5a, f5b, f5c, and f5d

Housing

The housing vacancy rate in the LMA is somewhat higher than the housing vacancy rate for the city as a whole. Renter occupy more housing units within the LMA while tenure rate for the City favors owners at 60% over renters at 40%.

The cost of housing is less within the LMA than for the city as a whole. The median rent in the LMA is \$441 compared to \$537 for the entire city. The median housing value of owner-occupied units in the AMC at \$55,449 is considerably less than for the city as a whole.

Table 23
Housing Units, Vacancy, Tenure and Coats:
Low- and Moderate-Income Area

	<u>LMA</u>		<u>Omaha</u>	
	#	%	#	%
Total Housing Units:	50,667		165,731	
Occupied	46,254	91.3%	156,738	94.6%
Vacant	4,402	8.7%	8,993	5.4%
Tenure:				
Owner occupied	21,446	46.4%	93,449	59.6%
Renter occupied	24,808	53.6%	63,289	40.4%
Housing Cost:				
Median Gross Rent	\$441		\$537	
Median Housing Value	\$55,449		\$93,296	

Source: 2000 Census

Economic

The 23% of people in poverty is two times the rate poverty rate than for the entire city at 11.3%. A similar difference is found for median household incomes with the LMA at \$26,001 and the city as a whole at \$40,006. The unemployment rate within the LMA is 8.3%, compared to 4.3% for the city.

Table 24
Poverty, Income and Unemployment:
Low- and Moderate-Income Area

	<u>LMA</u>		<u>Omaha</u>	
	#	%	#	%
People in Poverty	26,734	23.0%	43,037	11.3%
Median Household Income	\$26,001		\$40,006	
Unemployment Rate:		8.3%		4.3%

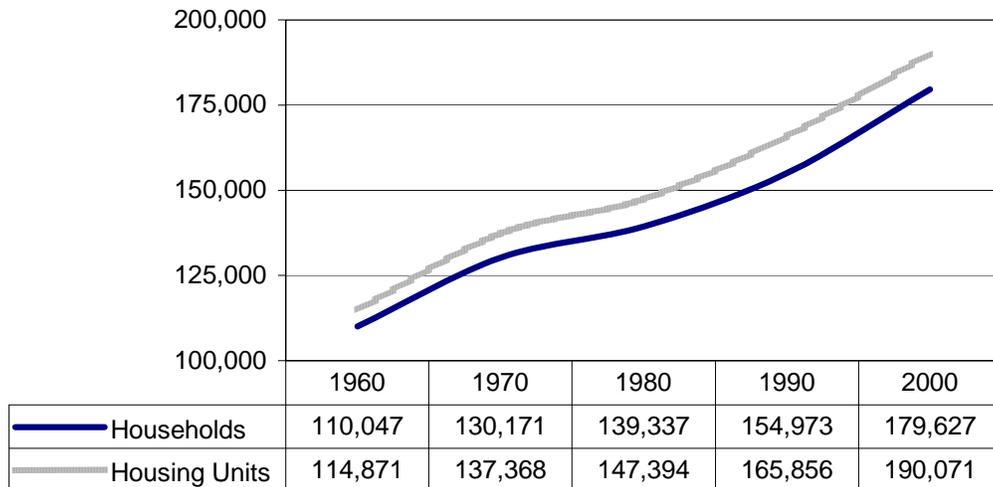
Source: 2000 Census

B. Housing Market Analysis

Housing Units

The 190,071 housing units in the Consortium represent a 15 percent increase from 1990 to 2000. The nearly 180,000 households represented an increase of 16 percent from 1990. The gap between the number of households and the number of housing units equals the number of vacant units, which, declined from a 7 percent vacancy rate in 1990 to 5.8 in 2000.

Chart 3
Consortium Housing Units and
Households: 1960 to 2000



Sources: 1960 to 2000 Censuses

Housing Vacancy

No only did vacancy rates within the Consortium declined from 1990 to 2000, so did the absolute number of vacant housing units. The level of vacancy for rental housing units and those for sale dropped within the Consortium with Omaha following a similar pattern of housing vacancy. Council Bluffs had a small reduction in vacant houses for sale, but vacant rental housing increased by almost 300 units from 1990 to 2000.

Table 25
Vacancy Rate and Tenure: 1990 to 2000

	<u>Omaha</u>	<u>1990</u>	<u>%</u>	<u>2000</u>	<u>%</u>
For rent		4,927	8.3%	4,890	7.2%
For sale		1,062	1.3%	927	1.0%
Total		9,770	6.8%	8,993	5.4%
	<u>Council Bluffs</u>	<u>1990</u>	<u>%</u>	<u>2000</u>	<u>%</u>

For rent	535	6.5%	821	9.6%
For sale	227	1.6%	204	1.4%
Total	1,113	5.0%	1,451	6.0%

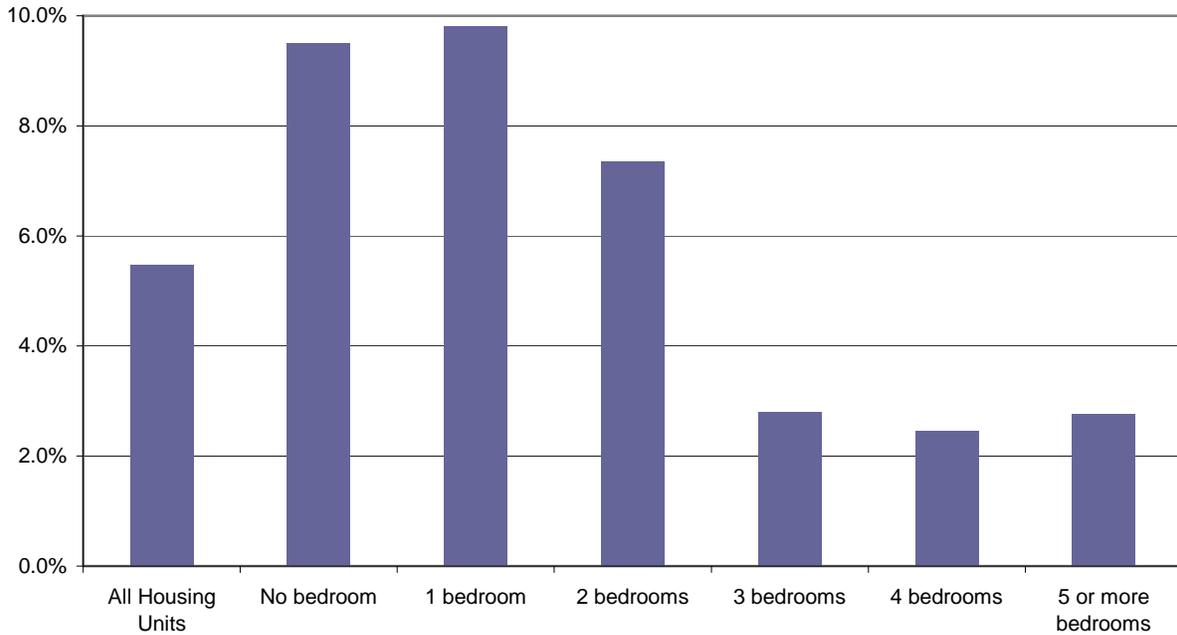
	<u>Consortium</u>	<u>1990</u>	<u>%</u>	<u>2000</u>	<u>%</u>
For rent		5,462	8.1%	5,711	7.4%
For sale		1,289	1.4%	1,131	1.0%
Total		10,883	6.6%	10,444	5.5%

Sources: 1990 and 2000 Censuses

Vacancy by Number of Bedrooms

The vacancy rate for units with two bedrooms or fewer is considerably higher than for units with three or more bedrooms. Larger units appear to be in greater demand; vacancy rates fall as the number of bedrooms increases for both owner and renter units.

Chart 4
Vacancy Rate by Number of Bedrooms: 2000



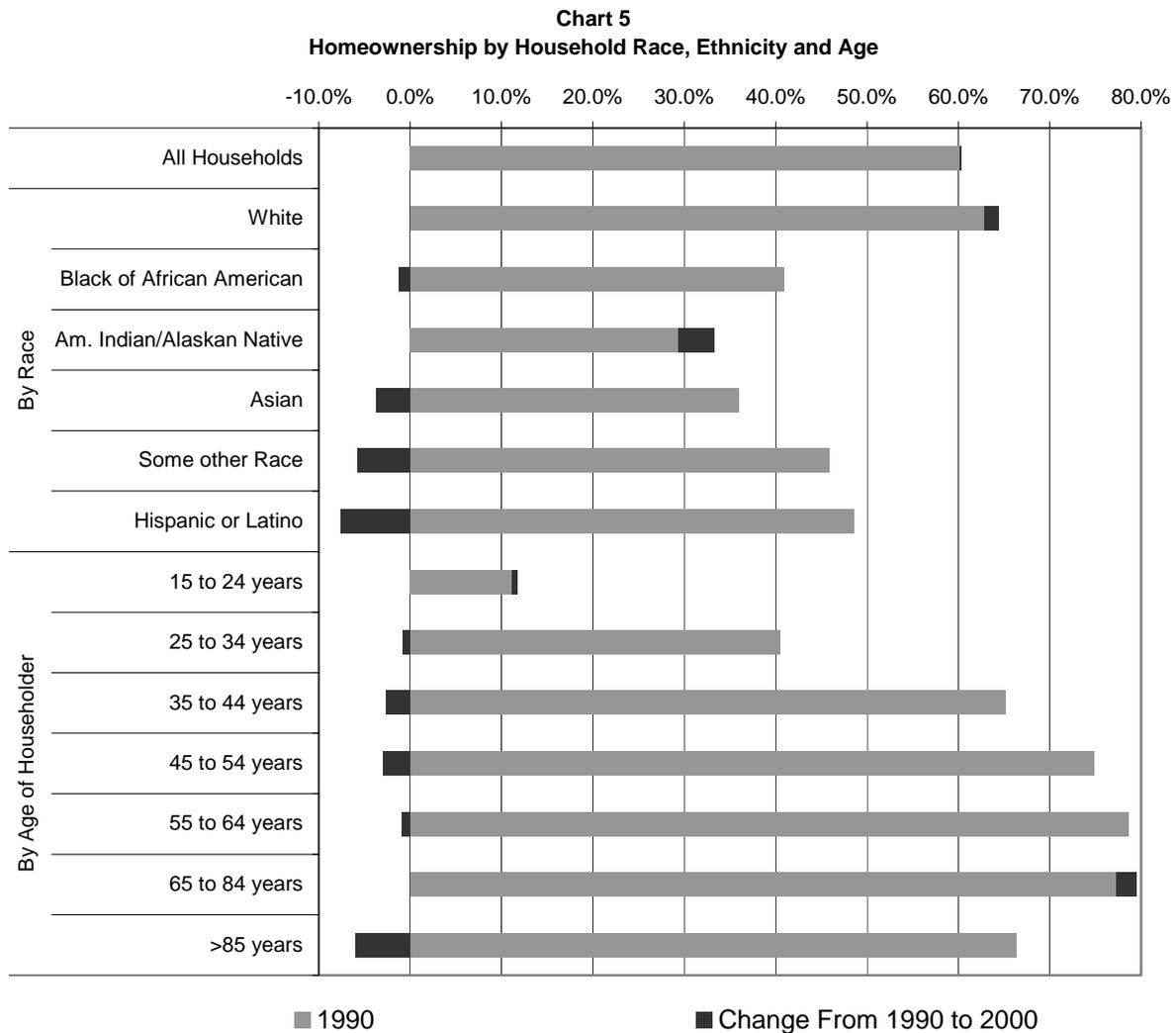
Source: 2000 Census

Homeownership

The rate of homeownership for the Consortium varies considerably depending on the age or racial/ethnic group of the household. White households own homes 64 percent of the time and are the highest proportion of any racial or ethnic group by more than fifteen percent. No other racial or ethnic minority group exceeds 50 percent. Hispanic households had the second highest percent of homeownership with 48 percent, followed by non-Hispanic households that identified themselves as being of some other race with 46 percent. Black household had a 41 percent homeownership rate. All other racial ethnic groups had ownership rates of less than 40 percent.

While the overall homeownership rate of the Consortium remained the same from 1990 to 2000, some differences are found among racial and ethnic groups. Only two have increased from 1990 to 2000, White non-Hispanic and American Indian/Alaska Native non-Hispanic. The largest drop from 1990 to 2000 is found among Hispanic households, households of some other race not-Hispanic had the second largest decline, followed by Asian non-Hispanic, then Black non-Hispanic households.

The rate of homeownership based on the age of the head of the household generally increases as the age of the householder increases. The exception is among the oldest households, those headed by people 85 years and older. The category of householders 85 years and older experienced the largest numerical decline from 1990 to 2000. Household's lead by 65 to 84 year olds and 15 to 24 year olds had the only increases in rates of homeownership from 1990 to 2000.



Sources: 1990 and 2000 Censuses

Age of Housing

The median year housing units were constructed within the Consortium is 1967, according to the 2000 census. Council Bluffs has a higher proportion of housing built prior to 1939 and from 1995 to March of 2000 than does

Omaha. Nearly ten percent of the housing units in the Consortium were constructed after 1995. The largest portion of the housing stock in the Consortium was constructed between 1940 and 1969.

Table 26
Age of Housing

	<u>Omaha</u>	<u>Percent</u>	<u>Council Bluffs</u>	<u>Percent</u>	<u>Consortium</u>	<u>Percent</u>
1995 to March 2000	7,549	4.6%	1,987	8.2%	9,536	5.0%
1990 to 1994	7,657	4.6%	718	2.9%	8,375	4.4%
1970 to 1989	48,128	29.1%	4,767	19.6%	52,895	27.9%
1940 to 1969	65,828	39.8%	9,412	38.6%	75,240	39.6%
1939 or earlier	36,287	21.9%	7,483	30.7%	43,770	23.1%

Source: 2000 Census

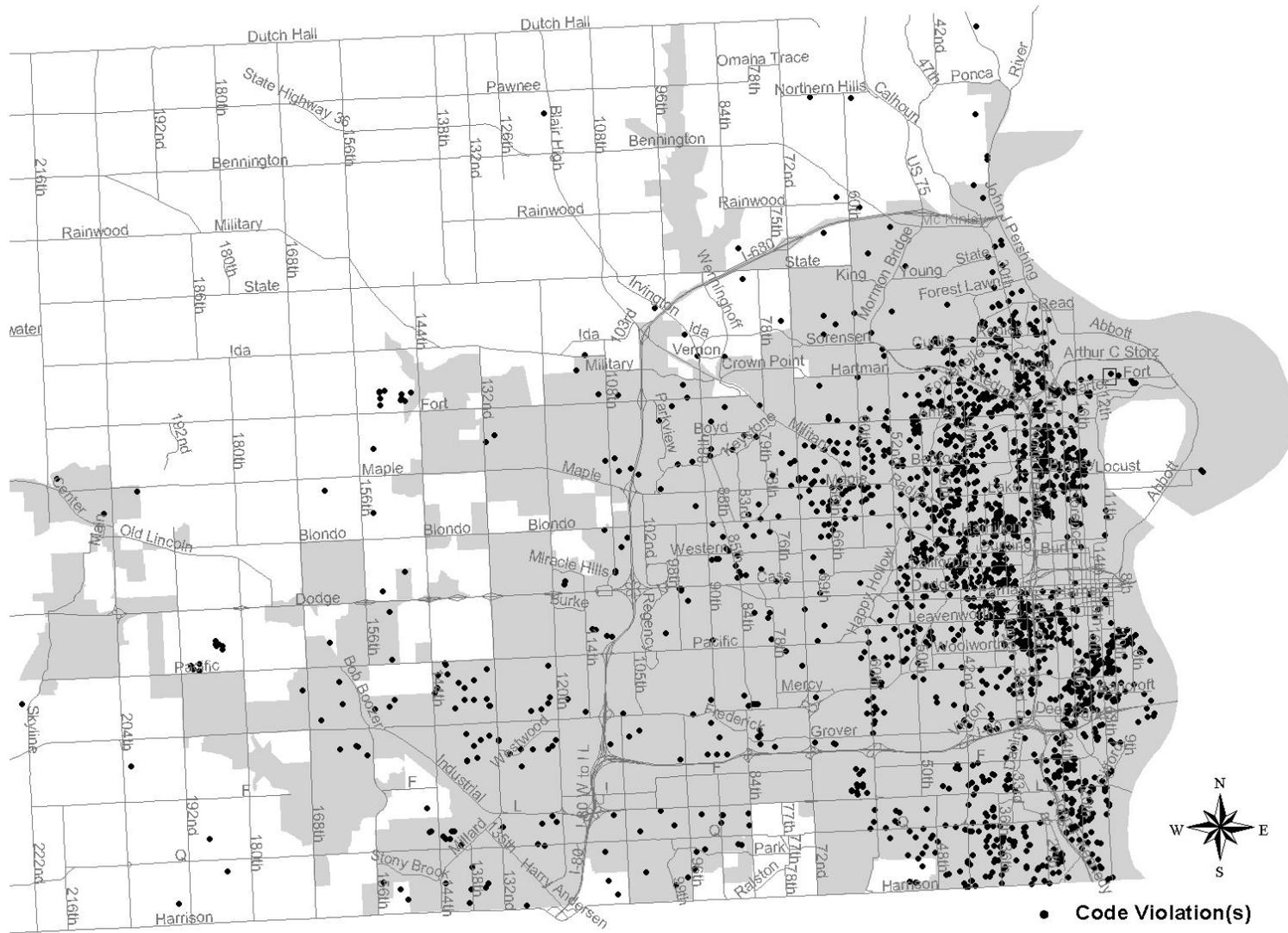
Housing Conditions

The physical condition of a communities housing stock is critical to the well being of that community. While many neighborhoods have some housing that is in poor condition, the presence of large numbers of units in poor condition is usually indicative of poor economic conditions.

Map 3 indicates the location of houses with code violations within the City of Omaha. The eastern quarter of the City has the largest number of housing code violations. The area north of Dodge Street has a larger area of high numbers of code violations than the area south of Dodge Street. Another factor that contributes to the physical condition of housing is its age. Omaha's oldest housing stock is also found in the eastern part of the city.

Currently, 1,973 properties are not compliant with the City's Property Maintenance Code. An estimated 1,085 are suitable for rehabilitation based on historic trends.

Map 4 Code Violations



Housing Values/Costs

The value of one's home plays an important role in the overall economic well-being of most households that own homes. Home equity is the dominant form of wealth for most households and for low-income households that own their homes it is usually the only form of wealth. As Table 27 indicates, the increase in the median housing value from 1990 to 2000 (after adjusting 1990 dollars to 2000 dollars) within the Consortium is 33 percent.

The median value of owner-occupied housing within the Consortium rose from \$68,000 to \$90,000, up some 33 percent from 1990 to 2000. Costs for household renting in the Consortium increased slightly more than did median housing values, a pattern that held for both Omaha and Council Bluffs. Council Bluffs had somewhat greater increases in both median housing values and median rent cost than did Omaha.

Table 27
Median Housing Values and Rental Costs: 1990 to 2000

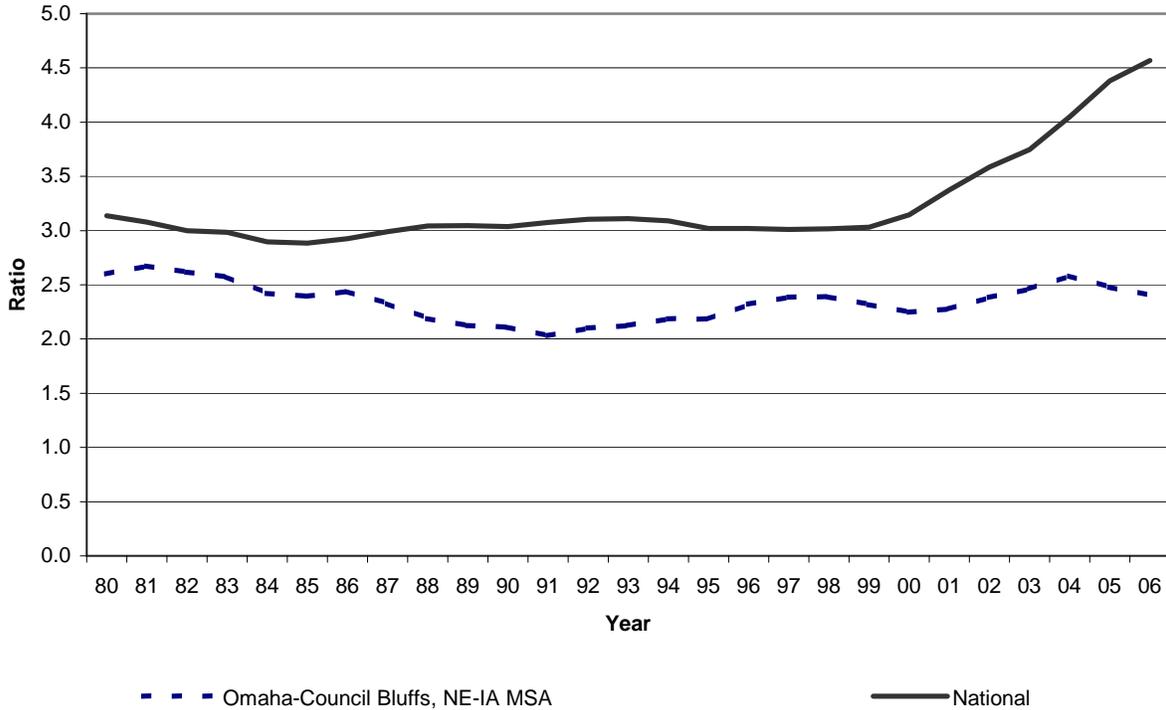
	<u>1990</u>	<u>2000</u>	Change from 1990 to 2000	
			<u>Dollars</u>	<u>Percent</u>
Omaha				
Housing Value	\$69,759	\$94,200	\$24,441	32.7%
Rent	\$507	\$537	\$30	5.6%
Council Bluffs				
Housing Value	\$56,855	\$78,200	\$21,345	38.7%
Rent	\$498	\$550	\$52	9.4%
Consortium				
Housing Value	\$67,595	\$90,163	\$22,568	33.4%
Rent	\$506	\$557	\$51	8.5%

Sources: 1990 to 2000 Censuses

Housing Price to Income Ratio

The housing price to income ratio has stayed between 2 and 2.5 for most of the last three decades in Omaha, dipping below 2.5 in the early 1980s and above again in 2004. The national ratio has hovered around 3.0 until the late 1990s when it began a precipitous increase to 4.6 in 2006. The primary driver of this increase was increases in housing prices throughout the country, including Omaha. Nationally, incomes increased moderately, while housing prices exploded. In Omaha, incomes increased, keeping pace with increasing, though not exploding, housing prices.

Chart 6
House Price to Income Ratio



Joint Center for Housing of Harvard University's 2007 State of the Nation's Housing

Current Market Prices

Omaha housing prices indicate an overall increase in recent years with a greater increase in 2004 to 2005 and in 2005 to 2006. Examining the quarterly figures for 2006 indicates the price beginning to moderate by the third quarter and continue moderate into the fourth quarter.

Table 28
Current Housing Price (in thousands)

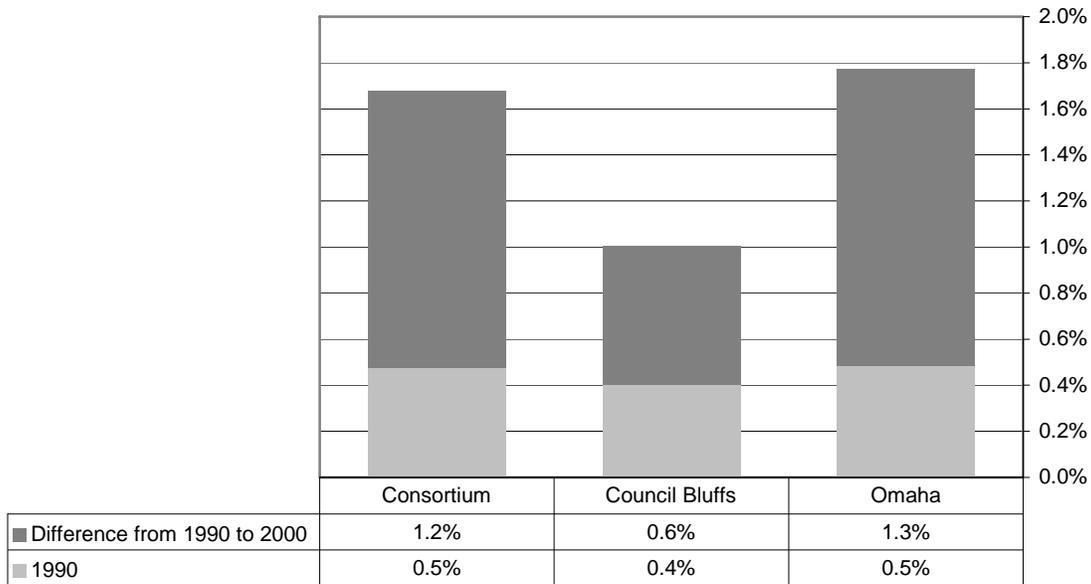
	Most Recent Years			Most Recent Quarters				
	2004	2005	2006	2005.IV	2006.I	2006.II	2006.III	2006.IV
Omaha, NE-IA	\$131.3	\$136.2	\$138.4	\$137.7	\$133.5	\$142.9	\$139.9	\$136.2

Joint Center for Housing of Harvard University's 2007 State of the Nation's Housing

Overcrowding

Overcrowding occurs when more than one person per room occupies a housing unit. Chart 16 indicates the level of overcrowding experienced in the Consortium and Omaha and Council Bluffs and the change in overcrowding from 1990 to 2000. Omaha experienced a larger proportion of overcrowded units in 1990 than did Council Bluffs and experienced a more dramatic increase in overcrowding from 1990 to 2000.

**Chart 7
Overcrowding: 1990 to 2000**



Sources: 1990 and 2000 Censuses

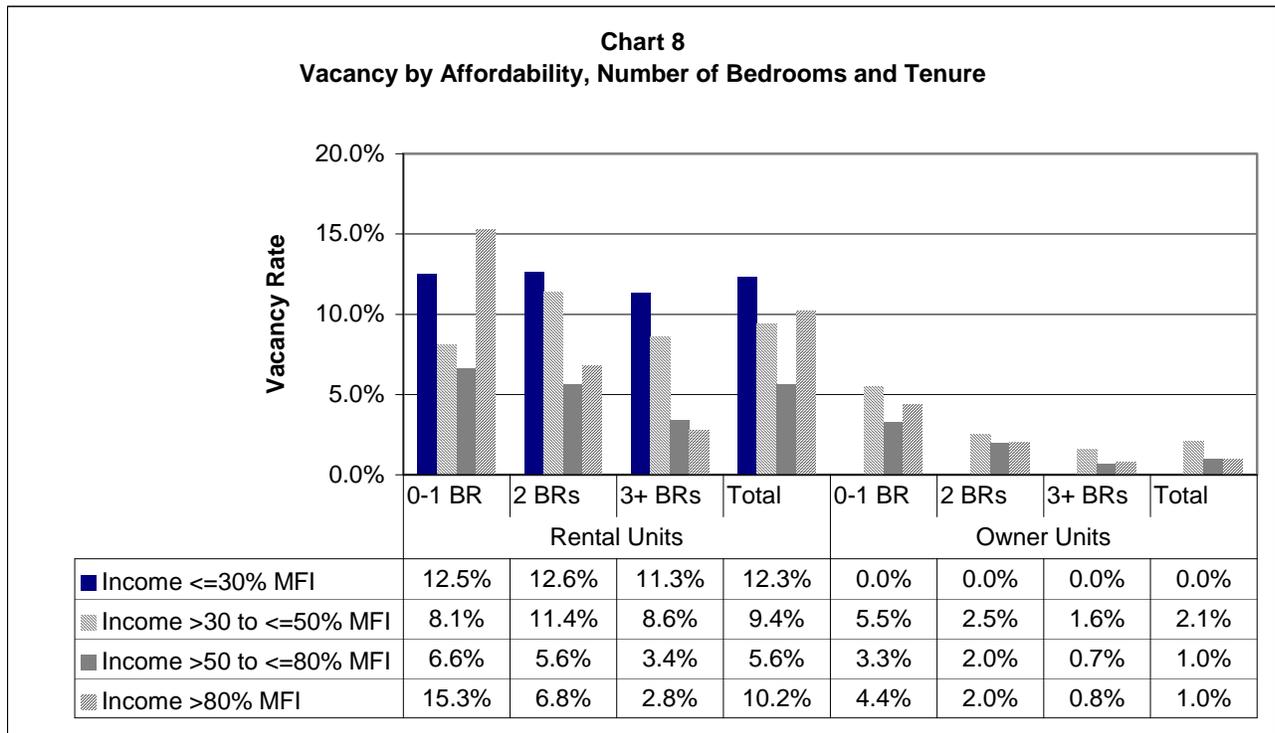
Housing Affordability

Affordability, Unit Size, Tenure and Vacancy

With careful examination, the level of vacancy can be indicative of demand for housing. One consideration is that vacancy can be caused by a number factors; availability, demand and condition of units. Chart 7 indicates vacancy by level of affordability, number of bedrooms and tenure. Units at the lowest level of affordability, units affordable to households at or below 30% of the Median Family Income (MFI), have among the highest vacancy rates for renters. Taken at face value, this high vacancy rate could be interpreted as low demand for affordable rental units. In reality, these units are probably in such poor condition that people are choosing not to live in them. Supportive of this perspective is the fact that the number of owner units affordable to households with 30% or less of the MFI is so few that calculating the vacancy rate is unreliable. Units in this range that are not sold are often put up for rent. Eventually, housing units in such poor condition that they are not rented, become vacant rental units. This might also be the case for a portion of the lower valued housing that is affordable to households with incomes greater than 30% MFI and less than 50% MFI.

Without exception, vacancy rates are lower for owner units than for renter units regardless of number of bedrooms or level of affordability. All units affordable to households with income greater than 50% MFI, but less than 80% MFI have the lowest vacancy rates of any income group regardless of tenure or number of bedrooms except for 3+ bedroom rental units affordable to households greater than 80% MFI and 0-1 bedroom units affordable to owner households greater than 80% MFI. High vacancy among 0-1 bedroom units is of indicative of a low demand for that particular size housing unit for both rental units and

owner units. Most other demand is what might be expected in stable to tight housing market with a significant amount of housing in poor condition.



Source: Special CHAS Tabulation of 2000 Census Tables a10a, a10b, a10c, a11, a12, f7c

Availability of Affordable Housing

A simple measure of the availability of affordable housing can be obtained by comparing the number of households in an income category to the number of units that are affordable to those households. Comparing four Median Family Income (MFI) ranges for households (0 to 30%, 0 to 50%, 0 to 80%, and greater the 80%) to the number of units that are affordable to them yields a ratio. A ratio that is less than 1.0 indicates a lack of affordable units for households in that category. This measure estimates the match between affordable units, both vacant and occupied, and households that can afford them. Using this method assumes that higher income households occupy units that are also affordable to lower-income households. The effect on households seeking affordable housing is that fewer units are available to lower income households than are actually affordable to them, putting even greater pressure on these households to find decent, affordable housing. One response for households seeking housing is to rent/acquire housing that is not affordable to them.

Looking simply at the amount of housing by tenure indicates a close match for renters at 1.08 and a tighter match for owner households to houses they can afford 1.01. The overall renter index suggests an excess number of units, but subtract the uninhabitable vacant rental units, which is generally substantially higher than for owners, and the rental market tightens somewhat. At 1.01 the housing affordability index reveals tighter market conditions for homeownership overall. Renter households at or below 30% of the MFI have an affordability index of 0.85, meaning there are not enough units affordable to renter households at this income level. The highest housing affordability index is found for housing affordable to households earning less than 50% MFI for both renters and owners. Keep in mind that the actual availability of affordable units is decreased for households with lower

incomes by households with higher levels of affordability occupying units below their affordability.

Table 29
Housing Affordability Index

	<u>0 to 30%</u> <u>(MFI)</u>	<u>0 to 50%</u> <u>(MFI)</u>	<u>0 to 80%</u> <u>(MFI)</u>	<u>All</u> <u>Households</u>
Owner housing units to owner households that can afford them	N/A	2.65	2.45	1.01
Renter housing units to owner households that can afford them	0.85	1.64	1.55	1.08

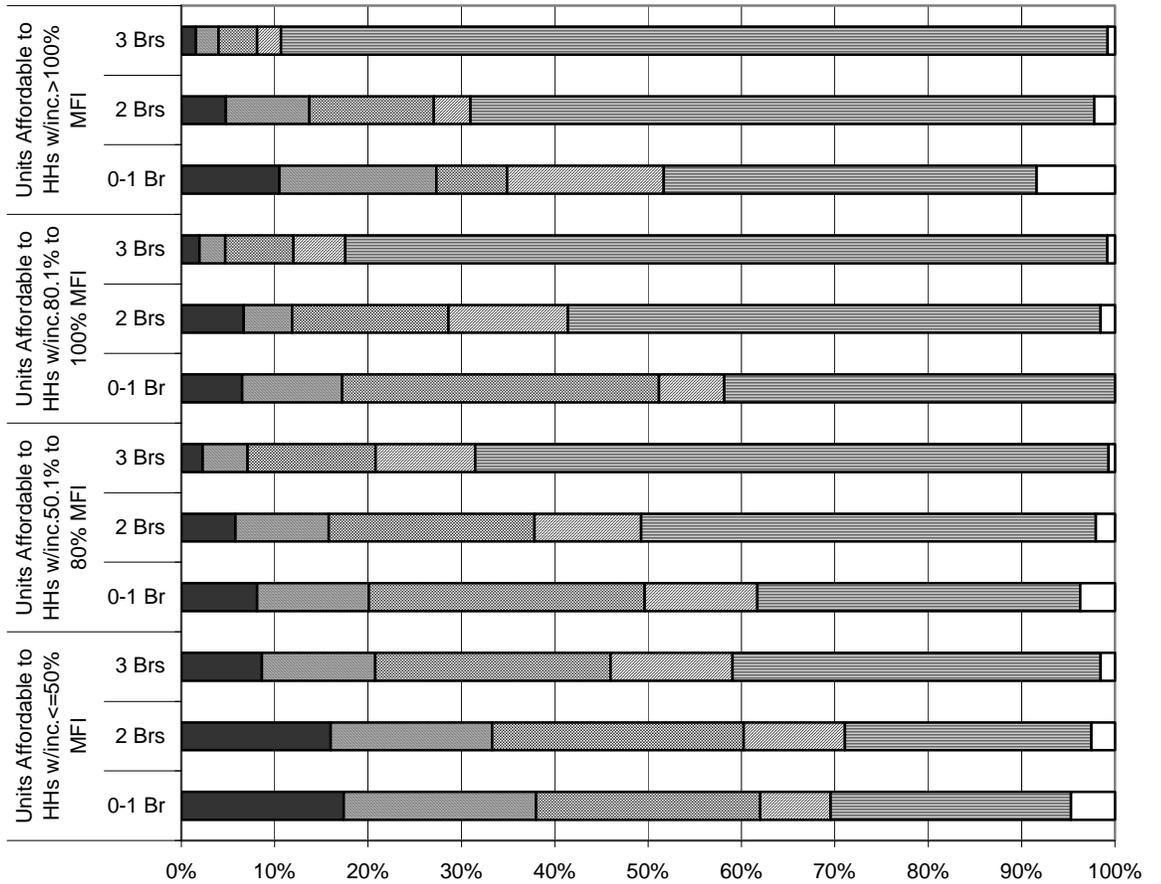
Source: Special CHAS Tabulation of 2000 Census Tables a10a, a10b, a10c, a11, a12, f7c

Chart 9 and 10 illustrate the extent to which households actually occupy housing units outside of their level of affordability. Chart 7 indicates which owners (what income level of owner household) are occupying which housing units according to the number of bedroom and level of affordability. Households with incomes greater than 95% MFI, by far the largest income group of owner households, occupy 85% percent of the Consortium's owner occupied units affordable to households with incomes greater than 100% MFI. In addition, this income group of owner households also occupies a significant amount of housing affordable to lower income owner households, in the case of 2 and 3 bedroom units dominating the units. Owner households having income equal to or less than 50% MFI can also be found within housing affordable at all levels in all units sizes. Very low-income owner households never dominate occupancy of any housing units, even among the only housing units that are actually affordable to them. In fact, very low-income households never occupy even 20% of the housing affordable to any income range of household.

The situation is similar for renter households, but may indicate a more serious problem for the lowest income households because the affordability index already indicates a lack of affordable units for this group. As is the case with owner households, all income groups can be found in every affordability level of housing. The highest income households, those with incomes greater than 95% MFI, occupy the highest proportion of units in only the two top income brackets, then drop significantly for housing affordable to lower income households. The lowest income renter households occupy housing affordable to them only 38% percent of the time, forcing 62% to seek housing among units that are not affordable to them.

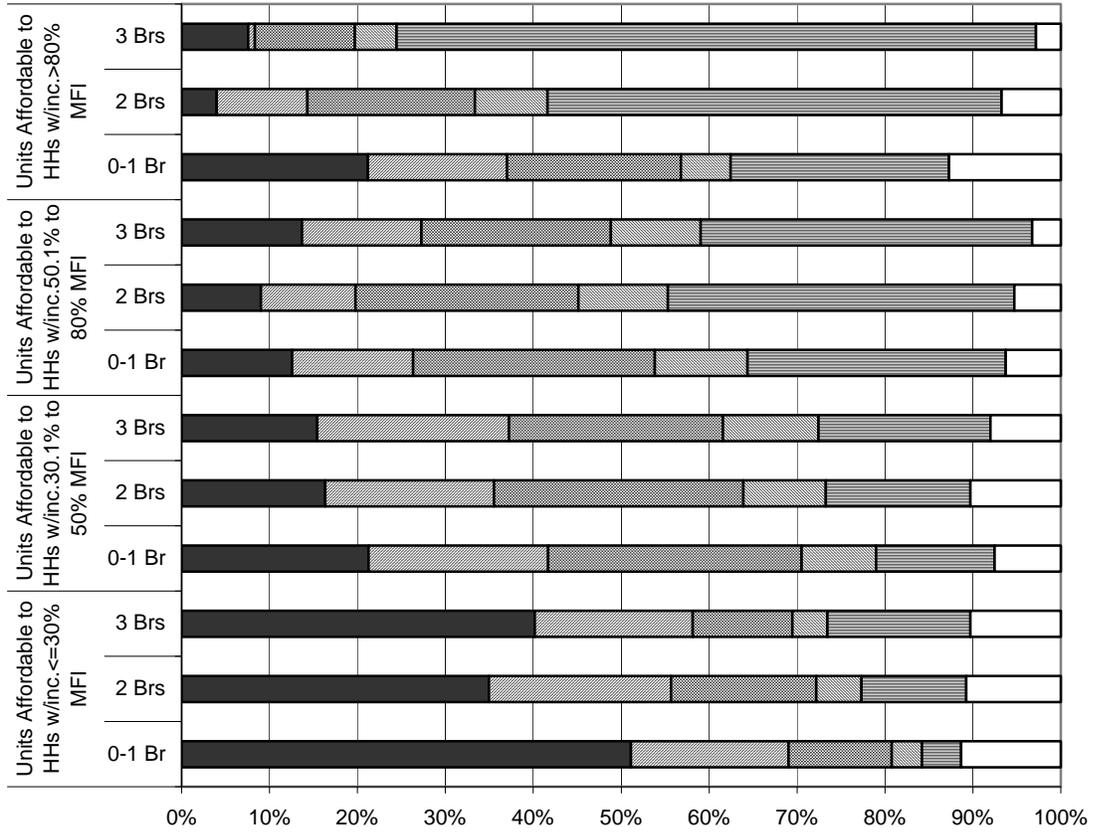
When considering both amount of affordable housing and its actual availability, the search for affordable housing for owner and renter low-income households is difficult.

