

**CITY OF ASHEVILLE
AND THE
ASHEVILLE REGIONAL HOUSING CONSORTIUM**

**CONSOLIDATED STRATEGIC HOUSING AND
COMMUNITY DEVELOPMENT PLAN**

2010-2015

**Submitted to the Citizens of Buncombe, Henderson, Madison
and Transylvania Counties
and the U.S. Department of Housing and Urban Development**

April 27, 2010

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EXECUTIVE SUMMARY

Introduction

This document sets out a framework for using federal HOME funds in Buncombe, Henderson, Madison, and Transylvania counties and Community Development Block Grant (CDBG) funds in Asheville. It explores needs in three main areas where these funds can be used: Affordable Housing, Homelessness, and Non-Housing Community Development. In each area it sets out priorities for the use of funds, suggests funding and other strategies that can be pursued to bring about desired results, and establishes specific performance targets to be achieved over the next five years. The Asheville Regional Housing Consortium and the City of Asheville subscribe to the Livability Principles as outlined in the federal Partnership for Sustainable Communities, and these principles serve as an additional context for the Plan presented here. See page 4 for more information.

The Plan meets the regulatory requirements of the U.S. Department of Housing and Urban Development (HUD), which manages both the CDBG and HOME programs.

Affordable Housing

Affordable housing has been the most important community development need in our area for the past ten years, and continues to be so. It is therefore the primary focus of the Plan. The 2009 Housing Needs Assessment and Market Analysis serves as the statistical basis for this section of the plan. Input from interested persons in public, non-profit and private sectors, as well as input from interested residents in each county of the Consortium was elicited. Slightly different priorities for each county resulted from this input. These will be used to develop project evaluation criteria that are specific to each county. However, it is clear that affordable rental housing development is the primary housing need throughout the Consortium, and that this housing most effectively serves low and moderate income households when it is located within existing neighborhoods, and close to or with easy access to jobs, schools and training, goods and services.

The Consortium region has experienced consistent economic growth during the past 10 years. Economic drivers in the consortium are varied, but *Health Care, Manufacturing, Tourism, and Population In-migration* have been the major areas of economic specialization. As a result the area has weathered most national and state economic downturns with minimal disruption, and enjoyed relatively consistent employment growth. In the current recession, jobs have been lost, but the unemployment rate in the region, while varying locally, has been significantly below the State unemployment rate. However, the only job growth in the past two years has been in the health care sector.

The area's workers have also continued to earn low wages, relative to the State and nation. The gap ranges from 12% below the state level in Buncombe County to 34% in Madison County. Wages lag even further behind the national average wage. These gaps have continued to widen over the past ten years.

Since 2000, the U.S. Census Bureau estimates the number of housing units in Buncombe County has increased by 14,431, or 15%, to a total of 108,795 in 2008. Over the same period of time the total population in the county increased by 22,039 or 10%. Growth in second homes exacerbated the demand and cost for sites for large new housing developments. Land prices continued to escalate, along with the prices of new and existing homes.

The economic recession has affected the general housing market. The region's booming housing market has slowed. However, the recession has not dramatically lowered the cost of housing, especially housing affordable to low and moderate income households. While many second homes and condominiums constructed in the past two years now sit empty, most are in higher price ranges. Foreclosure rates, although doubled since 2006, are half of the North Carolina rate and well below the national rate. Two thirds of all foreclosure and short sales listed in MLS in mid-2008 were for homes valued at over \$200,000.

Median house prices rose to a high of \$225,000 in 2008 to a value today of about \$187,000. However, this is still a 10% increase over the average of \$170,000 reported in 2005. Incomes have risen more slowly. The moderate income household in the region in 2009 could afford a house priced at approximately \$130,000 to \$150,000 (assuming no existing debt and enough savings for a substantial downpayment). Today's credit requirements have further limited the ability of that moderate income household to purchase. Homeownership remains effectively out of reach of most low and moderate income households.

There has been a significant change in the region and the country from homeownership to rental occupancy. While rents have risen more slowly than home sale prices, the number and percentage of rent-burdened households has increased dramatically since 2000. 41% of renters in the region are now cost-burdened, compared to 34% in 2000. Average rents in the region:

Average Apartment Rents- Buncombe County

	2004	2005	2006	2007	2008	2009
One Bedroom	\$615	\$631	\$656	\$677	\$673	\$648
Two Bedroom	\$702	\$714	\$746	\$784	\$780	\$754
Three Bedroom	\$786	\$822	\$852	\$1030	\$951	\$947

Source: RealData, 2004-2009

The recession has led to a slight reduction in rental rates in 2009 and an increase in vacancy rate, as reported by RealData. This appears to be the result of oversupply caused by the conversion of condo units to rentals and an upsurge in market construction in 2007-2008. However, demand for affordable units, and those located most centrally to jobs and services remains very high, with waiting lists. Recent tax credit development market studies have validated this demand, as they have indicated that new tax credit projects need capture only 5%-6% of qualified households' regional demand for full occupancy.

The demand for these units is not surprising. Of the 20 occupations providing the most employment in the region, only two pay an average wage sufficient to afford the fair market rental rate for all sizes of units. Six of the top seven occupations do not provide sufficient wages to pay for any size unit at fair market rents.

The number of renters who are cost burdened (housing costs exceeding 30% of household income) increased substantially, ranging from a 41% increase in Buncombe County to a 90% increase in Transylvania. The highest incidence of cost burdens is now in Henderson (46% of renters), the lowest in Madison (36%).

The priorities for affordable housing in this plan lean heavily towards providing rental housing for working people with low incomes, and for the elderly, disabled, and homeless. The City of Asheville created the Mayor's Affordable Housing Task Force in 2007, and accepted the Task Force's Affordable Housing Plan in 2008. Affordable rental housing development is the top priority of that plan as well.

The homeownership sector is not left out, but considering the amount of subsidy required per unit for conventionally constructed housing and the relatively shorter tenure of that subsidy, public funds will be most targeted to long-term affordable rental unit creation.

Homelessness

For the past five years, Asheville and Buncombe County and a network consisting of people experiencing homelessness, housing and services providers, faith groups, businesses, and advocates have collaborated with the Homeless Initiative, which implements the Asheville Buncombe 10 year Plan to End Homelessness. This collaboration has adopted the nationally accepted best practice of Housing First as a model to address homelessness. In this model, housing plus services that help people obtain and maintain that housing are used as the primary intervention to end homelessness. Specifically, efforts seek to prevent loss of housing, aid people newly experiencing homelessness rapidly get back into housing, and provide permanent housing and supportive services for people experiencing chronic homelessness.

The implementation of the 10-Year Plan to End Homelessness has significantly increased the number of persons who had previously experienced chronic homelessness who are now housed. In addition, the number of persons who are chronically homeless has decreased by 45% since 2004, despite an increase in population, economic recession and State budget cuts that have imperiled programs designed to support people with severe and persistent mental illness. There remains a greater need for prevention and housing stabilization services than what can be supported with existing funding.

Strategies outlined in the Homelessness chapter of this plan call for financial rental assistance and housing stabilization services that will effectively sustain permanent, supportive housing, homelessness prevention and rapid re-housing programs. To ensure outcomes are met, strategies also support universal data-collection and analysis through the Homeless Management Information System (HMIS).

Non-Housing Community Development

The CDBG funds available to the City of Asheville are available for a wide range of activities benefiting low-income people or eliminating urban blight, including public services, public facilities and infrastructure, housing rehabilitation, and economic development. The City has supported this wide range of activity in the past five years, with investments in public facilities and infrastructure, expanded public services, direct support to non-profit housing development organizations in Asheville,

and support for entrepreneurship training and micro-business development. These supports will continue. They form the foundation of support for critical community priorities and infrastructure. With wage inequities and current recessionary job losses, the need for additional economic development inputs, including training and support for living-wage employment generators, is necessary. The lens of sustainability is applied here as well, as public funding support for job creation will focus on those sectors of the economy that show the best prospects for being able to sustain job growth, and help steer the economy towards sustainability. This lens will also be applied to locational issues, as we examine the relationship between housing, transportation and economic development.

The priorities and strategies recommended through our citizen participation and leadership consultation process address the following issues:

- ? Supporting infrastructure and services that create and sustain affordable housing and energy efficiency
- ? Increasing job viability for persons, especially youth, from low-wealth neighborhoods
- ? Creating jobs that pay a living wage
- ? Supporting small business development

Sustainability

The cost of housing, while a key element, is not the only condition that needs to be examined when assessing affordability. It is now recognized that transportation costs must be included to determine the affordability of housing. Additionally, rising energy costs, the costs for providing and maintaining infrastructure, the location of jobs, schools and services, the cost of maintaining a clean environment, all affect affordability. Although less tangible, the inter-generational support found in strong neighborhoods, the utility of the housing unit to enable aging in place, the importance placed on health and the accessibility to health care and healthy lifestyles, and other livability factors all affect affordability. When taken together, these elements determine the sustainability of our communities, and are all important factors in community development.

Recognizing this, the US Department of Housing and Urban Development (HUD), US Environmental Protection Agency (EPA) and US Department of Transportation (DOT) signed a memorandum of understanding in May of 2009 to establish the Partnership for Sustainable Communities. Through the programmatic agreement, these three federal agencies agreed on six Livability Principles. These principals are:

1. **Provide more transportation choices.**
Develop safe, reliable and economical transportation choices to decrease household transportation costs, reduce our nation's dependence on foreign oil, improve air quality, reduce greenhouse gas emissions and promote public health.
2. **Promote equitable, affordable housing.**
Expand location- and energy-efficient housing choices for people of all ages, incomes, races and ethnicities to increase mobility and lower the combined cost of housing and transportation.

3. **Enhance economic competitiveness.**
Improve economic competitiveness through reliable and timely access to employment centers, educational opportunities, services and other basic needs by workers as well as expanded business access to markets.
4. **Support existing communities.**
Target federal funding toward existing communities - through such strategies as transit-oriented, mixed-use development and land recycling - to increase community revitalization, improve the efficiency of public works investments, and safeguard rural landscapes.
5. **Coordinate policies and leverage investment.**
Align federal policies and funding to remove barriers to collaboration, leverage funding and increase the accountability and effectiveness of all levels of government to plan for future growth, including making smart energy choices such as locally generated renewable energy.
6. **Value communities and neighborhoods.**
Enhance the unique characteristics of all communities by investing in healthy, safe and walkable neighborhoods - rural, urban or suburban.

The Asheville Regional Housing Consortium, City of Asheville, Land of Sky Regional Council of Governments and other local and regional partners have been incorporating sustainability into their planning and project implementation process for many years. Some examples include the City of Asheville's 2005-2025 Master Plan, The City's Wilma Dykeman Riverway Plan, and its 2009 Sustainability Plan. Regional plans include the 2008 regional Comprehensive Economic Development Strategy, 2009 Regional Transportation Plan and this and past Consolidated Plans. The City of Asheville and its partners consider these efforts evidence of a regional commitment to building sustainable communities, and together these plans and processes serve as our regional sustainability plan.