Chart 9
Owner Housing Units by Affordability, Number
of Bedrooms and Income of Occupants



	Units Affordable to HHs w/inc.<=50% MFI			Units Affordable to HHs w/inc.50.1% to 80% MFI			Units Affordable to HHs w/inc.80.1% to 100% MFI			Units Affordable to HHs w/inc.>100% MFI		
	0-1 Br	2 Brs	3 Brs	0-1 Br	2 Brs	3 Brs	0-1 Br	2 Brs	3 Brs	0-1 Br	2 Brs	3 Brs
□ Vacant	110	350	405	34	165	245	0	10	80	20	20	85
■ HHs w/inc. 95% MFI	600	3,655	10,505	315	3,900	24,035	90	375	7,945	95	600	9,640
■ HHs w/inc. 80.1% to 95% MFI	175	1,505	3,485	110	915	3,790	15	84	540	40	35	280
■ HHs w/inc. 50.1% to 80% MFI	560	3,730	6,720	269	1,765	4,855	73	110	709	18	120	450
■ HHs w/inc. 30.1% to 50% MFI	480	2,395	3,235	109	800	1,700	23	34	270	40	80	265
■ HHs w/inc. 0 to 30% MFI	405	2,215	2,295	74	465	815	14	44	189	25	43	169

Chart 10
Rental Housing Units by Affordability, Number
of Bedrooms and Income of Occupants



	Units Affordable to HHs w/inc. <=30% MFI			Units Affordable to HHs w/inc. 30.1% to 50% MFI			Units Affordable to HHs w/inc. 50.1% to 80% MFI			Units Affordable to HHs w/inc. >80% MFI		
	0-1 Br	2 Brs	3 Brs	0-1 Br	2 Brs	3 Brs	0-1 Br	2 Brs	3 Brs	0-1 Br	2 Brs	3 Brs
□ Vacant	755	385	335	1,220	1,270	435	690	560	160	225	85	15
■ HHs w/inc. 95% MFI	295	425	530	2,180	2,030	1,065	3,240	4,170	1,845	440	650	384
■ HHs w/inc. 80.1% to 95% MFI	230	185	130	1,370	1,160	590	1,165	1,080	500	100	104	25
■ HHs w/inc. 50.1% to 80% MFI	780	590	370	4,660	3,500	1,325	3,030	2,680	1,055	350	240	60
■ HHs w/inc. 30.1% to 50% MFI	1,195	740	585	3,305	2,370	1,185	1,520	1,140	665	280	130	4
■ HHs w/<=30% MFI	3,400	1,250	1,310	3,440	2,015	840	1,385	955	670	375	50	40

Affordability and Fair Market Rents

The financial ability of very low-income households to afford rental units at Fair Market Rents decreases as unit size increases. The Fair Market Rent for three-bedroom units exceeds the capacity of very low-income households to afford by \$46.

Table 30
Affordability and Rent

	<u>Applicable Fair Market Rents</u>	<u>Rent Affordable with 30% to 50% bMFI</u>
0 Bedrooms	\$481	\$481-\$582
1 Bedroom	\$547	\$547-623
2 Bedrooms	\$682	\$682-\$748
3 Bedrooms	\$910	\$864
4 Bedrooms	\$936	\$936

Schedule B FY 2007 FMR

Public Housing

The Omaha Housing Authority (OHA) currently owns 2,883 units of public housing. The total number of vacant units is approximately 12.5% due mainly to the recent addition of 314 replacement housing units that were required under a court order. The backlog of vacant units is in process of being caught up and should return to less than 2% vacancy rate by the end of the calendar year 2007.

Table 31
Public Housing Units by Number of Bedrooms

	<u>Development</u>	<u>Number of Bedrooms</u>					Total
		0	1	2	3	4+	
NE001-001	Southside Terrace	0	42	110	133	78	363
NE001-004	Spencer Homes	1	13	93	58	6	171
NE001-005	Pleasant View Homes	0	4	103	36	39	182
NE001-007	Evans, Kay Jay, Park North, and Park South	18	410	24	0	0	452
NE001-009	Pine, and Benson	236	50	2	0	0	288
NE001-010	Highland and Florence	174	34	6	0	0	214
NE001-011	Jackson	130	75	3	0	0	208
NE001-012	Underwood	82	21	2	0	0	105
NE001-017	Crown	0	145	5	0	0	150
NE001-016	Duplexes	0	0	20	36	16	72
NE001-019	SF Homes	0	0	37	5	0	42
NE001-020	SF Homes	0	0	0	21	0	21
NE001-021	SF Homes	0	0	0	19	0	19
NE001-024	SF Homes	0	0	0	20	0	20
NE001-026	SF Homes	0	0	10	90	9	109
NE001-028	SF Homes	0	0	0	23	2	25
NE001-030	SF Homes	0	0	0	21	1	22
NE001-032	SF Homes	0	0	2	45	5	52
NE001-033	SF Homes	0	0	0	16	4	20
NE001-035	SF Homes	0	0	0	50	12	62

	<u>Development</u>	<u>Number of Bedrooms</u>					Total
		0	1	2	3	4+	
NE001-044	SF Homes	0	0	11	24	2	37
NE001-046	Chambers Court	0	0	20	9	3	32
NE001-047	Keystone Crown Creek	0	0	8	23	6	37
NE001-048	SF North Omaha Homes	0	0	0	21	3	24
NE001-049	Securities Building	0	10	20	5	0	35
NE001-050	SF Crown I	0	0	0	16	0	16
NE001-051	SF Crown II	0	0	0	12	0	12
NE001-052	Bay View	0	0	0	12	0	12
NE001-053	Farnam Building	0	0	18	12	0	30
NE001-054	Alamo	0	6	8	0	0	14
NE001-055	Cherry Tree	0	14	16	0	0	30
NE001-056	SF Long School	0	0	0	7	0	7
	Total	641	824	518	714	186	2,883

In addition to the units of public housing provided, the OHA, Council Bluffs, through the Council Bluffs Municipal Housing Agency (CBMHA) operates 295 units of public housing. All of the units are designed for the elderly, 210 of whom are located at the Regal Towers, 85 are located at the Dudley Court. OHA and its Developer Affiliate Housing in Omaha, Inc. (HIO) has 38 LIHTC units in addition to the 32 Public Housing units at Chambers Court.

Revitalization Needs

The needs for rehabilitation of OHA owned housing are extensive for the five year period (2007-2011) under which the Capital Fund Program (CFP) is currently operating (please see the attached copy of the Capital Fund Program, Physical Needs Assessment-Exhibit D). High-Rise towers for the elderly are approaching 40 years of age and require substantial improvements/modernization if they are to maintain their long-term viability. In addition, completion of significant mechanical and electrical systems renovations including installation of Fire Sprinkler Systems, which are currently underway in two of the high-rise towers, are needed to assure the code compliance, reliability and efficiency of these systems. The other major physical renovation need is the demolition and revitalization of Pleasant View Homes.

The primary rehabilitation needs for the CBMHA include updating an aging central air conditioning system and replacing most of the unit doors in all the apartments, making improvements to the parking lots, installing handrails and replacing all common area carpets at the Regal Towers and replacing all dwelling unit stoves, replacing selected kitchen floors and replacing all common area carpets at the Dudley Court Apartments. Routine maintenance will continue at both facilities.

Demolition of Obsolete Projects

The Omaha Housing Authority has demolished 715 units of Public Housing since 1990. Family developments were the focus of this activity, which included Logan Fontenelle, North and South, Hilltop Homes, and a portion of the Spencer Homes. To date, 412 of those units have been replaced with single-family, duplex and lower density multi-family scattered site units and 112 with section 8 vouchers.

Modification of Units to Provide 504/ADA Compliance

All units at CBMHA have been made accessible during the past several years. The OHA has modified sufficient numbers of units to comply with Section 504/ADA requirements, although units located in family developments and in scattered sites throughout the city are below the required amount. More than 6% percent of all OHA managed units, or 179 units, have been (two are in progress) made handicap accessible. The number and location of units are as follows:

**Table 32
Accessible Public Housing Units**

Southside Terrace	14
Spencer Homes	6
Evans, Kay Jay, Park North, and Park South	60
Pine, Benson, Highland and Florence Jackson, Underwood high-rise towers	42
Crown	16
Duplexes	9
Scattered Site Houses	4
Francis Court	14
Alamo Apartments	1
Ernie Chambers Court	1
North Omaha Homes	2
Keystone Crown Creek	4
Farnam Building	2
Securities Building	2
Cherry Tree (in progress)	2
Total number of re-configured units	179

Section 8

Through June 30, 2007, OHA's Section 8 Program has maintained a lease up rate of 99%. On a monthly basis, there have been (approximately) only 40 units vacant, vouchers, or certificates not utilized. The OHA does not expect any of the units to be lost from the housing inventory. Within the CBMHA there are no vacancies.

The Omaha Housing Authority has 4,173 Vouchers allocated under Section 8 and Mod Rehab programs. There are no longer certificates and moderate rehabilitations. CBMHA administers another 605 vouchers totaling more than 4,504 units of Section 8 units in the Consortium. Table 33 presents these activities by unit size.

**Table 33
Section 8 – Bedroom Composition**

	Number of Bedrooms						<u>Total</u>
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5+</u>	
Omaha	9	768	1,540	1,296	308	26	3,947
Council Bluffs	2	165	222	187	30	0	606
Consortium	11	933	1,762	1,483	338	26	4,553

Other

The number of other assisted units (Section 202 and 811 Programs) in Omaha is 4,711, with an estimated vacancy rate of 3% or less. Most, or 2,860, of the other assisted units have one bedroom or less; 1,366 have two bedrooms; and the remaining 478 have three or more bedrooms.

Demand for Section 8

The Omaha Housing Authority (OHA) does not keep a Section 8 waiting list open at all times. When OHA last opened up the Section 8 Housing Program for applications it limited the wait list to 700 applicants. There were over 100,000 inquiries reported via the 800 number used to call for an appointment to make application.

Strategy for Management and Operations Improvements

The following strategy for improving the management and operations of the Housing Authority of the City of Omaha (the OHA) is taken from the OHA's Comprehensive Grant Application for Fiscal Years 2007-2011. The OHA's strategy for management and operation improvements focuses on the need for improvement on an agency-wide basis. This need includes computer system upgrades (including computer hardware and software purchases, training, and contracting for technical services), development of an automated purchasing and inventory system, replacement of vehicles, and installation of a computerized phone system.

Additional management improvements include resident initiatives such as employment training, job placement and public safety programs, preventive maintenance of administrative sites, and enhancements of security systems. The OHA feels these, together with the above improvements, will greatly improve its efficiency resulting in enhanced standards of living for residents.

The CBMHA proposes to continue its existing management and maintenance efforts. No new resident initiatives are proposed.

Strategy for Improving the Living Environment of Residents

The OHA's strategy for improving the living environment of low and moderate-income public housing residents primarily addresses the physical environment of its public housing inventory. The OHA 2007-2011 Comprehensive Grant Needs Assessment describes the physical improvements required for family developments, elderly high-rise units, scattered duplex and single-family homes. Based on the Needs Assessment, the OHA 2007-2011 Comprehensive Grant Application proposes the following strategy for physical improvements designed to address its findings: 1) installation of fire sprinkler systems and all associated life safety improvements at Kay Jay and Underwood Towers, general renovations to include mechanical systems repair / replacement, repair / replace windows and ADA improvements by the year 2009, 2) initiation, in the year 2007, of the demolition of Pleasant View Homes, consolidation of the OHA Central Office Operations to the Gateway Center, interior and exterior renovation of scattered site units to include LBP management, roof repairs, siding, gutters and downspouts and concrete repairs, 3) initiate the disposition of scattered site housing in 2008, and 4) application for Capital Fund Finance Program (CFFP) funding for completion of fire sprinkler systems and all associated life safety improvements at Pine, Park North, Park South, Jackson, Benson, Highland and Florence Towers to complete in 2010.

The OHA feels the above improvements will substantially improve the living conditions of its residents.

Assisted Housing Units

It is estimated that Omaha has 7,976 housing units assisted by Federal, State and local governments that are currently affordable to low-income and other targeted populations. Each of these households must have, upon participation must have been low-income and may have been further targeted by subgroups of special needs such as the elderly. Of those, 5,035 are low-income households, 2,410 are targeted for the elderly, 132 are for people with mental disabilities, 77 are for people with physical disabilities, 24 are for people with developmental disabilities, and eighteen are transitional housing for homeless people.

During the period of this Consolidated Plan, 2008 to 2012, the City of Omaha will continue to add assisted housing units to the supply of affordable housing. Unfortunately, some assisted housing units will lose the requirement of affordability for low-income households. Some of the lost units will be part of the demolition of public housing units to reduce concentrations of low-income households. Some of these units will be replaced, and all of the households will be provided new housing and/or housing through the Section 8 housing program. Other units will be lost due to the expiration of the affordability as set by the program under which they were originally funded. Those for which an expiration date occurs during the period of the 2008 to 2012 Consolidated Plan may not necessarily become unaffordable; some may extend their periods of affordability through the provision of additional funds for rehabilitation. Other assisted housing units may continue to be affordable for market reasons

During the five-year period of this Consolidated Plan, 1,921 assisted housing units will potentially lose the requirement to be affordable. Of those, 837 are targeted to low-income households, 946 are targeted for the elderly, 79 are for people with mental disabilities, 30 are for people with physical disabilities, 20 are for people with developmental disabilities, and nine are transitional housing for homeless people.

Homeless Facilities

Inventory of facilities

See enclosed “Continuum of Care Homeless Housing Activity Chart” for the inventory of our jurisdiction’s Emergency Shelters, Transitional Housing facilities and Permanent Supportive Housing programs/facilities.

Inventory of Services

The “Fundamental Components in CoC System – Service Activity Chart” that follows provides a description and listing of the fundamental service components comprising our CoC.

Fundamental Components in CoC System – Services Activity Chart

Component: *Prevention*

Services in place:

<u>Category</u>	<u>Service Provider</u>
Emergency health & safety	American Red Cross
	American Red Cross (Council Bluffs)
Counseling/Advocacy	Adult Protective Services
	Catholic Charities
	Child Protective Services
	Child Saving Institute
	Children’s Square (Council Bluffs)
	Fair Housing Center of Nebraska
	Heartland Family Service
	Heartland Family Service (Council Bluffs)
	Iowa Department of Human Services
	Mohm’s Place (Council Bluffs)
	NE AIDS Project
	NE Health & Human Services
	Omaha Campus for Hope
	One World Health Center
	Pottawattamie County Homeless Link
	Project Harmony
	Siena/Francis House
	Spring Center – Stabilization Center
	VA Medical Center
	Vet Center
	Visiting Nurses Association
	Visiting Nurses Assoc. (Council Bluffs)
	Youth Emergency Services
YWCA	
Lutheran Family Services	
Landlord/tenant mediation/Legal assistance	Fair Housing Center of Nebraska
	Family Housing Advisory Services
	Iowa Legal Aid

Rent & Utility
assistance

Legal Aid of Nebraska
YWCA
Nebraska AIDS Project

African-American Ministries
Alegent Mercy Behavioral Services
American Red Cross
American Red Cross (Council Bluffs)
Douglas County Housing Authority
General Assistance – Douglas County
General Assistance – Pott. County
General Assistance – Sarpy County
Heartland Family Services
Heartland Family Services (Council Bluffs)
Holy Family Door Ministry
Inter-Faith Response
Iowa Department of Human Services
Municipal Housing Authority (Council Bluffs)
Nebraska AIDS Project
NE Health & Human Services
Omaha Housing Authority
OPPD
Pott. County Homeless Link
Saint Vincent de Paul
Salvation Army (Council Bluffs)
Salvation Army
Southwest Iowa Reg. Housing Authority
Together, Inc.
United Way of the Midlands
VA Medical Center
West Central Development –(Council Bluffs)
Nebraska Assoc. of Farmworkers (NAF)
NE Dept. of Health & Human Services
Iowa Dept of Human Services
St. Vincent DePaul
Red Cross
MUD/Salvation Army/United Way program

Primary health care	Visiting Nurse Association Douglas Co. Depart. of General Assistance Charles Drew Health Center One World Health Center Family Health Care Center (Council Bluffs) Renaissance Nursing Clinic
Hotline (211)	United Way of the Midlands
Public housing & Section 8 Assistance	Bellevue Housing Authority Douglas Co. Housing Authority Omaha Housing Authority Municipal Housing Authority (Council Bluffs)
Child assistance and family protection	NE Dept. of Health and Human Services Iowa Dept. of Human Services
Mortgage Assistance	Family Housing Advisory Services Saint Vincent de Paul Together, Inc.

Services planned: None expected to come “on line” in ’07 but planning concerning the “front door” of homelessness is underway following the recently completed Wilder Report on Homelessness (referenced throughout the homeless sections in this report). The general thrust of that report encouraged a strengthening of this area’s safety net through the provision of more rental and utility assistance, more affordable housing in general, quicker access to mainstream resources, case management and employment assistance. However, no new services are funded at this time.

How persons access/receive assistance:

Individuals access the above listed prevention services with the aid of case managers and service coordinators from human and social service agencies; “211,” the United Way of the Midlands hotline, refers callers to appropriate agencies for needed assistance; Family Housing Advisory Services is an agency to whom clients are referred and through whom clients are connected with the service most suited to their needs. Clients also call directly many of the above listed programs/services.

Component: ***Outreach***

Outreach in place:

- (1) Outreach for homeless persons living on the street and how they are connected to services & housing (Agency providing outreach is underlined)
 - Community Alliance provides two mobile outreach teams (two persons per van) doing street canvassing and visiting area shelters (in both Omaha and Council Bluffs); Community Alliance also makes presentations and

provides brochures to Continuum and shelter staff on services available and on mental illness “indicators.” **Connecting homeless to services and housing:** When meeting homeless individuals living on the street, these outreach teams make an initial assessment of the following: mental health, substance abuse, finances, housing needs, transportation, first aid, food, clothing and shelter. Shelter placements then are made if the individual(s) will accept the placement. Outreach staff have cell phones to make needed referrals and in many cases, transport homeless individuals to the needed services. Further assessments are usually necessary and so, a second meeting is scheduled (if at all possible) at which point a more thorough plan for housing and services is developed. Homeless individuals are provided with contact numbers.

- Heartland Family Service (through its Pott. Co. Homeless Link Project) also provides mobile outreach teams that do street outreach/street canvassing primarily in Council Bluffs and on the Iowa side of river. **Connecting homeless to services and housing:** For safety reasons, these outreach workers go out in teams of at least two persons. When contact is made with homeless individuals on the street, the outreach workers attempt to complete an intake. Once an assessment is completed (to whatever extent is possible), the outreach workers provide referrals (a variety of materials for referral purposes as well as materials to meet basic needs are carried in the van). Ideally, the client agrees to return with the outreach team to the outreach office where additional immediate needs are addressed (i.e., food, medical, clothing, etc.) and where the outreach team can arrange for shelter/housing (again, providing the client agrees). Many clients, however, choose to remain on the street/at the camp location/etc. For these clients, supportive services can be and often are provided at that location (street, encampment, etc.) including mental health counseling.
- Youth Emergency Services provides outreach teams for street outreach/street canvassing on both sides of river. Their focus is homeless youth. **Connecting homeless to services and housing:** Youth Emergency Services’ outreach workers, equipped with backpacks containing basic needs such as food snacks, hygiene products, socks, first aid items, etc., contact homeless youths on the street, providing what services they can and attempting to establish a relationship. Their focus is on problem solving, on gaining the trust of the youth while at the same time connecting the youth to needed community services. Outreach workers refer youths to shelters by making phone calls to the shelters, advocating on behalf of the youth, providing transportation (to the shelter) and making sure that the youth has all that is needed in order to remain at the shelter until additional housing and services can be arranged.
- Faith-based/Creighton High School Sack Lunch Program – six different organizations (five churches and one high school) provide sack lunches six days a week to homeless individuals in the downtown Omaha area. Many of these homeless individuals are staying in shelters but many are living on the street or in other areas unfit for human habitation. **Connecting homeless to services and housing:** These groups (the churches and high school) are now aware of the CoC and the various housing and support services available through it and so, along with lunch, these groups refer individuals to area shelters, medical services and other supportive services available through the CoC.
- Additional street outreach is provided by Dietz United Methodist Church, Heartland Family Services, Mohm’s Place (Council Bluffs), Mount Sinai Baptist Church, the Open Door Mission, Salvation Army (Omaha), Siena/Francis House, the Stephen Center, and the Visiting Nurses Association.

(2) Outreach activities for other homeless persons

- Veteran Outreach
 - ♦ Vet Center – Provides presentations & brochures to shelter staff on services available; street canvassing on annual “Stand Down”
 - ♦ VA Medical Center – Presentations & brochures to CoC & to shelter staff on services available; outreach to clients in area shelters

- Seriously Mentally Ill
 - ♦ Heartland Family Service (Omaha) – Outreach to area shelters and Outreach to transitional housing facilities
 - ♦ Community Alliance - Mobile outreach teams of street/street canvassing and visiting area shelters (Omaha and Council Bluffs – Nebraska side of river); presentations and brochures to CoC and shelter staff on services available; presentations on mental illness “indicators”
 - ♦ Heartland Family Service/Pott. Co. Homeless Link Project – Mobile outreach teams on the street/street canvassing (Council Bluffs primarily – Iowa side of river)

- Substance Abuse
 - ♦ Heartland Family Service (Omaha) – Outreach to area shelters and Outreach transitional housing facilities
 - ♦ Heartland Family Service/Pott. Co. Homeless Link Project Mobile outreach teams on the street/street canvassing (Council Bluffs primarily – Iowa side of river)

- Medical Outreach
 - ♦ Visiting Nurse Association – Nurses are regularly scheduled in emergency shelters where they get to know shelter guests and encourage them to get medical check-ups and treatment as needed.
 - ♦ Charles Drew Mobile Clinic & Magis Clinic (Francis House) – Charles Drew provides a mobile clinic to area shelters; Magis Clinic is a satellite clinic located at the Francis House Emergency Shelter

- HIV/AIDS Outreach
 - ♦ Nebraska AIDS Project -- Presentations made to CoC, shelter staff and larger community on services available; brochures describing services distributed at community; presentations on HIV/AIDS behavioral “indicators”; outreach to area shelters and transitional housing facilities; presentations and HIV testing at shelters.

- Domestic Violence Outreach
 - ♦ Catholic Charities, YWCA, Heartland Family Service -- Presentations made to CoC case managers and larger community on services available; presentations on domestic violence “indicators”; a YWCA staff person conducts classes in several shelters and transitional housing facilities

- Youth Outreach
 - ♦ Youth Emergency Services _- Outreach teams on the street/street canvassing (both sides of river)
 - ♦ Youth Emergency Services, Camp Fire Boys & Girls Presentations made to CoC and outreach to shelter and transitional housing staff on services available

- Legal Aid/Law Enforcement
 - ♦ Iowa Legal Aid, Nebraska Legal Services, Omaha Police Department, Douglas County Law Enforcement, Project Harmony – each provides legal outreach and legal advocacy for individuals on the street, in emergency shelters and in families on behalf of persons threatened with domestic violence.
 - ♦

Outreach planned:

The Charles Drew Health Center has obtained a grant through the US Department of Health and Human Services to provide (perhaps as early as this year) a mobile health clinic as well as to establish two satellite offices. This new outreach initiative will provide healthcare to both chronically homeless and other homeless individuals and families.

Component: *Supportive Services*

Services in Place

Case Management Case management is provided by case managers within emergency shelters, transitional housing facilities and specific supportive service treatment programs. The client's circumstances and progress are monitored, tracked and guided while the client is in the case manager's facility or program. Typically, case managers meet weekly with clients. Case management across programs and facilities is provided (to the degree currently possible) by Case Advocates who assist case managers by attempting to track and place clients throughout the Continuum, from facility to facility, program to program. As already indicated, case management is provided by residential providers (emergency shelters and transitional housing facilities) and by supportive service treatment programs (e.g., the YWCA for clients in the "Women Against Violence" groups, the Charles Drew Health Center for clients receiving primary health care, etc.). Case advocacy is provided by Family Housing Advisory Services.

The following programs (in addition to those already mentioned) provide case management to their clients: Child Protective Services, Heartland Family Services (Omaha, Sarpy Cty. & Council Bluffs), MICAH House, Mohm's Place (Council Bluffs), Nebraska AIDS Project, One World Health Center, Open Door Mission, Siena/Francis House, Stephen Center, VA Medical Center (through its Veteran Program), Youth Emergency Services.

Life Skills Life skills training are provided by any number of programs in our CoC. All transitional housing facilities provide it as do a number of emergency shelters. Staff at these facilities address a number of self-, medical- and financial-management skills through weekly training sessions. The Salvation Army Residential Readiness Program offers the most focused life skills training program in our Continuum. Here, a sixteen-week training program (for clients from facilities throughout the Continuum) focuses on the life skills needed to succeed in transitional housing (and beyond). Clients completing this program are moved to transitional housing (and permanent housing if they are considered eligible). Similarly, the Visiting Nurse Association, through its visiting nurses, provides clients with education on accessing/utilizing primary health care, on assistance in utilizing community resources, as well as coaching and mentoring in the areas of family planning and medical health care. Other life skills training programs include the Camp Fire Boys & Girls - Homeless Program for Children where cooperative work and play is taught to children in shelters along with a variety of other activities designed to further not only appropriate developmental skills but self-esteem, as well; the Stephen Center HERO Program where clients are taught life skills in a variety of areas – financial, personal, interpersonal; the Salvation Army Wellspring Program that teaches life skills to homeless women who are leaving prostitution and returning to the life of work and family; and the YWCA Women Against Violence Program that works with children coping with a history of domestic violence.

The following programs (in addition to those already mentioned) provide life skills

training to their clients: Child Saving Institute, Heartland Family Services (Omaha, Sarpy Cty. & Council Bluffs), MICAH House, Nebraska AIDS Project, Salvation Army (other programs in addition to the Residential Readiness Program and the Wellspring Program), Williams Prepared Place and Youth Emergency Services.

Alcohol & drug abuse treatment

Alcohol and drug abuse treatment is provided by several housing and support service agencies. Most offer “Twelve-Step” approaches to treatment. The Omaha Campus for Hope provides this community with its “detox” facility along with housing that offers short and intermediate stays to recovering addicts. Recovery programs are provided by a few transitional housing facilities, including Siena/Francis House, New Creations Transitional Housing, the Salvation Army’s Adult Rehabilitation Center, and Williams Prepared Place. In addition, (non-residential) substance abuse counseling and treatment is provided by Catholic Charities through its Juan Diego Center and Out Patient services, by Lutheran Family Services, by the Vet Center, and by Heartland Family Service through its Pottawattamie County Homeless Link Project and Professional Counseling services. Heartland Family Service also provides substance abuse treatment through its Mental Health and Substance Abuse Program.

The following programs (in addition to those mentioned above) provide alcohol & drug abuse treatment to their clients: Alegent Health Behavioral Services, Alegent Mercy Hospital Behavioral Services, Lutheran Family Services, Open Door Mission, Stephen Center, VA Medical Center (through its Veteran Program), Vet Center, Visiting Nurse Association, and Youth Emergency Services.

Mental health treatment

Mental health treatment is provided by Community Alliance through its Reach Out Omaha program (this program identifies homeless clients in need of mental health treatment) and through its housing (permanent supportive housing) and day rehabilitation programs. In addition, all of the following agencies provide mental health treatment/counseling to homeless individuals/families (i.e., they provide counseling, psychiatric diagnoses, monitoring of medication regimens, etc.): Heartland Family Service through its various offices and through its Mental Health and Substance Abuse Program, Lutheran Family Service – Outpatient Mental Health, Salvation Army - Transitional Residential Program, Alegent Health Behavioral Services, Catholic Charities through its Out Patient Counseling Services, the Vet Center, the Spring Center through its stabilization unit, the Charles Drew Health Center, Douglas County Community Mental Health Center, Region VI - Community Support Service, Alegent Mercy Hospital - Behavioral Services, Lutheran Social Service/Iowa: Mental Health, and the Jennie Edmundson Memorial Hospital in Council Bluffs, Iowa.

The following programs (in addition to those mentioned above) provide mental health treatment/counseling to their clients: American Red Cross, Magis Clinic – Francis House, Nebraska AIDS Project, Omaha Campus for Hope, Stephen Center, VA Medical Center (through its Veteran Program), Visiting Nurse Association, YWCA.

AIDS-related treatment

The principal provider of AIDS-related treatment in our area is the Nebraska AIDS Project. This agency provides education and outreach concerning HIV/AIDS related issues to shelters, transitional housing facilities and to the community at large. The Charles Drew Health Center, the One World Health Center, the Council Bluffs Health Center, and the University of Nebraska Medical Center, through its Ryan White Title III

program, provide medical treatment for AIDS-related diseases. Finally, the Visiting Nurse Association, through its shelter and transitional housing programs, provides nursing and self-care education for clients with HIV/AIDS-related concerns.

The following programs (in addition to those mentioned above) provide AIDS-related treatment: Douglas County Primary Healthcare, Pottawattamie County Public Health, and the Renaissance Clinic - Salvation Army.

Education

Education within the CoC is provided by the Omaha Public Schools through its Adult Basic Education Program, by Planned Parenthood's Community Education Program, by the LaRaza GED Program, by the OIC's Learning Opportunity Lab, and finally, by Iowa Western Comm. College's Adult Learning and New Choices Programs. In a less concentrated way, many shelters and transitional housing facilities offer tutoring and support in their clients' efforts to obtain GED's or community college certificates. The Open Door Mission, for example, has award night in honor of children's academic achievement while also offering, along with the Salvation Army, after school tutoring.

The following programs (in addition to those mentioned above) provide education services to their clients though these services may have a very specific focus (health care) and overlap with like skills training: American Red Cross, Child Saving Institute, Community Alliance, Family Housing Advisory Services, Heartland Family Services, MICAH House, Mission for All Nations (So. Omaha), Nebraska AIDS Project, Pottawattamie County Homeless Link, Siena/Francis House, Urban League Family Resource Center, Visiting Nurse Association, Youth Emergency Services, YWCA.

Employment Assistance

Employment assistance within the CoC is provided by a variety of agencies offering employment counseling, job skills training, and job placement. These agencies are: Goodwill Industries (through its various programs, i.e., Career Development Services, Datability/Tri/Tech, H.I.R.E, Work Adjustment and Work Experience, Supported Employment, and Project Resolve), Community Alliance (through its Day Rehabilitation Program), the Urban League Family Resource Center, the Greater Omaha Workforce Development Program (through its Adult Skill Training and Dislocated Workers Programs), the OIC (through its Adult Care Program and Learning Opportunity Lab), Nebraska Job Service, Nebraska Vocational Rehabilitation Services, Iowa Western Community College Adult Learning, Job Training Partnership Act (JTPA), and finally, Iowa Workforce Development.

The following programs (in addition to those mentioned above) provide employment assistance: IWCC Adult Learning & New Choices Program, MICAH House, Pottawattamie County Homeless Link, Spring Center – Stabilization Center, Youth Emergency Services.

Child Care

Child care is provided on site at the following shelters: Catholic Charities - Family Passages, the Domestic Abuse Safe Haven Transitional Housing Facility, the Open Door Mission - Residential Housing Program and the Child Saving Institute's Children's Crisis Center. In addition, child care is provided for portions of the day by the Camp Fire Boys & Girls - Shelter Program.

The following programs (in addition to those mentioned above) provide child care services: Children's Square (Council Bluffs), Heartland Family Services, and MICAH House.

Transportation Transportation from the street to emergency shelter is provided by Community Alliance Outreach and by the Pottawattamie County Homeless Link Project. In addition, both projects provide transportation to supportive services. Transportation from the shelters to the downtown area (a bus that runs in the morning and evening) is provided by the Open Door Mission. Finally, many other programs and housing facilities provide bus tickets, gas vouchers and other transportation services to their clients – these programs and facilities include: the Stephen Center, Catholic Charities – Family Passages, New Creations, the VA Medical Center through its Veteran Program, and Williams Prepared Place.

The following programs (in addition to those mentioned above) provide transportation services in one form or another for homeless clients: Camp Fire Boys & Girls, Charles Drew Health Center, Heartland Family Services (Omaha, Sarpy Cty. & Council Bluffs), Nebraska AIDS Project, Nebraska Health & Human Services, One World Health Center, Saint Vincent de Paul, Siena/Francis House, Together, Inc., Youth Emergency Services, and the YWCA.

Health Care Primary health care is provided by the Visiting Nurse Association through its programs in the shelters and transitional housing facilities. In addition, primary health care for the homeless is provided by a consortium of health care providers: the Charles Drew Health Center, the One World Health Center, the Council Bluffs Health Center, the Renaissance Nursing Clinic and the Douglas County Primary Health Care program.

The following programs (in addition to those mentioned above) provide healthcare in one form or another for homeless clients: Alegent Mercy Hospital Behavioral Services, Hope Medical Outreach, Jennie Edmundson Memorial Hospital (CB), Juan Diego Center, Mission for All Nations (So. Omaha), Mohm’s Place (Council Bluffs), One World Health Center, Open Door Mission, Pottawattamie County Public Health Department, Project Harmony, Siena/Francis House, SONA Medical Center, Stephen Center, Together, Inc., the Council Bluffs Community Health Center, and VA Medical Center (through its Veteran Program).

Legal Services Legal services are provided by Nebraska Legal Aid through visits to area shelters and transitional housing facilities, by Southwest Iowa Legal Services, and by law students in the Creighton University School of Law.

Services Planned Several existing supportive service programs, previously funded as “supportive service only” programs through the SuperNOFA Supportive Housing Program, are involved now in securing local funding to continue their services. Current funding lasts through December of ’07.

How homeless persons access/receive assistance:

Homeless persons access supportive services by means of referrals from case managers at emergency shelters, transitional living facilities and other support service programs; also by means of referrals from “case advocates” at Family Housing Advisory Services. Transportation to sites providing supportive services is provided by Community Alliance, the Pottawattamie County Homeless Link Program and by several other programs that provide either transportation (via vans) or bus tickets. It also is the case that a number of supportive services (child care, domestic abuse treatment, legal counseling and assistance, life skills training, mental health assessment and treatment, nursing care, clothing and supplies, etc.) are taken directly to, or are already provided at, the emergency shelters and transitional housing facilities where homeless persons reside, making their access to these services extremely convenient.

Optional Continuum of Care Homeless Housing Activity Chart:

Fundamental Components in CoC System - Housing Inventory Chart

EMERGENCY SHELTER											
Provider	Facility	HMS	Geo	Target Population		2007 Year-Round Units/ Beds			2007 All Beds		
Name	Name		Code	A	B	Family Units	Family Beds	Individual Beds	Year-Round	Seasonal	Overflow /Voucher
Current Inventory											
Catholic Charities	Campus for Hope	N	312208	SMF		0	0	61	61	0	6
Catholic Charities	Phoenix House	N	191134	M	DV	8	24	0	24	0	0
Catholic Charities	The Shelter	N	312208	M	DV	6	31	0	31	0	0
Child Saving Institute	Crisis Center	C	312208	YMF		0	0	12	12	0	0
Child Saving Institute	Kids Cottage	C	312208	YMF		0	0	12	12	0	0
Children's Square	Youth Shelter	N	191134	YMF		0	0	22	22	0	0
Help the Homeless	Lydia Emergency	C	312208	SF		0	0	16	16	0	0
Help the Homeless	Lydia Family	C	312208	FC		11	55	0	55	0	0
Help the Homeless	Open Door Mission	C	312208	SM		0	0	56	56	0	162
McAuley Center	McAuley Center	C	312208	M		4	14	10	24	0	0
MICAH House	MICAH House	C	191134	M		13	46	2	48	0	0
Salvation Army	Transitional RP	C	312208	M		0	0	16	16	0	0
Siena Francis House	Francis House	C	312208	SM		0	0	222	222	0	120
Siena Francis House	Siena House	C	312208	M		0	0	20	20	0	15
Stephen Center	SC Shelter	C	312208	M		9	25	36	61	0	20
Youth Emergency Svc.	YES House	N	312208	YMF		0	0	2	2	0	0
Youth Emergency Svc.	YES House	N	312208	YMF		0	0	4	4	0	0
SUBTOTAL						51	195	491	686	0	323
Under Development											
Child Saving Institute	Crisis Center		312208	YMF		0	0	12	12	0	0
Christian Worship Center	New Visions Center: Joshua House		191134	SM		0	0	40	40	0	0
SUBTOTAL						0	0	52	52	0	0
TRANSITIONAL HOUSING											
Provider	Facility	HMS	Geo	Target Population		2007 Year-Round Units/ Beds			2007 All Beds		
Name	Name		Code	A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal	Overflow /Voucher
Current Inventory											
Catholic Charities	Dual Program	N	312208	SMF		0	0	16	16		
Catholic Charities	Family Passages	N	312208	M	DV	8	40	0	40		
Heartland Family Service	Safe Haven	N	319153	M	DV	5	20	0	20		
Heartland Family Service	Transitions	C	191134	M		6	25	1	26		
Help the Homeless	Family Center	N	312208	FC		16	80	0	80		
Help the Homeless	Ind. TL	N	312208	M		4	20	0	20		
Help the Homeless	Men's New Life	N	312208	SM		0	0	16	16		
Help the Homeless	Men's Rehab	N	312208	SM		0	0	22	22		
Help the Homeless	Women's New LF	N	312208	SF		0	0	10	10		
Restored Hope	Restored Hope TL	P 1/08	312208	FC		18	55	0	55		
Salvation Army	37th Street	C	312208	M		18	41	4	45		
Salvation Army	ARC	N	312208	SM		0	0	95	95		
Salvation Army	Harrington Homes	C	312208	FC		9	27	0	27		
Salvation Army	Scattered Site	C	312208	FC		7	33	0	33		
Salvation Army	THRU	C	312208	M		9	32	2	34		
Siena Francis House	SF Recovery	C	312208	SMF		0	0	56	56		
Stephen Center	Men's Apts.	C	312208	SM		0	0	8	8		
Stephen Center	TL Houses	C	312208	M		7	22	0	22		
Williams Prepared Place	WPP	C	312208	SMF		0	0	18	18		
SUBTOTAL						107	395	248	643		
Under Development											
Christian Worship Center	New Visions Center: Joshua House		191134	SMF		0	0	26	26		
Siena Francis House	SF Recovery		312208	SMF		0	0	27	27		
SUBTOTAL						0	0	53	53		

Beds and Services for the Chronically Homeless

The most recent inventory of homeless housing and supportive service programs was conducted in January of 2007. One hundred and six programs were identified as providing prevention, outreach and/or supportive services to homeless persons in the three jurisdictions covered by the Metro Area Continuum of Care for the Homeless. Of these 106, 65 (or 61%) serve the chronically homeless (as well as, in many cases, "other homeless".) These services are primarily in the form of outreach, drug and alcohol treatment, medical healthcare, mental health counseling and case management.

Seventeen emergency shelter facilities were identified in this recent inventory, providing 491 individual emergency shelter beds. Of these, 411 (or 83%) are available to serve the chronically homeless though these beds also serve "other homeless." Twenty-two transitional housing programs were identified, providing 301 individual transitional housing beds. Of these, 245 (81%) are available to serve chronically homeless persons though, again, these beds also serve "other homeless". Finally, there is one Permanent Housing project in the inventory, a Shelter Plus Care project with 21 tenant-based rental assistance vouchers. All are for (mentally-ill) chronically homeless persons.