Sustainability is a key goal in this plan, and will be incorporated into all the strategies used to accomplish this plan.

SUMMARY OF RECOMMENDED PRIORITIES

A. Affordable Housing – by County

Buncombe County (including Asheville)

Highest Priorities

The highest priority for the use of HUD funds will be to provide affordable rental housing, particularly for households earning 60% of median income or less. We will seek to coordinate housing development with transportation, jobs, and services, and make efficient use of land and infrastructure. We will emphasize high quality, energy efficient, environmentally friendly designs.

We will work to house those with special needs - the homeless, the frail elderly, persons with mental illness, and people with disabilities and help them succeed through support services coordinated with housing development.

Additional Priorities

We will target low wealth neighborhoods for improvements that will improve housing conditions and create stronger communities. We will preserve existing housing and focus preservation efforts to make both rental and ownership housing affordable and promote long term affordability of rental housing. We will promote homeownership.

Henderson County

Highest Priorities

The highest priority for the use of HUD funds will be to provide affordable rental housing, particularly for households earning 60% of median income or less. We will seek to coordinate housing development with transportation, jobs, and services, and make efficient use of land and infrastructure. Emphasize high quality, energy efficient, neighborhood compatible designs.

We will work to house those with special needs - the homeless, the frail elderly, persons with mental illness and people with disabilities, and help people succeed through support services coordinated with housing development.

Additional Priorities

We will focus housing preservation efforts to make both rental and ownership housing affordable and seek to preserve existing housing stock.

We will raise community awareness of the need for affordable housing and work to preserve long-term affordability. We will promote homeownership.

Madison CountyHighest Priorities

Our highest priority for the use of HUD funds will be to provide affordable rental housing, particularly for households at 30% to 60% of median income. We will increase new affordable homeownership through modular/stick-built construction.

We will preserve existing housing stock through rehabilitation and focus housing preservation efforts to make both rental and ownership housing affordable.

Additional Priorities

We will coordinate housing development with transportation, jobs, and services, and make efficient use of land and infrastructure. We will help those with the greatest needs (Includes the homeless, people with very low incomes, the frail elderly, and people with physical and/or mental disabilities).

We will raise community awareness of the need for affordable housing and seek to preserve long term affordability.

Transylvania CountyHighest Priorities

Our highest priority for the use of HUD funds will be to make efficient use of available land and infrastructure and increase the affordable housing stock by investing in new construction of both affordable rental and homeownership housing.

We will emphasize high quality, energy efficient, neighborhood compatible designs. We will help those with special needs – the homeless, the frail elderly, and people with disabilities.

Additional Priorities

We will raise community awareness of the need for affordable housing. We will seek to preserve long-term affordability.

B. HomelessnessHighest Priorities

We will end chronic homelessness and reduce all types of homelessness over the next five years by investing resources in a coordinated, sustained effort that addresses the underlying causes of homelessness.

We will provide financial rental assistance and housing stabilization services to households that are homeless, or at risk of homelessness on a short, medium, and long-term basis depending on need; these actions will prevent chronic homelessness in the most fiscally responsible way.

Additional Priorities

We will create permanent housing units accessible to persons experiencing homelessness.

We will collaborate with the community to use resources efficiently & effectively.

We will evaluate outcomes and needs to develop efficient and effective strategies by collecting and analyzing data through the Homeless Management Information System (HMIS).

C. Non-Housing Community Development

Highest Priorities

Our highest priority for the use of HUD funds will be to provide needed services that directly support affordable housing and increased employment opportunities. We will develop infrastructure that will strengthen existing neighborhoods, and make them sustainable, by connecting people to jobs, education and services through transportation improvements.

Additional Priorities

We will provide incentives to small businesses that will hire and retain living wage workers, especially in fields promising job growth, and provide accessible job training and placement for such employment.

We will support youth mentoring, after school education and other youth services as part of neighborhood revitalization.

We will support development of and improvement of multi-use community centers that provide recreation, education and other community services.

SUMMARY OF PERFORMANCE TARGETS

The following targets are for outputs of Activities directly assisted with CDBG or HOME funds, over the five year period of the Plan. For each *output*, specific measurable targets for *outcomes* have also been developed and are set out in the relevant Chapters.

A. Affordable Housing

1. New construction (or conversion) for rental – 500 units
2. Assistance with rent and/or relocation costs – 250 units.
3. Rehabilitation or repair of owner-occupied units – 200 units
4. Rehabilitation of existing rental units - 125 units
5. New construction for homeownership - 75 units
6. Homeownership assistance only (“downpayment assistance”) – 50 units

Total units: 1,200

B. Homelessness

1. People experiencing chronic homelessness receiving supportive housing stabilization services: 484 Persons between 2010- 2015.
2. Persons who are homeless or at risk of homelessness receiving housing stabilization services: 9,000 Persons between 2010 – 2015.
3. New units for people experiencing chronic homelessness:75 additional units by 2015.
4. People accessing permanent, supportive housing remaining in housing for 6 months or more: 432, or 95% of people accessing permanent, supportive housing 2010-2015.
5. Persons in transitional housing who will move into permanent housing : 954, or 72% of people exiting transitional housing 2010-2015.
6. Persons experiencing chronic homelessness accessing permanent, supportive housing who will have employment: 200 people, or 22% of those persons.
7. Persons experiencing chronic homelessness accessing permanent, supportive housing who qualify will have SSI/SSDI:180 people, or 80 %
8. Bed coverage in HMIS will be 75% for all housing types, and data quality will be sufficient to allow the community to participate in all applicable shells of HUD’s Annual Homeless Assessment Report.