Inventory of Supportive Housing for Non-Homeless people with Special Needs

People with special needs who are not homeless, but who may require supportive housing include: the elderly/frail elderly, persons with disabilities, persons with alcohol or other drug addiction, and persons diagnosed with AIDS or are HIV positive. It is estimated that within the Omaha Metropolitan Statistical Area (MSA) 19,000 people have a disability, which is chronic and limits their mobility to perform certain major daily activities. Of these 19,000 people, an estimated 40% to 44% are unemployed/unable to work, 23% to 26% are retired, approximately eight percent are employed full time and less than five percent are employed part-time. Because of the low employment status, the financial security of people with severe disabilities is impacted including poor housing. Households with members that have severe disabilities in the Omaha MSA have incomes that are approximately 44 to 51 percent of the median for Douglas County.

For adults living alone that have an employment limiting disability and no other source of income except Supplemental Social Security Income, housing costs can represent a severe burden. The table below calculates the cost burden using HUD Fair Market Rents and the Maximum Monthly Federal Payment for Supplemental Security Income (SSI). Cost burden occurs if a household spends 30% or more for housing and is considered to have an extreme cost burden if it spends 50% or more for housing. When the SSI payment is the only form of income, and often it is for people with disabilities, then the following table indicates a level of housing cost burden that leaves little for food and clothing.

Disabled SSI Recipients and Housing Cost Burden

FY 2006	SSI 2006	% of 2006 SSI	SSI 2007	% of 2007 SSI
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	FMRs One Bedroom*	payment per month	for Rent	payment per month	for Rent
Omaha-Council Bluffs, NE-IA	\$531	\$603	88.10%	\$623	85.2%

Source: <http://www.huduser.org/datasets/fmr/fmrs/st.odt>

* Final FY 2006 Fair Market Rent Documentation System - Nebraska

The primary concern within Council Bluffs for populations with special needs, other than the homeless, is a lack of affordable housing. Many Support services can and are being provided to individuals within their homes, which is often in poor condition. It is estimated that half of the people on the waiting list for Section 8 through CBMHA are also in need of supportive housing. Improving the quality and availability of affordable housing to people with special needs would serve the entire Consortium.

Elderly and Frail Elderly

The Consortium's elderly (62 years and older) population was almost 63,000, or 14.1 percent of the population in 2000 representing an increase of 3.6% from 1990. With the aging of the baby boomer generation and decreasing mortality rates, the proportion of the population that is elderly is expected to grow throughout the nation as well as in the Consortium. The proportion of people 75 years and older increased from 3.2 percent in 1990 to 5.7 percent in 2000 in the Consortium.

Independent living facilities are not required to receive licenses from the State and are therefore not as easily tracked as those that must be licensed, particularly in terms of the numbers of units available. Services that are offered vary depending on the apartment complex, but all residents are assumed able to live independently on a day-to-day basis and are therefore assumed not to be frail elderly. The following is a list of independent living facilities for the elderly in Omaha.¹

Independent Living Facilities for the Elderly

Subsidized Units Based on Income

Managed by the Omaha Housing Authority:

Benson Tower	5900 NW Radial Highway	
Crown Tower	5904 Henninger	(over 60 only)
Evans Tower	3600 North 24th Street	(over 60 only)
Florence Tower	5100 Florence Boulevard	(over 60 only)
Highland Tower	2500 "B" Street	
Jackson Tower	600 South 27th Street	
Kay Jay Tower	4500 South 25th Street	(over 60 only)
Park Tower North	1501 Park Avenue	
Park Tower South	1601 Park Avenue	
Pine Tower	1500 Pine Street	
Underwood Tower	4850 Underwood	(over 60 only)

Telephone numbers for all addresses is 444-4200. All accept Section 8.

Managed by the Council Bluffs Municipal Housing Agency:

Dudley Court	201 North 25 th Street
Regal Towers	506 South 6 th Street

¹ *Housing for Senior Citizens in Cass, Dodge, Douglas, Sarpy and Washington Counties in Nebraska* prepared by the Eastern Nebraska Office on Aging, April 2007.

Managed by Douglas County Housing Authority: 444-6203

North Acres 108th and Jaynes Street
Woodgate Town Homes 78th and Whitmore Plaza

Managed by Darland Corporation:

Walter Roberts Manor 1024 South 32nd
Corrigan Heights 38th and "X" Street

Managed by Retirement Housing Foundation:

Camelot Village – Council Bluffs 1105 South 3rd Street

Managed by the Good Samaritan Center:

Millard Manor Apartments 12865 Deauville Drive

Managed by the Holy Name Housing Corporation:

Leo Vaughn, Sr. Manor 3225 Fontenelle Boulevard
Securities Building 305 South 16th Street

Managed by Immanuel Health Systems, Inc.:

Immanuel Courtyard 6757 Newport Avenue

Managed by Knudson Management:

Bluffs Tower – Council Bluffs 38 Pearl Street

Managed by Kountze Memorial Lutheran Church:

DeFreeze Manor 2669 Dodge Street

Managed by N. P. Dodge

Greenview Apartments 18th & Grace Streets
Clark Place Apartments Florence Blvd & Clark Street
Anathoth Place Duplexes Grace Street & Florence Blvd
Grace Plaza Four Plexes Grace Street & Florence Blvd
Meredith Manor 33rd & Ames Ave
Ridgewood Heights 6801 Spring Street
Salem Village at Miami Heights 3502 Lake Street
Burlington Square 3606 Orchard Ave
Orchard Manor 3650 Orchard Ave
Saunders Apartments 415 North 41st Avenue

Managed by Notre Dame Housing, Inc.:

Seven Oaks of Florence 3439 State Street

Managed by Paralyzed Veterans of America (Physical Disability Necessary):

LaBonne Vie-North 60th and Ville de Sante Drive
LaBonne Vie-South 94th and Park Drive
Papio Valley Apartments 81st & Blondo
Plains View Apartments-Council Bluffs 24th & North Street

Managed by Picerne Development:

King's Gate 7055 Crowne Point Avenue

Managed by P. J. Morgan

Twin City Square Apts. – Council Bluffs

3209 Renner Drive

Managed by Progress West

Plain View Apartments – Council Bluffs

2530 Avenue M

Managed by the Salvation Army Senior Service:

Durham Booth Manor Apartments

923 North 38th Avenue

Managed by the Seldin Development and Management Company:

Camelot Village III

9415 Cady Street

Central Park Tower

1511 Farnam Street

Concord Square

2120 Paul Street

J. C. Wade Sr. Villa

3464 Ohio

Livingston Plaza Apartments

303 South 132nd Street

Oak Valley Apartments

12555 Krug Avenue

Park East Tower

539 South 26th Avenue

Pilgrim Heights Apartments

1315 North 26th Street

Villa de Sante Terrace

6202 Villa de Sante Drive

Bennet Building-Council Bluffs

405 West Broadway Street

Maple Park Apartments – Council Bluffs

3524 2nd Avenue

North Avenue Tower – Council Bluffs

103 North Avenue

Independently Owned and Managed

Kingwood Apartments

2707 South 134th Avenue**Market Rate Apartments**

Bethany Heights – Council Bluffs (60 units)

11 Elliott Street

Harmony Court – Council Bluffs (92 units)

173 Bennett Avenue

Risen Son Christian Village – Council Bluffs (58 units)

3000 Risen Son Blvd

Section 8 Rental Assistance

The Section 8 program utilizes private sector apartments that are subsidized through the Omaha Housing Authority. Funding for this program is limited and waiting lists are long. The following complexes will accept Section 8.

Northridge Apartments

10745 Old Maple Road

Ambassador Apartments – Council Bluffs

119 South 8th Street

Bennett Estates – Council Bluffs

131 Bennett Avenue

The Bluffs Apartments – Council Bluffs

2065 Nash Blvd.

Capel Apartments – Council Bluffs

711 East Broadway

Cottonwood Apartments – Council Bluffs

806 North 34th Street

Echo Park Apartments – Council Bluffs

1106 Marshall Avenue

Featherstone Town homes – Council Bluffs

901 North 35th Street

Greenbriar Apartments – Council Bluffs

1400 Franklin Avenue

The Heights Apartments – Council Bluffs

649 Parkwild Drive

Maplewood Apartments – Council Bluffs

1105 South 35th Street

Northgate Apartments – Council Bluffs

1222 North 31st Street

Parkwild Apartments – Council Bluffs

1801 Parkwild Road West

Pine Ridge Apartments – Council Bluffs

32 Dillman Drive

Sherwood Place – Council Bluffs

2335 Sherwood Drive

Twin City Square Apartments – Council Bluffs	3209 Renner Drive
Western Trails – Council Bluffs	3201 Renner Drive
Woodbury Pines Apartments – Council Bluffs	532 Woodbury Avenue
Oakland Properties – Council Bluffs	255 Oakland Avenue
Westland Park – Council Bluffs	3205 12 th Avenue

Managed by Garland Corporation:

Walter Roberts Manor	1024 South 32 nd Street
Corrigan Heights	38 th and “X” Street

Managed by Holy Name Housing Corporation:

Leo Vaughn, Sr. Manor	3325 Fontenelle Blvd.
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Managed by Immanuel Health Systems, Inc.:

Immanuel Courtyard	6757 Newport Avenue
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Kountze Memorial Lutheran Church:

DeFreese Manor	2669 Dodge Street
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Managed by N. P. Dodge:

Saunders Apartments	415 North 41st Avenue
Ridgewood Heights Apartments	6801 Spring Street

Notre Dame Housing, Inc.:

Seven Oaks of Florence	3405 State Street
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Managed by Paralyzed Veterans Association:

LaBonne-Vie South	94 th and Park Drive
LaBonne-Vie North	60 th and Villa de Sante Drive
Papio Valley Apartments	81 st and Blondo Street

Managed by the Seldin Development and Management Company:

Camelot Village III	9415 Cady Street
Central Park Tower	1511 Farnam Street
Livingston Plaza Apartments	303 South 132nd Street
Oak Valley Apartments	12425 Krug Avenue
Park East Tower	539 South 26th Avenue
Bennet Building-Council Bluffs	405 West Broadway Street
Maple Park Apartments – Council Bluffs	3524 2 nd Avenue
North Avenue Apartments – Council Bluffs	3524 North Avenue

Condominium or Cooperative Apartments (individually/jointly owned by resident):

Coronado Condominiums	770 North 93 rd Street
Fifth Avenue Cooperative	25th and Douglas Street
Glenbrook Homes Association	7901 Vane Street
Immanuel Village	6801 North 67 th Plaza
Immanuel Lakeside Village	17475 Frances Street
Maplecrest	2820 North 66th Avenue
Progress West	8405 Indian Hills Drive
Tiburon Pointe Condominiums	17435 Riveria Drive
Twin Towers	3000 Farnam Street

Windsor Place Condo

35th and Martha

The following is a list of apartment complexes in Omaha that may offer a discount to the elderly, or do not require a security deposit.

Appletree Apartments	99th and "Q" Street
Beacon Hill Apartments	93rd and Maplewood Boulevard
Cambridge Apartments	99th and "Q" Street
Camelot Village Apartments	90th and Blondo
Capitol Court Apartments	7070 Capitol Court
Cedarwood Apartments	1875 South 75 th Street
College Park Apartments	31 st and Dodge Street
Cottonwood Manor	4730 North 61 st Street
Eden West Apartments	96th and Western
Fox Run Apartments	3606 South 69th Court
Green Briar Apartments – Council Bluffs	1400 Franklin Avenue
Hanscom Apartments	1029 Park Avenue
Harrisburg Square Apartments*	96th and "L" Street
Huntington Park	623 Fenwick Plaza
Immanuel Courtyard*	6757 Newport Avenue
LanKen Realty Group	call for specific information
Lund Company	call for specific information
Multi Vest Realty	call for specific information
Pacific Winds	121 st and Pacific Street
Park Crest Apartments	4212 North 48 th Street
Park Crest Apartments	4842 Sprague Street
Park Plaza	105 North 31 st Avenue
Philmore Company	call for specific information
Pine Meadows	110 th and "Q" Street
President's Row	2209 Jones Street
Ridgewood Heights	6801 Spring Street
Rorick Apartments	22 nd and St. Mary's Street
Royalwood Apartments	125 th and Center
Seven Oaks of Florence*	3439 State Street
Sonland	1130 South 31 st Street
Tan Tara	3709 Harrison Street
Walter Roberts Manor	1024 South 32 nd Street
Wentworth Apartments	86 TH and Shirley Street
West Haven	288 North 11 Court
Westwood	115 th and Center Street
Wood Creek	93 rd and Center Street

The following is a list of apartments for elderly that provide market rate apartments:

Immanuel Lakeside Village	17475 Frances
Immanuel Village	6801 North 67 th Plaza

* Indicates an apartment complex in which a portion of the units/residents participate in the Section 8 program.

Assisted living facilities provide care for longer than 24 hours with 24-hour staffing but do not require a registered nurse to be on staff. According to State Department of Health rosters of licensed Assisted facilities and residential care facilities Omaha has a licensed capacity of over 2,178 units/beds. Of those, 83% are owned by proprietary organizations, 15% are owned by non-

profit organizations and 2% are government owned. The following is a list of assisted living facilities for the elderly licensed by the State of Nebraska.

Assisted Residential Facilities for the Elderly – Omaha

<u>Facility Name</u>	<u>Address</u>	<u>Licensed Capacity</u>	<u>Type</u>
An Angel’s Touch	11405 Farnam Circle	8	P
An Angel’s Touch	1113 North 85 th Street	8	P
Beverly Healthcare Sorensen Residential & Assistance	4809 Redman Avenue	10	P
Bickford Cottage	7337 Hickory Street	37	P
Bickford Cottage	11308 Blondo Street	40	P
Brighton Gardens of Omaha	9220 Western Avenue	119	P
Comfortcare Homes of Nebraska, Inc.	5209 Oakhills Circle	6	P
Comfortcare Homes of Nebraska, Inc.	624 North 147 th Avenue	6	P
Comfortcare Homes of Nebraska, Inc.	4503 Eastridge Drive	9	P
Comfortcare Homes of Nebraska, Inc.	1862 South 90 th Street	6	P
Compassionate memory Care	2402 North 102 nd Street	9	P
Douglas County Health Center	4102 Woolworth Avenue	24	G
Edgewood Vista of Omaha	17620 Poppleton Avenue	14	P
Florence Home	7915 North 30th Street	90	P
Fountain View Assisted Living & Special Memory Care	5710 South 10 th Street	49	P
Golden Manor Living Center	4809 Redman	10	P
Golden Manor Assisted Living	3853 Decatur Street	49	P
Hickory Villa	7315 Hickory Street	60	P
Hospice House	7415 Cedar Street	16	P
Immanuel Affordable II, Inc.	6759 Newport Avenue	74	P
Immanuel Lakeside Terrace	17475 Frances Street	48	P
Immanuel Terrace	6801 North 67th Plaza	42	P
Lindenwood Nursing Home	910 South 40th Street	16	P
New Castle Retirement Center	900 North 90th Street	276	NP
Omaha I Bickford Cottage	11308 Blondo Street	50	P
Omaha II Bickford Cottage, L.L.C.	7337 Hickory Street	44	P
Omaha Supportive Living	514-524 South 38 th Avenue	48	P
Parsons House on Eagle Run	14325 Eagle Run Drive	142	P
Princess Anne Residential Care	2024 Binney Street	25	P
Quality Living Inc.	6409 North 70 th Plaza	52	NP
Remington Heights	12606 West Dodge Road	79	P
Royale Oaks Residential Care Facility	4801 North 52nd Street	140	P
Silver Memories, Inc.	8001 Maple Street	13	P
Skyline Manor	7350 Graceland Drive	68	P
Southview Heights	5110 South 49 th Street	70	P
St. Joseph Tower Assisted Living	2205 South 10 th Street	110	P
The Waterford at Miracle Hills	11909 Miracle Hills Drive	70	P
The Waterford at Roxbury Park	5728 South 108 th Street	70	P
Thomas Fitzgerald Veterans Home	15345 West Maple Road	24	G
Via Christe	3636 California Street	74	P
Westgate Assisted Living	3030 South 80 th Street	73	P

Roster of Assisted Living (updated 7/13/07), State Department of Health and Human Services

Of the five Assisted living facilities in Council Bluffs, three are certified by the State of Iowa. Council Bluffs has a capacity of 302 units/beds, of which 177 are certified. Of the total beds, 61% are owned by proprietary organizations and 39% are owned by non-profit organizations. The following is a list of assisted living facilities for the in Council Bluffs.

Assisted Residential Facilities for the Elderly – Council Bluffs

<u>Facility Name</u>	<u>Address</u>	<u>Licensed Capacity</u>	<u>Type</u>
Amelia House (certified)	57 West Ferndale Drive	50	P
Bethany Heights	11 Elliott Street	60	NP
Fox Run Assisted Living Community (certified)	3121 MacIneery Drive	66	P
Primrose Retirement Communities (to open Spring 08)	1801 East Kanesville Blvd.	68	P
Risen Son Christian Village (certified)	3000 Risen Son Blvd.	58	NP

National Center for Assisted Living and American Health Care Association

Nursing home facilities are required to have a licensed registered nurse at least eight hours a day and licensed practical nurse on staff the remainder of the day. Based on the number of licenses as of July 13, 2007, Omaha has 2,706 nursing home beds. Forty-eight percent of the beds are run by proprietary organizations, 39% by non-profits, and 13% by the State of Nebraska or Douglas County. Of the more 2,700 beds, 323 are Medicare certified, 250 are Medicaid certified, and 2,113 are Medicaid/Medicare certified.²

Nursing home facilities are required to have a licensed registered nurse at least eight hours a day and licensed practical nurse on staff the remainder the day. Based on the number of licenses as of August 31, 2007, Council Bluffs has 545 nursing home beds. Fifty-nine percent of the beds are run by proprietary organizations and 41% by non-profits. Of the 545 beds, 545 are Medicare certified, 537 are Medicaid certified, and 537 are Medicaid/Medicare certified. The listing indicates the type of facility as either proprietary (P), non-profit (NP) or government (Gov).³

Nursing Home/Long Term Care Facilities for the Elderly – Omaha

<u>Facility Name</u>	<u>Address</u>	<u>Licensed Capacity</u>			<u>Type</u>
		<u>Medicare</u>	<u>Medicaid</u>	<u>Mcare/Mcaid</u>	
Alegent Health Immanuel Fontenelle Home	6901 North 72 nd Street	193	0	0	193 NP
Brighton Gardens of Omaha	9220 Western Avenue	45	39	0	0 P
Brookestone Village, Inc.	4330 South 144 th Street	120	108	0	12 P
Douglas County Health Center	4102 Woolworth Avenue	254	0	0	254 Gov
Florence Home	7915 North 30 th Street	136	116	0	116 NP
Golden Living Facility-Sorensen	4809 Redman	64	0	0	64 P
Infinia at Florence Heights	3110 Scott Circle	108	0	0	108 P
Life Care Center of Omaha	6032 Ville De Sante Drive	128	0	0	128 P
Lindenwood Nursing Home	910 South 40 th Street	65	0	0	61 P
Maple Crest Care Center	2824 North 66 th Avenue	175	0	0	175 NP
Millard Good Samaritan Center	12856 Deauville Drive	114	0	0	114 NP
Montclair Nursing Center	2525 South 135 th Avenue	175	60	0	115 P

² Roster of Nursing Home Licensed as of (updated 7/13/07), State Department of Health.

³ Roster of Nursing Home Licensed as of (updated 7/13/07), State Department of Health.

<u>Facility Name</u>	<u>Address</u>	<u>Licensed</u>			<u>Mcare/</u>		<u>Type</u>
		<u>Capacity</u>	<u>Medicare</u>	<u>Medicaid</u>	<u>Mcaid</u>		
Nebraska Skilled Nursing & Rehab	7410 Mercy Road	174	0	0	174		P
Omaha Nursing Home Inc.	4835 South 49 th Street	81	0	0	81		P
Quality Living Inc.	6404 North 70 th Plz	108	0	0	108		NP
Rose Blumkin Jewish Home	323 South 132nd Street	118	0	0	108		NP
Saint Joseph Villa Nursing Center	2305 South 10 th Street	184	0	152	32		P
Skyline Retirement Community	7350 Graceland Drive	100	0	0	100		NP
The Ambassador Omaha	1540 North 72 nd Street	156	0	98	58		P
The Lutheran Home	530 South 26 th Street	112	0	0	112		NP
Thomas Fitzgerald Veterans' Home	15345 West Maple Road	96	0	0	0		ST

Roster of Long Term Care Centers (updated 7/13/07), State Department of Health and Human Services

Nursing Home/Long Term Care Facilities for the Elderly – Council Bluffs

<u>Facility Name</u>	<u>Address</u>	<u>Licensed</u>			<u>Mcare/</u>		<u>Type</u>
		<u>Capacity</u>	<u>Medicare</u>	<u>Medicaid</u>	<u>Mcaid</u>		
Bethany Lutheran Home	7 Elliot Street	121	121	112	112		NP
Midlands Living Center	2452 North Broadway Street	100	100	100	100		P
Northcrest Care & Rehab	34 Northcrest Drive	62	62	62	62		P
Risen Son Christian Village	3000 Risen Son Blvd.	102	102	102	102		NP
Woodlands Rehabilitation Center	1600 McPherson Avenue	160	160	160	160		P

Licensed Nursing Homes, US Department of Health and Human Services

Facilities for the elderly during the day are sometimes a needed or helpful service. Five such facilities are licensed by the State of Nebraska, two of which are non-profit organizations. The total capacity of licensed facilities is 338.

<u>Name</u>	<u>Address</u>	<u>City State Zip</u>	<u>Phone#</u>	<u>Cap.</u>	<u>Type</u>
Edgewood Vista-Omaha	17620 Poppleton Ave	Omaha, NE 68130	P: (402) 333-5749	8	C.
Franciscan Adult Day Center	900 North 90th Street	Omaha, NE 68114	P: (402) 393-2277	80	NP
Friendship Program, Inc.	7315 Maple Street Suite 1	Omaha, NE 68134	P: (402) 393-6911	250	NP LLB
SarahCare Adult Day Center	3615 North 129th Street	Omaha, NE 68164	P: (402) 496-3379	50	C.
Transitions Day Program	4801 North 52nd Street	Omaha, NE 68104	P: (402) 827-6061	30	C.

People with Mental Illness

According to the Region VI Behavioral Healthcare, during a recent year, approximately 1,200 people had a level of mental illness that was serious and persistent and/or disabling in Douglas County for which they received treatment through an agency Region 6 funded.⁴ These agencies serve primarily indigent or lower income people so those who choose purely private care would not be included in the 1,200-person estimate. While no quantitative estimate is available for demand for services, the case coordinator for Region VI confirms that a demand for supportive and residential services for the mentally ill exists. This is supported by the fact that agencies in Council Bluffs that serve the mentally ill generally have small waiting lists with very few vacancies overall.

Mental Health Residential Facilities

⁴ Region VI Human Services Agency.

<u>Name</u>	<u>Address</u>	<u>Services</u>	<u>Licensed Capacity</u>	<u>Type</u>
Boys Town Intensive RTC	555 North 30 th Street	Adolescent	47	P
Children's Hospital	8301 Dodge Street	Other	8	P
Community Alliance - Alliance House	2130 South 46 th Street	Other	8	P
Community Alliance - Arbor House	2504 South 60 th Street	Other	8	P
Community Alliance – Ashwood House	2313 North 72 nd Street	Other	9	P
Community Alliance – Cole Creek	7233 Pinkney Street	Other	8	P
Community Alliance - Mercy House	2904 North 45 th Street	Other	15	P
Community Alliance - Miami House	7724 Miami Street	Other	6	P
Community Alliance – Morningstar	6025 Ogden Street	Other	40	P
Community Alliance – Northstar	3321 Fontenelle Blvd	Other	28	P
Community Alliance - Orchard House	4901 South 52 nd Street	Other	8	P
Community Alliance - Vinton House	2052-54 Deer Park Blvd	Other	12	P
Cooper Village, Inc.	8502 Mormon Bridge Road	Adolescent	51	P
OMNI Behavioral Health	3505 South 105 th Avenue	Adolescent	8	P
Region 6 Recovery	819 Dorcas Street	Other	16	P
Sarpy Recovery Center	2231 Lincoln Road, Bellevue			
Salvation Army Trans. Res. Program	3612 Cuming Street	Other	16	P
The Spring Center	3047 South 72 nd Street	Other	10	Gov
Uta Halee Girls Village	10625 Calhoun Road	Adolescent	84	P
Martin Luther Homes East – Western Iowa	600 9 th Avenue – CB	Other	9	

Roster of Mental Health Care Centers (updated 7/13/07), State Department of Health and Human Services

The State of Nebraska estimates the need for approximately 470 units over five years for low and moderate-income households with a member that has a level of mental illness that is chronic and limits their ability to perform major daily activities. While it is estimated that 24 units/beds will be needed in Council Bluffs in the next five years to provide housing to person with disabilities.⁵

In addition to residential facilities, people with mental illness sometimes need services during the day. The State of Nebraska has licensed five such facilities, four of which are run by Community Alliance, one of the primary providers of residential facilities for Omaha's mentally ill population.

<u>Name</u>	<u>Address</u>	<u>City State Zip</u>	<u>Phone#</u>	<u>Beds</u>	<u>Type</u>
Community Alliance - Leavenworth Day Rehabilitation Center	4001 Leavenworth Street	Omaha, NE 68105	P: (402) 341-5128	150	NP
Community Alliance - MorningStar	6025 Ogden Street	Omaha, NE 68104	P: (402) 933-1100	40	NP
Community Alliance - NorthStar	3321 Fontenelle Blvd	Omaha, NE 68104	P: (402) 453-4025	28	NP
Community Alliance - Pacific Day Rehabilitation Center	616 South 75th Street	Omaha, NE 68114	P: (402) 393-7365	100	NP
Omaha O.I.C. Adult Day Care	2724 North 24th Street	Omaha, NE 68110	P: (402) 457-4222	60	NP

Roster of Adult Day Services (updated 7/13/07), State Department of Health and Human Services

People with Developmental Disabilities

⁵ City of Council Bluffs, Consolidated Plan and Strategy; December 2000.

Approximately 1,050 developmentally disabled people receive services, housing or both in Omaha. A current waiting list of 612 developmentally people looking for housing and/or services.

Services and housing are provided to developmentally disabled residents of Omaha through a variety of providers that are recognized or certified by the State of Nebraska. Housing and service assistance is provided to nearly 300 developmentally disabled people in the metropolitan area through settings that range from services provided to a developmentally disabled person by a family, to several people in an apartment and to four to eight people in group home or other appropriate settings. Day services are also provided to 260 developmentally disabled people, many of which also use residential and other services.⁶

**Residential and Other Service Providers for Persons
With Developmental Disabilities**

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone #</u>
Better Living, Inc.	704 South 75th Street	Omaha, NE 68114	(402) 556-5290
Developmental DSN - Omaha	10437 J Street	Omaha, NE 68127	(402) 827-7652
Ideal Care Support Services	2577 Pratt Street	Omaha NE 68111	
Nebraska MENTOR, Inc.	3738 South 149th Street, Suite 103	Omaha, NE 68144	(402) 891-8000
Mosaic Regional Office	4980 S 118th St	Omaha, NE 68137	(877) 366-7242 Ext 1122
Mosaic – Omaha	4979 South 118th	Omaha, NE 68137	(402) 896-9988
Ollie Webb Center, Inc. dbaCareer Solutions	1941 S. 42nd Street, Suite 122	Omaha NE 68105	(402) 342-4418
Region VI -ENCOR, Eastern Nebraska Community Office of Retardation and Developmental Disability	900 South 74th Plaza, Suite 200	Omaha, NE 68114	(402) 444-6500
Region VI - ENCOR, Central Douglas County Area	4910 North 72nd	Omaha, NE 68134	(402) 444-6136
Region VI - ENCOR, Central Douglas County Area	1016 Northwest Radial Highway	Omaha, NE 68132	(402) 444-6560
Region VI - ENCOR, South Douglas County Area	5020 “I” Street	Omaha, NE 68117	(402) 444-4530
Youth Care, Inc.	2819 S 125th Ave Ste 276	Omaha NE 68144-3898	(402) 991-9709
Vocational Development Center Inc.	6240 Abbott Drive	Omaha, NE 68110	(402) 455-4648

Department of Health and Human Services 8/16/07

Developmentally Disabled Persons
Receiving Residential Service in Council Bluffs by Provider
(As of August 31, 2007)

Facility	Supported	24 Hour
Indian Creek Apartments	12	0
Specialized Support Services	0	39

⁶ Interview with Kimberly McFarland Nebraska Department of Health and Human Services.

REM-Iowa, Inc.	8	37
VODEC Care Homes, Inc.	23	14

Waiting lists exist for the two types of residential service providers for the developmentally disabled, with requests for 278 assisted housing units and 128 supported residential requests. The following table has the waiting lists for assisted living and supported housing services by provider.

Substance Abuse

It is estimated that 6.5% of the adult population abuse drugs or alcohol, for Omaha that translates into over 15,000 people. Of course, not all of these people are seeking assistance in dealing with their drug or alcohol problem but enough are that numerous facilities, both private and publicly funded, are available to treat people who abuse drugs or alcohol on an in- and out-patient basis.

Substance Abuse Treatment Facilities

<u>Facility Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Type</u>	<u>Phone</u>	<u>Clientele</u>	<u># of Beds</u>
A.R.C.H., Inc.	604 South 37th Street	Omaha, Ne 68105	Corp.	346-8898 ;: 346-1129	Gender Limited In-Pat.	18
ABH Addiction & Behavioral Health Services, Inc	5835 North 90th Street	Omaha, Ne 68134	Corp.	573-5111 ;: 573-5019	Adolescent In-Pat. OutPat.	16
Alegent Health - Immanuel Medical Center	16909 Lakeside Hills Court, Suite 400	Omaha, Ne 68130	Corp.	572-2910 ;: 572-3159	OutPat.	
Alegent Health - Immanuel Medical Center	6810 North 68th Plaza	Omaha, Ne 68122	Corp.	572-2121 ;: 572-3177	OutPat.	
ARCH - O'Hanlon House	1502 North 58th Street	Omaha, Ne 68104	Corp.	346-8898 ;: 346-1129	In-Pat.	8
Behavioral Health Integrated OutPat. Services	3300 North 60th Street	Omaha, Ne 68104	Corp.	829-9262 ;: 551-8797	OutPat.	
Catholic Charities	4430 South 33rd Street	Omaha, Ne 68107	Corp.	829-9301 ;: 551-8797	Intermediate Residential	8
Catholic Charities Omaha Campus for Hope	1490 North 16th Street	Omaha, Ne 68102	Corp.	829-9301 ;: 551-8797	In-Pat. OutPat.	93
Latino Center of the Midlands	4821 South 24th Street	Omaha, Ne 68107	Non-Profit	733-2720 ;: 733-6720	OutPat.	
Heartland Family Service	2101 South 42nd Street	Omaha, Ne 68105	Corp.	552-7015 ;: 552-7016	Adolescent OutPat.	
Heartland Family Services North	6720 North 30th Street	Omaha, Ne 68112	Corp.	552-7015 ;: 552-7016	OutPat.	
Greater Omaha Community Action (GOCA)	2406 Fowler Street	Omaha, Ne 68111	Corp.	453-5656 ;: 451-3057	OutPat.	
Catholic Charities Omaha Campus for Hope	1490 North 16th Street	Omaha, Ne 68102	Corp.	829-9301 ;: 551-8797	In-Pat. OutPat.	93
Chicano Awareness Center,	4821 South 24th	Omaha, Ne	Non-Profit	733-2720 ;: 733-	OutPat.	

<u>Facility Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Type</u>	<u>Phone</u>	<u>Clientele</u>	<u># of Beds</u>
Inc.	Street	68107		6720		
Family Service	2101 South 42nd Street	Omaha, Ne 68105	Corp.	552-7015 ; 552-7016	Adolescent OutPat.	
Family Services North	6720 North 30th Street	Omaha, Ne 68112	Corp.	552-7015 ; 552-7016	OutPat.	
Greater Omaha Community Action (GOCA)	2406 Fowler Street	Omaha, Ne 68111	Corp.	453-5656 ; 451-3057	OutPat.	
Omaha Treatment Center	11215 John Galt Boulevard	Omaha, Ne 68137	Limited Liability	(843) 441-2791 ; (843) 881-8793	OutPat.	
NOVA	3483 Larimore Ave.	Omaha, Ne 68111	Corp.	402-455-8303	Therapeutic community, short-term Residential	
Santa Monica, Inc.	130 North 39th Street	Omaha, Ne 68131	Corp.	558-7088 ; 558-7133	Gender Limited In-Pat.	18
The Discovery Center	2809 South 125th Avenue, Suite 281	Omaha, Ne 68144	Corp.	330-0560 ; 330-8835	OutPat.	
The Dominion	3223 North 45th Street The Dormitory	Omaha, Ne 68105	Corp.	510-3643 ; 991-8162	Adolescent Gender Limited In-Pat.	18
The Stephen Center	5217 South 28th Street	Omaha, Ne 68107	Corp.	715-5440 ; 715-5452	In-Pat. OutPat.	64
University Drug and Alcohol Center	1941 South 42nd St, Ste 210	Omaha, Ne 68105	Government-St	595-1703 ; 595-1704	OutPat.	
NE Urban Indian Health Coalition	2240 Landon Court	Omaha, Ne 68108	Corp.	402-346-0902	Outpatient	
Lutheran Family Service	124 S. 24 th St.	Omaha, Ne 68102	Corp.	402-342-7007	Intensive Outpatient, Outpatient	

Roster of Substance Treatment Centers (updated 7/13/07), State Department of Health and Human Services

In the City of Council Bluffs is the program Transitions, a 7 unit transitional living facility for men, women and families that may be utilized by persons that are currently involved in a substance abuse treatment program. In addition, the Oxford House organization has two men only halfway houses in Council Bluffs, a 6 adult bed facility and an 8 adult bed facility. According to the Council Bluffs Housing Needs Assessment Plan prepared in December of 2000, it is estimated that 24 transitional housing units with support services will be needed in Council Bluffs in the next five years to provide housing to persons/families between homelessness and permanent housing.

Housing Problems for Household with Members Having Mobility & Self Care Limitations

The following table contains information on households in which one or more members have a mobility and self-care limitation(s). Overall, renters tend to have more housing problems⁷ than do housing owners. This pattern holds true regardless of income with one exception. Owner households at the lowest income levels ($\leq 30\%$ Median Family Income [MFI]) ranges from just a few percentage points higher to double digit differences if the household has elderly people.

The primary reason for this exception is because renters with the lowest incomes are likely to receive some type of assistance either through the Section 8 Program or by living in public housing. Each of these programs significantly reduces two types of housing problems: 1) housing cost burden by limiting housing costs to, or below 30% of an families income, and 2) provisions of each program for maintaining the physical condition of the housing stock. This helps explain the exception to the fact that housing problems generally are more prevalent in lower-income households than in higher-income households. Again, the lowest-income renter households, those that are more likely to receive Section 8 housing assistance or living in public housing, are somewhat less likely to experience a housing problem than the next higher-income renter households. It is important to note that while the cost and condition of housing may be somewhat better for people receiving Section 8 housing or living in public housing, the social and economic context in which public, housing in particular exists may be among the worse in the city.

Overall, the highest incidence of housing problems experienced by households with a member having a mobility and self care limitation are in Elderly 1 & 2 Member households with incomes of less than 30% MFI at 74%. In fact, 70% of owner households at this level of income experience some housing problems. The incidents of housing problems drop off dramatically for owners as incomes increase. For renters, the incidents of housing problems increases somewhat, then more slowly declines as renter incomes increase.

⁷ Households with housing problems include those that: (1) occupy units meeting the definition of Physical Defects; (2) meet the definition of overcrowded; or (3) meet the definition of cost burden greater than 30 percent.

**Housing Problems for Households with Members with
Mobility & Self Care Limitation by Income and Tenure**

<u>Household by Type, Income, & Housing Problem</u>	<u>Extra Elderly 1 & 2 Member Hholds</u>	<u>Elderly 1 & 2 Member Hholds</u>	<u>All Other Hholds</u>	<u>Total Renters</u>	<u>Extra Elderly 1 & 2 Member Hholds</u>	<u>Elderly 1 & 2 Member Hholds</u>	<u>All Other Hholds</u>	<u>Total Owners</u>	<u>Total Hholds</u>
1. Household Income <=50% MFI	1,212	1,182	3,601	5,995	1,543	1,094	1,586	4,223	10,218
2. Household Income <=30% MFI	671	727	2,351	3,749	652	465	842	1,959	5,708
% with any housing problems	52.2	55.7	68.7	63.2	65.6	74	71.1	70	65.6
3. Household Income >30 to <=50% MFI	541	455	1,250	2,246	891	629	744	2,264	4,510
% with any housing problems	64.5	56.5	61.1	61	14.7	34.8	48.4	31.4	46.1
4. Household Income >50 to <=80% MFI	357	266	1,253	1,876	1,088	933	1,940	3,961	5,837
% with any housing problems	59.7	38	26.9	34.7	7.4	21.9	28.6	21.2	25.5
5. Household Income >80% MFI	397	317	1,528	2,242	1,216	1,457	5,317	7,990	10,232
% with any housing problems	35.3	9.5	8.5	13.4	0.8	8	10.3	8.4	9.5
6. Total Households	1,966	1,765	6,382	10,113	3,847	3,484	8,843	16,174	26,287
% with any housing problems	53.5	44.9	44.6	46.4	16.9	25.3	23.3	22.2	31.5

Extra Elderly: 1 or 2 Member households, either person 75 years or older

Elderly: 1 or 2 Member Households, either person 62 to 74 years

Mobility or Self Care Limitations: all households where one or more persons has 1) a long-lasting condition that substantially limits one or more basic physical activity, such as walking, climbing stairs, reaching, lifting, or carrying and/or 2) a physical, mental, or emotional condition lasting more than 6 months that creates difficulty with dressing, bathing, or getting around inside the home.

People with Physical Disabilities

Of the estimated 19,000 people in the Omaha MSA with severe disabilities, those with mobility as their primary disability "domain" were the most numerous, followed by vision, communication, learning/cognitive, and hearing, in that order. Determining the exact number of units that would serve the needs of the various types of physically disabled people would be difficult. The City of Omaha has completed modifications to accommodate the physically disabled for 9 single-family homeowner units and 14 single-family renter units. The City of Council Bluffs assists the League of Human Dignity with Community Development Block Grant funds with competing modifications to accommodate the physically disabled in 52 units. The following is a list of the multi-family housing units designed to meet the needs of the physically disabled.