C. Non-Housing Community Development

For each *output*, specific measurable targets for *outcomes* have also been developed and are set out in Chapter 4.

1. Transportation/Greenway/Infrastructure Improvements - 5000 linear feet
2. Community Center Improvements - 2 Projects
3. Transportation Accessibility - 4 projects
4. Financial, Housing and Family Support Services - 6,000 persons
5. Homeless Services - 7,500 persons
6. Youth Services - 400 persons
7. Small Business Job Creation and Retention- 75 persons
8. Micro-Enterprise Assistance- 200 persons
9. Job Training- 200 persons

CHAPTER I – INTRODUCTION

1 - BACKGROUND AND PURPOSE OF THE STRATEGIC PLAN

What is this Plan?

The City of Asheville receives annual entitlements of federal funds under two programs administered by the U.S. Department of Housing and Urban Development (HUD). They are the Community Development Block Grant program (CDBG) and the HOME Investment Partnerships Act Program (HOME). In fiscal year 2010-2011, these programs will bring an estimated \$2,800,000 of federal funds into our area to provide affordable housing, economic opportunities and other benefits for low-income people in Asheville and surrounding counties.

Every five years, the City prepares a Consolidated Strategic Plan, with help from residents, other local governments, and interested groups. This sets out needs and priorities for housing and community development activities for the next five years, strategies to be pursued, and performance targets to be achieved through CDBG- and HOME-funded activities.

This document is the Consolidated Strategic Housing and Community Development Plan for the City of Asheville and the Asheville Regional Housing Consortium for the five year period: July 1, 2010 through June 30, 2015.

In addition, the City must prepare an annual Action Plan that describes in detail how funds are to be used over the next 12 months. The Action Plan for 2010-2011 is being submitted simultaneously with this Strategic Plan, but under separate cover.

The Community Development Block Grant Program

The CDBG program serves the City of Asheville only. CDBG funds can be used for a very wide range of activities that provide “decent housing and a suitable living environment and expanding economic opportunities”, but every CDBG-funded activity must either benefit low-income persons¹ or eliminate slum and blight.

The HOME Program

HOME funds serve a four-county area made up of Buncombe, Henderson, Madison, and Transylvania Counties. They can be used only to create or preserve affordable housing for low-income persons¹. The program is managed by the City of Asheville, acting as Lead Agency under the direction of the Asheville Regional Housing Consortium

¹ For the purpose of this plan a “low-income person” is a member of a household whose income is less than 80% of area median income adjusted for family size; “very low income” refers to persons with income less than 50% of AMI; and “extremely low income” refers to persons with income less than 30% of AMI.

Contents of the Plan

After an initial overview of community characteristics, the plan is divided into four main Chapters:

- ? Affordable Housing (including public housing)
- ? Homelessness
- ? Non-Housing Community Development, covering public facilities and infrastructure, public services, historic preservation, and economic development.

The first two of these chapters deal with the whole consortium area, while the third deals only with Asheville, since only CDBG funds can be used to address these needs and CDBG funds can only be used within the City of Asheville. Each chapter describes existing needs, determines priorities for action, lists proposed strategies, and sets performance targets.

The Appendices contain maps, some additional specific details required by HUD, comments received, the cost of the planning process, and a glossary of terms used in the plan. The Housing Needs Assessment is published as a separate companion document.

2 - THE CONSOLIDATED PLANNING PROCESS

How We Approached it

The Consolidated Strategic Plan is intended by HUD to be a community-wide process that shapes housing and community development processes into an effective and coordinated set of strategies. It creates an opportunity for citizens and government to review local community needs and assets in a comprehensive way, with linkages to the wider region, and to plan coordinated actions without duplication of efforts.

The planning process addressed the primary areas required by the HUD regulations: affordable housing (including public housing), homelessness, and non-housing community development, with the greatest emphasis on affordable housing. Within these areas, we attempted to bring in a wide range of community input. While HUD regulations require, at the minimum, a consultative process of providing information and seeking comments on the plan in draft form, the City has reached out to diverse stakeholders throughout the Consortium in developing the priorities for this Plan.

Recognizing that the Consortium is composed of diverse communities with differing needs, key elements of the Affordable Housing component have been developed and are presented separately for each of the four counties comprising the Consortium. This continues the methodology followed in the 2005-2010 Plan.

Oversight – The Steering Committee

Responsibility for preparing the Strategic Plan lies with the City of Asheville, as the Consortium’s “lead entity”. However, the Asheville Regional Housing Consortium Board acted as the Steering Committee, directing and overseeing the planning process. The Board consists of representatives of each member government within the Consortium and normally meets about six times a year, to oversee the use of HOME funds. Its work on the Strategic Plan started early in 2009 when it approved the outline for the planning process, the budget, and timeline. It oversaw and approved the selection of outside consultants, and received presentations on the progress and findings of the Housing Needs Assessment, and the public participation process. Finally it reviewed and approved the draft Plan before submitting it to Asheville City Council for final approval.

Citizen Participation –Focus Groups and Public Meetings

The most important elements in each section of the Plan are the priority needs and strategies. The priority needs will be used in allocating CDBG and HOME funds each year, by providing an evaluative tool to assess funding applications according to how well they address the needs. The strategies set out methods for implementing the priorities over the five-year life of the Plan, through direct funding and in other ways. They are intended to be inclusive and non-binding; new strategies may be adopted as circumstances and opportunities develop and not all the strategies will necessarily be implemented.

The changed nature of both local and national economic conditions in the past five years made extensive citizen participation an essential element of this plan. In November and December of 2009, City staff conducted focus groups of housing advocates, developers and administrators from the public sector, private sector and non-profit sector in each of the four Consortium counties, spending a day in each county with those groups, and then conducting an evening public hearing for residents in each County. City staff also conducted focus groups in the City of Asheville around public services and facilities, and economic development, and held an Asheville public hearing. In total, 113 people participated in the focus group and public hearing process. The notes from those groups and public hearing minutes are in Appendix C. That public input was incorporated into the draft Consolidated Plan.

Additional public input was solicited through an on-line survey, prepared by the City's Community Development Division. Two surveys were published: a housing priorities survey, and a non-housing community development priorities survey. Both were published in mid-February, 2010. A participation link was emailed to all who attended a focus group or public meeting in the fall of 2009, as well as those who were contacted for participation but could not attend. A link to the surveys was published in the News section on the Home page of the City of Asheville web site, and all participating jurisdictions in the HOME Consortium were asked to publish it on their home pages. The link was publicized by local media. 149 responses to the housing survey and 80 responses to the non-housing survey were received and tabulated. The results of that survey are presented in Appendix C.

The Draft Plan was widely distributed in March of 2010. It was posted on the City's web site, and its availability was noticed through email to all who attended the fall's events, those who were invited but could not attend, and to the general public through newspaper notices. A public meeting on the draft plan was held in each county during the month of April. A summary of each meeting and attendance lists are in Appendix C.

Public comments were incorporated into the final draft. That final draft availability was distributed to the persons and through the methodologies described above, with official notice made on March 28, 2010. Approval of the final draft was recommended to the Asheville City Council by the Asheville Regional Housing Consortium on April 13, 2010. A formal public hearing was conducted by the Asheville City Council on April 27, 2010.

Contracted Work

The work of preparing a Housing Needs Assessment and Market Analysis for 2010 was contracted to a team of consultants led by Charlotte Caplan. Their report is contained in a separate companion volume.

Formal Consultation and Plan Approval

Details of the consultation process are set out in Appendix C. After the draft Plan was published on March 28, 2010, a final public hearing was held in front of Asheville City Council on April 27. The plan was approved by the Asheville City Council on April 27, 2010.

Monitoring and Reporting

Each section of the Plan includes specific, measurable targets for both outputs and outcomes from our activities over the next five years. **Outputs** measure what we have done, e.g. “45 housing units rehabilitated or repaired”. **Outcomes** measure benefits to the community, e.g. “285 unit-years of extended housing life”.

In addition to adopting targets for our Plan as a whole, we require every agency that receives HOME or CDBG funding to establish its own output and outcome measurements and targets.

Every year we will review and report on what has been achieved during the previous program year, which runs from July 1 to June 30. This report – the Consolidated Annual Performance and Evaluation Report (CAPER) – is available in draft form for comment in September each year, and published in October. The CAPER includes details of the year’s outputs and outcomes. There is a page of detail on each active project, maps showing the location of projects, financial data, and other program information.

The CAPER includes a self-evaluation section, in which we review progress towards meeting the five-year targets, discuss any weaknesses, barriers to progress, or new opportunities, and indicate how strategies may be changed as a result.

The City’s policy for selecting and monitoring agencies that receive CDBG and HOME funds is set out in Appendix E. A plan for monitoring specific programs is included in each year’s Consolidated Action Plan.

3 – COMMUNITY DESCRIPTION

The Consortium Area

Physical Characteristics

Four western North Carolina counties comprise the Asheville Regional Housing Consortium area: Buncombe, Madison, Henderson, and Transylvania. The same counties make up the area of the Land of Sky Regional Council of Governments, or North Carolina Region B. The total land area is 1,867 square miles (1,187,904 acres).

The region is a river basin between the Blue Ridge and the Great Smoky Mountains, bounded by mountains 3000-6000 feet in height. The boundaries of the region closely follow the watershed boundaries of its main watercourse, the scenic French Broad River. Mountain ridges also form natural barriers throughout the region, defining individual communities.

Local Government

In addition to the four county governments, there are 15 incorporated municipalities within the Consortium. The City of Asheville is the principal urban center (2008

population estimate – 74,543), followed by Hendersonville (12,005) and Brevard (6,716). Asheville, Hendersonville, and the corridor connecting them contain the majority of the region’s commercial, industrial, and public activities; the highest density of housing; the most developed transportation and utilities; and the highest concentrations of both low-income and minority residents. Brevard is the principal urban center and seat of government in Transylvania County, while Madison County has three towns of similar size: Marshall, the county seat, (832), Mars Hill (1,772), and Hot Springs (638). All four counties and 12 of the municipalities are members of the Consortium.

Population Trends

The total estimated 2008 population of the Consortium is 376,554. The Consortium’s population grew by 9.31% between 2000 and 2008, less than the state’s growth during that time (12.26%) and very close of the national growth rate (9.1%). Henderson County had the greatest growth at 12.55%, Transylvania County the least at 2.04%. Buncombe’s County growth was 9.53%. Because of its natural beauty, mild four-season climate, cultural assets, and accessibility, the region is very attractive to people seeking to relocate. In particular it has seen a significant net inflow of people at or near retirement age in comfortable financial circumstances.