City of Omaha Sponsored Units

(7/20/07)

<u>Project Name</u>	<u>Address</u>	<u>Number/Type</u>
Hill Hotel	505 South 16th Street, Kensington Tower	66 Units - 4 units handicap accessible
Hilltop Apartments	1907-06 Jones, 638-42 South 19th Street	3 separate buildings, 2 stories - 18 residential units accessible units.
United Ministries of N. E. Omaha	3344-48 Larimore Avenue	Two 4 unit apartments accessible units #?
Mason School	1012 South 24th Street	32 units - 2 accessible units
Farnam 1600 First National Building	1603-09 Farnam Street	81 Units - 2 accessible units
Orpheum Tower	405 South 16th Street	130 Units - 2 accessible units
Maissons Denree	8112 Blondo Street	16 units, all accessible
Prague Hotel	1402 South 13th Street	11 Units 1 adaptable unit; accessible commercial space
Fifth Avenue Cooperative	121 South 25th Street	31 units- 1 unit with ramp
Union Plaza - Union Outfitting Bldg.	1517 Jackson Street	60 Units - 1 accessible unit; elevator and ramp
Conant Hotel	1913 Farnam Street	53 units - 2 accessible units
Packers National	4939 South 24th Street	7 units -- elevator
South Terrace	4725-35 South 24th Street	24 units -- 1 accessible unit, elevator
John Lunday	4837-41 South 24th Street	10 units -- elevator
President's Row	2211 Jones	24 units -- Elevator
Terrace Gardens	2024 North 16th Street	70 units accessible units
Park School	1320 South 29th Street	24 units - 2 accessible units
Vinton School	2120 Deer Park Boulevard	20 units, 1 unit handicap accessible
Saunders Apartments	415 North 31st Avenue	23 units, 2 accessible units
Roseland Apartments	4932 South 24th Street	17 units -- accessible commercial space
Bull Durham Apartments	1007 & 1013 Leavenworth Street	48 units, 5 accessible plus 1 for visual/hearing impaired
Drake Court Apartments - Nu-Style	701 South 22nd Street	130 units - 7 units accessible - accessibility in common areas

<u>Project Name</u>	<u>Address</u>	<u>Number/Type</u>
Burlington Square Ltd. & 36th & Orchard Partnership	36th & Orchard	24 units, 2 accessible
Securities Building	305 South 16th Street	35 units, 1 accessible, accessible commercial areas
Kellom Plaza	26th & Caldwell	19 units - 1 accessible
Community Alliance Group Home	2052 Deer Park Boulevard	Accessible common area, 1 unit accessible duplicate.
1115 Harney Ltd. Partnership	1115 Harney Street	20 units, elevator, 1 unit accessible, 19 adaptable units
Hartman Apartments	60th & Harman Avenue	36 units, 2 accessible
Greenview Apartments	17th & Clark Streets	36 units, 2 accessible, all ground floor units adaptable
Clark Place Ltd. Partnership	19th & Clark Streets	34 units, 2 accessible, 10 adaptable
Kellom Heights	26th & Indiana Streets	42 units, 2 accessible, 4 adaptable
Nu-Style	3628 South 24th Street	8 units, 1 accessible
Orchard Manor Apartments	3660 Orchard Avenue	48 units for hearing impaired, 3 accessible duplicate
Grace Plaza	19th & Grace Streets	24 accessible units
1413 Leavenworth Ltd. Partnership	801 South 15th Street	60 units, 3 accessible, accessible entrance, elevator
Quality Living, Inc.	6666 North 66th Street	48 accessible units
2940 Woolworth Avenue Project	2940 Woolworth Avenue	14 units - 1 unit accessible
Livestock Exchange Building LLC	4920 South 30th Street	102 residential units, 40,000sq. ft. commercial 2 ballrooms 5 units accessible
Omaha Economic Development Corporation	60th & Hartman Avenue	36 units - 2 units accessible
Kellom Villa Ltd. Partnership	25th Avenue & Indiana Street	15 units, 1 unit accessible, 1 unit for hearing or vision impaired
Benson crest Manor Apartments	4438 North 61st Street	54 units - 3 units accessible, also common areas
Fullwood Square	1920 Willis Avenue	10 apartments, 1 unit accessible, also common areas
Kellom Elderly Housing		20 units, 1 unit accessible, 1 unit accessible for hearing or vision impaired
MMMBC Development	21st & Paul Streets	21 units, 1 unit accessible, 1 unit accessible for hearing or vision impaired
Immanuel Elderly Housing I Ltd. Partnership	NW corner Newport Avenue & Sorensen Parkway	50 units, 3 units accessible, 1 unit accessible for hearing or vision impaired
1613 Farnam Building - Nu-Style	1613 Farnam Street	30 housing units/comm. 2 housing units accessible, 1 unit for hearing or visual impaired
Kellom North	27th & Caldwell	20 units, 1 unit accessible 1 unit accessible to hearing or vision impaired
Central Park Towers	1511 Farnam Street	64 units, commercial space. 4 units handicap accessible. Accessible bathrooms for commercial

<u>Project Name</u>	<u>Address</u>	<u>Number/Type</u>
Kellom East Project	Hamilton on north, Indiana Ave. on south, 25th on east & Kellom Place Apts. on west	8 units, 1 unit handicap accessible. 1 unit accessible for hearing or vision impaired
Robbins School	4302 South 39th Avenue	21 units. 1 unit handicap accessible
Ville de Sante Phase III		36 units. 2 units handicap accessible, 1 unit on accessible route, 1 unit accessible or hearing or vision impaired
Notre Dame Housing, Inc.	3501 State Street	30 units - at least 2 units accessible to handicapped elderly
Immaculate Conception	2716 South 24th Street	19 units, 1 unit accessible to handicapped
Quality Living, Inc. - Richland Apartments	8801 Boyd Street	15 units, all 15 accessible to handicapped, 1 unit accessible for persons with hearing impairment
Orchard Manor	3660 Orchard Street	48 units, 3 units and common areas handicap accessible. All units and common areas accessible to hearing impaired

City of Council Bluffs Sponsored Units

<u>Name</u>	<u>Address</u>	<u>Number/type</u>
Indian Creek Apartments	2916 North Broadway	2 accessible units, 1 unit for hearing/vision impaired
Kanesville Heights	2310 Sherwood Drive	3 accessible units, 1 unit for hearing/vision impaired
Prime Square Apartments	822 South Main Street	6 accessible units, 2 units for hearing/vision impaired
Salisbury Court	1835 Nash Boulevard	2 accessible units, 1 unit for hearing/vision impaired
Sherwood Place Apartments	2335 Sherwood Drive	3 accessible units, 1 unit for hearing/vision impaired
Thornbury Way	1951 Nash Boulevard	3 accessible units, 1 unit for hearing/vision impaired

Omaha Housing Authority Owned Units

High Rises

<u>Name</u>	<u>Address</u>	<u>Number/Type</u>
Evans Tower	3600 North 24 th Street	21 accessible units, 2 units for the hearing/vision impaired
Kay-Jay Tower	4500 South 25 th Street	15 accessible units, 2 units for the hearing/vision impaired
Park Tower North	1501 Park Avenue	15 accessible units, 2 units for the hearing/vision impaired
Park Tower South	1601 Park Avenue	15 accessible units, 2 units for the hearing/vision impaired
Benson Tower	60th & NW Radial Hwy	8 accessible units, 2 units for the hearing/vision impaired
Pine Tower	1500 Pine Street	7 accessible units, 2 units for the hearing/vision impaired
Florence Tower	5100 Florence Boulevard	6 accessible units, 2 units for the hearing/vision impaired

<u>Name</u>	<u>Address</u>	<u>Number/Type</u>
Highland Tower	25 th & “B” Street	5 accessible units, 2 units for the hearing/vision impaired
Jackson Tower	600 South 27 th Street	10 accessible units, 2 units for the hearing/vision impaired
Underwood Tower	4850 Underwood Street	6 accessible units, 2 units for the hearing/vision impaired
Crown Tower	5904 Henninger Drive	16 accessible units

Family Developments

<u>Name</u>	<u>Address</u>	<u>Number/type</u>
Southside Terrace Homes	5300 South 30 th Street	14 accessible units
Spencer Homes	28 th and Spencer Street	4 accessible units
Replacement units	25 th and Spencer Street	2 accessible units

Duplexes and Scattered Site Houses

<u>Name</u>	<u>Address</u>	<u>Number/type</u>
Duplexes	Scattered throughout city	9 accessible units
Scattered Site Houses	Scattered throughout city	3 accessible units

Other Subsidized Units

<u>Name</u>	<u>Address</u>	<u>Number/type</u>
Paralyzed Veterans of America		
Quality Living, Inc.		
Woolworth Estates	75 th & Woolworth Avenue	2 accessible units
Community Alliance	Scattered throughout city	34 of 56 units for the chronically mentally ill are accessible
League of Human Dignity	6701 Villa DeSante	12 accessible units

Accessible for the Elderly

<u>Name</u>	<u>Address</u>	<u>Number/type</u>
Camelot Village VI	94 th & Cady Avenue	6 accessible units
Central Park Tower	1511 Farnam Street	6 accessible units
Corrigan Heights	38 th & “X” Streets	4 accessible units
DeFreeze Manor	26 th & Dodge Streets	5 accessible units
Durham Booth Manor	923 North 38 th Street	3 accessible units
J. C. Wade Senior Villa	3464 Ohio Street	6 accessible units
Livingston Plaza	300 South 132 nd Street	6 accessible units
Millard Manor	12856 Deauville Drive	6 accessible units
Oak Valley	125 th & Krug Avenue	5 accessible units

Municipal Housing Authority Owned Units – Council Bluffs

<u>Name</u>	<u>Address</u>	<u>Number/Type</u>
Regal Towers	505 S. 6 th Street	4 accessible units
Dudley Court	201 N. 25 th Street	10 accessible units, 4 units for the hearing/vision impaired

There is a ten-person waiting list for the accessible units owned by Municipal Housing Authority in Council Bluffs. Another ten people with physical disabilities are on a waiting list for the Plainsview Apartments in Council Bluffs that currently has 30 accessible units.

Persons with HIV/AIDS

The Nebraska AIDS Project (NAP) in Omaha currently has a caseload of 499 people who have tested positive for the HIV virus or have AIDS, only 244 cases are actively seeking services thru NAP.⁸ NAP is also the lead agency in Pottawattamie County IA, where it serves 32 active clients.⁹

Much of the appreciable medical progress that has been made in recent years battling the HIV/AIDS virus has generally improved the quality of life and resulted in greater longevity for people with AIDS.

Nebraska-Ryan White Title II Direct Emergency Assistance

Ryan White CARE Act Title II program funds are awarded to all states based on a formula. Title II funds are for services for people living with HIV/AIDS and for state AIDS Drug Assistance Programs (ADAP). In Nebraska, Title II funds are utilized to provide individuals living with HIV disease economic assistance for rent, utilities, transportation, health insurance, food, and nutritional supplements. Currently NAP provides rental assistance to 56 people and utility assistance to 73 people with AIDS/HIV through Title II of the Ryan White Program.

HOPWA from the State of Nebraska

NAP receives HOPWA funds from the Department of Housing and Urban Development through the State of Nebraska. NAP uses these funds to provide emergency rent/mortgage assistance to 167, or 68% of their active clients. Longer term housing assistance is provided by through a tenant based assistance program for 30 clients for at least 12 months. Move in cost/Supportive services are provided 17 clients using HOPWA funds.

NAP case managers identify mental illness and substance abuse as serious problems for clients they serve; estimating at least half suffer from one, or sometimes both of these conditions.

Iowa-Ryan White Part B Services

Currently, Ryan White Part B serves 29 clients, 14 of whom also receive HOPWA assistance. Client's may be eligible for financial assistance with transportation, limited HIV/AIDS related outpatient or ambulatory care, medications, mental health therapy, & limited dental care. Criteria for Ryan White II is 200% of federal poverty level, confirmation of diagnosis, and verification of need. Ryan White II is the payer of last resort. This means that all other resources should be utilized before Ryan White II can help.

⁸ Interview with Sangeetha Youngman, Case Manager at NAP.

⁹ Interview with Brandi Bennett, Southwest Iowa Case Manager at NAP.

Iowa-HOPWA (Housing Opportunities for People With AIDS)

In addition to the 14 people served by both the Ryan White and the HOPWA programs, three other people are served by the HOPWA program in Pottawattamie County. Through the program short term, emergency assistance with rent or mortgage can be provided. Some long term assistance may be available. Deposit assistance may be available. Criteria for HOPWA include household income limits, Fair Market Rent, Confirmation of diagnosis, and verification of medically related need.

Barriers to Affordable Housing

Relevant Public Policies

The Omaha and Council Bluffs Municipal Codes regulate land use and building codes, which, together with tax policies, affect housing affordability. Through regulatory processes, each city protects the public safety and welfare, controls public maintenance costs, recovers the public cost of private development and construction, and assures a durable housing stock. Because of these policies, housing costs over the long term are lower than with unregulated land development and building construction. However, each city's policies may affect housing affordability in the short term by requiring that land development and building construction bear its fair share of the public cost it incurs, and that the construction of infrastructure and buildings meet reasonable standards.

Land Use Controls

The City Council of the City of Omaha approved and incorporated the Urban Design Element into the City of Omaha Master Plan in December of 2004. While this represented an important step towards improving the quality of urban design in Omaha, additional work would be needed for the Urban Design Element of the Master Plan to have an impact on the development of the city. One of the major efforts to do that was completed and approved this summer; the Urban Design Element Implementation Measures includes amendments to the zoning code, subdivision code and new municipal code provisions. In addition to the amendments and additions to the various codes, it also provides the specific urban design standards and guidelines that will be used to regulate development and redevelopment in Omaha.

Although the Urban Design Element Implementation Measures represents a new and substantially different approach of how Omaha will be allowed to develop, the impact on affordable housing is not expected to be negative in terms of cost. In fact, some provisions of the Urban Design Element Implementation Measures are expected to enhance affordable housing development and redevelopment efforts. The Neighborhood Conservation and Enhancement Districts (NCE) and the Walkable Residential Neighborhood District (WRN) are among the provisions expected to lower the overall cost of affordable housing development and improve the quality of other types of redevelopment activity.

The immediate and long-term impact of all of the provisions of the Urban Design Element Implementation Measures on the cost of affordable housing development and other types of redevelopment activity will be observed during the ensuing months and years and will be reviewed for their impact.

The zoning regulation in Council Bluffs has been updated in the last several years. The Zoning Ordinance permits a variety of structures, lot sizes, and development types. The regulations have a similar appeals process as Omaha. Council Bluffs' subdivision regulations do ensure adequate infrastructure and construction standards. They do not contain excessive infrastructure standards or other extractions. Council Bluffs charges limited impact fees. Presently, Council Bluffs has no growth limitations that would prohibit the construction of affordable housing. However, due to Council Bluffs' unique Loess Hills terrain, additional development costs may apply.

Building Codes

Area builders generally consider each city's building regulations reasonable. Both cities use national model codes for building, electricity and fire codes. Omaha has made some modifications for local conditions and state requirements. The codes used in Omaha are the International Building Code, the National Electrical Code and Uniform Fire Code and the National Fire Prevention Act 101. Council Bluffs also uses the Uniform Plumbing Code, and the Uniform Fire Code.

The Omaha Plumbing Board developed Omaha's plumbing code, Chapter 49 of the Municipal Code. Nebraska State statutes define the membership of the Board and give it the power to adopt rules and regulations governing plumbing licensing, construction methods and materials. According to some builders, certain requirements of the plumbing code add expense to construction.

Each city's permit processes operate quickly and effectively. The process is well coordinated in each city and each provides for appeals processes for flexibility of administration.

Permits and Inspections

The City's permit process for building and development operates effectively and expeditiously. The builder or developer's contact place for permits is the Permits and Inspection Division and the Current Planning Division of the Planning Department, which are located in the same office. Recent changes in procedures have reduced the review process for projects requiring review by other City Departments and public agencies. The City provides numerous publications regarding the permit process to inform the public.

The Building Board of Review, the Plumbing Board, the Zoning Board of Appeals and the Administrative Appeals Board provide opportunities for individuals to appeal rulings made by City regulative agencies. This process allows some flexibility in the administration of building and development regulations.

Housing Code

Housing code inspections are made in response to complaints made to the City in both Council Bluffs and Omaha. When an Omaha or Council Bluffs Housing Inspector observes a violation(s) of the Minimum Dwelling Standards Ordinance, a notice is sent to the property owner and a reasonable time is established for the violation(s) to be corrected. Both cities make sure every effort is made to work cooperatively with the property owner to correct the problem and to avoid vacation or demolition of occupiable structures.

The administrative plans of the Municipal Housing Agency and Community Development Department assist persons displaced by code enforcement in Council Bluffs.

Each city's requirements of their Minimum Dwelling Standards are not excessive and both are reasonable in allowing time for repairs, unless emergency action is needed to protect the public's health, safety or welfare. The Minimum Dwelling Standards regulations have little adverse effect on housing affordability.

Tax Policies

Local governments in Nebraska have been dependent almost entirely upon the real estate property tax for revenues. With recent increases in state assistance to school districts through increased state sales and income taxes, property tax rates in Omaha have generally declined. This decrease has positively affected housing affordability.

Council Bluffs is entirely dependent on the state legislation governing property taxation. An examination of tax policies was not undertaken as part of this analysis. However, property taxes on multi-family projects are a problem. Multi-family units pay an estimated 3.5 percent of their value in property taxes. This compares to 1.8 percent for one and two family units. As results, multifamily units pay proportionally more in property taxes.

Impediments to Fair Housing

The most recent Analysis of Impediments to Fair Housing Choice (AI) was completed in 2004. During 2006, the City of Omaha invested considerable time and effort in implementing strategies to address the barriers identified in the AI. The City will continue to work diligently toward eliminating the following potential barriers to fair housing:

- 1) Negative attitudes and community hostility directed toward group homes and proposed affordable housing projects.
- 2) Need for increased fair housing enforcement efforts to address the existence of a dual housing market resulting in a pattern of residential segregation.
- 3) Inadequate supply of affordable and accessible housing.
- 4) Possible difficulties in obtaining adequate property insurance in the older sections of the city.
- 5) Increase in predatory lending activities particularly in the sub-prime market.
- 6) Problems in accessing appropriate lending products to increase homeownership, particularly among minority and low/moderated income households.
- 7) On-going real estate steering practices.
- 8) Inadequate supply of decent affordable rental housing.

The Analysis of Impediments also includes recommendations for short and long term actions to address the barriers identified above. The City is committed toward making every effort to address these barriers where feasible and is currently reviewing the recommendations contained in the Analysis. To this end, the City is working with other fair housing related agencies and groups to develop a coordinated strategy to reduce/eliminate such barriers.

The members of the Mayor's Fair Housing Advisory Group are also taking an active role. As a result of its review of the recommendations contained in the AI in 2005, Group members

concluded that many of the recommendations involve the need for public education regarding fair housing resources, rights, and responsibilities. To address this need, the Group initiated a media campaign focusing on three general areas: 1) refusal to rent; 2) predatory lending; and 3) tenant rights. A major part of this campaign involves a partnership among the Group, the Mayor's Office, the Fair Housing Center, and a local television station, KETV, in the development of special locally oriented prime time commercials and the solicitation of corporate sponsorship. Omaha Mayor Mike Fahey kicked off the media campaign as part of a Fair Housing press conference on March 30th. During the 2006 reporting period, letters of introduction from the Mayor were sent to potential sponsors. Group members and KETV staff personally met with potential sponsors to inform them of the AI recommendations and explained how their organization/business could benefit by being associated with the fair housing message. The Mayor also recorded an introduction to the video used to illustrate the promotion possibilities in which he emphasized his support for the media campaign and encouraged businesses to become sponsors.

Three major lenders agreed to invest in this media campaign. The first 30-second ad was written and produced during the reporting period. It began airing in January 17, 2007, and was scheduled to air 24 times throughout the month including prime time commercial spots during newscasts and popular shows such as "Good Morning America", "Judge Judy", and "Rachael Ray". Spots for the other two sponsors were scheduled for production early in 2007 and airing in April-May of 2007. The Advisory Group and KETV are working to secure additional sponsors to enable the campaign to continue throughout 2007. The fair housing message could potentially reach everyone in the viewing area raising the overall awareness of fair housing issues in the community.

The print media also played a role in the media campaign during 2006. Advisory Group Members wrote brief articles on fair housing rights, predatory lending, and discrimination in sales and rental of housing. The articles were published in the Omaha Star and in several Spanish language community newspapers. The Director of the Neighborhood Center said he would share them with the various neighborhood groups. The editor of the Realtor Newsletter indicated that he would also incorporate the information into an article for his readership of real estate professionals.

During the reporting period, the Advisory Group also continued its focus on fair housing training for real estate professionals. In discussions with the chairperson of the Omaha Board of Realtors Economic Opportunity and Cultural Diversity Task Force, the Advisory Group members gained an understanding of the continuing education requirements and resources for real estate professionals. Advisory Group members concluded it would be more feasible to try to increase the amount of fair housing training within the current course structure than to convince the state board to alter its continuing education requirements. Consequently, Advisory Group members began drafting a survey instrument that included questions on what considerations are important to real estate professionals when deciding what courses to take to fulfill the continuing education requirement. The survey was scheduled to go out via email to hundreds of real estate professionals early in 2007. The results of the survey are expected to give some guidance as to which classes, once enhanced with additional fair housing information, would reach to largest

audience. Future steps would include contacting the instructors of these more popular classes to encourage them to include more fair housing content.

During the 2006 program year, the City of Omaha, through its Planning Department, continued its partnership with the Fair Housing Center (FHC) to provide education and outreach services aimed at addressing some of the public education needs identified in the AI. During 2006, the FHC worked on the activities listed below with the expectation of completion early in 2007.

- 1) review existing fair housing education and outreach services;
- 2) identify sources of fair housing complaints and referrals;
- 3) develop in-service fair housing curricula to meet at least two unmet training needs;
- 4) develop the curricula in English and Spanish;
- 5) conduct at least four training sessions using the curricula.

If funding permits, the City anticipates continuing this partnership for at least two more years, expanding the scope and nature of the education and outreach activities.

The Omaha Human Rights and Relations Department is very active in the fair housing arena. In addition to investigating complaints of housing discrimination, the Department has a strong outreach presence in the community. It organizes and sponsors several major events each year; such as, the Martin Luther King program in January, a Black History Month luncheon in February, and fair housing month activities in April. It co-sponsors the Fair Housing Conference in Lincoln. The Department maintains outreach offices in the Chicano Awareness Center and the Southern Sudan Community Center where staff is available to take fair housing complaints. In 2006, Department staff provided fair housing education and training to various audiences throughout the year.

The Department distributes fair housing information and promotional items at many events throughout the year, such as, the Hispanic Heritage Month Latinos on the Move Award Ceremony, Heartland Latino Leadership Conference and Expo at the Qwest Center, and the Juneteenth celebration. The Human Rights and Relations Department has fair housing information available on its segment of the website maintained by the City of Omaha. This information is being enhanced by including links to housing brochures in both English and Spanish. A newsletter, in final development, will include fair housing information as part of its focus.

The Family Housing Advisory Service (FHAS), under contract with the City of Omaha, provided housing rehabilitation counseling services to assist low and moderate-income households in participating in City-sponsored housing rehabilitation programs. FHAS also provided counseling and case-management to renters and homebuyers to better enable them to access the affordable housing of their choice. Additional services of FHAS include intake and referral of fair housing complaints as well as mediation and conflict resolution when appropriate. FHAS staff has bilingual capabilities, is actively engaged in outreach to the Hispanic community, and maintains a satellite office in the Hispanic community.

The Analysis of Impediments identifies the need for more affordable and accessible housing units as well as more decent affordable rental units. The City of Omaha continued to address these needs during the program year through its housing and community

development program. This involved a wide-ranging effort of neighborhood rehabilitation and improvement programs, the development of new rental and homeownership housing, and the provision of rental assistance. The City of Omaha worked with non-profit community organizations representing minority, disabled, and other low-income groups to expand housing choice for these persons who are being underserved by the existing housing market.

During the reporting period, the City of Omaha achieved the following outcomes in addressing an under-served lower range housing market (equating “lower-range housing” to “affordable housing”):

- a) Constructed 37 new affordable single-family homes;
- b) Renovated and sold 3 affordable single-family homes;
- c) Provided deferred payment loans to 40 low and moderate-income households;
- d) Rehabilitated 3 rental housing units;
- e) In partnership with the Omaha Housing Authority, provided rental assistance to 76 low-income households;
- f) Under the HOME Program, assisted 17 low income, 11 very low income, and 33 extremely low income families; 1 low income, 2 very low income, and 44 extremely low income individuals; and 6 very low income, and 5 extremely low income households headed by elderly persons.
- g) Under both the HOME and CDBG Affordable Housing Programs, assisted 83 female-headed households

In most instances, the housing units developed were marketed to, and made available to, low and moderate-income households.

The City of Omaha continued its commitment to fair housing practices within City-sponsored housing programs through implementation of its affirmative marketing, tenant assistance, and advisory services policies. These policies enable the City to document sub-grantee and subrecipient compliance with fair housing regulations, track owners' efforts to provide fair housing in City-assisted projects, provide advisory assistance to households involved in City-sponsored rehabilitation and relocation projects, and help ensure equal treatment for all persons involved in City-assisted projects.

The City of Omaha's assistance with the development of affordable housing addressed a need to preserve and improve low-income neighborhoods. The City of Omaha helped return unused, vacant and deteriorated land to productive use. Housing units constructed offered the same amenities that other non-assisted housing provides in other parts of the City. During the reporting period, the City worked with the Long School Neighborhood Association to continue implementing the redevelopment plan for the neighborhood. The plans call for the acquisition of building sites, the relocation of residents, the demolition of deteriorated buildings and the construction of new single-family housing for sale to low- and moderate-income homebuyers.

The City continued to work with neighborhood associations in Target Area Program neighborhoods and other low- and moderate-income neighborhoods to inform members of available housing and community development programs and assist the associations with accessing other City services.

The City of Omaha focused its enforcement of housing codes and zoning ordinances in low- and moderate-income neighborhoods.

ii) Other actions to affirmatively further fair housing.

The Human Rights and Relations Department continued its enforcement of Civil Rights/Anti-Discrimination Ordinance's prohibiting housing discrimination because of race, color, creed, national origin, age, sex, disability, familial status, and handicap.

The Omaha Human Rights and Relations Board continued with its broad initiatives on race relations.

C. Housing Needs

During the 1990's, the supply of housing in the Consortium increased faster than did the number of households that needed them, resulting in a decline in the (adjusted) housing values. By the 2000 Census, the number of households came closed in on the number of housing units to the number of housing tightening the housing market and increasing costs. Even before the 1980s, very low-income households have experienced serious housing problems, foremost among them affordability. Contributing to the under supply of housing among the most affordable housing units is the higher rate of vacancy found in this segment of the market, particularly for renters. The vacancy rate for rental units affordable to households at or below 50% of the HAMFI is three times higher than for rental units affordable to households between 51% and 80% HAMFI. One plausible explanation of the contrary indicators of supply and demand among affordable rental units (fastest relative cost increase with the highest rates of vacancy) may be the physical condition of these rental units or the condition of the neighborhoods in which they are located. Heads of very low-income households are choosing to pay more for better housing, leaving housing in the worst condition vacant.

In December of 2000, the City of Council Bluffs participated in and provided funding to the Council Bluffs Affordable Housing Task Force in the development of a "Housing Needs Assessment and Program Development Plan for Very-Low Income and Special Needs Housing" (Housing Needs Assessment). The Housing Needs Assessment identifies housing demand potentials for Council Bluffs and recommends housing activities for the community to address during the next five years. Some of those housing activities identified include increasing the number of shelter beds by 40, developing 24 transitional housing units, developing 75 affordable rental units for the elderly, developing 125 affordable rental units for person/families, developing a 20 person capacity shelter for youth, rehabilitating 50 housing units of substandard condition per year, developing 20 units of SRO housing, designating 10 sites for housing development, developing 70 units of single family housing units and creating a Community Housing Development Organization and local housing trust fund and housing equity fund.

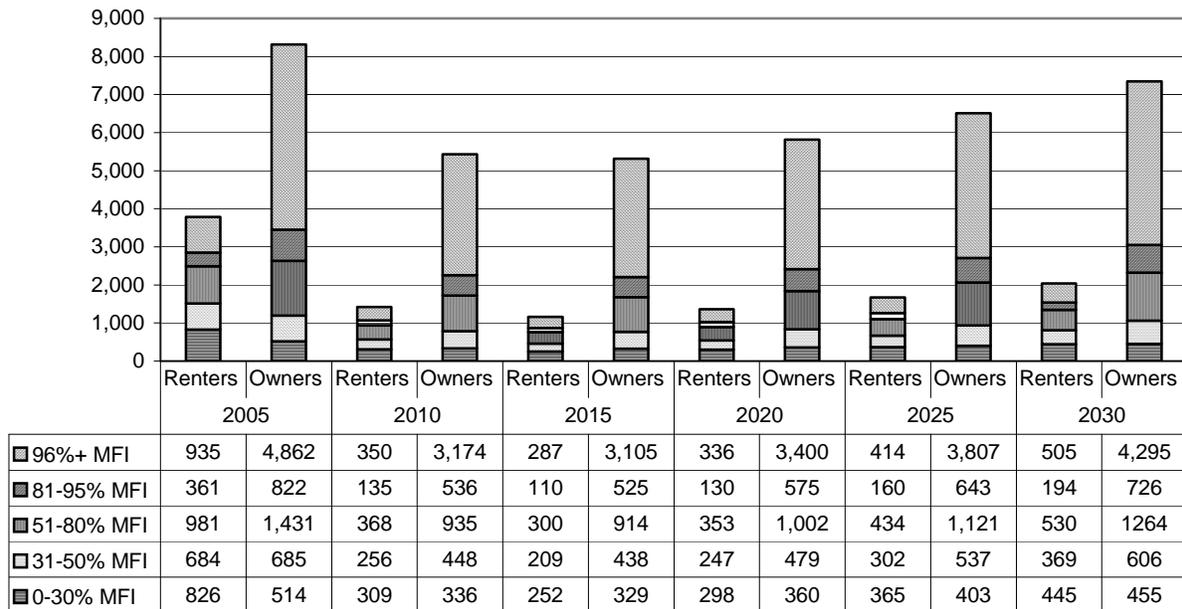
Much of the following analysis is based on an aggregation of the City's of Omaha and Council Bluffs Table 1c of their Comprehensive Housing Affordability Strategy (CHAS) that located at the end of this section. The other information is an aggregation of the data each city's HUD Data Book.

1. Current Estimates/Five Year Projections

Households with incomes between 51% and 80% Median Family Income (MFI) are projected to increase by the second largest amount of all income ranges in Omaha from 2005 thru 2030 and will experience the largest numerical increase at every five-year interval among renter households during the same time period. Households experiencing the largest numerical growth are those with incomes 96% and greater the MFI. Increases in the number of renters with incomes of less than 80% MFI increased: by nearly 2,500 from 2000 to 2005, will increase 933 from 2005 to 2010, and another 761 from 2010 to 2015. Increases in owner households within the same income range are greater with 2,629 from 2000 to 2005, 1,719 from 2005 to 2010, and

1,681 from 2010 to 2015. These projections put increasing pressure on Omaha’s affordable housing stock and will continue to into the future.

**Projection of Increases in the Number of Households
by Tenure and Income in Omaha: 2005 to 2030**



Current estimates of regarding the persistence of housing problems for each income group, tenure, and household type are expected to remain at approximately the same level into the five-year span of the plan. Nevertheless, the housing needs within the Consortium could worsen somewhat for households at 80% MFI or less because of anticipated increases in their numbers during the next five years.¹⁰ One segment of households that may have a greater impact on the affordable housing market is that with, and sometimes composed exclusively of elderly people. The elderly population is expected to grow to be a larger proportion of the population in the years and decades to come.

Worst Case Needs

Renter households with the fewest resources, as indicated on the Housing Needs Table, represent Consortium’s worst-case needs. It is important to note that Section 8 and public housing serve some of these households. In spite of this housing assistance, fifty-five percent of renter households with extremely low-incomes (income of 0 to 30% MFI) pay more than half of their income for housing. Generally¹¹, housing units affordable to extremely low-income households have the highest vacancy rates. This implies that extremely low-income householders are making housing choices from a housing stock that, among other problems, is in the worst physical condition of any in the Consortium. The circumstances that surround some extremely low-

¹⁰2007 Profile of Demographics, Economics and Housing: Volume III, Cities, Nebraska Investment Finance Authority

¹¹The vacancy rate for 0-1 bedroom owner units is the one exception where vacancy increased as affordability decreased.

income households, such as severe cost burden, substandard housing conditions and often distressed neighborhoods, put them at greater risk of becoming homeless or involuntarily displaced.

Serious Housing Needs

Housing costs exceeding 30% of a household's income is the most prevalent problem experienced by very-low income, renters and owners. Seventy-four percent of the extremely low-income renters experience this problem while 70% of owners experience it as well. The subcategories of extremely low-income households, which have the highest proportion of cost burden,¹² are small and large related renter households at 81%. Cost burden for extremely low-income non-elderly owners is 80%, with all other categories of non-elderly households experiencing a cost burden at least 70% of the time. Although the overall rate of cost burden declines to 38% for other very low-income (31 to 50% MFI) the rate for non-elderly owner and all renter subcategories remain above 60%.

The incidence of housing problems among very low-income minority headed renter households is approximately the same, or less, as that experienced by very-low income renters in all categories with one exception. One hundred percent of very low-income large Hispanic renter households experience housing problems; this compared to approximately 81% for all large very low-income renter households and to 73% for all very low-income renters.

Minority headed very low-income owner households experience housing problems 7 to 12% more often, depending on household type, than all very low-income owners. The 87% of small, Hispanic very low-income owner households experience housing problems is substantially higher than for all small very low-income owners (71%), and higher also than for comparable very low-income renters.

The most serious instances of over-crowding are found in large related renter households (24%), with 32% of the extremely low-income households experiencing over-crowding, and 24% of the other very low income households experiencing overcrowding. The incidence of over-crowding for all renter households is 3.2%, compared to 5.1% for extremely low-income renters. For owners, the incidence of over-crowding is much lower at 1.2% overall, increasing to 2.6% for other low-income owners. The incidence of over-crowding for non-elderly owners is 1.6% overall, increasing to 3.9% for extremely low-income non-elderly owners, to 3.4% for other very low-income non-elderly owners, and to 4.2% for other low-income non-elderly owner households.

Extremely Low-Income

According to the 2000 CHAS data, of the 176,116 households in the Consortium, 21,359, or 12% have extremely low-incomes (0 to 30% MFI).

¹²Households that spend more than 30 percent of their income for housing.

Renters

Seventy-one percent of the extremely low-income households rent. Of these renter households, elderly one and two member households make up 20%; 30% are small-related households, 8% are large related households and the remaining 42% are from “All Other Households”

Any Housing Problems by Type of Household

The incidence of housing problems¹³ for extremely low-income renters is 74%, compared to 36% for all renters regardless of income. Extremely low-income elderly one and two member renter households experience housing problems 59% of the time, compared to the 71% experienced by similar renter households regardless of income. “All other” extremely low-income renters experience housing problems 74% of the time. Small-related households experience some type of housing problem 80% of the time and large related households 82% of the time, the highest for any household type.

Several racial/ethnic groups of extremely low-income renters have a disproportionately greater housing need¹⁴. The racial/ethnic groups that exceed this category as a whole by ten percentage points include: American Indian non-Hispanic, Some Other Race non-Hispanic, two or more racial groups non-Hispanic and Hispanic. Two specific types of Hispanic households, Elderly 1 & 2 Member and Family households were determined to have disproportionately greater housing needs.

Cost Burden by Type of Household

Cost burden (spending 30% or more of a household’s income on housing) occurs in 71% of the extremely low-income renter households. Every extremely low-income renter subgroup is more likely to experience a cost burden than are renters in most other income grouping, confirming that the relationship of income to housing cost burden—the lower a households income the more likely they are to experience a cost burden. The lowest incidence of cost burden among extremely low-income renters is elderly one and two member households at 58%.

Severe Cost Burden by Type of Household

The incidence of severe cost burden for all types of extremely low-income renter households is 52%. Household with the highest incidence of extreme cost burden are small related, and all other households, each experiencing it 56% of the time. Elderly and large related households experience cost burdens approximately 41% of the time.

Overcrowding

Over crowding occurs when a household has more than one person per room. Extremely low-income renter households experience overcrowding 7.6% of the time, while the overall percentage at which renter households in general experience overcrowding is 6.3%.

¹³ Households with housing problems include those that: (1) occupy units meeting the definition of Physical Defects; (2) meet the definition of overcrowded; or (3) meet the definition of cost burden greater than 30 percent.

¹⁴ A disproportionate housing need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group in a category of need is at least 10 percentage points higher than the percentage of persons for that category as a whole.

Owners

Nearly 6,200, or 29%, of the 21,359 extremely low-income households occupy homes they own, according to the 2000 CHAS Table.

Any Housing Problems by Type of Household

The occurrence of housing problems for owner households in the Consortium is 17%, compared to 68% for extremely low-income owners. A similar pattern is found among elderly households with 17% of all elderly owner households experiencing housing problems, compared to 62% for extremely low-income elderly homeowners. The highest incidence of extremely low-income residents experiencing any problems is large related households at 85%.

One type of extremely low-income owner household within a racial ethnic group has a disproportionate housing need—Hispanic elderly.

Cost Burden by Type of Household

The experience of a housing cost burden is the primary housing problem for extremely low-income owners, at 68%. Seventy-six percent of small-related owner household experience a cost burden compared 12 percent for all owner households. An equal proportion large related extremely low-income households experience a cost burden nearly at 75%, compared to 23% of all large related owner households.

Severe Cost Burden by Type of Household

While the incidence of severe cost burden for extremely low-income households is very high at 50%. Overall for owners is just under half at 47%. The household type with the highest incidence of cost burden among extremely low-income owners is the small related households at 67% followed closely by large related owner households at 60%.

Overcrowding

The rate of overcrowding for all extremely low-income owners is 2.5%, less than half the rate for extremely low-income renters.

Very Low-Income

According to the 2000 CHAS data, 42,817, or 24% households have very low-incomes (0 to 50% MFI). Since a portion of very low-income households was previously discussed, the following analysis will include only the remaining portion of very-low income households (households with incomes 31 to 50% MFI). These households will be referred to as other very low-income households.

Renters

Fifty-nine percent of the 21, 458 other very low-income households rent. Elderly one and two member households make up 18% of the other very low-income renters, 32% are small-related households, and 8% are large related households. The remaining household types (42%) are aggregated under the category “all other households”.

Any Housing Problems by Type of Household

The incidence of housing problems for other very low-income renters is 63%, compared to 36% for all Consortium renters. The incidence of housing problems for all of the identified household types of other very low-income renters is in the 60% to 70% range.

Cost Burden by Type of Household

Fifty-eight percent of other very low-income renter households experience a cost burden. The household type with the largest incidence of cost burden is the elderly 1 & 2 member households at 64%. Large related other very low-income renter households have the lowest incidence of cost burden of any type in this income group at 40%

Severe Cost Burden by Type of Household

All other very low-income renters experience a severe cost burden 13% of the time with elderly 1 & 2 member households having the highest incidence at 24%. The remaining extremely low-income renter households experience a severe cost burden less often than the rate as a whole.

Overcrowding

Seven percent of other extremely low-income renter households experience over crowding.¹⁵

Owners

Nearly 8,793, or 41%, of the 21,458 other very low-income households own the homes they occupy. Over half (54%) are made up of elderly 1 & 2 member households. Twenty-four percent are small-related households, and 9% are large related households. All other households make up the remaining 9% of the other very low-income owner households.

Any Housing Problems by Type of Household

Other very low-income owner households are less likely to experience housing problems (43%) than are extremely low-income owner households (68%). Large related households experience housing problems 73% of the time, small-related 62%. Other very low-income owners experience housing problems 26% of the time.

Hispanic owner other very low-income households experience a disproportionate greater housing need over all and in several household types. Elderly 1 & 2 member households do not experience a disproportionate housing need but family households and all other households do.

Cost Burden by Type of Household

The incidence of cost burden nearly mirrors that of having any housing problem for other very low-income owners within a percentage point or 2, except for large related households. Large related households experience a cost burden has the highest incidence of cost burden at 63% of any owner household type within this income range.

Severe Cost Burden by Type of Household

¹⁵ Table a3b, CHAS Special Tabulations of the 2000 Census.

Severe cost burden decreases dramatically from cost burden for other very low-income owners households. All other households have the highest incidence of severe cost burden at 31%, followed by small-related households at 20%.

Overcrowding

The rate of overcrowding for very low-income owners, extremely low-income owners, and other very low-income owners is 3.5%, percentage points lower than for the same income category of renters. For very low-income owner households other than elderly, the incidence of overcrowding is between three and four percent.¹⁶

Low-Income

Low-income households (80% of the MFI) constitute over 72,000 households and make up 45% of the households in the Consortium; according to the 2000 CHAS data. Because the needs of a portion of low-income households have been previously examined, the following narrative will present the needs of the 37,000 other low-income households (households 51 to 80% MFI).

Renters

Forty-nine percent, or 18,370, of the other low-income households rent. Small-related households comprise 33% of the other low-income renter households, whereas 11% are elderly one and two member households, and 8% are large related renter households. All other households make up the remaining 47% of the renter households in this income range.

Any Housing Problems by Type of Household

All types of other low-income renter households are much less likely to experience housing problems than are very low-income renters (25% Vs 74%). All household subcategory of other low-income renter experiences any housing problem at a rate that is 18% to 40 percentage points lower than the same household category of very low-income renters. Large related households are the most likely other low-income renters to experience housing problems at 49%, followed by elderly 1 & 2 member households at 43%, small related at 23%, and for all other households, 18%.

Two racial/ethnic groups experience a disproportionately greater housing need among all types of households of other low-income renters: Asian, non-Hispanic and Hispanic. One specific household type: elderly 1 & 2 member Hispanic households, have a disproportionate housing need.

Cost Burden by Type of Household

Housing cost burden drops considerably for other low-income renters (as compared with very low-income renters), however, appears to be the primary housing problem for this income group. With the exception of all other households, just a few percentage points separates the experience of cost burden from the experience of any housing problem. Elderly one and two member renter

¹⁶Table a3a and a3b, CHAS Special Tabulations of the 2000 Census.

households have by far the highest rate of cost burden at 43%, while other types of low-income renter households experience a cost burden less than 20% of the time.

Severe Cost Burden by Type of Household

The incidence of severe cost burden is almost non-existent among other low-income renters, except for the 12% of elderly one and two member households.

Overcrowding

At a rate of 6.6%, overcrowding is only slightly more likely than for all renter households in the Consortium at 6.3%.¹⁷

Owners

Of the 37,294 other low-income households in the Consortium, 18,924 are owner households, with 37% of these headed by an elderly person and in small related households to 2000 CHAS data. Eleven percent is in large related households and 20% are in all other households.

Any Housing Problems by Type of Household

The overall incidence of housing problems, at 27%, is approximately the same for owners as for renters in this income range, but approximately ten percentage points higher than the rate for all owner households in the Consortium. The occurrence of housing problems for other low-income owners drops 11% to 37% off the rates experienced by very low-income households. All other households had the highest incidence of housing problems among other low-income owners at 40%.

Three racial ethnic groups experience a disproportionate housing need when comparing all owner other low-income households: Asian, non-Hispanic, Pacific Islanders, not-Hispanic and Hispanic owner households. Among specific household types two racial/ethnic groups experience a disproportionate housing need: Black, not-Hispanic, and Hispanic 1 & 2 member elderly households.¹⁸

Cost Burden by Type of Household

Cost burden appears to be the primary housing problem experienced by other low-income owners, mirroring any housing problem within a percentage point or two except among large related households where a fifteen percentage point difference exists. The likelihood of a housing cost burden is seven percentage points higher in general for owners than for renters in this income range. All other households are the most likely to experience a cost burden at 40%, followed by large related households at 36%, small related at 27% and elderly 1 & 2 member households at 14%.

¹⁷ Table a3b, CHAS Special Tabulations of the 2000 Census.

¹⁸2000 CHAS Data.

Severe Cost Burden by Type of Household

Severe cost burden drops off to 5% or less for both elderly and non-elderly other low-income owners. As infrequent as severe cost burden is in this income range, it occurs more often among owners than renters.

Overcrowding

The 2.2% of other low-income owner households that experience overcrowding is a higher rate than experienced by all owner households in the Consortium at 1.7%, and considerably less than 6.6 percent of renters in the same income range.¹⁹

Middle Income

Middle income households, households with incomes 81 to 95 the MFI, comprise 10% of all the households in the Consortium, or 17,611 households.²⁰

Renters

Of these 17,611 households, 6,643 or 37% are renters. Thirty-four percent of these are small-related households, 9% are elderly one and two member households, 7% are large related households, and 50% are “all other households”.

Any Housing Problems by Type of Household

Less than 8% of middle-income renter households experience housing problems, down from 24% for other low-income renters, and much lower than the 36% experienced by all renter households in the Consortium as a whole. All types of middle-income renter households are considerably less likely to experience housing problems than comparable types of other low-income renters and all Consortium renter households. Large related middle-income renter households experience housing problems most often at 38%, followed by elderly one and two member household at 20%. Small related and all other middle-income households experience housing problems less than ten percent of the time.

Cost Burden by Type of Household

The incidence of cost burden is more than three times more likely for other low-income renter households than for middle-income households (18% Vs 2%). Cost burden for most household types is less than 5% for middle-income renters.

Severe Cost Burden by Type of Household

Less than 1% of all middle-income renters experience a severe cost burden overall.

Owners

Sixty-three percent of the middle-income households in Omaha own their homes. Of these, 28% are elderly, 42% are small related, 13% are large related and 18% are other non-family households.

¹⁹Table a3a, *Special Tabulations of the 2000 Census*.

²⁰Table a2a, a2b, a3a and a3b *Special Tabulations of the 2000 Census*.

Any Housing Problems by Type of Household

Sixteen percent of middle-income owners experience housing problems, slightly less than do all owner households, but higher than the 8% that renters with comparable incomes experience. Non-family households are most likely to experience housing problems at 21%, closely followed by large family households at 20% and small family households at 17%.

Cost Burden by Type of Household

Middle-income owners are much more likely to experience a cost burden at 14% than renters at 2%. This still represents a ten-percentage point decline from other lower-income owners.

Severe Cost Burden by Type of Household

The incidence of severe cost burden is almost non-existent at one percent.

CHAS Table 1C

Household by Type, Income, & Housing Problem	Renters					Owners					Total Households
	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Owners	
1. Household Income <=50% MFI	5,298	8,643	2,257	11,670	27,868	8,055	3,410	1,263	2,221	14,949	42,817
2. Household Income <=30% MFI	2,981	4,529	1,280	6,413	15,203	3,314	1,263	461	1,118	6,156	21,359
3. % with any housing problems	59.1	79.5	81.6	75.6	74	62	75.7	85	69.2	67.9	72.3
4. % Cost Burden >30%	58.7	77.5	66.2	73.6	71.2	61.9	75.7	75.3	68.9	67	70
5. % Cost Burden >50%	40.8	56.5	41.7	55.5	51.7	35.8	65.6	60.3	54.3	47.1	50.4
6. Household Income >30% to <=50% MFI	2,317	4,114	977	5,257	12,665	4,741	2,147	802	1,103	8,793	21,458
7. % with any housing problems	64.4	63.6	67.2	61.3	63.1	25.5	62.4	73.1	59.1	43.1	54.9
8. % Cost Burden >30%	63.8	56.9	40.1	59.6	58	25.2	60.5	63.5	57.8	41.4	51.2
9. % Cost Burden >50%	24.4	8.9	2.3	11.9	12.5	10.6	19.5	9.5	31.1	15.2	13.6
10. Household Income >50 to <=80% MFI	2,012	5,974	1,293	9,091	18,370	6,682	6,699	1,928	3,615	18,924	37,294
11. % with any housing problems	43.3	23.1	49.1	18	24.6	14.2	29.6	36	40.3	26.9	25.8
12.% Cost Burden >30%	42.8	15.1	7.4	15.6	17.8	14.2	28.6	21.4	39.7	24.9	21.4
13. % Cost Burden >50%	12.1	1.2	0	1.1	2.2	4	5.3	5.5	7.6	5.3	3.8
14. Household Income >80% MFI	2,187	8,774	1,369	11,425	23,755	13,171	41,004	8,278	9,797	72,250	96,005
15. % with any housing problems	15.3	5.2	36.1	3.4	7.1	4.3	6.1	11.6	9.2	6.8	6.9
16.% Cost Burden >30%	11.8	0.5	1	1.1	1.9	4.2	5.6	3.1	8.9	5.5	4.6
17. % Cost Burden >50%	3.8	0	0.3	0.2	0.4	0.4	0.5	0.2	0.7	0.5	0.5
18. Total Households	9,497	23,391	4,919	32,186	69,993	27,908	51,113	11,469	15,633	106,123	176,116
19. % with any housing problems	47	34.4	57.5	31.4	36.3	17.1	13.3	23	24.2	17	24.7
20. % Cost Burden >30	45.8	29.1	27.4	29.2	31.3	17	12.6	13.3	23.8	15.5	21.8
21. % Cost Burden >50	22.2	12.8	11.4	13.4	14.2	7.2	3.5	4.1	8.3	5.3	8.8

D. Homeless Needs.

Nature & Extent of Homelessness (including the Chronically Homeless):

According to the latest “point-in-time” count (conducted January 25, 2007), there are 1870 homeless individuals in the Omaha/Metro area. Of these, it is estimated that 615 are chronically homeless. The remaining 1255 are single individuals and persons in households with and without children. Table 1A offers a breakdown of the homeless population (and subpopulations) identified in the “point-in-time sheltered and unsheltered count”.

(NOTE: The data contained in Table 1A were obtained during a point-in-time count conducted by outreach teams, service providers, community volunteers and homeless and formerly homeless individuals. These groups were trained in how to collect the data so as to ensure data quality, and as the date of the count neared, reminders were sent to ensure that all would be at their scheduled sites and locations. All shelters and all transitional housing facilities participated in the count and all unsheltered locations where homeless are known to congregate were surveyed, i.e., parks, abandoned buildings, river front sites, etc. A random sample of sheltered clients was interviewed so as to make subpopulation estimates. The count was conducted in the early morning prior to the opening of the shelters so as to avoid counting the same individual(s) twice.)

Facility and Service Needs by Homeless Subpopulation

Sheltered and unsheltered homeless individuals

Table 1A indicates that there are 1338 homeless individuals in our CoC’s jurisdiction at a point in time. To accommodate the housing needs of this population, there are 543 emergency shelter beds and 301 transitional housing beds; leaving an emergency shelter need – based on calculations involving both sheltered and unsheltered totals from the above point-in-time count – of 554 emergency shelter beds and 422 transitional housing beds.

The need for emergency shelter beds is ameliorated to a degree by mats, cots and mattresses that are available on an overflow basis. When mats/cots/mattresses are counted, an additional 323 individuals are accommodated. This leaves a need of 231 beds (rather than the 554 resulting from the calculation that involves beds only).

(Note: transitional housing need is based on the assumption that chronically homeless individuals, a subset of homeless individuals, will not need transitional housing. Their homelessness, it is presumed, will be address through the prevision of emergency shelter followed by placement in permanent supportive housing. Thus, the 422 figure is arrived at after the chronically homeless population [615] has been subtracted from the homeless individual population [1338].)

There are very few permanent housing beds available to this population, either in the form of units or vouchers. The latest inventory indicates only 22 individual beds (21 of which are rental assistance vouchers) in the permanent supportive housing category. Given that all 615

Table 1A
Homeless and Special Needs Populations

Continuum of Care: Housing Gap Analysis Chart

		Current Inventory	Under Development	Unmet Need/ Gap
Individuals				
Example	Emergency Shelter	100	40	26
Beds	Emergency Shelter	491	52	554
	Transitional Housing	248	53	421
	Permanent Supportive Housing	21	1	794
	Total	760	106	1769
Persons in Families With Children				
Beds	Emergency Shelter	195	0	160
	Transitional Housing	395	0	0
	Permanent Supportive Housing	96	67	0
	Total	686	67	160

Continuum of Care: Homeless Population and Subpopulations Chart

<i>Part 1: Homeless Population</i>	<i>Sheltered</i>		<i>Unsheltered</i>	<i>Total</i>
	<i>Emergency</i>	<i>Transitional</i>		
Number of Families with Children (Family Households):	130	80	0	210
1. Number of Persons in Families with Children	355	177	0	532
2. Number of Single Individuals and Persons in Households without children	859	241	238	1338
(Add Lines Numbered 1 & 2 Total Persons)	1214	418	238	1870
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	<i>Total</i>
a. Chronically Homeless	429		186	615
b. Seriously Mentally Ill	301		106	407
c. Chronic Substance Abuse	619		112	731
d. Veterans	111		12	123
e. Persons with HIV/AIDS	8		0	8
f. Victims of Domestic Violence	241		31	272
g. Unaccompanied Youth (Under 18)	113		0	113

chronically homeless individuals (sheltered plus unsheltered total) need (or will need) permanent housing, this leaves a need of 593 permanent housing beds for the chronically homeless alone. Beyond that, shelter providers estimate that 30% of “other homeless” currently in shelters and transitional housing facilities also will need permanent supportive housing. When that figure is

added to the chronically homeless need, the result is 794 individuals in need of permanent supportive housing.

As a result of the above analysis, our housing “relative priority ranking” (see the *Priority Homeless Needs Table* included in this document) for homeless individuals is as follows:

Emergency Shelter	Medium
Transitional Housing	Medium
Permanent Housing	High

(See section entitled, *Strategy for addressing high priority housing needs*, for a discussion of this jurisdiction’s strategy for addressing the permanent supportive housing need for homeless individuals.)

Service need: The single homeless person is not eligible for many public assistance programs and must rely on other means of support. Some are eligible for Supplemental Security Income or general assistance but often are not stable enough to complete the application process. This population could benefit from SRO accommodations, Safe Havens, Permanent Supportive Housing facilities, and rental and “shelter plus care” vouchers. In addition, life skills training, job training, job placement and continuing education opportunities are crucial needs of this group. Finally, because the chronically homeless are from within this group, there is a need for case management, drug and alcohol treatment, psychiatric services, medication (and medication management), access to medical services, and day facilities where outreach and one-stop services are provided.

Sheltered and unsheltered homeless families with children

Table 1A indicates that there are 532 homeless persons in families with children in our jurisdiction at a point in time. To accommodate the housing needs of this population, there are 195 emergency shelter beds and 413 transitional housing beds; leaving an emergency shelter need – based on calculations involving both sheltered and unsheltered totals from the above point-in-time count – of 160 emergency shelter beds and 0 transitional housing beds.

As indicated in the previous section, shelter providers estimate that 30% of “other homeless” currently in shelters and transitional housing facilities will need permanent supportive housing. When that figure is computed for persons in families with children (.30 X 532 = 159), there are a sufficient number of permanent supportive housing beds (current and under development) available for this population (163).

However, calculations here, as throughout this section, are based on the point-in-time count and that can be misleading. The movement of families in and out of homelessness, on any given night, may lead to the conclusion that permanent supportive housing for persons in families with children is not needed but repeatedly, Shelter Directors – basing their conclusion on year-round experience – report that it is needed. Therefore, despite the point-in-time numbers, permanent supportive housing for persons in families with children is given a “medium” relative priority rating.

As a result of this analysis, our housing “relative priority ranking” (see the *Priority Homeless Needs Table* included in this document) for persons in families with children is as follows:

Emergency Shelter	Medium
Transitional Housing	Low
Permanent Housing	Medium

Some of the immediate causes of homelessness for families with children include: eviction due to inability to pay rent or mortgages (in some cases due to poor budgeting); unemployment due to layoff; divorce and break up of the family support system; domestic violence; displacement from family and friends who no longer have the resources to assist them; and mental illness. The major reported causes of family homelessness are eviction, domestic violence/family disruption, substance abuse and mental illness.

Service needs include: case management, housing with childcare and transportation, domestic abuse counseling (for both victim and abuser), drug and alcohol treatment, life skills training, psychiatric services, job training, job placement and continuing education.

Chronically Homeless

As indicated in Table 1A, it is estimated that there are 615 chronically homeless individuals in our jurisdiction. If all were staying at emergency shelters (and as of the point-in-time count, 186 were unsheltered), then the chronically homeless alone would exceed the number of available individual emergency shelter beds, i.e., 543, (but not the number of beds plus overflow mats, cots and mattresses). The chronically homeless are in need of emergency shelter beds and that need is figured into the unmet emergency shelter bed need for individuals in Table 1A.

(As indicated earlier, transitional housing is not presumed a substantial need of the chronically homeless. Their homelessness is to be addressed through the provision of emergency shelter followed by placement in permanent supportive housing.)

Currently, there are only 21 permanent supportive housing beds for chronically homeless individuals (Shelter Plus Care rental assistance vouchers). Given that all 615 chronically homeless individuals (sheltered plus unsheltered total) need (or will need) permanent housing, this leaves a need – as pointed out above -- of 594 permanent housing beds for the chronically homeless.

As a result of the above analysis, our housing “relative priority ranking” (see the *Priority Homeless Needs Table* included in this document) for chronically homeless individuals is as follows:

Emergency Shelter	Medium
Permanent Housing	High

(See section entitled, *Strategy for addressing high priority housing needs*, for a discussion of this jurisdiction’s strategy for addressing the permanent supportive housing need of chronically homeless individuals.)

Finally, given that a substantial proportion (no estimate currently available) of the chronically homeless population is also suffering from serious mental illness and/or substance abuse, there exists an ongoing need for the following services: case management, drug and alcohol treatment programs, psychiatric services, medication (and medication management), access to medical services, day facilities where outreach and one-stop services can be provided.

Sheltered and unsheltered Seriously Mentally Ill

Table 1A indicates that there are an estimated 407 homeless individuals (301 sheltered and 106 unsheltered) in our jurisdiction with serious mental illness at a point in time. If all were to require either emergency shelter or transitional housing on the same night (presuming that most are individuals but that some are in families), then there would be an adequate number of emergency shelter and transitional housing beds to accommodate them. (However, such a situation would displace other subpopulations that also need emergency shelter and transitional housing. So, the overall computation of emergency shelter and transitional housing needs includes the needs of all subpopulations, the seriously mentally ill as well as other subpopulations – see the Priority Homeless Needs Table.)

As for permanent supportive housing, if the individual is a member of a family, then in all likelihood there is permanent supportive housing available. However, if the individual is not in a family, then whether he or she is chronically homeless (and thus, figured into the chronically homeless need for permanent supportive housing) or not, there is insufficient permanent supportive housing. As Table 1A indicates, there are only 22 permanent supportive housing beds available for individuals and 21 of these are for the chronically homeless.

As a result of the above analysis, our housing “relative priority ranking” (see the *Priority Homeless Needs Table* included in this document) for homeless individuals with serious mental illness is as follows:

Emergency Shelter	Low
Transitional Housing	Low
Permanent Housing	High

(See section entitled, *Strategy for addressing high priority housing needs*, for a discussion of this jurisdiction’s strategy for addressing the permanent supportive housing need for homeless individuals with serious mental illness.)

Service needs for the seriously mentally ill focus on the access to social services, sufficient stability to ensure adherence to a medication regimen, broader eligibility, and an expedient process for receiving Social Security disability benefits. The key strategy is 1) mobile outreach, i.e., contacting the homeless mentally ill either on the street or in shelters, 2) case management,

to assist with negotiating the social services system and to monitor medication and treatment programs, and 3) permanent supportive housing.

Sheltered and unsheltered Chronic Substance Abuse

Table 1A indicates that there are an estimated 731 homeless individuals (619 sheltered and 112 unsheltered) in our jurisdiction with chronic substance abuse at a point in time. If all of these individuals are active in their addiction, then only 303 emergency shelter beds (including detox beds) are available to them. For those ready to enter a recovery program, there are 158 beds available. Thus, there is a need for both emergency shelter beds and transitional housing treatment beds for this population.

If the individual is a member of a family and in recovery, then there is permanent supportive housing available. However, if the individual is not in a family, then whether he or she is chronically homeless (and thus, figured into the chronically homeless need for permanent supportive housing) or not, there is insufficient permanent supportive housing. As Table 1A indicates, there are only 22 permanent supportive housing beds available for individuals and 21 of these are for the chronically homeless.

As a result of the above analysis, our housing “relative priority ranking” (see the *Priority Homeless Needs Table* included in this document) for homeless individuals with chronic substance abuse is as follows:

Emergency Shelter	Medium
Transitional Housing	Low
Permanent Housing	High

(See section entitled, *Strategy for addressing high priority housing needs*, for a discussion of this jurisdiction’s strategy for addressing the permanent supportive housing need for homeless individuals with chronic substance abuse.)

An immediate and much needed service for this homeless population is in-patient and outpatient substance abuse treatment. Available facilities for uninsured patients are the Campus For Hope, an in-patient detox and long-term treatment facility, the Charles Drew Health Center outpatient program, the Siena/Francis Recovery Program, the Stephen Center HERO Program and the residential and outpatient treatment facilities sponsored by the Region VI Mental Health, Alcoholism, and Drug Abuse Administration. The key strategy for this population is outreach followed concurrently by treatment and housing, permanent supportive housing in some cases.

Veterans

Table 1A indicates that there are an estimated 123 homeless veterans (111 sheltered and 12 unsheltered) living in our jurisdiction at a point in time. There are emergency shelter and transitional housing beds to accommodate this number. If the individual is a member of a family, then there is permanent supportive housing available. However, if the individual is not in a

family, then whether he or she is chronically homeless (and thus, figured into the chronically homeless need for permanent supportive housing) or not, there is insufficient permanent supportive housing. As Table 1A indicates, there are only 22 permanent supportive housing beds available for individuals and 21 of these are for the chronically homeless.

As a result of the above analysis, our housing “relative priority ranking” (see the *Priority Homeless Needs Table* included in this document) for homeless veterans is as follows:

Emergency Shelter	Low
Transitional Housing	Low
Permanent Housing	Low

Service need: Homeless veterans who are eligible for veterans’ benefits often need assistance in applying for those benefits. These benefits, in turn, can affect the veteran’s eligibility for other programs. The Veterans Administration, the Vet Center, and the Nebraska Job Service provide employment and other assistance to Veterans. The most common need for veterans is assistance with application to veteran programs for which they are eligible.

Persons with HIV/AIDS

Table 1A indicates that there are 8 homeless persons with HIV/AIDS in our jurisdiction at a point in time. There are emergency shelter and transitional housing beds to accommodate this number. If the individual is a member of a family, then there is permanent supportive housing available. However, if the individual is not in a family, then only if he or she is chronically homeless is permanent supportive housing available. Otherwise, only one permanent supportive housing bed is available to individuals.

As a result of the above analysis, our housing “relative priority ranking” (see the *Priority Homeless Needs Table* included in this document) for homeless persons with HIV/AIDS is as follows:

Emergency Shelter	Low
Transitional Housing	Low
Permanent Housing	Low

Homeless persons with HIV/AIDS are in need of the following: inpatient substance abuse treatment for the uninsured; co-payment treatment options for lower income persons; accelerated determination of eligibility for SSI/SSDI, case management, housing assistance (perhaps through HOPWA), and HIV/AIDS care through the Ryan White Care Act.

Victims of Domestic Violence

Table 1A indicates that there are an estimated 272 homeless victims of domestic violence (241 sheltered and 31 unsheltered) in our jurisdiction at a point in time. One hundred and ninety-five (195) emergency shelter family beds are available to this population (though only 55 are specifically targeted for them) and approximately 68 individual emergency beds (however, none

of these beds are specifically targeted for victims of domestic violence). And while there are 395 transitional housing family beds available, only 60 are specifically targeted for this population.

If the individual is a member of a family, then there are 173 permanent supportive housing beds available. However, if the individual is not in a family, then whether she is chronically homeless (and thus, figured into the chronically homeless need for permanent supportive housing) or not, there is insufficient permanent supportive housing. As Table 1A indicates, there are only 22 permanent supportive housing beds available for individuals and 21 of these are for the chronically homeless.

As a result of the above analysis, our housing “relative priority ranking” (see the *Priority Homeless Needs Table* included in this document) for victims of domestic violence is as follows:

Emergency Shelter	Medium
Transitional Housing	Medium
Permanent Housing	Medium

Three difficulties that shelter operators site for domestic violence victims are 1) financial dependence on the abusive spouse; 2) fear that reporting the violence will not result in the abuser being held accountable, and that as victims, they will be subject to greater abuse; and 3) the lack of family and social support to leave the abusive situation.

To assist this population, there is a need for secure, short-term and/or transitional housing that provides childcare services and is in a location close to public transportation. In addition, there is a need for domestic violence programs that provide ongoing support to victims, job training and educational opportunities so women can become financially independent. Further, there is the need to address the personal, social, and legal aspects of domestic violence. Such efforts can include prevention programs, parenting classes, other personal counseling programs for victims and abusers, and court ordered treatment for the abuser.

Unaccompanied Youth (under 18)

Table 1A indicates that there are an estimated 113 homeless unaccompanied youth in our jurisdiction at a point in time. To accommodate these youth, there are only 60 emergency shelter beds and no transitional housing beds. In addition, there is no permanent supportive housing specifically targeted for this population.

Though there are no transitional housing and permanent supportive housing beds designated specifically for this population, the need for such housing within the homeless housing network is not as great as it is for other populations simply because many of these youth become wards of the state. Not all of them, and for many, short-term housing (6 to 18 months) is needed. For many others, however, as they become wards of the state (if they do), they are placed in the foster care system and are no longer considered homeless.

Note: To emphasize the point just made, the need for transitional housing for this population is not zero. Individuals involved with homeless unaccompanied youth point out that some six-to-eighteen month transitional housing is needed for youth nearing the age of emancipation (19 years of age in Nebraska). These youths are unlikely to become wards of the state (indeed, many are running from foster homes where they were placed as wards of the state) and so, are in need of housing with supportive services for a period.

Based on the above, our housing “relative priority ranking” (see the *Priority Homeless Needs Table* included in this document) for homeless unaccompanied youth (under 18) is as follows:

Emergency Shelter	Medium
Transitional Housing	Low
Permanent Housing	Low

Homeless unaccompanied youth often are runaways escaping family instability or sexual/physical abuse. Common problems include: lack of, or unsuccessful, foster care; parental abuse; frequent moves; disruption of their education; and lack of adequate counseling for emotional problems. Further, this age group is unable legally to rent private housing because youth this age cannot enter into contracts or leases with property owners. The lack of education and job training results in employment at less than livable wages.

Service Need: Major needs identified for this population includes housing, education, counseling and independent legal status. These needs can be addressed by increasing the availability of halfway houses and supervised living arrangements that supply counseling and other services for youth; increasing the availability of foster care; providing better training of foster care parents and adding additional case managers to the system.

Characteristics and needs of low-income individuals and families with children who are currently housed but threatened with homelessness.

In a recently completed report by the Wilder Research Group of St. Paul, Minnesota, entitled, “*Homelessness in the Omaha/Council Bluffs Metro Area*,” the researchers offer the following list of factors likely to increase the risk of homelessness for low-income individuals and families with children: low education, single parent family, minority group member, low social support, discharge from foster care, discharge from jail or prison, poor rental history, domestic violence victim, mental illness and alcohol/drug addiction. As these factors cluster and/or come to characterize the life of the low-income individual or family, then homelessness – according to these researchers – is made more likely.

Add to this list of factors the cost and availability of housing and the risk of homelessness for low-income individuals and families with children looms all the larger. Referencing the 2005 American Community Survey, the Wilder Research Group writes:

“Analysis of the 2005 American Community Survey shows that for Nebraska statewide, 56 percent of “Extremely Low Income” households – those with incomes at or below 30 percent of the median income – were paying half or more of their income for housing. This is considered a severe housing cost burden, and since so little money remains for other necessities, it constitutes a high risk factor for homelessness. It is also a significant increase from just one year earlier, in 2004, when the corresponding figure was 45 percent (Pelletiere & Wardrip, 2006).

“According to a 2007 national analysis, there is currently a rapid increase in the number of households that are severely cost-burdened (spend more than half their incomes on housing). The problem is increasingly concentrated in households that are in the bottom quartile by income, which include a disproportionate share of residents who are low-wage workers, elderly, or disabled. At the same time, the share of the federal discretionary budget allocated for housing assistance is dropping, from 10.2 percent in 1998 to 7.7 percent in 2006 (Harvard, 2007).

“In the surveys conducted by Wilder Research as part of (the Homelessness) assessment, respondents frequently observed that there is a serious shortage of available, affordable housing in the Omaha metro area. . . .”

And additionally,

“According to respondents to the Wilder surveys, much of the housing in the Omaha metropolitan area that is considered affordable is in practice not accessible to the current homeless population (with or without mental illness) because of a variety of restrictions in eligibility, including disqualifications for prior criminal behavior or drug use, or debt owed on past utility bills.”

The needs of this group are, accordingly: rent and utility assistance, mortgage foreclosure assistance, housing mediation, housing education, behavioral and mental health treatment, substance abuse treatment, general health care services (including prescriptions and dental care), food, clothing, furnishings, General Assistance, education in budgeting, financial literacy and life skills, help in gaining access to social services and employment assistance (job training and job placement).

According to a survey conducted as a part of the Wilder Research Group report and involving homeless agency directors, the greatest current unmet need for low-income individuals and families with children (of the needs listed in the previous paragraph) is rental assistance, utility assistance, mortgage foreclosure prevention, income support and emergency financial assistance, budgeting and financial education, mental health and substance abuse treatment and finally, (though not mentioned above) adequate, reliable transportation.

Nature and extent of homelessness by racial and ethnic group

According to the Wilder Research Group report on “Homelessness in the Omaha/Council Bluffs Metro Area” (August, 2007) and based on information available from the CoC’s Homeless Management Information System (HMIS) for the first half of 2007, homeless adults served by area shelters and other service providers were 44% White and 41% Black. Three percent were American Indian, less than one-half of one percent was Asian, Pacific Islander, or Native Hawaiian, and the remainder reported their race as multi-racial or “other.” Ten percent reported their ethnicity as Hispanic or Latino. By contrast, in the latest figures for the overall adult population of the region (2000 Census), Whites accounted for 86% of the population, with Blacks only 8% and American Indians less than one-half of one percent. Five percent reported Hispanic or Latino ethnicity.

<u>Race:</u>	2000 Census <u>All Adults</u>	2007 <u>Homeless Adults</u>
White	86%	44%
Black or African American	8%	41%
Asian, Native Hawaiian, Pacific Islander	2%	<1%
American Indian	<1%	3%
Other including multi-racial, or race unknown	4%	12%
Latino	5%	10%

This racial disparity in the incidence of homelessness is striking. However, it is not surprising given comparable disparities in poverty rates already documented in the area. It is also not unique to the Omaha/Council Bluffs area. It reflects widespread disparities in other aspects of society, including access to education, employment, and housing (from the Wilder Research Group report entitled, “Homelessness in the Omaha/Council Bluffs Metro Area,” August, 2007; Wilder Research, Saint Paul, Minn.).

E. Lead-Based Paint

In October of 1992, the federal approach to lead-based paint shifted to an increased emphasis on the **prevention** of childhood lead poisoning through housing-based approaches. Elements of the Residential Lead-Based Paint Hazard Reduction Act of 1992, Title X of the Housing and Community Development Act of 1992 include:

- emphasis on **homes**, rather than waiting for children to become poisoned; and
- identification and reduction of lead-based paint **hazards**, rather than the elimination of all lead-based paint.²¹

This new federal emphasis requires local efforts to identify housing units likely to have lead-based paint hazards and to develop resources and strategies to significantly reduce or eliminate these hazards in order to prevent childhood lead poisoning.

²¹Technical Assistance Bulletin 1: Lead-Based Paint Hazards, The National Center for Lead-Safe Housing, page i.

Lead-based paint containing up to 50 percent lead was in common use through the 1940's. Although the use and manufacture of interior lead-based paint declined during the 1950's, exterior lead-based paint and some interior lead-based paint continued to be available until the mid-1970s. In 1978, the Consumer Product Safety Commission banned the manufacture of paint containing more than 0.06 percent lead by weight for use on interior and exterior residential surfaces and furniture.

By itself, the presence of lead-based paint does not constitute an exposure hazard. Criteria for lead-based paint hazards include:

- Any peeling, chipping, flaking, chalking, or otherwise deteriorated lead-based paint.
- Any lead-based paint on friction surfaces (windows, railings, etc.)
- Any lead-based paint on impact surfaces (doors, doorjambs, stairs, etc.).
- Any lead-based paint on accessible surfaces which a child could mouth or chew.
- Any dust containing excessive levels of lead on floors, interior windowsills or window wells.
- Any bare soil containing excessive amounts of lead.
- Any lead-based paint on any surface which is disturbed as a result of renovation or remodeling activity.

Most children become exposed to lead-based paint and dust hazards living in older homes. Older, low-income, privately-owned housing that has not been adequately maintained is potentially the most hazardous to young children. The results of children exposed to lead-based paint have impacts that the school districts and the public health departments must face.

The prevalence of lead-based paint hazards in housing has been the subject of study by the U.S. Department of HUD.²² A nationally representative survey of housing conducted between 1998 and 2000 indicates that 38 million housing units in the U. S. had lead-based paint, down from the 1990 estimate of 64 million. Twenty-four million had significant lead-based paint hazards. Approximately 36% of the housing in the Midwest and the Northeast had lead-based paint hazards, compared with about 16% of housing in the South and West. The study found that most painted surfaces, even in older housing, do not have lead-based paint. The building components with the highest prevalence of lead-based paint were windows and doors, which are impact surfaces that can generate significant levels of lead dust and paint chips. This use on windows and doors has been supported by experience in Omaha with lead paint also frequently found on exterior siding and trim and interior components such as door and window frames, trim, cabinets, and stairways.

This recent study showed that the presence of hazards increases with age of housing. The 2000 census provides the following statistics for occupied housing units by age in the City of Omaha:

²² The Prevalence of lead-Based paint Hazards in U. S. Housing, David E. Jacobs et al. Environmental Health Perspectives, Volume 110, Number 10, October 2002.

<u>Year built</u>	<u>Owner-occupied</u>	<u>Renter-occupied</u>	<u>Total</u>
1960 to 1979	33,601	25,481	59,082
1940 to 1959	22,422	11,893	34,315
1939 or earlier	21,573	11,902	33,475
Total to 1979	77,596	49,276	126,872

Not all pre-1980 housing units have lead-based paint. A national sample study²³ determined the following percentages for estimating pre-1980 housing units that have lead-based paint:

Before 1940	90% +/-10%
1940 - 1959	80% +/-10%
1960 - 1979	62% +/-10%

Applying these percentages yields these estimates of occupied housing units with lead-based paint:

<u>Year built</u>	<u>Owner-occupied</u>	<u>Renter-occupied</u>	<u>Total</u>	<u>Margin of error</u>
1960 to 1979	20,833	15,798	36,631	+/- 3,363
1940 to 1959	17,938	9,514	27,452	+/- 2,745
1939 or earlier	19,416	10,712	30,128	+/- 3,012
Total to 1979	58,186	36,024	94,210	+/- 9,421

The presence of children in the home and income level are both significant factors in considering lead paint hazards. Children under the age of six are more vulnerable to lead poisoning. Housing in poor condition is more likely to have lead paint hazards and is more likely among lower income households with fewer resources for maintenance and improvements. The following tables based on 2000 Census information show the numbers of low-income households with children in the Consortium area and in Omaha.

Consortium Area

	Pre 1950	1950 - 59	1960 - 79	Totals
<=50% MFI w/ children	1,015	290	560	1,865
<=50% MFI other	6,885	2,815	3,360	13,060

²³Comprehensive and Workable Plan for the Abatement of Lead-Based Paint in Privately Owned Structures, Table 3-3, page 3-9.

>50% MFI w/children	4,785	2,090	5,635	12,510
>50% MFI other	22,570	12,805	27,430	62,805
Totals	35,255	18,000	36,985	90,240

Omaha

	Pre 1950	1950 - 59	1960 - 79	Totals
<=50% MFI w/ children	835	245	445	1,525
<=50% MFI other	5,725	2,350	2,915	10,990
>50% MFI w/children	4,005	1,705	5,205	10,915
>50% MFI other	18,400	10,730	25,035	54,165
Totals	28,965	15,030	33,600	77,595

Incidence of lead poisoning is another indicator of lead paint hazard. Screening for childhood lead poisoning began in Nebraska in the mid-1970s and was concentrated in Omaha until 1992, according to information from the Nebraska Department of Health. The Douglas County Health Department Lead Poisoning Prevention Program monitors screening for lead poisoning, and conducts environmental assessments, and identification and reduction of lead hazards. This program has been funded through the Maternal and Child Health Block Grant, the Center for Disease Control and the Environmental Protection Agency.²⁴

In 2006, the Douglas County Health Department Lead Poisoning Prevention Program screened 10,753 children and identified 238 as lead toxic. The incidence of lead poisoning was concentrated in an eleven zip code area in Eastern Omaha, which had 225 of the cases. Among children tested in 2006, the highest incidence of EBL's in the City of Omaha is in zip codes 68111 with 43 and 68105 with 53. These data indicate that sections of the City of Omaha have a significant childhood lead poisoning problem.

**Elevated Blood Lead Levels of Children
under 6 years old for Douglas County by Zip Code: 2006**

<u>Zip Code</u>	<u>Tot. Tested <6 years old</u>	<u>% w/EBLs</u>
68069	14	0.0
68102	77	0.0
68118	62	0.0
68111	1064	4.0
68110	231	6.5

²⁴The Nebraska Rural-Urban Childhood Lead poisoning Prevention Program, Nebraska Department of Health, April, 1993.

<u>Zip Code</u>	<u>Tot. Tested <6 years old</u>	<u>% w/EBLs</u>
68131	484	4.1
68105	1094	4.8
68064	24	0.0
68108	738	4.6
68107	1451	2.3
68112	294	2.0
68104	1025	1.2
68132	457	1.1
68127	311	0.6
68022	102	0.0
68114	230	0.8
68117	200	1.5
68134	497	1.0
68116	215	0.0
68144	261	0.0
68152	69	0.0
68154	175	0.0
68106	446	0.2
68164	276	0.0
68007	62	0.0
68010	8	0.0
68122	96	0.0
68124	185	0.5
68130	99	0.0
68135	187	0.0
68137	293	0.0
68142	26	0.0
Total	10,753	2.2

Between 1992 and 1998, the Iowa Department of Public Health's screening programs identified the rate of lead poisoning (defined as a confirmed blood level greater than or equal to 10 micrograms of lead per deciliter of blood) to be 12.6% for those children under the age of six. The Department believes this rate can be extrapolated to the overall state population. Furthermore, the Iowa Department of Public Health has found the incidence of poisoning to be greatest in those areas of the state with the largest numbers of housing units built prior to 1960. The incidence of lead poisoning in many rural areas of Iowa has been found to be greater than that in many urban areas of the state due to the tendency for rural housing to be in older and poorer condition. However, further testing shows that children born between January 1, 1992 and December 31, 1996 and tested at 12 months to 35 months shows the following statistics for Pottawattamie County:

An ad hoc committee was formed by the Iowa Department of Public Health in 2000, in response to Section 12 of Senate File 2429. This committee was assigned the task of studying childhood lead poisoning. This committee was composed of medial experts, health care providers, insurance companies, early childhood educators, housing officials, property owners, real estate agents, representatives of local childhood lead poisoning prevention programs (CLPPPs), laboratory representatives, housing finance agencies and consumers. Based upon their meetings, they have recommended three actions to the Iowa General Assembly:

Pass legislation to require that all Iowa children under the age of six years be tested for lead poisoning.

Provide state funds for adequate support of current CLPPPs and to allow CLPPPs to be started in the 28 counties where they do not currently exist. (Currently Pottawattamie does not have a CLPPP).

Pass legislation to require that lead hazards be corrected in dwellings associated with lead-poisoned children.

With recent legislative budget battles, it remains to be seen whether or not any of the above mentioned initiatives will be financially supported.

II. STRATEGIES, PRIORITY NEEDS AND OBJECTIVES

This component of the Consolidated Plan presents the City's strategic plan - a five-year strategy which denotes the City's housing and community development priorities and objectives and describes the actions intended to be initiated or completed during its term. The strategic plan discusses general priorities for investment, both geographically and among priority needs, describes the basis for establishing those priorities, discusses obstacles to meeting priority needs, and summarizes proposed accomplishments in terms of number of units.