Population, 1980 - 2008

Year	Consortium	Asheville	Buncombe County	Henderson County	Madison County	Transylvania County
1980	259,758	54,022	160,934	58,580	16,827	23,417
1990	286,579	61,607	174,821	69,285	16,953	25,520
2000	344,472	68,889	206,330	89,173	19,635	29,334
2008	376,554	74,543	229,047	102,367	20,432	30,187

Source: US Census 1980, 1990, & 2000. American Community Survey, 2006-2008

The projection of population growth, above, is from the American Community Survey. Results from the 2010 Census are awaited.

Composition by Race

The estimated minority populations in the Consortium area according to the 2006-2008 American Community Survey are between 10% (Henderson County) and 3.4% (Madison County), which is small compared with the state as a whole. Most of the minority population lives in central Asheville and Hendersonville. The most numerous minority group in every county was African-American. The number of African-Americans living in the City of Asheville appears to have decreased, while the number of African-Americans living in Buncombe County outside of Asheville has increased.

In contrast, the ethnically Hispanic or Latino population increased by 300%, from 0.7% in the 1990 Census to 2.8% in 2000, and this increase. Moreover, Census counts are believed to under-report the actual population because of undocumented immigration and distrust of government. The number of persons of Hispanic ethnicity in Buncombe and Henderson Counties appears to have increased by almost 70% between 2000-2008.

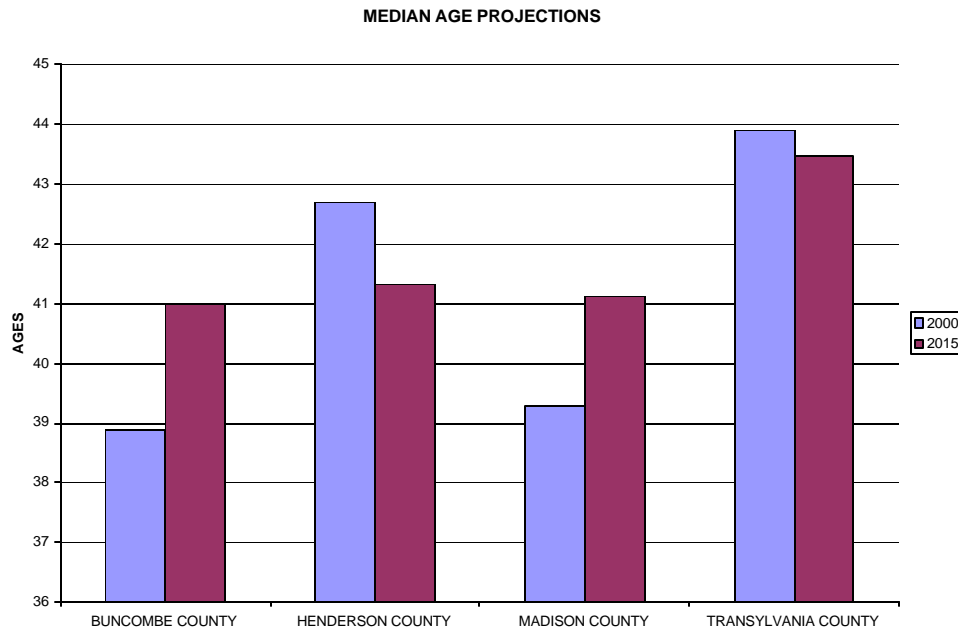
Age Trends

According to NC State Office of State Budget and Management projections, the 25-44 age group will show the highest numerical increase from 2008- 2015, but will show the lowest percentage increase among age groups. The 55-64 age group will show the highest percentage increase. The 65-74 age group is also rapidly increasing. Continuing increase in the oldest population, age 85 and above, can also be expected. These people have the greatest need for housing with supportive services. Median age is projected to increase in Buncombe and Madison counties over the same period, and decrease in Henderson and Transylvania Counties.

Projected Age Distribution for the Consortium Area

Age Group	2000 Census	2009 Estimate	2015 Projection	Percent Change 2000-2015
Under 18	73,825	79,446	87,336	18%
18-24	27,860	31,132	36,600	31%
25-44	95,733	95,841	106,580	11%
45-54	49,593	54,892	58,397	18%
55-64	36,932	48,047	56,473	53%
65-74	31,391	32,587	41,796	33%
75-84	21,724	25,395	22,556	4%
85 and over	7,414	9,253	10,521	42%
Total	344,472	376,593	420,259	22%

Median Age Projections



Source Data: NC State Data Center

Economic Conditions

In the past 15 years, the region has generally enjoyed a buoyant economy with unemployment rates running well below the state and national averages. The region is buffeted by the current recession, although its unemployment rates are below North Carolina and national rates.

There are distinct differences, however, within the region. Most of the region's jobs lie in the "Regional Growth Corridor" which runs north-south through the middle of the region. With just 30% of the region's land area, the corridor contains approximately two-thirds of the region's population, and 77% of the jobs. Development elsewhere in the region is heavily restricted by steep terrain and large tracts of federally owned land (national forests and the Blue Ridge Parkway).

The current recession has made past projections of unemployment irrelevant. The current regional unemployment rate is 9.6% (2/10) compared to North Carolina's rate of 11.2% and the US rate of 9.7%,

The region has followed the national trend of loss of jobs in the manufacturing sector and rapid growth in the educational, health, and social services sector. While construction jobs increased in the mid 2000's, there has been a recent steep decline in construction work. Healthcare, tourism and the strong housing market have been the main engines for job growth.