The objectives of the Omaha-Council Bluffs Consortium 2008-2012 Consolidated Plan Strategy include:

- increasing the supply of standard, affordable rental housing through the rehabilitation of existing housing and the construction of new units,
- promoting home ownership opportunities through the acquisition and rehabilitation of housing, the construction of new single-family homes, and the provision of below market rate mortgage financing,
- preserving existing home ownership through the renovation of single-family homes,
- providing assistance to alleviate rental cost burden to very low-income households,
- providing affordable housing opportunities designed to meet the needs of the elderly, people with disabilities, large families, and other persons with special needs,
- ensuring, at a minimum, a one-for-one replacement of public housing units lost through demolition,
- addressing the needs of homeless individuals and homeless families through a coordinated "continuum of care" effort committed to the prevention of homelessness, the treatment of homeless individuals with dignity and care, and the promotion of independent living,
- providing for increased housing choice and opportunity both within and outside areas of minority and low-income concentration,
- creating economic development activities designed to help people achieve economic self-sufficiency,
- providing opportunities for non-profit community organizations to develop and execute projects that benefit lower-income residents, and support housing and community development activities.
- reducing lead-based paint hazards, and

- building increased capacity within the housing delivery system to make the institutional structure more responsive to the needs of low and moderate-income persons.

A. Resources

Omaha Council Bluffs Consortium

The Omaha-Council Bluffs Consortium is the recipient of Federal funds under the terms of a number of programs administered by the U. S. Department of Housing and Urban Development (HUD). A Community Development Block Grant (CDBG) Entitlement is Omaha and Council Bluffs primary source of HUD funding which is received on an annual basis. CDBG funds are used for all major housing renovation and new construction programs with an emphasis on benefit to low and moderate-income households and addressing blighted conditions. CDBG funds may also be used for economic development activities and for the provision of public services and facilities.

A second annual entitlement received from HUD is the Home Investment Partnership Program (HOME Fund) Entitlement. HOME Funds are used solely for development of affordable housing opportunities through the rehabilitation and new construction of housing. All beneficiaries of home funds have incomes that do not exceed 80% of the median family income for the Omaha NE-IA Metropolitan Statistical Area.

The Emergency Shelter Grant Program (ESGP) is a third entitlement from HUD received annually by the City of Omaha. ESGP funds are passed through to various local emergency shelter and service providers. ESGP funds may be used for shelter operations, services to homeless families and individuals, renovation of facilities, and actions taken to prevent homelessness.

Supportive Housing Funds are competitive funds, on a national basis, for which the City of Omaha has successfully applied to HUD in past years. Supportive Housing Program funds support the City's area-wide continuum of care effort and are used to develop transitional housing and other programs designed to move families and individuals from homelessness to self-sufficiency. Supportive Housing Program funds are passed through the City to area non-profit organizations by a local competitive process.

As part of the Tax Reform Act of 1986, the United States Congress created the Low-Income Housing Tax Credit (LIHTC) program to promote development of affordable rental housing for low-income individuals and families. To date, it has been the most successful rental housing production program in Nebraska, creating thousands of residences with affordable rents. The Low-Income Housing Tax Credit, rather than a direct subsidy, encourages investment of private capital in the development of rental housing by providing a credit to offset an investor's federal income tax liability. The amount of credit a developer or investor may claim is directly related to the amount of qualified development costs incurred and the number of low-income units developed that meet the applicable federal requirements for both tenant income and rents. The Nebraska Investment Finance Authority (NIFA) is designated as Nebraska's housing credit allocation agency.

The Nebraska Department of Economic Development administers the Nebraska Affordable Housing Program (NAHP) comprised of funding from the Nebraska Affordable Housing Trust Fund (NAHTF) and the State HOME Program. This program provides grants to non-profit corporations, local governments, and public housing authorities to:

1. build new rental units for low to moderate income persons
2. adapt old buildings from use as schools, hotels, etc., to rental housing
3. rehabilitate existing rental properties owned by nonprofit or public housing authorities to meet local building codes and the Nebraska Department of Economic Development's rehabilitation standards
4. administer homebuyer assistance programs
5. develop new single-family housing (including infrastructure) for homeowners
6. purchase homes, rehabilitate to meet local building codes and Nebraska Department of Economic Development's rehabilitation standards, and provide down-payment assistance to new homebuyers to purchase the homes
7. administer programs that help homeowners rehabilitate their houses
8. increase nonprofit organizations' capacity to develop affordable housing

The Nebraska Department of Economic Development allocates funds according to the State of Nebraska Action Plan. The City of Omaha and non-profit corporations intend to apply for NAHTF and State HOME Program funds.

The City of Omaha will use its General Fund monies in support of the City's HOME Fund program and other General Fund, Tax Increment Financing Bond funds in support of specific housing and community development projects.

It is estimated, at a minimum, that \$20 million in private support will be leveraged, annually, with the above-mentioned Federal dollars in support of programs, projects, and initiatives undertaken in implementation of this strategic plan.

Itemized below are funds reasonably expected to be available to the Consortium for use in carrying out housing and community development programs and activities over the term of the strategic plan.

<u>Description</u>	<u>Amount Expected 2008-2012</u>
Community Development Block Grant	\$ 25,000,000
HOME Investment Partnerships Program	11,500,000
Supportive Housing Program	12,000,000

Emergency Shelter Grant Program	1,125,000
Nebraska Affordable Housing Trust Fund	5,500,000
Nebraska Homeless Assistance Trust	1,900,000
Eastern Nebraska Human Services Agency	250,000
City of Omaha General Fund	1,000,000
City of Omaha General Fund-Demolition	325,000
City of Council Bluffs	280,000
City of Omaha-Other	2,500,000
Private Resources	100,000,000

Council Bluffs

The City of Council Bluffs is the recipient of Federal funds through the U.S. Department of Housing and Urban Development (HUD). A Community Development Block Grant (CDBG) Entitlement is Council Bluffs primary source of HUD funding which is received on an annual basis. Home Investment Partnerships (HOME) Program funding is received through the Omaha-Council Bluffs Consortium. CDBG funds are used for all major housing renovation and new construction programs with an emphasis on benefit to low and moderate-income households and addressing blighted conditions. CDBG funds may also be used for economic development activities and for the provision of public services and facilities. The Iowa Finance Authority supports local housing projects through the Low Income Housing Tax Credit program. The Iowa Department of Economic Development also provides housing assistance through a variety of programs. In addition, the City of Council Bluffs will use its gaming and capital improvement fund monies in support of the City's community development program and to undertake specific housing and community development projects. It is estimated, that \$40 million in private support will be leveraged, annually, with the above-mentioned Federal dollars in support of programs, projects, and initiatives undertaken in implementation of this strategic plan. Itemized below are funds reasonably expected to be available to the City for use in carrying out housing and community development programs and activities over the term of the strategic plan.

<u>Description</u>	<u>Amount Expected 2008-20012</u>
Community Development Block Grant	\$ 5,450,000
Program Income	850,000
State Resources	250,000

Private Resources	2,000,000
City of Council Bluffs	<u>1,000,000</u>
Total Resources	\$9,550,000

B. Geographic Investment

Omaha-Council Bluffs Consortium

Geographically, the eastern portion of Omaha is the area where households experience the most housing problems. Strategic areas within this eastern sector are have such a variety and severity of problems that a comprehensive approach to understanding and addressing them is more effective approach to improving the physical, social and economic conditions in those area. Neighborhood Revitalization Strategy Areas (NRSA) in North and South Omaha further define the areas within the eastern portion of Omaha of greatest need where community development actions will be focused. The North and South NRSA's will take advantage of the incentives provided by the Department of Housing and Urban Development to achieve the most effective and enduring outcome. Some City sponsored housing and community development activity will also take place in areas outside of NRSA's, most often in area in which the majority of the residents are of low/moderate-income. HOME funds will sometimes be used outside of areas in which the majorities are of low/moderate-income, but to benefit strictly households of low/moderate-income.

In the areas selected for investment the City hopes to achieve: 1) the conservation of existing neighborhoods and the preservation and expansion of existing housing stock; 2) dramatically visible, concentrated improvement of strategic parts of neighborhoods with greatest economic and housing needs; 3) the expansion of rehabilitation and new construction activity into low-income neighborhoods; 4) housing infill development which will make vacant property productive again; and 5) creation and retention of jobs low-and moderate income persons.

C. Priority Needs and Strategy Development for Affordable Housing

This component of the Consolidated Plan presents general priorities and strategy analysis for investment of public and private resources in rental and home ownership housing, emergency shelter, and assisted living facilities based on the needs identified in the Needs Assessment. This information is presented in the below narrative and is summarized in the accompanying HUD Priority Needs Table, while the goals of the strategy are shown in the chart at the end of this section and are based on figures provided by the Department of Housing and Urban Development.

The priorities and strategy described in this section were developed after a comprehensive analysis of the Consortium's general housing conditions and the significant characteristics of the housing market. These existing conditions are then considered as they relate to four

household types. Those types are: 1) families whose incomes do not exceed 30 percent of the median family income (extremely low-income families), 2) families whose incomes do not exceed 50 percent of the median family income (low-income families), 3) families whose incomes do not exceed 80 percent of the median family income (moderate-income families), and 4) families whose incomes are between 80 percent and 95 percent of the median family income (middle-income families). This analysis included, but was not limited to, an assessment of the availability, cost, condition, location, size, vacancy rates and trends in rental and home ownership housing and the needs of various population subgroups within the Omaha-Council Bluffs Consortium.

The process used to develop the priorities and goals of the Consortium's housing strategy involved a number of initiatives. Initially, staff undertook the task of assembling and analyzing available information related to the existing conditions of the Omaha-Council Bluffs Consortium and housing and community development needs. From this a draft of housing and community development priorities was developed. A series of meetings, called focus group meetings, were conducted at which a discussion of housing and community development needs were discussed and a draft of priority needs was presented. Participants in the focus group discussions included: representatives of neighborhood groups, members of non-profit and for-profit housing developers, government officials, emergency shelter and service providers, the Omaha Housing Authority, financial institutions and social service agencies, both governmental and private.

Additional, one-on-one consultations were held with representatives of the above listed public and private sector groups in order to obtain additional information on special need populations and to gather input on the needs of various population subgroups.

In attempt to solicit additional input on housing and community development needs, two public hearings were conducted. The public hearings were advertised, previous participants in prior Consolidated Plan processes were invited, as was any other Omaha stakeholders expressing an interest in participating in setting the direction the City of Omaha's housing and community development program. Review of housing and community development actions and accomplishments, discussion current and future housing and community development needs and accomplishments, recommendations concerning proposed goals and strategies from individuals and organizations took place at the public hearings; much as had been done during previous focus group meetings.

The result, through both private and public meetings with individuals and organizations, as well as among Housing and Community Development staff, was the formulation of general goals, objectives and strategies that could be achieved.

The relative importance of different and competing goals was considered in assigning priority status to goals. In addition, the anticipated resources available to implement programs and the capacity and capability of the housing delivery system in carrying out specific strategies were also considered in establishing the general priorities in this housing strategy.

Table 2A
Priority Housing Needs/Investment Plan Table

PRIORITY HOUSING NEEDS (households)		Priority		Unmet Need
Renter	Small Related	0-30%	High	3,601
		31-50%	High	2,617
		51-80%	High	1,380
	Large Related	0-30%	High	1,044
		31-50%	High	657
		51-80%	High	635
	Elderly	0-30%	High	1,762
		31-50%	High	1,492
		51-80%	High	871
	All Other	0-30%	High	4,848
		31-50%	High	3,223
		51-80%	High	1,636
Owner	Small Related	0-30%	High	956
		31-50%	High	1,340
		51-80%	High	566
	Large Related	0-30%	High	392
		31-50%	High	586
		51-80%	High	694
	Elderly	0-30%	High	2,055
		31-50%	High	1,209
		51-80%	High	949
	All Other	0-30%	High	774
		31-50%	High	652
		51-80%	High	1,457
Non-Homeless Special Needs	Elderly	0-80%	High	
	Frail Elderly	0-80%	High	
	Severe Mental Illness	0-80%		
	Physical Disability	0-80%		
	Developmental Disability	0-80%		
	Alcohol/Drug Abuse	0-80%		
	HIV/AIDS	0-80%		
	Victims of Domestic Violence	0-80%		

Table 2A
Priority Housing Needs/Investment Plan Goals

Priority Need	5-Yr. Goal Plan/Act	Yr. 1 Goal Plan/Act	Yr. 2 Goal Plan/Act	Yr. 3 Goal Plan/Act	Yr. 4 Goal Plan/Act	Yr. 5 Goal Plan/Act
<i>Renters</i>	1,033	206	206	207	207	207
0 - 30 of MFI	654	130	131	131	131	131
31 - 50% of MFI	272	54	54	54	55	55
51 - 80% of MFI	106	21	21	21	21	22
<i>Owners</i>	6,548	785	786	787	787	787
0 - 30 of MFI	1,145	229	229	229	229	229
31 - 50 of MFI	2,333	466	466	467	467	467
51 - 80% of MFI	454	90	91	91	91	91
Homeless*						
Individuals						
Families						
<i>Non-Homeless Special Needs</i>						
Elderly	58	12	12	12	11	11
Frail Elderly						
Severe Mental Illness						
Physical Disability	73	15	15	16	16	16
Developmental Disability						
Alcohol/Drug Abuse						
HIV/AIDS						
Victims of Domestic Violence						
<i>Total</i>						
<i>Total Section 215</i>						
<i>212 Renter</i>	468	95	95	96	96	96
<i>215 Owner</i>	236	47	47	47	47	48

* Homeless individuals and families assisted with transitional and permanent housing

**Table 2A
Priority Housing Activities**

Priority Need	5-Yr. Goal Plan/Act	Yr. 1 Goal Plan/Act	Yr. 2 Goal Plan/Act	Yr. 3 Goal Plan/Act	Yr. 4 Goal Plan/Act	Yr. 5 Goal Plan/Act
CDBG						
Acquisition of existing rental units						
Production of new rental units	98	19	19	20	20	20
Rehabilitation of existing rental units	203	40	40	41	41	41
Rental assistance						
Acquisition of existing owner units	108	21	21	22	22	22
Production of new owner units						
Rehabilitation of existing owner units	5,900	1,180	1,180	1,180	1,180	1,180
Homeownership assistance	83	16	16	17	17	17
<i>HOME</i>						
Acquisition of existing rental units						
Production of new rental units	127	25	25	25	27	27
Rehabilitation of existing rental units	48	9	9	10	10	10
Rental assistance	390	78	78	78	78	78
Acquisition of existing owner units	78	15	15	16	16	16
Production of new owner units	80	16	16	16	16	16
Rehabilitation of existing owner units	55	11	11	11	11	11
Homeownership assistance	67	13	13	13	14	14
<i>HOPWA</i>						
Rental assistance						
Short term rent/mortgage utility payments						
Facility based housing development						
Facility based housing operations						
Supportive services						
<i>Other</i>						
<i>Demolitions</i>	107	21	21	21	22	22

**Table 2B
Priority Community Development Needs**

Priority Need	Priority Need Level	Unmet Priority Need	Dollars to Address Need	5 Yr Goal Plan/Act	Annual Goal Plan/Act	Percent Goal Complete d
Acquisition of Real Property	High					
Disposition	High					
Clearance and Demolition	High					
Clearance of Contaminated Sites	Medium					
Code Enforcement	Low					
Public Facility (General)	Medium					
Senior Centers	Low					
Handicapped Centers	Low					
Homeless Facilities	High					
Youth Centers	Low					
Neighborhood Facilities	Medium					
Child Care Centers	Low					
Health Facilities	Low					
Mental Health Facilities	Low					
Parks and/or Recreation Facilities	High					
Parking Facilities	Low					
Tree Planting	Low					
Fire Stations/Equipment	Low					
Abused/Neglected Children Facilities	Low					
Asbestos Removal	Low					
Non-Residential Historic Preservation	Medium					
Other Public Facility Needs	Medium					
Infrastructure (General)	High					
Water/Sewer Improvements	High					
Street Improvements	High					
Sidewalks	High					
Solid Waste Disposal Improvements	Low					
Flood Drainage Improvements	Medium					
Other Infrastructure	Medium					
Public Services (General)	Medium					
Senior Services	Low					
Handicapped Services	Low					
Legal Services	Low					
Youth Services	Low					
Child Care Services	Low					
Transportation Services	Low					
Substance Abuse Services	Low					
Employment/Training Services	Low					
Health Services	Low					
Lead Hazard Screening	High					
Crime Awareness	Low					
Fair Housing Activities	High					
Tenant Landlord Counseling	Low					

Priority Need	Priority Need Level	Unmet Priority Need	Dollars to Address Need	5 Yr Goal Plan/Act	Annual Goal Plan/Act	Percent Goal Complete d
Other Services	Low					
Economic Development (General)	High					
C/I Land Acquisition/Disposition	High					
C/I Infrastructure Development	High					
C/I Building Acq/Const/Rehab	High					
Other C/I	High					
ED Assistance to For-Profit	Medium					
ED Technical Assistance	Medium					
Micro-enterprise Assistance	Medium					
Other	Medium					

Table 2C Summary of Specific Objectives

Grantee Name: Omaha-Council Bluffs Consortium

Availability/Accessibility of Decent Housing (DH-1)							
Specific Objective		Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed
D H1 .1	<u>Emergency Repair and Handyman Program</u> — Provide rehabilitation assistance, in the form of grants, to very low-income and/or elderly households to make both critical emergency repairs and minor repairs and to remove architectural barriers.	CDBG	2008	Number of units rehabilitated for very low-income and/or elderly households	1,000		%
			2009		1,000		%
2010	1,000		%				
2011	1,000		%				
2012	1,000		%				
<u>MULTI-YEAR GOAL</u>					5,000		%
D H1 .2	<u>Affordable Housing Lending</u> —Increase access to mortgage lending by providing operational support to a non-profit community development intermediary that provides affordable loans to low- and moderate-income home purchasers.	CDBG	2008	Number of income eligible households provided with mortgage lending assistance to purchase affordable housing.	60		%
			2009		60		%
2010	60		%				
2011	60		%				
2012	60		%				
<u>MULTI-YEAR GOAL</u>					300		%
D H1 .3	<u>Housing Counseling</u> — Increase access to decent, affordable housing by providing operational support to a non-profit organization that provides rehabilitation and homeownership counseling services to low- and moderate-income households.	CDBG	2008	Number of income eligible households helped to maintain or improve their housing circumstances.	220		%
			2009		220		%
2010	220		%				
2011	220		%				
2012	220		%				
<u>MULTI-YEAR GOAL</u>					1,100		%
D H1 .4	<u>Transitional Housing Production</u> --Increase access to independent living opportunities for homeless individuals and families by constructing decent transitional housing.	CDBG, HOME	2008	Number of transitional housing units constructed.	4		%
			2009		4		%
2010	4		%				
2011	4		%				
2012	5		%				
<u>MULTI-YEAR GOAL</u>					21		%

Specific Objective		Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed
D H1 .5	<u>Barrier Removal Program</u> —Removal of physical barriers of housing for low- and moderate-income owners households having someone that has special physical needs.	CDBG	2008	Number of rehabilitated housing units occupied by l/m-income households made accessible for persons with special needs.	14		%
			2009		14		%
2010	14		%				
2011	14		%				
2012	14		%				
<u>MULTI-YEAR GOAL</u>					70		%
Affordability of Decent Housing (DH-2)							
D H2 .1	<u>TBRA</u> —Increase access to affordable rental housing by providing rental assistance to low-income households with preferences for households graduating from homeless transitional facilities, persons in danger of becoming homeless and persons with disabilities.	HOME	2008	Number of low-income households living in decent affordable housing units	100		%
			2009		100		%
2010	100		%				
2011	100		%				
2012	100		%				
<u>MULTI-YEAR GOAL</u>					500		%
D H2 .2	<u>Rental Rehabilitation Program</u> —Increase the number of decent affordable rental housing units by providing substantial rehabilitation of predominantly vacant single-family rental housing structures east of 72nd Street.	HOME, CDBG	2008	Number of decent, affordable housing units rehabilitated for low-income renters	25		%
			2009		25		%
2010	25		%				
2011	25		%				
2012	25		%				
<u>MULTI-YEAR GOAL</u>					125		%
D H2 .3	<u>Rental Housing Production</u> —Increase the supply of decent affordable rental housing units for low- and moderate-income households.	HOME	2008	Number of decent affordable housing units occupied by income eligible households.	29		%
			2009		29		%
2010	29		%				
2011	29		%				
2012	30		%				
<u>MULTI-YEAR GOAL</u>					146		%
D H2 .4	<u>Council Bluffs Rental Housing Production</u> —Increase the supply of decent affordable rental housing units for low- and moderate-income households.	HOME	2008	Number of decent affordable housing units occupied by income eligible households.	15		%
			2009		15		%
2010	15		%				
2011	15		%				
2012	15		%				
<u>MULTI-YEAR GOAL</u>					75		%
Specific Objective		Source of	Year	Performance	Expected	Actual	Percent

		Funds		Indicators	Number	Number	Completed
D H2 .5	Target Area Program— Provide rehabilitation assistance in the form of grants to low- and moderate-income homeowners to improve the quality of their homes and make modifications, if necessary, to accommodate the special needs of household member(s).	HOME. CDBG	2008	Number of units rehabilitated for income eligible households	40		%
			2009		40		%
			2010		40		%
			2011		40		%
			2012		40		%
			<u>MULTI-YEAR GOAL</u>		200		%
D H2 .6	Reinvestment Area Program—Provide rehabilitation assistance, in the form of a grant to leverage a private loan, to low- and moderate-income homeowners to improve the quality of their homes and remove architectural barriers.	CDBG	2008	Number of units rehabilitated for income eligible households	10		%
			2009		10		%
			2010		10		%
			2011		10		%
			2012		10		%
			<u>MULTI-YEAR GOAL</u>		50		%
D H2 .7	Develop Owner-Occupied Housing—Increase the number of owner-occupied housing units by preparing sites, conveying land and assisting developers with construction and rehabilitation financing.	HOME. CDBG	2008	Number of income eligible households	35		%
			2009		35		%
			2010		35		%
			2011		35		%
			2012		35		%
			<u>MULTI-YEAR GOAL</u>		175		%
D H2 .8	Downpayment Assistance—Increase the affordability of homeownership to low- and moderate-income households some of whom are first-time homebuyers by providing downpayment assistance to purchase newly constructed or rehabilitated single-family homes developed under the auspices of the Consolidated Plan.	HOME/A DDI, CDBG	2008	Number of newly constructed or recently rehabilitated houses made affordable by downpayment assistance.	30		%
			2009		30		%
			2010		30		%
			2011		30		%
			2012		30		%
			<u>MULTI-YEAR GOAL</u>		150		%
Specific Objective		Source of	Year	Performance	Expected	Actual	Percent

		Funds		Indicators	Number	Number	Completed
D H2 .9	<u>Council Bluffs Downpayment Assistance</u> —Increase the affordability of homeownership to low- and moderate-income families some of whom are first-time homebuyers by providing downpayment assistance to purchase newly constructed or rehabilitated single-family homes developed under the auspices of the Consolidated Plan.	HOME, ADDI	2008	Number of newly constructed or recently rehabilitated houses made affordable by downpayment assistance.	11		%
			2009		11		%
2010	11		%				
2011	11		%				
2012	11		%				
<u>MULTI-YEAR GOAL</u>					55		%
Availability/Accessibility of Suitable Living Environment (SL-1)							
SL 1.1	<u>Emergency Shelter Grant Operations</u> --Increase access to emergency shelters for homeless individuals and families by providing funds for shelter operations.		2008	Number of homeless persons given overnight shelter	5,400		%
			2009		5,400		%
2010	5,400		%				
2011	5,400		%				
2012	5,400		%				
<u>MULTI-YEAR GOAL</u>					27,000		%
SL 1.2	<u>Homeless Public Facilities</u> —Increase access to critical services by constructing “day facilities” for the homeless.	CDBG	2008	Number of facilities serving homeless people.	0		%
			2009		0		%
2010	0		%				
2011	0		%				
2012	1		%				
<u>MULTI-YEAR GOAL</u>							%
SL 3.2	<u>Parks/Open Space</u> —Sustain a suitable living environment by increasing the amount of parkland and/or open space	CDBG	2008	Number of locations in l/m-income areas where land is created or expanded for use as parks or open space.	0		%
			2009		0		%
2010	0		%				
2011	0		%				
2012	1		%				
<u>MULTI-YEAR GOAL</u>					1		%
SL 3.3	<u>Public Facilities</u> —Sustain a suitable living environment by providing public facilities and improvements that provide services, recreational and educational opportunities in low- and moderate-income neighborhoods for qualified populations with special needs and the homeless.	CDBG	2008	The number of additional or improved public facilities in l/m areas used to provide needed services or amenities.	1		%
			2009		1		%
2010	1		%				
2011	1		%				
2012	2		%				
<u>MULTI-YEAR GOAL</u>					6		%
Specific Objective		Source of Funds	Year	Performance Indicators	Expected Number	Actual Number	Percent Completed

SL 3.4	<u>Buildable Lots</u> — Acquisition, relocation, demolition, site preparation, professional services, public improvements and conveyance of property to sustain pace of construction of affordable housing, commercial or industrial uses primarily in the North and South Neighborhood Revitalization Strategy Areas.	CDBG	2008	Number of lots made available in NRSA for construction of affordable housing	25		%
			2009		25		%
			2010		25		%
			2011		25		%
			2012		25		%
			<u>MULTI-YEAR GOAL</u>		125		%
Availability/Accessibility of Economic Opportunity (EO-1)							
EO 1.1	<u>Micro-Enterprise Program</u> —Improve the business knowledge of entrepreneurs by increasing the availability of training programs for micro-enterprises in North and South Omaha.	CDBG	2008	Number of micro- businesses assisted.	75		%
			2009		75		%
			2010		75		%
			2011		75		%
			2012		75		%
			<u>MULTI-YEAR GOAL</u>		375		%
EO 1.2	<u>Business Training and Counseling</u> —Increase access of small businesses and potential businesses to entrepreneurial training and business counseling.	CDBG	2008	Number of businesses assisted.	25		%
			2009		25		%
			2010		25		%
			2011		25		%
			2012		25		%
			<u>MULTI-YEAR GOAL</u>		125		%
Affordability of Economic Opportunity (EO-2)							
EO 2.1	<u>Commercial Development</u> —Increase access to affordable financing for a commercial development located primarily in the North and South NRSAs.	CDBG	2008	Number of businesses assisted.	1		%
			2009		1		%
			2010		1		%
			2011		1		%
			2012		1		%
			<u>MULTI-YEAR GOAL</u>		5		%
Sustainability of Economic Opportunity (EO-3)							
EO 3.1	<u>Commercial Area Improvements</u> —Improve the public infrastructure in commercial districts and the facades of businesses located primarily in NRSAs to increase access by surrounding areas.		2008	Number of businesses assisted.	4		%
			2009		4		%
			2010		4		%
			2011		4		%
			2012		4		%
			<u>MULTI-YEAR GOAL</u>		20		%

Priority: Low -income (80% and less of the area MFI) renters including all types and sizes of families. Higher priority given to housing located in the Omaha NRSAs.

- i. Analysis: The Needs Assessment establishes that renter-occupied households have greater housing problems than owner-occupied households and that 58% of all low-income households are renters. The incidence of housing problems for extremely low-income renters (0 to 30% MFI) is 74%, and for other very low-income renters (31 to 50% MFI) is 63% compared to 36 percent for all renter households in the Omaha-Council Bluffs Consortium. The likelihood of small and large related very low-income renter households having housing problems (80% and 77% respectively) is much higher than the rates for the Consortium as a whole (34% and 58% respectively). Very low-income elderly one and two member and other households also experience a higher incidence of housing problems than the Consortium as a whole. The exceptional need for housing affordable to very low-income renters is further supported by the fact that when the Omaha Housing Authority recently opened up a waiting list for Section 8 housing, received nearly 700 applications.

The Needs Assessment establishes that all types and sizes of low-income renter households have higher incidences of cost burden and overcrowding and a greater percentage of these households reside in homes having substandard conditions as compared to all other households with incomes above 80% of the Median Family Income.

The Needs Assessment indicates a greater need for affordable rental housing for as 7.4% experience of low-income renters experience overcrowding, compared to 4.6% for renter households above 80% MFI.

Low-income renters have the greatest extent of housing problems and are considered to have greater overall needs for housing assistance. Therefore, low-income renters for all types and sizes of households are given a high housing priority rating as indicated in Priorities Table.

- ii. Strategy Development-Investment Plan: The supply of affordable housing has decreased with a net loss of over 6,000 housing units in North Omaha between 1980 and 1990; many of these losses occurred in the North NRSA. This has created a shortage of decent, safe, and sanitary units available for occupancy by low-income households and created areas that have difficulty supporting economic activity. In addition, a large segment of the low-income population experiences cost burden or severe cost burden.

Rehabilitation of existing rental units is considered an effective method of saving affordable housing for low-income renters in both the North and South NRSA. The construction of rental housing, which is more costly, is also considered a viable solution for increasing the supply of affordable units within NRSAs as well. Expanding the supply of public housing stock and the provision of rental

assistance to extremely-low, low and very low-income elderly, disabled, large family, small family, homeless, and single person households is deemed a reasonable strategy for meeting the needs of low-income renters. Therefore, rehabilitation, new construction and rental assistance are the primary activities appropriate to meet the needs of very low and low-income households.

Development of supportive housing, provision of supportive services, and self-sufficiency programs are considered important interventions for maintaining people in suitable housing and are appropriate secondary activities.

Programs and sources of funds that will be pursued in support of the above activities include:

Federal: CDBG Program , HOME Program, Section 8 Vouchers and Certificates, Public Housing Development

State: Nebraska Low Income Housing Tax Credits, Nebraska Affordable Housing Trust Fund, NIFA Multi-Family Financing Program, Iowa Housing Assistance Program (AAP) and Low Income Housing Assistance Program (LHAP)

Local: City of Omaha General, Tax Increment Financing, Fund and Bond Issues, City of Council Bluffs General Fund and Bond Issues.

Private: Developer Funds and mortgage loans

Priority: Low -income (80% and less of the area MFI) first time homebuyers including all types and sizes of families with higher priority given to homes constructed in the Omaha NRSA.

i. Analysis: The Needs Assessment indicates a lack of home ownership opportunities for low-income households. According to the Community Profile, the rate of home ownership declines as income decreases resulting in a home ownership rate of 38% for very low-income (0 to 50% MFI) and 52 percent for other low-income (51 to 80% MFI) households as compared to 61 percent of households for the Consortium as a whole. According to the Nebraska Investment Finance Authority sponsored study, *2007 Profile of Demographics, Economics and Housing: Volume III, Cities*, demand for owner housing affordable to households earning greater than 50% MFI to 80% MFI will increase, on average, by more than 180 units per year during the five years period of this plan. Demand for owner housing affordable to households earning less than 50% MFI increase by approximately 150 units per year during the five years period of this plan

- ii. Strategy Development-Investment Plan: Low- and moderate-income households are considered candidates for participating in home ownership programs and households in the higher part of the income ranges, because of their financial ability, the most likely. Both the construction of new housing and the renovation and sale of existing housing are considered appropriate primary activities for meeting the needs of some first-time homebuyers. Also, the provision of below market rate financing, to lower the overall costs and the monthly costs of purchasing single-family homes by low- and moderate-income households is a crucial part of the strategy of increasing homeownership for low- and moderate-income households.

Programs and sources that will be pursued in support of the above activities include:

Federal: CDBG Program, HOME Program

State: Nebraska Investment Finance Authority, Nebraska Affordable Housing Trust, Iowa HAP and LHAP

Private: Omaha 100, Private Lenders, Private Corporate and foundation donations, Iowa West Foundation

Priority: Low income (0 to 80%) existing homeowners including all types and sizes of families.

- i. Analysis: According to the Needs Assessment, 68% of extremely low-income (0 to 30% MFI) existing homeowners and 43% of other very low-income (31 to 50% MFI) homeowners experience housing problems. Additionally, 67% of extremely low-income and 41% of other very low-income households experience a cost burden of greater than 30 but less than 50 percent of their income spent on housing. Cost burden together with the extent of housing problems creates a situation where low- and very low-income homeowners living in substandard conditions do not have the means to make needed repairs to their homes to bring them up to standard conditions.

Therefore, low-income homeowners (0 to 80% MFI) are given a high priority for assistance.

- ii. Strategy Development-Investment Plan: The need for moderate and substantial housing rehabilitation programs for low and very-low existing homeowners is evident. Housing rehabilitation, ranging from moderate to substantial, is considered the primary activity to address the needs of this subgroup. Secondary activities include counseling services and removal of architectural barriers and other special needs related activities.

Programs and sources that will be pursued in support of the above activities include:

Federal: CDBG Program, Lead-based Paint Hazard Control Program

State: Eastern Nebraska Human Services Agency, Nebraska Affordable Housing Trust, Iowa HAP and LHAP

Private: Private Lenders

D. Priority Needs and Strategy Development for Homelessness

Priority Homeless Needs Table

A.

Continuum of Care: Gaps Analysis – Individuals				
	Estimated Need	Current Inventory	Unmet Need/Gap	Relative Priority
Beds/Units				
Emergency Shelter	1097	543	554	Medium
Transitional Housing	723	301	422	Medium
Permanent Housing	816	22	794	High
Total	2636	866	1770	

B.

Continuum of Care: Gaps Analysis – Persons in Families with Children				
	Estimated Need	Current Inventory	Unmet Need/Gap	Relative Priority
Beds/Units				
Emergency Shelter	355	195	160	Medium
Transitional Housing	177	395	0	Low
Permanent Housing	159	163	0	Medium
Total	691	753	160	

C.

Continuum of Care: Gaps Analysis – Subpopulations				
	Estimated Need	Current Housing Inventory	Unmet Housing Need/Gap	Relative Priority
Estimated Number				
Chronically Homeless	615	E – 543 PSH -- 21	E – 72 PSH -- 594	Medium High
Severely Mentally Ill	407	E – 738 TH – 696 PSH -- 185	E – 0 TH – 0 PSH -- 222	Low Low High
Chronic Substance Abuse	731	E – 498 TH – 696 PSH -- 185	E – 233 TH – 35 PSH -- 546	Medium Low High
Veterans	123	E – 738 TH – 696 PSH -- 185	E – 0 TH – 0 PSH -- 0	Low Low Low
Persons with HIV/AIDS	8	E – 738 TH – 696 PSH -- 185	E – 0 TH – 0 PSH -- 0	Low Low Low
Victims Domestic Violence	272	E – 68 TH – 195 PSH -- 185	E – 204 TH – 77 PSH -- 87	Medium Medium Medium
Unaccompanied Youth	113	E – 60 TH – 0 PSH -- 0	E – 53 TH – 113 PSH -- 113	Medium Low Low

NOTE: It is important to note 1) that “Current Inventory” in the *Priority Homeless Needs Table* includes “beds under development,” 2) that the “Unmet Need” indicated in Sections A and B of the table takes into consideration all subpopulations and so, offers the most realistic estimate of unmet need. Section C calculates need solely for the subpopulation in question and does so presuming that the entire subpopulation – on a given night – needs emergency shelter (E) or transitional housing (TH) or permanent supportive housing (PSH). While that is highly unlikely, it does detail the degree to which the existing housing system is prepared to accommodate that specific subpopulation were it to be dealing with that subpopulation alone; and finally, 3) that the “Relative Priority” rating is based on the point-in-time count for all categories except one, permanent housing for persons in families with children. Repeatedly, Shelter Directors – basing their conclusion not on a point-in-time count but on year-round experience – report that such housing is needed. Therefore, despite the point-in time numbers generated on this particular occasion, permanent supportive housing for persons in families with children is given a “medium” relative priority rating.

Addressing High Priority Homeless Needs

The items that received a high priority “need” rating (in the *Priority Homeless Needs Table*) all focus on permanent housing. They are:

- Permanent Housing for Homeless Individuals
- Permanent Housing for the Chronically Homeless
- Permanent Housing for the Severely Mentally Ill
- Permanent Housing for Chronic Substance Abusers

The strategy for addressing the lack of permanent supportive housing for individuals is, in effect, the strategy for addressing the need for permanent housing for the three subpopulations. The chronically homeless are, by definition, single individuals and to a considerable extent, so, too, are chronic substance abusers and the severely mentally ill. For those who are persons in families with children, the need for permanent supportive housing is low. So, a single strategy addresses all four “high needs” areas.

That strategy is aimed at meeting the need for 794 permanent supportive housing beds (see Section A of the *Priority Homeless Needs Table*) using local initiative as well as SuperNOFA funds.

The strategy consists of the following steps:

- 1) Formation of a “Blue Ribbon” committee comprised of community leaders, City Councilmen, representatives of the Mayor’s staff, Planning Department personnel, CoC members and neighborhood representatives. The committee is charged with the task of
 - a) Forming a consensus on the notion that permanent supportive housing is a community-wide responsibility, with all areas of the city sharing in the permanent supportive housing solution;

- b) Establishing criteria for the placement of permanent supportive housing facilities, e.g., near transportation, employment opportunities, etc.;
 - c) Identifying general locations for the placement of such facilities.
- 2) Formation of a “Housing Pipeline” committee comprised of CoC board members, representatives from affordable housing development groups, representatives from city and county government, funders, and other potential stakeholders. The purpose of the committee is to plan, oversee and facilitate the creation of permanent supportive housing, i.e., to create in the locations identified by the Blue Ribbon committee permanent supportive housing facilities.
 - 3) Creation of a fund-raising process capable of raising the dollars needed to construct permanent supportive housing units (and/or create additional rental assistance). This process will involve selecting one or more “champions,” i.e., respected individuals from the business or corporate community and/or in positions of leadership that can call would-be funders to this cause. Funding possibilities include area foundations, area corporations, State and County funds, low income tax credits, the Community Development Block Grant program and the HOME program. This funding is in addition to the annual SuperNOFA application through which – with the aid of federal funds earmarked for the homeless – permanent supportive housing units and/or rental assistance vouchers can be secured.
 - 4) Identification and readying of chronically homeless individuals and homeless individuals with severe mental illness and chronic substance abuse for placement in permanent supportive housing. This “identification and readying” is done primarily – though not exclusively -- by case managers at emergency and day shelters. It involves making sure that candidates are connected to the support networks and supportive services (including mainstream resources) that can increase the likelihood of a successful placement.

Helping low-income families avoid becoming homeless

Assistance to low-income families to help them avoid homelessness is provided in several ways: rent, mortgage and utility assistance; landlord/tenant mediation services along with legal assistance, in general; primary health care services; counseling; emergency health and safety services; child and family protection services; and finally, public housing & Section 8 assistance. Sudden and unexpected needs or issues arising in any of these areas can strain the resources of a low-income family making homelessness a greater likelihood.

The “safety net” existing for low-income families in this jurisdiction consists of these services along with 1) the mainstream subsidies for which they qualify (TANF, food stamps, etc.) and 2) the stock of affordable housing existing within the community. In the view of the local CoC, and in the view of shelter and service providers, in general, the safety net -- as it exists currently -- is in need of strengthening. While the services listed help innumerable families, more case

management is needed along with more rental, mortgage and utility assistance and affordable housing, in general.

The local CoC is about to undertake a strategic planning initiative based on the findings of the recently completed study conducted by the Wilder Research Group entitled, *Homelessness in the Omaha/Council Bluffs Metro Area* (August '07). This planning initiative will look at how best to strengthen the existing safety net. Currently, the programs listed below – by service provided – define the safety net that in turn helps low-income families avoid homelessness.

Rent and utility assistance is provided to varying degrees by a number of programs, including African-American Ministries, Alegent Mercy Behavioral Services, American Red Cross, American Red Cross (Council Bluffs), Douglas County Housing Authority, General Assistance – Douglas County, General Assistance – Pott. County, General Assistance – Sarpy County, Heartland Family Services, Family Door Ministry, Inter-Faith Response, Iowa Department of Human Services, Municipal Housing Authority (Council Bluffs), Nebraska AIDS Project, NE Health & Human Services, Omaha Housing Authority, Omaha Public Power District, Pott. County Homeless Link, Saint Vincent de Paul, the Salvation Army, Southwest Iowa Reg. Housing Authority, Together, Inc., VA Medical Center, West Central Development (Council Bluffs), Nebraska Assoc. of Farm workers (NAF), NE Dept. of Health & Human Services, Iowa Dept of Human Services, St. Vincent DePaul, the MUD/Salvation Army/United Way program.