Incomes

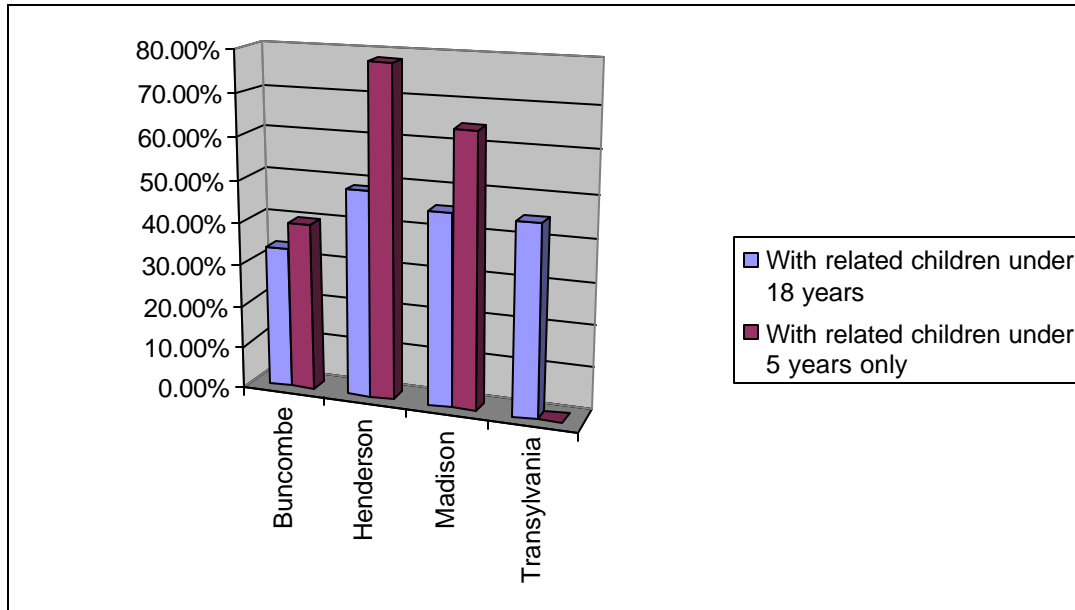
Information provided by the Asheville Area Chamber of Commerce indicates that income growth stayed strong in the region for the period 2000-2009, with an average annual income growth of almost 2.7%. Projections through 2014 indicate the rate of growth will slow to an annual rate of 1.5%.

Wages and incomes continue to lag behind the state and nation, although not as much as in 2000. The median hourly wage in the Asheville MSA is 12.9% below the national median, and 5.6% below the state. This is approximately half the gap reported in 2005. Although we do not have new data, we believe that, as reported in 2005, non-earned income is increasingly replacing wages and salaries as the principal income source, possibly reflecting the large numbers of people living on retirement incomes. By 2002, non-earned income was about 65% of total income in the Asheville MSA, compared with 45% nationally and 50% for the state¹.

In 2007, Henderson County had the lowest level of poverty at 10.9%, and Madison County was highest at 16.2%. The level of poverty in Buncombe County appears to have increased between 2005-2007, standing at 14% in 2007. Most affected by poverty throughout the region are single female heads-of-households with minor children.

¹ Asheville Area Chamber of Commerce: 2004 Asheville Metro Economy Outlook

Poverty Rates for families with female heads of households



The City of Asheville

The City of Asheville is by far the largest city in the region and serves as the regional center for the 16 westernmost counties in North Carolina.

Physical Characteristics

Asheville is situated in a gap in the Blue Ridge Mountains on a bluff above the confluence of the French Broad and Swannanoa Rivers. Its topography is rolling and deeply cut by numerous small ravines. A mountain ridge several hundred feet high forms a barrier just east of the central business district. Street connections within the City are often circuitous. The construction of the I-240 expressway around the north side of downtown in the 1960s enormously assisted traffic flows, but slashed through low-income residential neighborhoods, demolishing homes, severing pedestrian routes between neighborhoods and downtown, and permanently changing the character of the City.

The City has expanded by annexation, from its original circular core (4 miles across in 1882), into all the surrounding lowland areas, except the Biltmore Estate to the south. The southward march of commercial and residential development down Highways 25 (Hendersonville Road) and 191 (Brevard Road) has now almost encircled the Estate. Annexation continues in small, carefully planned steps, as the City increases its capacity to serve developed areas on its boundaries.

History

First incorporated in 1797 as a trading post, Asheville grew rapidly after the railway arrived in 1880. It became noted as a summer tourist center and year-round health resort. The construction of Biltmore House in the early 1890s was another stimulus to the local economy. This economic heyday continued until the 1929 financial crash. Asheville, which had made huge investments in municipal building and infrastructure

in the 1920s, entered the great depression with the largest per capita municipal debt of any city in the nation, a legacy that dominated the City's finances until the last pre-depression bond was paid off in 1976. The City still feels the consequences of neglect of infrastructure during those post-depression years but has benefited from the preservation of many downtown historic buildings that might otherwise have been demolished.

By the 1970s, the Central Business District and inner city neighborhoods were showing the consequences of neglect and middle class suburban flight that were common in cities across the nation. Through the use of Urban Renewal grants and other federal funding that was then relatively plentiful, the City's Redevelopment Agency engaged in extensive redevelopment programs, buying property, demolishing dilapidated structures, building new streets and infrastructure, and selling hundreds of "dollar lots" to low-income families to build their own homes. This created a much less dense, more suburban, pattern of both commercial and housing development that was then considered desirable. It also led to relocation of many very low-income, mainly African American, families from the blighted areas to other neighborhoods, including public housing. Downtown redevelopment also started in the 1970s, and by the mid-1990s the combined effects of public and private re-investment had given Asheville's downtown a national reputation for economic, social, and cultural vitality.