Mortgage assistance is provided by Family Housing Advisory Services, Saint Vincent de Paul, Nebraska AIDS Project, and Together, Inc.

Landlord/tenant mediation services and other legal assistance is provided by the Fair Housing Center of Nebraska, Family Housing Advisory Services, Iowa Legal Aid, Legal Aid of Nebraska, the YWCA, and the Nebraska AIDS Project.

Primary health care services are provided by the Visiting Nurse Association, Douglas Co. Depart. of General Assistance, Charles Drew Health Center, One World Health Center, Family Health Care Center (Council Bluffs), and the Renaissance Nursing Clinic.

Counseling and Advocacy are provided in a variety of ways by a large number of programs, including Adult Protective Services, Catholic Charities, Child Protective Services, the Child Saving Institute, Children's Square (Council Bluffs), Fair Housing Center of Nebraska, Heartland Family Service, the Iowa Department of Human Services, Mohm's Place (Council Bluffs), NE AIDS Project, NE Health & Human Services, the Omaha Campus for Hope, One World Health Center, Pottawattamie County Homeless Link, Project Harmony, Siena/Francis House, Spring Center – Stabilization Center, VA Medical Center, Vet Center, the Visiting Nurses Association, Youth Emergency Services, YWCA, and Lutheran Family Services.

Emergency health and safety needs as well as child and family protection concerns are addressed by the American Red Cross, the NE Dept. of Health & Human Services, the Iowa Dept of Human Services, local city and county law enforcement agencies.

Finally, Public housing & Section 8 assistance is provided by the Bellevue Housing Authority, the Douglas Co. Housing Authority, the Omaha Housing Authority, and the Municipal Housing Authority (Council Bluffs).

Reaching out to homeless persons and assessing their individual needs

Outreach to homeless persons and assessing their individual needs is detailed elsewhere in this document (see Inventory of Services: Fundamental Components of CoC System – Service Activities) and is addressed again here. Outreach is accomplished in the following ways:

- Community Alliance provides two mobile outreach teams (two persons per van) doing street canvassing and visiting area shelters (in both Omaha and Council Bluffs); Community Alliance also makes presentations and provides brochures to Continuum and shelter staff on services available and on mental illness “indicators.” **Connecting homeless to services and housing:** When meeting homeless individuals living on the street, these outreach teams make an initial assessment of the following: mental health, substance abuse, finances, housing needs, transportation, first aid, food, clothing and shelter. Shelter placements then are made if the individual(s) will accept the placement. Outreach staff have cell phones to make needed referrals and in many cases, transport homeless individuals to the needed services. Further assessments are usually necessary and so, a second meeting is scheduled (if at all possible) at which point a more thorough plan for housing and services is developed. Homeless individuals are provided with contact numbers.
- Heartland Family Service (through its Pott. Co. Homeless Link Project) also provides mobile outreach teams that do street outreach/street canvassing primarily in Council Bluffs and on the Iowa side of river. **Connecting homeless to services and housing:** For safety reasons, these outreach workers go out in teams of at least two persons. When contact is made with homeless individuals on the street, the outreach workers attempts to complete an intake. Once an assessment is completed (to whatever extent is possible), the outreach workers provide referrals (a variety of materials for referral purposes as well as materials to meet basic needs are carried in the van). Ideally, the client agrees to return with the outreach team to the outreach office where additional immediate needs are addressed (i.e., food, medical, clothing, etc.) and where the outreach team can arrange for shelter/housing (again, providing the client agrees). Many clients, however, choose to remain on the street/at the camp location/etc. For these clients, supportive services can be and often are provided at that location (street, encampment, etc.) including mental health counseling.
- Youth Emergency Services provides outreach teams for street outreach/street canvassing on both sides of river. Their focus is homeless youth. **Connecting homeless to services and housing:** Youth Emergency Services’ outreach workers, equipped with backpacks containing basic needs such as food snacks, hygiene products, socks, first aid items, etc., contact homeless youths on the street, providing what services they can and attempting to establish a relationship. Their focus is on problem solving, on gaining the trust of the youth while at the same time connecting the youth to needed community services. Outreach workers refer youths to shelters by making phone calls to the shelters, advocating on behalf of the youth, providing transportation (to the shelter) and making sure that the youth has all

that is needed in order to remain at the shelter until additional housing and services can be arranged.

- Faith-based/Creighton High School Sack Lunch Program – six different organizations (five churches and one high school) provide sack lunches six days a week to homeless individuals in the downtown and near-downtown Omaha area. Many of these homeless individuals are staying in shelters but many are living on the street or in other areas unfit for human habitation. **Connecting homeless to services and housing:** These groups (the churches and high school) are aware of the various housing and support services available through the CoC and so, along with lunch, refer individuals to area shelters, medical services and other supportive services.

Outreach activities for other homeless persons include:

Veteran Outreach: Vet Center – Provides presentations & brochures to shelter staff on services available; street canvassing on annual “Stand Down”; VA Medical Center – Presentations & brochures to CoC & to shelter staff on services available; outreach to clients in area shelters

Seriously Mentally Ill: Heartland Family Service (Omaha) – Outreach to area shelters and Outreach transitional housing facilities; Community Alliance - Mobile outreach teams on the street/street canvassing and visiting area shelters (Omaha and Council Bluffs – Nebraska side of river); presentations and brochures to CoC and shelter staff on services available; presentations on mental illness “indicators”; Heartland Family Service/Pott. Co. Homeless Link Project – Mobile outreach teams on the street/street canvassing (Council Bluffs primarily – Iowa side of river)

Substance Abuse: Heartland Family Service (Omaha) – Outreach to area shelters and transitional housing facilities; Heartland Family Service/Pott. Co. Homeless Link Project – Mobile outreach teams on the street/street canvassing (Council Bluffs primarily – Iowa side of river)

Medical Outreach: Visiting Nurse Association – Nurses are regularly scheduled in emergency shelters where they get to know shelter guests and encourage them to get medical check-ups and treatment as needed.

HIV/AIDS Outreach: Nebraska AIDS Project - Presentations made to CoC, shelter staff and larger community on services available; brochures describing services distributed to community; presentations on HIV/AIDS behavioral “indicators”; outreach to area shelters and transitional housing facilities; presentations and HIV testing at shelters

Domestic Violence: Catholic Charities, YWCA, Heartland Family Service – Presentations made to CoC case managers and larger community on services

available; presentations on domestic violence “indicators”; a YWCA staff person conducts classes in several shelters and transitional housing facilities

Youth Outreach: Youth Emergency Services - Outreach teams on the street/street canvassing (both sides of river); Youth Emergency Services, Camp Fire Boys & Girls - Presentations made to CoC and outreach to shelter and transitional housing staff on services available

Legal Aid/Law Enforcement • Iowa Legal Aid, Nebraska Legal Services, Omaha Police Department, Douglas County Law Enforcement, Project Harmony – each provides legal outreach and legal advocacy for individuals on the street, in emergency shelters and in families on behalf of persons threatened with domestic violence

Addressing the emergency shelter and transitional housing needs of homeless persons

Currently, the emergency shelter and transitional housing needs of homeless persons in our jurisdiction are met by 18 emergency shelters providing 195 family beds and 543 individual beds and by 21 transitional housing facilities providing 395 family beds and 301 individual beds. These numbers include beds under development but do not include – at the emergency shelter level -- mats, mattresses and/or cots that are utilized on an overflow basis.

A review of both Table 1A, the *Homeless and Special Needs Populations Chart*, and the *Priority Homeless Needs Table* provides a view, by housing level and by subpopulation, of the emergency shelter and transitional housing needs that remain in this jurisdiction and of the relative priority that each need has within the array of needs.

As can be seen, with respect to emergency shelter and transitional housing needs, a “Medium” priority ranking is given 1) to emergency shelter beds for individuals, with special focus on chronically homeless persons and persons with chronic substance abuse; 2) to emergency shelter beds for persons in families with children, in particular, victims of domestic violence; 3) to emergency shelter beds for unaccompanied youth; and 4) to transitional housing beds for individuals (victims of domestic violence).

“Low” priority is given to the emergency shelter and transitional housing needs of veterans and persons with HIV/AIDS; and more generally, to the transitional housing needs of persons in families with children.

Typically, emergency shelter needs are addressed through a collaboration of public and private entities drawing on a variety of funding sources. A nonprofit, recognizing the need for additional emergency shelter, begins a planning process that includes its board of directors but also (possibly) the City of Omaha Planning Department (or the Council Bluffs Community Planning Department) and area foundations and/or funders. This process leads to the development of proposals elaborating the specifics that must be considered when determining the cost of building and operating an emergency shelter (i.e., design, location, operation and staffing, performance and timeline, etc.). These proposals are submitted to a variety of funding sources while,

at the same time, the nonprofit (to carry the example through) implements, as needed, a drive to raise the capital required to offset and/or match the amounts requested in the proposals. Proposals requesting funding are submitted to any number of programs and institutions, including the Community Development Block Grant program, the Emergency Shelter Grant program, the Nebraska Homeless Assistance Program, the Supportive Housing Program, local financial institutions, area foundations.

When funding is in place, the construction phase begins. As construction nears completion, staff are hired and trained. The opening of the facility is announced through the local media but principally, through the CoC. Because of the need for emergency shelter in our jurisdiction, new shelters are full within days of their opening.

Transitional housing needs are addressed in a similar fashion, i.e., through a collaboration of public and private entities drawing on a variety of funding sources. Nonprofits propose the establishment of a transitional housing facility or the expansion of an existing facility. The City Planning Department (or the Council Bluffs Community Planning Department), as well as other funders, considers the proposal and if the proposal is considered viable and the facility needed, join the nonprofit in the planning process. That process involves (or can involve) the identification of facility location, funding sources, facility design (and capacity), program and operation resources, program sustainability, etc. Possible sources of funding include the Community Development Block Grant program, the Emergency Shelter Grant program, the Nebraska Homeless Assistance Program, the Supportive Housing Program, local financial institutions and area foundations, rent plus program fees, and finally, dollars resulting from direct mail solicitations.

In the past several years, a number of emergency shelters and transitional housing facilities/beds have been created by means of the process just described (or some variation of it). Among them are the following:

<u>Emergency Shelter --</u>	
Siena/Francis House	242 beds
<u>Transitional Housing --</u>	
Catholic Charities – Family Passages	40 beds
Heartland Family Service – Safe Haven	20 beds
Salvation Army 37 th Street	45 beds
Salvation Army Harrington Homes	27 beds
Salvation Army THRU Program	34 beds
Williams Prepared Place	18 beds

Currently, the Christian Worship Center in Council Bluffs is in the process of building a facility that will provide 40 emergency shelter beds and 26 transitional housing beds for both chronically homeless and other homeless individuals. Similarly, the Siena/Francis House Recovery Program is in the process of expanding its transitional housing recovery bed capacity by 27 beds.

As this jurisdiction's CoC (and agencies within it) move to address the high and medium priority housing needs of this area's homeless population, it is by means of the processes and funding sources identified above that it will proceed.

In the coming year, our local CoC will be developing a strategic plan – based in part on the results of the recently completed report by the Wilder Research Group: *Homelessness in the Omaha/Council Bluffs Metro Area* – that will focus housing development efforts. The issues it is likely to face include reduced federal funding (CDBG allocation to the City of Omaha has been reduced by \$2 million over the past ten years), the ongoing willingness of area foundations to fill the gap left by reduced federal funding, the importance of building a political will that can result in greater local government funding, and finally, the importance of building awareness in the community at large of the need for, and importance of, emergency shelter and transitional housing for the homeless.

This strategic plan is particularly important when it comes to emergency shelter beds for individuals and for persons in families with children. Both received “medium” relative priority rankings but could have been ranked “high” given the number of men that sleep on mats, mattresses and cots (and not beds) and the number of persons in families with children who are turned away because family shelters are full. Current thinking – and one of the reasons that permanent housing is being emphasized in our Consolidated Plan – is that as chronically homeless individuals (and others) are moved into permanent housing, the need for emergency shelter beds is reduced. That stands to reason but will have to be tested. If homelessness increases (despite the increase in permanent housing), then more emergency shelter beds (and perhaps transitional housing beds) will be required.

Helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living

Our jurisdiction's strategy for helping homeless persons transition to permanent housing and independent living is as follows: 1) fully implement 10 year plan for ending chronic homelessness; 2) continue to develop the Continuum's “housing in stages” approach, with special focus on emergency shelter beds and permanent supportive housing beds; 3) develop permanent supportive housing (there is a great need in our community for housing in this category, both in the form of units, SRO's and rental assistance); 4) increase the community's capacity to prevent homelessness by developing new prevention initiatives and expanding existing ones; 5) related to prevention is the continued development of effective Discharge Planning from state and local institutions that house the chronically homeless; 6) ease and ensure access to existing Mainstream Programs; 7) develop, expand and fund Day Facilities/One Stop Shops for connecting chronically homeless to health care, legal services, counseling, case management, veterans services and other supportive services (as well as providing comfortable, safe settings where the homeless can rest during the day, take showers, do laundry, etc.); and finally, 8) utilize HMIS to evaluate progress in CoC's ongoing effort to address homelessness.

The following listing identifies the action steps this jurisdiction is taking in order to transition homeless persons to permanent housing and independent living. Special focus is placed on persons that are chronically homeless. These steps were identified by the jurisdiction's continuum of care.

- I. Develop affordable housing and additional permanent housing units --
 1. Create new Permanent Housing (PH) beds for chronically homeless persons – a total of 37 beds in 12 months, increasing to 60 beds in five years and 150 beds in ten years
 2. Identify more lead agencies to develop permanent supportive housing projects.
 3. Determine financing strategy and seek permanent housing funds.
 4. Increase the number of Shelter Plus Care and other-funded rental vouchers over the next 10 years.

- II. Increase the percentage of homeless persons staying in PH over 6 months --
 1. Maintain case management services to continually assess and respond to the needs of chronically homeless persons (e.g., provide PH clients with basic needs items including food, clothing, mental health and medical needs; provide PH clients skill-building training based on individual needs).
 2. Track PH bed occupancy (length of stay) through HMIS.
 3. Continue annual sheltered/unsheltered count

- III. Increase percentage of homeless persons moving from TH to PH --
 1. Review current APR data to identify transitional housing programs that are having difficulty moving homeless persons to permanent housing.
 2. Recruit the Transitional Housing Task Force to review the case planning and discharge planning policies of each of the transitional housing programs.
 3. Assist the programs in developing programming/case management that focuses upon movement from TH to PH and develop goals to achieve this outcome.

- IV. Increase percentage of homeless persons becoming employed --
 1. Enlist local businesses to identify employment opportunities for homeless persons.
 2. Investigate partnerships with local businesses to provide job opportunities and create social entrepreneurship projects to employ homeless adults
 3. Secure commitments from local businesses to employ at-risk adults.
 4. Formalize relationship with Workforce Development and link services more closely for transportation, referral and follow-up.

- V. Ensure that the CoC has a functional HMIS system --
 1. Increase HMIS participation rates for TH and PSH by recruiting remaining non-DV TH and PSH programs not currently in HMIS network
 2. Increase HMIS participation rates CoC-wide by recruiting additional supportive service and prevention programs into HMIS network
 3. Improve HMIS functionality by implementing HMIS Technical Standards Compliance-Improvement strategy across CoC
 4. Improve HMIS functionality by developing a systematic method to merge and de-duplicate client records from Iowa and Nebraska HMIS participants.

- VI. Develop a system for one-stop assistance to ensure that chronically homeless and non-shelter residents have access to social services
 1. Conduct assessment of one-stop needs

2. Fund, construct and initiate one-stop program(s)
3. Establish system for evaluating services designed to move people from homelessness to housing

VII. Improve medical and social service delivery to homeless persons

1. Submit collaborative grant proposal for ensuring the provision of medical and supportive social services
2. Evaluate results of medical and other supportive services through consumer survey

VIII. Utilize results of *Assessment of Homelessness Research and Analysis Report*

A report commissioned by area funders and the local CoC to survey homeless needs and propose strategies for addressing these needs is due to be completed in August of this year. The findings will be used to revise and improved the overall strategy detailed above.

**E. Priority Needs and Strategy Development
For Others Special Needs**

Priority: Non-homeless persons with special needs.

- i. Analysis: The number of elderly persons in the Consortium has increased from 61,000 in 1990 to 63,178 in 1990, or 3.6%. Among the fastest growing age group are those 85 years and older which increased by more than 200 percent between 1990 and 2000.

Of the over 63,000 elderly, it is estimated that over 5,496 are considered frail elderly. Nursing homes currently house 2,706 frail elderly residents but are economically out of the reach of many very low-income elderly. The Omaha Housing Authority currently does not have assisted living quarters for frail elderly and maintains a waiting list in excess of 1,500 persons for elderly high-rise units. While many low- and moderate-income elderly live in the eastern part of the city a significant portion do not. Low- and very-income elderly households are found in throughout the city.

The Eastern Nebraska Community Office of Retardation currently serves more than 800 persons who are mentally disabled while the Community Alliance serves some 300 clients through its case management program. According to the 2000 Census 4,357, have a mental disability in Omaha. Due to a lack of suitable facilities for mentally disturbed youth, many youth are sent to other states for treatment.

According to the State of Nebraska Region VI Behavioral Healthcare, demand for residential services and supportive housing exceeds that of the 1,200 people that are currently provided services through the agency.

The 2000 CHAS data identifies 9.1% of the Consortium's low- and moderate-income households have a member that has a mobility or self-care limitation. Of those, 46% or more than 7,300 also experience some type of housing problem.

The number of persons who are alcoholics or addicted to other drugs, who have AIDS or are HIV-infected, or who are released from penal institutions has not been determined.

The number of units available to the elderly, frail elderly, disabled, and others with supportive housing needs does not meet current demand. This lack of assisted housing units forms the basis for assigning a high priority for assistance for non-homeless persons with special needs.

- ii. Strategy Development-Investment Plan: The provision of assisted housing for persons with special needs provides not only an opportunity to house those persons but also incorporates needed health care, counseling, housekeeping assistance, nutrition, and living skills assistance into their lives. The need for such housing is substantial. The most appropriate strategy to address this need is the provision of assisted housing through the new construction of units, the rehabilitation of existing units, and the adaptive reuse of facilities as primary activities. Secondary activities include the provision of rental assistance and supportive services.

Programs and sources that will be pursued in support of the above activities include:

- Federal: CDBG Program, HOME Program, Section 202 Program, Section 811 Program, Supportive Housing Program
- State: Eastern Nebraska Human Services Agency, Nebraska Low Income Housing Tax Credits, Nebraska Affordable Housing Trust Iowa HAP and LHAP
- Local: City of Omaha TIF, City of Council Bluffs
- Private: Foundations, Developer Funds, Private Lenders

F. Non-Housing Community Development Plan

Priority: Economic Development

Omaha

- i. Strategy: The City of Omaha will use Community Development Block Grant funds to reinforce neighborhood business development, encourage small business starts, and create jobs for low and moderate income people. Economic development programs build financial strength in neighborhoods. In addition, job-creating activities help people achieve economic self-sufficiency -- the highest goal of any community development program.
- ii. Objectives: The objectives of the Economic Development component of the City's Community Development program include:
- a) Building the local economies of community development neighborhoods, particularly those within NRSAs and support housing rehabilitation and new housing development activities,
 - b) Encourage small enterprises, particularly those offering goods and services to neighborhood residents, to locate or remain within NRSA business districts,
 - c) Improving the commercial building stock of neighborhood business districts and increases the amount of retail activity within NRSAs
 - d) Encouraging new small business starts and expansion within NRSAs,
 - e) Promoting the development of minority and women -owned businesses, and
 - f) Creating jobs for low and moderate-income people, particularly within NRSAs.

Council Bluffs

Strategy: Encourage economic development activities, which principally benefit low-income (0-80% MFI) persons.

Council Bluffs has suffered from a lack of economic development opportunities for its residents. This is evident by the modest increases in employment and the heavy reliance on employment outside of Council Bluffs. These conditions result in lower per capita and median

family incomes as well as high proportions of low-income families and persons in poverty. Assistance to business and industry, which results in employment opportunities for low-income persons, will be the primary activity to address this need. The promotion of tourism and community image is secondary activities.

Strategy Development and Investment Plan – Council Bluff’s economic development strategy is comprised of three basic elements. They include business retention and development, tourism and conventions, and public relations.

ii. Objectives: The objectives of the Economic Development component of the City’s Community Development program include:

- a) Building the local economies of community development neighborhoods,
- b) Encourage small enterprises, particularly those offering goods and services to neighborhood residents, to locate or remain in crucial neighborhood business districts,
- c) Increasing the amount of retail activity in business districts,
- d) Improving the commercial building stock of neighborhood business districts,
- e) Encouraging new small business starts and expansion in revitalization areas,
- f) Promoting the development of minority-owned businesses, and
- g) Creating jobs for low and moderate-income people.

G. Neighborhood Revitalization Strategy Areas

The Department of Housing and Urban Development (HUD) has stressed a coordinated marshaling of resources to facilitate the ability of grantees’, such as the City of Omaha, to engage in comprehensive neighborhood revitalization strategies. These strategies seek to create partnerships among federal and local governments, the private sector, community organizations, and neighborhood residents for the purpose of stimulating reinvestment in human and economic capital. The value of developing a comprehensive neighborhood strategy is borne out in the process that the City of Omaha and other communities participated in during the development of their federal Enterprise Community applications.

Approved neighborhood revitalization strategies qualify the City of Omaha and Council Bluffs for incentives that provide greater flexibility in the way the Cities carries out its CDBG program. These incentives are as follows:

- (1) **Job Creation/Retention as Low/Moderate Income Area Benefit:** Job creation/retention activities undertaken pursuant to the strategy may qualify as meeting

area benefit requirements, thus eliminating the need for a business to track the income of persons that take, or are considered for, such jobs;

- (2) **Aggregation of Housing Units:** Housing units assisted pursuant to the strategy may be considered to be part of a single structure for the purposes of applying the low- and moderate income national objective criteria, thus providing greater flexibility to carry out housing programs that revitalize a neighborhood;
- (3) **Aggregate Public Benefit Standard Exemption:** Economic development activities carried out under the strategy may, at the grantee's option, be exempt from the aggregate public benefit standards, thus increasing a grantee's flexibility for program design as well as reducing its record keeping requirements; and
- (4) **Public Service Cap Exemption:** Public services carried out pursuant to the strategy by a Community-Based Development Organization will be exempt from the public service cap.

North Neighborhood Revitalization Area (NRSA)

The City of Omaha has completed an NRSA for North Omaha, the North NRSA. The above CDBG program incentives apply to activities which take place in, or which benefit residents and businesses that are located in the city's North Neighborhood Revitalization Strategy Area. See Attachment A for the complete North NRSA.

South Neighborhood Revitalization Area

The City of Omaha has also completed an NRSA for South Omaha, the South NRSA. The above CDBG program incentives apply to activities which take place in, or which benefit residents and businesses that are located in the city's North Neighborhood Revitalization Strategy Area. See Attachment B for the complete South NRSA.

Council Bluffs Neighborhood Revitalization Strategy

Geographically, the Neighborhood Revitalization Strategy Area (NRSA), the City's central portion, has the greatest housing and service problems. The NRSA is a contiguous area of about four square miles located in the central portion of Council Bluffs and contains the city's Central Business District, the Broadway Commercial Corridor, railroad related industrial uses and a variety of single-family residential neighborhoods. The general boundaries of the area extend from Big Lake Road on the north to Interstate 80/29 on the south, and from High Street on the east to 25th Street on the west. A map of the NRSA is on the following page.

The strategy area contains the following census tracts and block groups:

CT: 030200	BG: 2 & 4	CT: 030800	BG: 1, 2 & 3
CT: 030300	BG: 1	CT: 030900	BG: 1 & 2
CT: 030601	BG: 1, 2 & 3	CT: 031000	BG: 3
CT: 030602	BG: 1, 2 & 3	CT: 031300	BG: 1 (partial only)
CT: 030700	BG: 1, 2, 3 & 4		

Based on the 2000 Census figures, 9,902 persons, or 64.4% of the NRSA, are classified as low or moderate income, compared to a city-wide percentage of 54.1%. Residents of the NRSA have the greatest need for assistance and activities in this area are given priority. Some programs are designated only for use within the NRSA. Activities targeted to this area include construction of new single-family, single-family rehabilitation and repair, homeownership assistance, rental housing development, counseling services and homeless initiatives. However, investments in housing will occur throughout all predominantly low and moderate-income areas.

In the areas selected for investment the City hopes to achieve: 1) the conservation of existing neighborhoods and the preservation and expansion of existing housing stock; 2) dramatically visible, concentrated improvement of strategic parts of neighborhoods with greatest economic and housing needs; 3) the expansion of rehabilitation and new construction activity into low income neighborhoods; 4) housing infill development which will make vacant property productive again and 5) creation and retention of jobs for low and moderate income persons.

I. Barriers To Affordable Housing

Omaha

The Omaha Municipal Code regulates land use and building codes that, together with tax policies, affect housing affordability. As a result of existing regulations and codes, housing costs over the long term are lower than with unregulated land development and building construction. Therefore, there are no planned public policy actions to be undertaken in land use controls, building codes, housing codes, and permits, which might affect the affordability of housing within the City. It is anticipated that the tax rates attributable to city government will remain stable over the term of this strategy. Individual property taxes may increase or decrease depending upon assessed valuations.

The City of Omaha's Master Plan guides future investment in housing and development of land within the city limit and zoning jurisdiction. The Master Plan establishes policies to guide growth and encourages redevelopment of deteriorating central city areas. The City will use its regulatory authority in combination with development incentives to insure that the basic development pattern set out by the plan is implemented. The impact of the Master Plan on the affordability of housing for low and moderate-income households has not been determined.

The Urban Design Element was adopted by the City Council as an element of the City of Omaha Master Plan in December of 2004 and the Urban Design Element Implementation Measures was approved earlier this year. The Urban Design Element Implementation Measures includes amendments to the zoning code, subdivision code and new municipal code provisions. In addition to the amendments and additions to the various codes, Urban Design Element Implementation Measures provides the specific urban design standards and guidelines that will be used to regulate development and redevelopment in Omaha.

Although the Urban Design Element Implementation Measures represents a new and substantially different approach of how Omaha will be allowed to develop, the impact on affordable housing is not expected to be negative in terms of cost. In fact, some provisions of the Urban Design Element Implementation Measures are expected to enhance affordable housing

development and redevelopment efforts. The Neighborhood Conservation and Enhancement Districts (NCE) and the Walkable Residential Neighborhood District (WRN) are among the provisions expected to lower the overall cost of affordable housing development and improve the quality of other types of redevelopment activity.

Upgrades of the services of the Permits and Inspections and Code Enforcement Divisions, together with increases in fees and penalties to non-housing code compliant landlords, may result in higher rental housing cost in the short term due to property owners recovering fee and penalty outlays. This potential increase in rental costs will affect a minority of housing units and will be offset by increased numbers of dilapidated, but affordable, housing units undergoing renovation. The long-term result is stable or lower rents due to reductions in the loss in the overall number of affordable housing units.

Council Bluffs

The City of Council Bluffs will continue to support efforts aimed at reducing known barriers to affordable housing. This element also includes Council Bluffs' strategy concerning fair housing issues. Specific activities to be taken over the next five years include the following:

- Continue to implement recommendations outlined in the City's 1996 Analysis of Impediments to Fair Housing Report and develop a plan to update this report.
- Continue to participate with the League of Human Dignity's Model City Program concerning the Americans with Disabilities Act.
- Continue efforts to identify and provide adequate property, which is properly zoned and serviced with utilities for multi-family housing construction.
- Continue to provide relocation assistance to persons displaced by CDBG funded activities through existing policies.
- Support local efforts to reduce known regulations which impede the development of affordable housing and;
- Support the Municipal Housing Agency, private developers and non-profit organizations in the development of additional affordable housing.
- Undertake and support local efforts that are aimed at educating residents about affordable housing needs and programs in an attempt to change negative attitudes and misconceptions of affordable housing.

H. Lead-Based Paint Hazards

Omaha

A nationally representative survey conducted between 1998 and 2000 found that housing in the Northeast and Midwest had about twice the prevalence of hazards compared with housing in the South and West. That survey identified the building components with the highest prevalence of

lead-based paint to be doors and windows. In addition, it is not uncommon in Omaha to find lead-based paint on exterior siding and trim and interior components such as trim, cabinets, and stairways and even bathroom and kitchen walls. Housing rehabilitation and renovation in Omaha and the Consortium area are likely to involve dealing with existing lead-based paint hazards or to disturb lead-based paint that may be in a stable condition. Available public funding will be targeted to assist lower income households, particularly households with children under age six. Public education is an important avenue for promoting lead paint safety in private market rehabilitation and renovation as regulatory tools are limited in scope.

General market conditions related to lead-based paint poisoning prevention and abatement of lead hazards are affected by the following public policies:

1. Rules and Regulations adopted in 1943 by the Douglas County Board of Health that state in part:
 - a) the purpose of these rules and regulations is to detect and prevent lead poisoning resulting from the internal consumption of lead-bearing substances into the human body of children five (5) years of age or less, and
 - b) the owner of any building classified as a health hazard shall remove permanently cover the source of lead so as to make it inaccessible to children five (5) years of age or less.
2. State Department of Health Regulations effective March 20, 1993, make lead poisoning (defined as blood level greater or equal to 10 micrograms per deciliter) reportable to the Nebraska Department of Health. (Reports are required from physicians, laboratories, and health departments per Title 173, Nebraska Administrative Code, Chapter 1, Section 003.02)
3. The Nebraska State Legislature passed the Environmental Lead Hazard Control Act in the spring of 1994. This Act directed the State Department of Health to develop a certification program for businesses in lead occupations. This certification program is fully operational.
4. Title X - the Residential Lead-Based Paint Hazard Reduction Act of 1992 contains the following requirements for local jurisdictions:
 - Inspect for presence of lead-based paint prior to any federally funded renovation or rehabilitation that is likely to disturb painted surfaces.
 - Reduce lead-based paint hazards as part of rehabilitation work for all rehabilitation projects receiving \$5,000 to \$25,000 per unit in federal funds.
 - Abate lead-based paint hazards in conjunction with rehabilitation work for all rehabilitation projects receiving more than \$25,000 per unit in federal funds.

- Begin periodic risk assessments and interim control measures in target housing.
- Notify occupants in federally assisted housing about the extent and results of all risk assessment, inspection or reduction activities where they live.
- Inspect for lead-based paint and lead hazards in all federally owned housing built between 1960 and 1978 prior to sale; inform prospective purchasers of the results of inspection.

Strategy to Evaluate and Reduce Lead-Based Paint Hazards

1. Expand knowledge base for planning and targeting resources through research and evaluation of current activities by:
 - a) Combining Census Block Group data with other data such as local housing condition surveys and concentrations of target age children to develop estimates of the extent of lead hazards in specific neighborhoods,
 - b) Gathering information about the cost of lead abatement procedures in order to refine cost estimates based on the level and location of lead hazard and appropriate abatement procedures, and
 - c) Comparing the number of low-income families with young children with the number of lead-safe housing units available to those families.
2. Expand cooperation and integration of services between the City Planning Department and the Douglas County Health Department by:
 - a) Continuing the referral of housing units where children with elevated blood lead levels reside to the Douglas County Health Department for lead paint testing,
 - b) Continuing the cooperation with the Douglas County Health Department in identifying severe lead hazard situations causing lead poisoning of occupants,
 - c) Collaborating with the Douglas County Health Department to enhance regulatory tools at the local level,
 - d) Collaborating with the Douglas County Health Department to share information for planning and resource development, and
 - e) Identifying representatives of private sector groups such as financial institutions and investor-owner organizations with interest in lead hazard reduction.
3. Integrate lead hazard evaluation and reduction activities into existing housing programs by:

- a) Inspecting for the presence of lead-based paint prior to any renovation or rehabilitation that is likely to disturb painted surfaces. A trained lead hazard inspector who may be a Planning Department staff person, County Health Department staff person, or private contractor will do this inspection.
 - b) Authorizing lead hazard reduction procedures as eligible rehabilitation activities within established project cost limits of existing programs,
 - c) Using existing resources beyond established project cost limits, if necessary, to manage abatement in situations with severe lead hazards causing lead poisoning of occupants as identified in collaboration with the Douglas County Health Department and if no other resources are available.
4. Develop technical capacity to ensure that the technical aspects of assessment and lead hazard reduction are managed well by:
- a) Maintaining training regarding lead hazard control procedures for rehabilitation inspection staff,
 - b) Maintaining training regarding lead hazards and general prevention strategies for all rehabilitation staff, and
 - c) Supporting the development of contractor training programs accessible to contractors in Omaha.
5. Provide public information and education to communicate the extent of the lead problem and measures to reduce risk and protect health by:
- a) Collaborating with the Douglas County Health Department and community organizations for public education regarding lead hazards and general prevention strategies,
 - b) Providing information to contractors about available contractor training and certification and worker protection, and
 - c) Initiating educational efforts with the financial community to show that extensive lead-based paint abatement is a home improvement project to be financed with home improvement loans.
 - d) Initiate a lead-safe housing registry for the Omaha housing market.
6. Increase public and private funding for lead hazard abatement and reduction activities by:
- a) Collaborating with the Douglas County Health Department to identify and apply for additional funding for lead based paint abatement including the HUD Lead-based Paint Hazard Reduction Grant Program, and

- b) Examining the feasibility of private incentives such as tax credits and subsidized loans.

Council Bluffs

Title X of the 1992 Housing Bill - Residential Lead-Based Paint Hazard Reduction Act of 1992 established requirements for local jurisdictions, with January 1, 1995 as the target date. The requirements for federally assisted housing include:

1. Inspect for presence of lead-based paint prior to any federally funded renovation or rehabilitation that is likely to disturb painted surfaces.
2. Reduce lead-based paint hazards as part of rehabilitation activities for all projects receiving \$5,000 to \$25,000 per unit in federal funds.
3. Abate lead-based paint hazards in conjunction with rehabilitation activities for all projects receiving more than \$25,000 per unit in federal funds.
4. Begin periodic risk assessments and interim control measures in target housing.
5. Notify occupants in federally-assisted housing about the extent and results of all risk assessment, inspection or reduction activities; and
7. Inspect for lead-based paint and lead hazards in all federally owned housing built between 1960 and 1978 prior to sale and inform prospective purchasers of the results of inspection.

The Council Bluffs lead-based paint hazard reduction strategy will include a variety of activities. Development of these activities involved consultations with the City's Health Department concerning lead-based paint hazards, other entitlement communities and HUD regulations concerning lead-based paint. These activities are generally described as follows:

1. Expand knowledge base and technical capacity for planning and targeting resources through research and evaluation of current activities by gathering information about the cost of lead abatement procedures in order to refine cost estimates based on the level and location of lead hazard and to determine appropriate abatement procedures. Arrange for training regarding lead hazard control procedures and general prevention strategies for rehabilitation staff.
2. Expand cooperation and integration of services between the Community Development Department and the Health Department by: continuing the referral of suspected lead-based paint hazard housing units to the Health Department for lead-paint testing; continuing the cooperation with the Health Department by identifying severe lead paint hazard situations causing lead poisoning of occupant; collaborating with the Health Department to share information for planning and resource development; and identifying representatives of private sector groups such as financial institutions and investor-owner organizations with interest in lead-based paint hazard reduction.

3. Integrate lead hazard evaluation and reduction activities into existing housing programs by: inspecting for the presence of lead-based paint prior to any renovation or rehabilitation that is likely to disturb painted surfaces; authorizing lead hazard reduction procedures as eligible rehabilitation activities within established project cost limits of existing programs for projects receiving \$5,000 to \$25,000 per unit; authorizing lead hazard abatement procedures as eligible rehabilitation activities within established project cost limits of existing programs for projects receiving more than \$25,000 per unit; and using existing resources beyond established project cost limits, if necessary, to manage abatement in situations with severe lead hazards which may cause lead poisoning to the occupants; and
4. Provide public information and education to communicate the extent of the lead problem and measures to reduce risk and protect health.

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4. Provide public information and education to communicate the extent of the lead problem and measures to reduce risk and protect health.

J. Anti-Poverty Strategy

Omaha

The City of Omaha supports and coordinates a range of programs that contribute to the goal of assisting households with incomes below the poverty line to overcome poverty. Causes and conditions of poverty are a composite of factors encompassing social and economic background, limited education, location in a depressed area or area of high unemployment or underemployment, single parenthood, physical or other special hardships including poor health, criminal history, and inability to compete effectively in the market place because of prevailing or past restrictive practices.

The City's goals in reducing the number of poverty-level households are to increase the number of affordable housing units available to low-income households; to provide wide ranging supportive services designed to assist individuals and families to remain in their homes; to expand the economic mix of residents within low income areas and increase affordable housing opportunities outside of low income areas; and to provide job training and employment opportunities for low income people.

The following anti-poverty strategies characterize City of Omaha programs and policies that assist households in addressing their particular complex needs in overcoming poverty.

1. Administer and support housing programs including homeowner and rental rehabilitation, new construction, rental assistance, new homebuyer assistance and relocation assistance which will:
 - a) increase quality-housing opportunities for low-income households,
 - b) provide training and counseling to assist people in remaining in their homes, and
 - c) provide counseling and referral to assist individuals and families to meet other needs.
2. Support improvements in public facilities which house services such as health care, employment services, child care, services for persons with disabilities, history and cultural activities, youth clubs, recreation and community centers.
3. Support activities that expand the economic mix of residents within low-income areas and activities that increase affordable housing opportunities outside of low-income areas.
4. Build financial strength in low-income neighborhoods and create jobs for low-income people with the following emphases:

- a) Promote small business development and expansion,
- b) Improve the commercial building stock of neighborhood business districts,
- c) Support industrial development in east Omaha,
- d) Support efforts to create incentives for private investment in low-income areas,
and
- e) Provide Job Training and human resources development.

Programs/Activities

1. Affordable housing programs with supportive services.

The City of Omaha will assist households with incomes below the poverty line by providing housing rehabilitation opportunities ranging from emergency repair to substantial rehabilitation in targeted low-income neighborhoods. Financing methods will be applied according to income level including grants for very low-income households, and deferred payment loans for investor owners.

As a matter of policy, the Community Development Coordinators who process rehabilitation applications will work closely with other agencies to help applicants receive assistance with other needs. Referrals may be for housing related needs such as clearing up title problems on their property or for non-housing related needs.

City relocation staff will provide substantial counseling and referral in conjunction with relocation assistance to displaced households. Supportive services are often needed to stabilize a household before they can successfully relocate to new housing. Services may be as varied as arranging food and energy assistance or helping with job placement.

Relocation staff assist displaced households establish budgets to use their relocation allotments to best advantage. This counseling will help low income people clear up debt and reestablish credit worthiness. With budget and home ownership counseling, a former renter household may choose to apply relocation funds as down payment on a new home. New home ownership is an opportunity to obtain assets that can help the household move out of poverty.

In addition to services provided by City staff, the City will contract with Family Housing Advisory Services (FHAS) for support services to participants in City-sponsored housing programs. FHAS programs will include rental and buyer education, home management counseling, property care and maintenance counseling, money management and budgeting, negotiation for loan reinstatement plans and foreclosure prevention counseling. Another FHAS service important to low-income families is landlord/tenant mediation provided to families at risk of homelessness.

The Omaha Housing Authority (OHA) will administer supportive services programs designed to help residents improve their lives. OHA programs will be designed to provide low-income residents with educational and vocational opportunities as well. Programs offered will include remedial Adult Basic Education, advocate assistance for secondary and post-secondary education, transportation assistance, life-skills training, job training and job placement counseling.

The integration of social services with housing is an essential strategy to combat homelessness. As a prevention strategy, financial assistance as a crisis response will be provided in cases with significant possibility of success. Landlord/tenant mediation through FHAS is another prevention service that is available.

Omaha Area Continuum of Care for the Homeless shelter and service providers will increase their emphasis on follow-up case management services for clients who have left the shelters. Transitional housing and assisted living programs will provide extensive intervention. Clients who live independently will be assisted through a coordinated network of case management and service providers. Job Training of Greater Omaha will maintain outreach to all of the homeless shelters in Omaha.

Job Training of Greater Omaha and other agencies will help individuals achieve the stability needed to complete a job training program and job placement.

2. Public facilities improvements.

Affordable housing activities are complemented by public facility improvements that provide various forms of assistance to people whose incomes are below the poverty level. The City of Omaha provides funding support for improvements of public facilities which house services such as health care, child care, services for persons with disabilities, history and cultural activities, youth clubs, recreation and community centers.

The 2008 and future Consolidated Plans will make improvements to the streetscape along North 24th and 16th Streets and along South 24th that will principally benefit low- and moderate-income residential and business areas. The City of Omaha has begun a park renovation program funded with local general funds and Federal assistance to upgrade older facilities that are largely located in lower income neighborhoods. The City continues its citywide residential street rehabilitation program funded with general tax receipts that disproportionately repair streets in lower income neighborhoods. The City's sewer separation program funded by citywide sewer fees is improving sewer facilities in older, largely lower income neighborhoods.

3. Activities that expand the economic mix of residents.

In an effort to expand the economic mix of residents within low-income areas and to demonstrate to the private sector the viability of the housing market in inner-city

neighborhoods, the City is taking the lead in new housing construction in older neighborhoods. City support for housing development will include site acquisition; relocation of displaced households and businesses; demolition; site preparation and public improvements; and construction financing. Deferred payment second mortgage loans to homebuyers will significantly reduce the buyers' monthly payments and create home ownership opportunities at a lower income level.

The City's leadership in this area will include administrative support for Omaha 100, Inc., a non-profit community development intermediary with a loan pool based on the partnership of eleven local lenders. In addition to providing below market rate mortgage financing to low income households, Omaha 100 provides technical assistance to build the capacity of community development organizations and builds public/private partnerships to access capital for housing development.

The OHA scattered site housing program will increase affordable housing opportunities outside of low-income areas. By incorporating scattered single-family housing into its public housing inventory, the OHA is providing affordable housing opportunities for low-income households in middle and higher-income neighborhoods. This will enable a number of low-income households to move into neighborhoods that, traditionally, they were unable to move to because of the high cost of housing.

4. Economic development.

Small business development is a key strategy used to increase job opportunities in low-income areas in Omaha. The City of Omaha will support business assistance programs that will create small business development opportunities. Low-income AFDC recipients are one target group for the City-sponsored Micro-Loan program for emerging entrepreneurs. The program provides micro enterprise training and small loans for business start-up. The Omaha Small Business Network programs of entrepreneurial training, seed capital and business incubator services assists other small businesses start and expand.

City participation in improving the commercial building stock of neighborhood business districts supports the goals of small business development and targeted neighborhood housing development.

5. Job training.

The recently enacted Workforce Investment Act creates a workforce development system that is customer focused, to help job seekers access the tools they need to manage their careers through information and high quality services, and to help business an industry find skilled workers. Greater Omaha Workforce Development, a division of the Mayors office, administers the program. The Greater Omaha Workforce Investment Board (WIB), appointed by the Mayor is composed of fifty-two members who represent business, education, labor organizations, community based organizations, economic development agencies and other organizations and agencies.

The structure of the Workforce Investment Act will create streamlined services in a One-Stop environment with technology that empowers job seekers from Omaha as well as Douglas, Sarpy and Washington counties. The main location for the comprehensive One-Stop Center will be at the Blue lion Centre 2421-23 North 24th Street and in an affiliated site located at 2411 “O” Street in Omaha. The One Stop Center has 19 mandated partners physically co-located in the facility. The Site will utilize a single point of entry through the Nebraska Workforce Access System for common intake, case management and tracking. Core services are information and resources available to everyone free of charge. Intensive services include assessments of skill levels and service needs of adults and dislocated workers, counseling, case management, and training services. Workforce Investment includes customer service features for the Employer as well. Integrated services will be provided to all employers at their request at a single point of contact, or other method, to support economic/workforce development efforts.

Comprehensive services to eligible youth include preparation for post-secondary education opportunities, linkages between academic and occupational learning, preparation for unsubsidized employment opportunities, effective linkages with employers, alternative secondary school services, summer employment opportunities, paid and unpaid work experience, occupational skill training, leadership development opportunities, supportive services, and follow-up services. The RFP procurement process is utilized for identifying youth service providers for services not available within the One-Stop Center.

The Greater Omaha Tri-County Workforce Investment Board has identified performance measures to assist in the attainment of local performance goals. All providers will be accountable for completion rates, job placement, and wage at time of placement. The WIB is committed to continuous improvement of all providers of services to ensure that the service providers are meeting the needs of job seekers and employers.

Council Bluffs

The City of Council Bluffs will support and undertake a variety of programs with the goal of decreasing poverty. The following represents the steps to be taken by Council Bluffs to reduce poverty:

1. Pursue the economic development strategies set forth in the Council Bluffs Comprehensive Plan with emphasis on business recruitment and expansion which guarantees a percentage of low and moderate income employees.
2. Coordinate all City economic development efforts, regardless of funding sources, with the Iowa Western Community College, Iowa Department of Employment Services, Workforce Development and other job training programs. Coordination will be accomplished through continued planning and strategy development.
3. Support development activities which retain and expand the economic mix of residents within low income areas of the community.

4. Support the development of affordable housing projects located outside of low income areas.
5. Continue to implement a self-sufficiency program to provide assistance to low income persons participating in rental assistance programs.
6. Create incentives and programs to encourage private sector investment in low-income areas.
7. Provide funding for programs that offer services to increase the overall income of low-income persons.
8. Continue to implement the requirements of Section 3 on all CDBG funded projects.

K. Institutional Structure

Omaha

Description

The following identifies the institutional structure within the City of Omaha that will implement its housing and community development plan:

A. Public Institutions

<u>Organization</u>	<u>Purpose</u>	<u>Function</u>
City of Omaha Planning Department	Planning & Housing and Community Development Agency	Primary redevelopment agency within the City of Omaha. Administers the City's Community Development Block Grant (CDBG), HOME Investment Partnerships, Emergency Shelter Grant, Tax Increment Financing, and housing code enforcement and condemnation programs.
Omaha Housing Authority	Public Housing Agency	Administers public housing and Section 8 Program for low-income individuals and families. Implements the City's rental assistance program and the Family Self-Sufficiency Program. Is responsible for public housing management, operation and improvements, and for public housing resident initiatives.
Eastern Nebraska Office on Aging (ENOA)	Elderly Social Service Agency	Offers a broad spectrum of services for persons 60 years of age or older and spouses. Helps fund the City's Home Handyman repair program.
Region VI Behavioral	Mental Health Agency	Organizes and finances community based mental health and chemical dependency services. Administers federal grant program to serve persons who are mentally ill and homeless.
Eastern Nebraska Community Office of Retardation (ENCOR)	Mental Health Agency	Provides comprehensive services for persons with developmental disabilities and their families.
Nebraska Department of Social Services	Social Service Agency	Administers public assistance programs and foster care program.
Nebraska Investment Finance Authority	Public Finance Authority	Administers State of Nebraska below market rate loan programs and Federal Low Income Housing Tax Credit Program. Provides tax credits for developers of affordable housing.
Douglas County General Assistance	County Government	Provides "last resort" short-term financial assistance to people in need.
Nebraska Department of Economic Development	State Government	Primary State agency and recipient of federal Community Development Block Grant funds, HOME Investment Partnerships and uses state generated revenue to fund the Nebraska Affordable Housing Program. Funds from all of these programs may be expended within the City of Omaha, and are sometimes granted directly to the City of Omaha for use in its housing and community development program.
Division of Rehabilitation Services	Social Services Agency	State agency that offers evaluation and rehabilitative services for persons with physical or mental disabilities that are a barrier to employment.

B. Non-Profit Organizations

<i>Organization</i>	<u>Purpose</u>	<u>Function</u>
United Way of the Midlands	Social Service Agency	Provides comprehensive services throughout the community. Funds operations of a number of non-profit social and health organizations.
Community Alliance	Social Services & Housing Development Agency	Administers a community outreach effort to assist mentally ill, emotionally disturbed, and homeless persons. Provides mental health care, housing, and financial assistance. Will develop six units of assisted living under the HOME Program.
Child Savings Institute	Homeless Shelter Provider	Provides temporary care for children 12 years and younger.
Salvation Army	Social Service Agency	Administers diverse social service programs developed to meet the needs of low/moderate income Omaha residents. Administers emergency shelter, transitional housing, elderly housing and supportive services programs.
South Omaha Affordable Housing Corporation	Housing Development Agency	Community Development Corporation providing affordable single-family housing for low/moderate income persons in North and South Omaha.
Chicano Awareness Center	Social Service Agency	Provides diverse on-site and outreach social programs for Hispanic persons. Administers counseling, health, mental health, employment, and day care program.
Omaha 100	Financial Institution	Partnership between city and state governments, non-profit housing developers and private lender sectors to aid in the development of affordable housing. Provides financial support to non-profits and below market rate mortgages to low-income households.
New Community Development Corporation	Housing Development Agency	Non-profit developer of affordable housing. Will implement City of Omaha rental housing construction effort in Northeast Omaha and the City's Micro Loan Program.
Omaha Economic Development Corporation	Housing Development Agency	Non-profit developer of affordable housing. Will implement City of Omaha rental housing construction effort in North Omaha.
Family Housing Advisory Services	Social Service Agency	Provides comprehensive housing, home maintenance, financial budgeting, homeless prevention, and loan default assistance. Implements City of Omaha homeless prevention and assistance program, and housing counseling.
Holy Name Housing Corporation	Housing Development Agency	Community Development Corporation committed to developing affordable housing for low/moderate income persons. Implements City's new construction, acquisition and rehabilitation of housing programs, and administers a HOPE III Program.
Habitat for Humanity	Housing Development Agency	Rehabilitates vacant homes and constructs new housing for low-income households.

<i>Organization</i>	<u>Purpose</u>	<u>Function</u>
Housing In Omaha (HIO)	Non-Profit Subsidiary of the Omaha Housing Authority	Community Development Corporation committed to developing affordable housing for low/moderate income persons particularly on redevelopment efforts that involve the OHA.
Metropolitan Area Continuum of Care for the Homeless (MACCH)	Organization of homeless shelter and service providers	MACCH coordinates resources, collects data and demographic information, and increases public awareness of issues pertaining to homelessness.

See Inventory of Facilities and Services for the Homeless of B. Housing Market Analysis for a complete list of agencies providing services to Omaha-Council Bluffs area homeless population

C. Private Industry

For-profit Developer	Home Rehabilitation and Construction Firms	Develops or rehabilitates privately owned property into affordable housing units. The developer oversees all aspects of the project including planning, financing, site development, construction, plans, permits, property management, rents, and accounting.
Contractor	Private Construction Contractors	Person or entity that performs construction activities on single multi-family affordable housing projects. Work must be done in accordance with City standards and other requirements. Eligible contractors are encouraged to submit construction bids on City-funded projects.
Lender	Financial Institutions	Provide interim construction financing and permanent financing for City sponsored housing programs. Includes banks, savings & loan associations, foundations, or other financial institutions.
Business Community	Private Businesses	Fosters community support for affordable housing programs and provides leadership and entrepreneurship from the private sector.

Assessing the Delivery System

The delivery system of programs and services in the City of Omaha includes agencies and organizations from the public, private and non-profit sectors. A summary of strengths and weaknesses within this system is included in this section.

Strengths

The Housing and Community Development (HCD) Division is a strong positive factor in the housing picture for low- and moderate-income persons in Omaha. The Division's employees have extensive experience in the areas of housing development and housing rehabilitation with backgrounds ranging from finance to architecture, real estate to neighborhood planning, and construction management to community development. Program offerings are designed to meet the diverse needs found in a community of Omaha's size. There is an ongoing effort to evaluate programs to keep them responsive. Planning for the future is also an important component of HCD activities. The staff is knowledgeable and committed to assisting the persons they serve and are willing to take on added responsibilities in order to meet established goals.

The support of the Mayor and City Council of the City of Omaha for redevelopment activities within the community has been a vital component of past and present successes. Their willingness to support HCD efforts has enabled Omaha to achieve national recognition for many of its programs

Strong administrative leadership has enabled the Omaha Housing Authority to set up innovative programs that meet the needs of residents who reside in OHA facilities. Examples of this are the anti-drug and anti-gang initiatives undertaken by the OHA in its efforts to eliminate crime, violence and drug abuse from public housing.

The Nebraska Investment Finance Authority (NIFA), a State agency, is able to make available to first-time low-income homebuyers below market rate loans for the purchase of new or existing homes. NIFA also administers the Federal Low Income Housing Tax Credit Program that provides tax incentives to developers of low-income housing. These tax credits have been instrumental to the successful completion of numerous multi-family housing development projects by providing private capital for construction.

The Nebraska Department of Economic Development, a State agency and recipient of federal Community Development Block Grant funds, HOME Investment Partnerships. The Nebraska Department of Economic Development also uses state generated revenue to fund the Nebraska Affordable Housing Program. Funds from all of these programs may be expended within the City of Omaha, and have more recently been granted directly to the City of Omaha for use in its housing and community development program. The relationship between the State of Nebraska and City of Omaha has been strengthening as each utilizes the others expertise and programs. The City of Omaha will continue to work with the State to strengthen its relationship, improve program administration to more efficiently and effectively achieve state and local housing and community development objectives.

Non-profit developers bring flexibility and creativeness to housing for low and moderate-income persons. Past projects in Omaha have resulted in well-built, affordable homes for many individuals and families. Non-profit developers are willing to participate in programs and projects that are not ordinarily participated in by for-profit developers either because of the complexity of the project or because the project's profit-making potential is marginal. Non-profit developers are also willing to work with potential first-time homebuyers for long periods of time to assist them in qualifying for private financing for home purchases.

Health and human/social service programs are able to offer a diverse range of assistance for low- and moderate-income persons and are sometimes a component of housing/residential project in which the city is involved. Many social service agencies have shown a willingness to seek creative solutions to persistent problems or form joint ventures where appropriate. Cooperation between the city and service providers during the physical development of the project is essential, but before the city commits resources to a project, it insures success by getting assurances of continued involvement after construction is complete. Parties to such efforts must sometimes be willing to stretch resources and actions to make a project/program work. Housing and service providers are continually gaining a greater appreciation for the knowledge and abilities of each other.

For-profit developers have experience in forming private partnerships with lenders and investors and the ability to secure private capital for investment in City-sponsored housing rehabilitation and construction programs. This private capital provides the leveraged funds for many of the City's housing development activities. For-profit developers also have experience in participating in other low-income housing programs such as the Low-Income Housing Tax Credit Program sponsored by the Nebraska Investment Finance Authority.

In general, private sector support must not be overlooked when discussing the housing needs of low and moderate-income persons and how they can be met. Commercial lending institutions provide underwriting and loan servicing for many projects. There also is a high level of cooperation between a number of these institutions and the Housing and Community Development Division. One excellent example of this is the Omaha 100. The Omaha 100 is a Partnership between city and state governments, non-profit housing developers and a consortium of private lender sectors to aid in the development of affordable housing.

Weaknesses

Funding constraints limit the number of persons who can be served by every public agency or organization interviewed for this document. Often this restricts services to only those most in need and leaves those on the margins to fend for themselves or wait for assistance until their need meets program objectives. Long waiting lists exist for most programs and large caseloads are common. Frequently there also is a lack of coordination among agencies that serve the same client base.

Many in the private sector do not understand the mandates and requirements necessary to participate in programs, which use CDBG, HOME, or other funding programs. This misunderstanding can lead to unwillingness to undertake future projects. Bonding and insurance requirements for construction contractors are a barrier to participation. There is also reluctance in the private sector to invest large amounts of capital for low and moderate-income housing projects located in declining neighborhoods of the City.

In some areas where affordable homes are available for purchase, low and moderate-income buyers cannot obtain a loan since mortgage loan minimums exceed the purchase price of the houses. Persons needing homeowners insurance in low-income areas frequently have to make numerous phone calls before finding someone willing to underwrite a policy.

The Housing Authority of the City of Omaha

The Housing Authority of the City of Omaha (the OHA) is a State agency organized and existing pursuant to State of Nebraska Statutes. The governing board of the OHA consists of a five-member board of directors appointed by the Mayor and confirmed by the City Council of the City of Omaha. The OHA Board of Directors elects its own officers and selects its own executive director. The OHA is also responsible for its own hiring, contracting and procurement.

The City of Omaha does not fund a "provision of services" for OHA residents although it has entered into a "Cooperative Agreement" with the OHA, which covers, among other things, the provision of public services such as police and fire protection, streets, sidewalks, and sewers.

The "Cooperative Agreement", as well as State of Nebraska Statutes and City Ordinances, also covers such issues as demolition of public housing units, replacement of public housing units, and property taxes which require the approval of the City Council of the City of Omaha.

The OHA consults with and the City reviews all proposed public housing development sites including issues related to zoning, construction documents, building permits, and variances. Pursuant to Section 213 (a) of the Housing and Community Development Act of 1974, the City reviews all proposed replacement of housing units lost due to demolition. Nebraska Statutes, Section 71-1531, require the approval of the City Council of the City of Omaha of all new housing units constructed on vacant lots.

In addition to review of proposed development sites, the City reviews the OHA's proposed Comprehensive Plan, its Needs Assessment, and their revisions, and all submissions for funding under the Section 8 Housing Assistance Program. Certification of Consistency with the City's Consolidated Plan is also required for all HUD grant applications submitted by the OHA.

Overcoming Gaps

A number of actions will be undertaken to eliminate the gaps in the delivery system and to strengthen, coordinate, and integrate the institutions involved in the production of affordable housing. These actions will include: 1) increased capacity building to make the institutional structure more responsive to the housing needs of low and moderate-income persons, 2) encouraging organizations to look at current programs and to adjust them to meet the changing needs of clients, 3) joint ventures and cooperation among various organizations to enable organizations to maximize expertise and share knowledge rather than compete for scarce resources or duplicate existing programs, and 4) the provision of technical assistance for resource and project development to help expand the abilities of organizations to produce affordable housing or provide services to persons in need.

Council Bluffs

Description

The organizations that will have the primary responsibility of implementing this Plan will be the Community Development Department, Municipal Housing Agency, non-profit institutions and private industry.

Public Institutions - The Community Development Department will have the primary responsibility for coordinating and implementing the City's community development and affordable housing activities. The Community Development Department cannot, however, accomplish all these activities by itself. Agencies and organizations that will need to be involved include other departments, Municipal Housing Agency (MHA), local financial institutions and private non-profit and for-profit entities. The MHA is a key player in the City's affordable housing strategy. The MHA owns and operates two facilities providing housing for very-low income elderly and handicapped individuals. A total of 295 units are available at the Regal Towers and Dudley Court sites. Further, the MHA provides rental assistance to over 665 low-income families. The MHA has the potential to develop additional affordable housing units for very low-income homeowners and renters.

Non-Profit Institutions - A key component of the organizational structure required to implement the housing strategy will involve non-profit organizations to facilitate the development of affordable housing.

Private Industry - Private lending institutions and for-profit developers will also play a key part in developing affordable housing. Specifically, for-profit developers will be sought to implement the rental rehabilitation goals of this strategy. Both lending institutions and for-profit developers will participate in new construction programs offered through non-profit organizations.

Organizations

The following identifies the institutional structure within the City of Council Bluffs in the areas of public, non-profit and private sectors that will implement stated strategies.

Public Institutions

<u>Purpose</u>	<u>Functions</u>
City of Council Bluffs Community Development Department	Planning & Comm. Development Primary planning & redevelopment agency with the City of Council Bluffs which administers the City's CDBG, HOME, tax increment financing and other funding programs. Agency is also responsible for the Administration of land use and development regulations.
City of Council Bluffs Council Building Inspections and Division Enforcement	Building Inspection and Code Primary agency with the City of Bluffs which is responsible for permits inspections, housing code enforcement and Condemnation programs.
Council Bluffs Municipal Housing Agency	Public Housing Administers public housing and rental assistance programs, and implement a self-sufficiency program. Responsible for public housing management, operational improvements and resident initiatives.
Council Bluffs Human Relations Commission	Human Relations Primary agency with the City of Council Bluffs which is responsible for fair housing and discrimination issues.
Pottawattamie County Department of Human Services	County Human Service Agency Primary agency with Pottawattamie County which provides assistance and service to low income persons and families.

Public Institutions

<u>Purpose</u>	<u>Functions</u>
Pottawattamie County Care Facility Service Agency	County Human which operates residential care facility.

Pottawattamie County Veteran Affairs Commission	County Human Service Agency	Primary agency with Pottawattamie County which provide service to veterans.
Council Bluffs Community & Lewis Central	Community School	Community school institutions which provide K through 12 education.
Iowa School for the Deaf	Community School	K - 12 education for persons with hearing impairments. One of four chartered education institutions in Iowa.
IWCC/Adult Learning Center	Community College	Two-year community and technical college. Offers completion of GED as adult learning center.
Fourth Judicial District Agency	Judicial & Prevention Agency	Operates several detention facilities for juveniles and adults.
Iowa Department of Human Services	Social Service Agency	Administers public assistance programs and foster care programs.
Iowa Vocational Rehabilitation Agency	Social Service	State agency which offers evaluation and rehabilitative services for persons with physical or mental disabilities that are a barrier to employment.
Iowa Finance Authority Agency	Public Finance	State agency which administers loan, housing assistance fund and tax credit programs.
Iowa Department of Economic Development	Public Development Agency	State agency responsible for administration of CDBG, HOME, ESG and other community development programs.
ISU Extension Services Service	State Extension	Iowa State University Extension services which offers services to communities and families.
Job Service of Iowa Agency	Employment	State employment agency that provides assistance to unemployed persons and employment services.
<u>Public Institutions</u>	<u>Purpose</u>	<u>Functions</u>
Job Training Partnership Agency	Employment	Federal employment program operated by the State of Iowa which provides employment assistance to low income persons.

Mt. Pleasant & Cherokee Treatment Centers	Hospital	Hospitals which specialize in the treatment of mentally ill persons and substance abusers.
Southwest 8 Senior Services Social Service	Non-Profit Organization	Offers a range of services for persons over 60 years of age.
West Central Development Corp. Non-Profit Agency	Regional human service agency Community Action	which provides a variety of programs and services to low income persons.
MICAH House Non-Profit Homeless Shelter		Provides emergency shelter for families and single women. Administers a full range of supportive services.
Catholic Social Services Service Organization	Non-Profit Social	Provides shelter and counseling for victims of domestic abuse.
RLDS Non-Profit Human Service Organization		Food and clothing pantry.
Visiting Nurses Non-Profit Health Service		Offer a variety of health services to low income residents.
Salvation Army Service	Non-Profit Social Organization	Administer social services programs developed to meet the needs of low income persons, administers emergency assistance and supportive assistance.
VODEC Non-Profit Social Service		Agency which operates a vocational development program for Organization persons with mental disabilities.
Christian Home\ Children's Square	Non-Profit Service Organization	Provides shelter and social services for children.
Care Homes Non-Profit Housing Organization		Operates several residential care facilities for mentally disadvantaged persons.

Public Institutions

Purpose

Functions

Community Housing Investment Corp.	Non-Profit Housing Organization	Administers the Housing Infill Program using HOME funds. Program provides financing assistance for new single family structures.
League of Human Dignity	Non-Profit Service	Administers the Barrier Removal

		Program and operates the Independent Living Center in Council Bluffs.
Mercy Hospital	Local Hospital	Hospital and treatment services.
Jennie Edmundson Memorial Hospital	Local Hospital	Hospital and treatment services
Habitat for Humanity	Non-Profit Housing	Operates new construction and Organization rehabilitation programs for very low-income families.
Council Bluffs Senior Center	Non-Profit Senior Organization	Operates a community center for senior citizens and provides a variety of programs for elderly persons.
Inter-Faith Response, Inc.	Non-Profit Social Service Organization	Non-profit organization which provides last resort short term financial assistance to persons and families in need.
Volunteer Bureau	Non-Profit	Organizes and provides volunteer services throughout the community. Assists numerous organizations with volunteer assistance.
United Way of the Midlands	Non-Profit Social Service Organization	Provides comprehensive services throughout the community. Funds operations of numerous non-profit social and health organizations.
American Red Cross	Non-Profit Human Service	Provides emergency food, clothing, housing and organizational assistance.
Heartland Family Service	Non-Profit Human Service Organization	Provides numerous programs and counseling for children, seniors, and persons with addictions or family/domestic problems.
REM-Iowa, Inc.	For-Profit Care Facility	Operates residential care facilities and programs for developmentally disabled.
Babacock of Iowa	For-Profit Service Agency	Provides supported community living for mentally and physically disabled.

Public Institutions

Purpose

Functions

For-Profit Developer
tation and Con-
struction Firms

Home Rehabili-
owned property into affordable
housing units. The developer
oversees all aspects of the project
including planning, financing, site
development, construction, plans,
permits, property management,
rents and accounting.

Develops or rehabilitates privately

Contractor Private
Construction

Person or entity that performs
construction activities on single
Contractors and multi-family affordable
housing projects. Work must be
done in accordance with City
standards and other requirements.
Eligible contractors are encour-
aged to submit construction bids
on City-funded projects.

Financial Lenders

Financial
Institutions
financing for City-sponsored
affordable housing programs.
Includes banks, savings and loan
associations, foundations or other
inancial institutions.

Provide interim construction
financing as well as permanent

Business Community

Private Businesses
affordable housing programs and
provides leadership and entrepre-
neurship from the private sector.

Fosters community support for

Assessing the Delivery System

The delivery system of housing, community development and human services in Council Bluffs includes public agencies, non-profit organizations and the private sector. An assessment of the strengths and weaknesses of this delivery system is as follows:

Strengths - The primary strengths of the delivery system in Council Bluffs are the number and diversity of organizations. Also, the staffs of these organizations are highly motivated and committed to improving the lives of low-income persons. The Community Development Department is a positive force in the provision of low-income housing. The Department's employees have significant experience in the area of housing development and rehabilitation. Over the past several years, the Department has significantly increased rehabilitation activities for low-income families. On an annual basis, approximately 50 homeowners receive rehabilitation assistance. A new construction program was developed and implemented which has resulted in the construction of 60 single-family structures for low-income families. The MHA has continued to administer and maintain its two housing projects. The MHA has continually sought and obtained additional funding for rental assistance programs. Currently, the MHA is proposing a scattered site development project for the community. Non-profit

organizations bring flexibility and creativeness to housing and public services for low-income persons. Many non-profit organizations are willing to participate in programs and projects that for-profit developers will not. Non-profit organizations are also willing to accept the various regulatory requirements of state and federal programs. Health and human service agencies offer a diverse range of programs. Many of these organizations have shown a willingness to seek creative solutions to persistent problems or form joint ventures where appropriate.

Weaknesses - The primary weakness of service providers are funding constraints. Funding constraints limit the number of persons that can be served. Often this restricts services to only those most in need and leaves those on the margins without assistance. Waiting lists exist for most programs and services. A lack of private sector investment and development is a weakness, specifically, in the area of multi-family housing construction and rehabilitation. Many in the private sector do not understand the mandates and requirements necessary to participate in programs that use CDBG, HOME or other funding programs. This problem can lead to misunderstanding and unwillingness to undertake projects. There also is reluctance in the private sector to invest large amounts of funds for low-income housing projects located in targeted neighborhoods. Code Enforcement efforts in the community are on a complaint basis and are not enforced on a uniform basis. This has resulted in limited enforcement. Also, a large number of blighted structures continue to exist. Low-income families occupy many of these structures. Although non-profit agencies provided significant human service and emergency housing services, limited activity has occurred in the development of transitional housing and rental housing. Much of this can be attributed to a lack of understanding of funding programs and a reluctance to undertake additional activities that may reduce funding and attention to existing activities.

L. Coordination Among Agencies Omaha

The City of Omaha is committed to working with organizations in the provision of decent and affordable housing for all citizens. The City attempts to leverage its resources, augment existing programs, and develop new programs by working with other organizations to address priorities.

Fully aware that coordination with a wide variety of service providers, both public and private, improves the effectiveness of housing programs, the City is continuing its joint activities with many community organizations. Primary to these activities is the consultation and cooperation solicited by the City in its development of this document.

In some cases, providing suitable housing only addresses part of a need. An individual or family may need financial counseling in order to budget their income, meet their obligations, and remain in the home. Other types of counseling/training as well as supportive services may be necessary to assist the individual or family increase the knowledge and improve skills needed to be successful. Physical or mental health problems may make it difficult for persons to maintain their independence or a reasonable quality of living.

The City will work with the Omaha Housing Authority, private housing developers/owners, physical and mental health care providers, and a full range of social service agencies in referring

individual clients to the appropriate resources as the need arises. This will occur in the normal course of doing business through the City's homeless shelter grant program, as a result of client needs identified during the relocation process and at every juncture at which the city, service providing agencies or clients/residents come in contact.

The City intends to continue its present coordination efforts between individuals, organizations, and governmental entities to maximize services to all citizens, complement existing programs/services, and leverage resources. In addition to ongoing efforts, the City will focus on the following three strategies:

- 1) Broaden the opportunities for communication between the public and private sectors in the areas of housing development, financing, and service delivery.
- 2) Work, specifically, with emergency shelter providers and homeless service providers to develop a comprehensive service approach and reduce the duplication of services.
- 3) Meet with a wide range of service and housing providers on a regular basis to share information, coordinate activities, develop programs, and resolve problems.

Council Bluffs

The primary problems of the institutional structure in Council Bluffs as it relates to affordable housing are:

- a. A lack of federal, state and local resources to address the overall housing problem in the community;
- b. Limited human resources devoted to affordable housing and community development programs. Although Council Bluffs has a dedicated professional staff to implement programs, the City must follow the same rules and regulations as larger communities that have access to additional funding and human resources;
- c. Limited non-profit sector involvement in affordable housing; and
- d. Lack of private sector/for-profit development interest in local affordable housing programs.

The following strategies address the proposed institutional structure required of the City of Council Bluffs to deliver affordable housing options to the community. Private/public partnership will need to be encouraged to maximize local resources available for developing affordable housing. Private lending institutions and for-profit developers will also play a key part in developing affordable housing. Specifically, for-profit developers will be sought to implement the rental rehabilitation goals of this strategy. Both lending institutions and for-profit developers will participate in new construction programs offered through non-profit organizations. Major employers and local building trades will also be encouraged to participate in Council Bluffs affordable housing projects. More specifically, Council Bluffs' strategy for addressing the gaps include the following:

1. Continue to assist in the creation and development of non-profit organizations to coordinate local efforts to provide affordable housing in Council Bluffs;
2. Actively seek federal and state funding for affordable housing programs;
3. Continue to maintain a trained and dedicated professional staff to implement housing and community development programs;
4. Develop, mentor and recruit outside non-profit organizations to actively participate in local affordable housing programs;
5. Recruit for-profit developers to participate in local, state and federal affordable housing programs;
6. Encourage local lending institutions to organize a community development corporation to act as a conduit for private sector lending in the area of affordable housing; and
7. Update the impediments to fair housing report.

Council Bluffs also intends to provide services and conduct its activities, as outlined in this document, as efficiently and responsibly as possible. The Community Development Department of the City of Council Bluffs shall be charged with the responsibility for plan implementation and monitoring. Good record keeping and continuous program monitoring will also be conducted to ensure effective use of funds and maximization of program benefits. This document has identified numerous goals dealing with affordable housing. Within each of these goals, the City of Council Bluffs has identified specific implementation strategies. These strategies will be carried out by in-house staff or subcontracted to subrecipients depending on the type of program and the capabilities of the organizations involved. Monitoring procedures will have components specific to the program or project.

Monitoring of Subrecipients - The City of Council Bluffs' project monitoring efforts begin with the negotiation of individual contracts. Contracts must be drafted in such a way as to provide measurable performance criteria and administrative standards, all consistent with HUD or other regulator guidelines and requirements. Progress towards attainment of specific goals will be monitored throughout the contract term and any longer period specified. This is particularly important for subrecipients who are working under a long-term contract for services. Monitoring of subrecipients by City staff will include the combined use of tracking of compliance key terms of the contract, contract specified inventory of required monitoring area, on-site reviews and audits, annual performance reports, and periodic status reports, as necessary. Violations, deficiencies or problems identified during routine monitoring procedures will be addressed and corrected by providing the subrecipient with the necessary information and technical assistance. If the problem persists, sanctions will be imposed appropriate to the scale of the problem.

In-House Monitoring - In addition to monitoring the performance of subrecipients, the City of Council Bluffs has a monitoring system in place for projects and programs conducted by Community Development Department staff. This includes a competitive bidding, job site inspection, eligibility determinations and underwriting criteria and monthly activity reports. Monthly reports allow staff to analyze goal related performance in a number of areas. These

include number of clients benefiting, client composition and geographic areas served. By analyzing at this level, staff can determine when and where needs are being met, area and population being underserved and compliance with regulatory requirements. The City of Council Bluffs will continue to invest significant staff time and effort to an ongoing and thorough monitoring process to insure that all funds are put to their best and most efficient use according to the priorities and goals identified and within the guidelines of the appropriate state and federal program.

M. Public Housing Resident Initiatives

Omaha

The City of Omaha, through the Housing Authority of the City of Omaha (OHA), will encourage public housing residents to become more involved in public housing management and to participate in homeownership programs. The following strategy will be followed in furtherance of these public housing resident initiatives:

- 1) OHA community service and security staff will meet regularly with public housing residents to discuss day-to-day management of high-rise residential facilities and family developments and will include, as appropriate, staff of the Omaha Police Division in such meetings.
- 2) The Executive Director of the OHA will meet monthly with a residents' council comprised of elected officers representing each high-rise residential facility and family development to discuss resident management and other public housing management issues.
- 3) OHA staff will conduct open meetings with public housing residents in consultation on the OHA's Comprehensive Grant, its revisions and annual performance reports.
- 4) The OHA will work to increase participation by public housing residents in resident organizations and to strengthen resident council leadership.
- 5) The OHA will continue creating homeownership opportunities for public housing residents through the OHA scattered site program.
- 6) The OHA will provide financial planning assistance and homeownership maintenance skills training to public housing residents.
- 7) The OHA will work with the Omaha 100, Inc., and the U. S. Department of Housing and Urban Development to assist residents in attaining first and second mortgages to purchase scattered site single-family homes.

Council Bluffs

The Council Bluffs Municipal Housing Agency (MHA) is responsible for the provision of public housing and administration of federal rental assistance programs. These activities include management of 295 units of public housing at Regal Towers and Dudley Court. Activities also include the management and administration of 665 units participating in the Section 8

Certificate Program.

The strategic goals as identified in the Council Bluffs Municipal Housing Agency (MHA) five-year PHA Plan (2005-2010) are as follows:

- Expand the supply of assisted housing by leveraging private or other public funds to create additional housing opportunities;
- Improve the quality of assisted housing by renovating or modernizing public housing units; and
- Ensure equal opportunity and affirmatively further fair housing by undertaking affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

The MHA has not been successful in increasing the availability of affordable housing. However, late in 2003 the MHA successfully established a non-profit sister organization to open the door to additional sources of funding for affordable housing production.

The MHA continues to improve the quality of assisted housing by renovating or modernizing existing public housing units.

The MHA is able to affirmatively further fair housing by maintaining an active relationship with the Pottawattamie County Landlord Association. Through this relationship, the MHA is able to promote a better understanding about the benefits of Section 8 participation among persons in the rental housing business.

The MHA does not propose any specific resident initiatives for public housing. Currently, the MHA operates two elderly projects and does not own or manage low-income family units. As of August 1, 2000, MHA has had a resident on the MHA Board of Directors in accordance with their Resident Board Member Policy.

The MHA continues to do outreach and marketing efforts to local property owners. This is mainly done by sponsoring a landlord's newsletter and actively participating in the landlord association. The MHA has continued to distribute two pamphlets, "Respect Your Tenant" and "Respect Your Rental Unit." The MHA Section 8 continues to participate with the lead-based paint program to educate and inform tenants and landlords.

N. Monitoring Standards and Procedures

Standards and Procedures

The City intends to provide services and conduct activities, as outlined in this Consolidated Plan, as efficiently and responsibly as possible. Good record keeping and continuous monitoring of activities are central to the effective use of funds and the maximization of program benefits.

This document has identified several priorities dealing with affordable housing. Within each of these priorities, the City has listed several target populations and target areas that exhibit the most need. Specific programs are identified that address these needs. These

programs will be carried out by in-house staff or subcontracted to subrecipients, including HOME Program dollars allocated to the City of Council Bluffs for affordable housing programs, or contractors depending on the type of program and the capabilities of the organizations involved. Monitoring procedures, while similar overall for each project, will also have components specific to the program or project.

Monitoring the Activities of Subrecipients

The City of Omaha's monitoring efforts begin with the negotiation of individual contracts. Contracts must be written in such a way as to provide measurable performance criteria and administrative standards, all consistent with HUD guidelines and requirements. These guidelines include, but are not limited to, items such as budgets, time of performance/productivity measures, financial record keeping and audits, reporting, program income, uniform administrative and program management standards, equal opportunity requirements, labor standards, causes of default/termination, and reversion/disposition of assets.

Progress toward attainment of specified goals will be monitored throughout the contract term and any longer period specified. This is particularly important for subrecipients who are working under a long-term contract for services. Monitoring of subrecipients by City staff will include the combined use of tracking of compliance with key terms of the agreement/contract, contract-specific inventory of required monitoring areas, on-site reviews and audits, annual performance reports, and periodic status reports as necessary. Subsequently, recipients for each program will be evaluated with a risk assessment to determine the appropriate type of monitoring. Specific attention will be paid to the financial institution servicing the City's mortgage loans to guarantee that program income is accurately recorded, that the City's mortgage interest is protected, and that clients' needs are adequately served.

Violations, deficiencies, or problems identified during routine monitoring procedures will be addressed and corrected by providing the subrecipient/contractor with the necessary information or technical assistance. If the problem persists, sanctions will be imposed appropriate to the scale of the problem.

Monitoring of City of Omaha Self-administered Activities

In addition to monitoring the performance of subrecipients, the City has a monitoring system in place for projects/programs conducted by City staff. For new construction and rehabilitation projects, this includes a competitive bidding process, job-site inspections, responsible client and cost eligibility determination and underwriting criteria, conformance with National objectives, and a computerized database containing financial and demographic project information.

This computerized database allows City staff to analyze goal related performance in a number of areas: e.g., number of very low income clients, tenant composition in block grant funded rental projects, funds invested by census tract. By analyzing activity at this level, City staff can determine when and where needs are being met, areas/populations being under-served, and compliance with certain federal regulations.

Long Term Compliance with Program Requirements (including MBE and comprehensive planning)

City staff are also responsible for monitoring City and subrecipient compliance with a number of federal rules concerning labor standards, environmental standards, lead-based paint, minority and women business enterprise (MBE/WBE) recruitment, relocation and displacement, Section 504 and other fair housing standards, affirmative marketing and affirmatively furthering fair housing.

In cooperation with the City's Human Relations Department, this monitoring is conducted by a system of in-house checks and project reviews as well as a concerted ongoing effort to inform and educate all parties as to the content and importance of such federal rules and the consequences of violation.

The City will continue to invest significant staff time and effort to an ongoing and thorough monitoring process to insure that all funds are put to their best and most efficient use according to the priorities and goals identified and within the guidelines of the appropriate federal program.