As a result Asheville now has no large blighted residential areas. Remaining patches of blight are being addressed through a series of small area plans. In some areas, such as the West-End/Clingman Avenue neighborhood, these plans have been very successful, in others, such as the South Pack Square commercial area, much less so. The key difference seems to be the extent to which local residents and other stakeholders are supportive or suspicious of plans and specific implementing proposals.

Population

Demographically, Asheville shows distinct differences from the surrounding rural and suburban areas of Buncombe County.

Population by race (2006-2008 American Community Survey 3-Year Estimates)

2006-2008	Total	White	African-American	Asian	American Indian	Other	Hispanic (any race)
Asheville	75,640	62,227	12,026	1,036	718	1,045	3,328
Asheville	100.00%	82.27%	15.90%	1.37%	0.95%	1.38%	4.40%
Non-Asheville, Buncombe County	150,352	142,730	5,600	1,692	1,847	1,296	6,333
Non-Asheville, Buncombe County	100.00%	94.93%	3.72%	1.13%	1.23%	0.86%	4.21%

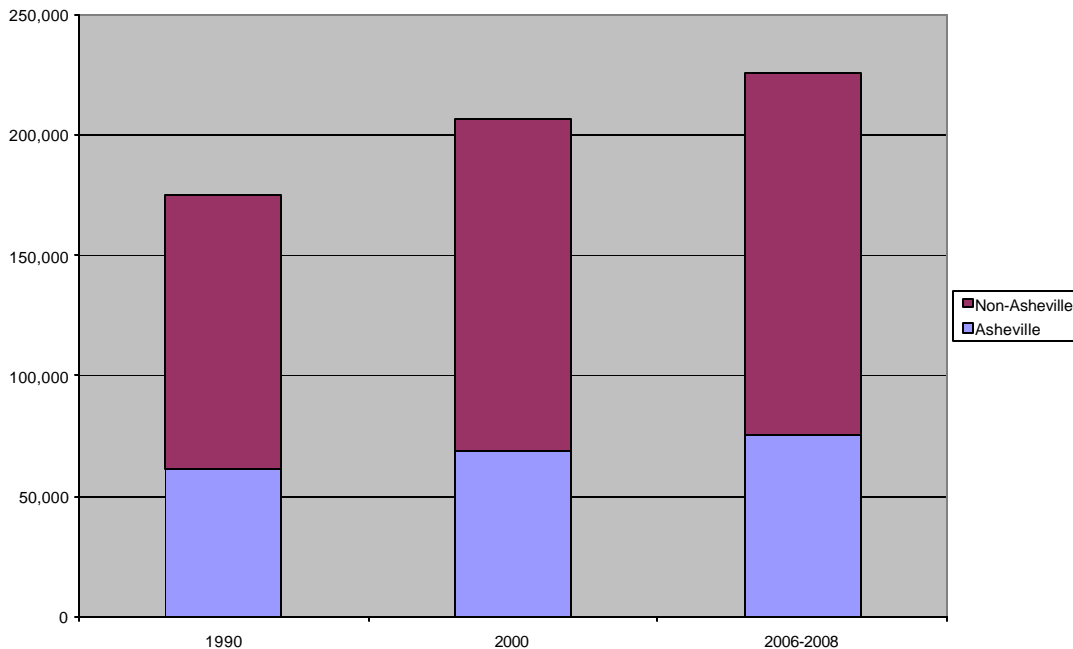
Asheville is not only the largest population center in the Consortium (indeed in Western North Carolina); it is also the center of the region's African American population, with an estimated 52% of the Consortium's African Americans living in the City in 2008. However this percentage was 63% in 2000. With an estimated 76% of the regional African Americans living in Buncombe County, it appears that there has been some movement from historical population patterns.

Population Growth

Asheville’s population growth in the past 25 years has been largely the result of annexation. The population of inner city census tracts declined from 1980- 2000, except for the Central Business District, where growth was attributed to the development of downtown condominiums for the middle class, and a much larger prison population and homeless population. The most significant regional growth has taken place in the unincorporated areas of Buncombe County.

Population growth in Asheville and Buncombe County

Figure 4: Population growth in Asheville and Buncombe County



Source: US Census

Incomes

Buncombe County had an estimated poverty rate of 13.3% in 2008. In 2000, the majority of those living in eight of Asheville’s 24 significantly populated census tracts had less than 80% of area median income. Although the Housing Authority of the City of Asheville serves the whole of Buncombe County, all of its public housing units are located within Asheville, and so also are the majority of institutions that house low-income people such as homeless shelters and group homes. (An even more marked disparity between city and county exists between Hendersonville and Henderson County). One result is a much lower rate of homeownership in Asheville (and Hendersonville) than in the rest of the Consortium.

Economic Conditions

The economy of the City of Asheville is reviewed in the Chapter on Non-Housing Community Development.

CHAPTER II - AFFORDABLE HOUSING

1 - SUMMARY OF HOUSING NEEDS ASSESSMENT AND MARKET ANALYSIS

Introduction

The City of Asheville commissioned a Housing Needs Assessment and Market Study for the Consortium from a team of professionals in housing and demographic analyses. Charlotte Caplan, former City Community Development Director, was the lead consultant. Her team included Thomas Tveidt of Syneva Economics and Angela DesVoigne, an MLS Broker who has community development experience. The entire study forms a companion volume to this Plan. The Executive Summary is included below.

The Housing Needs Assessment provides a detailed and quantitative overview of housing demand and supply for each County in the Consortium. It addresses the specific housing needs of low-income people, the elderly, racial and ethnic minorities, and people with special needs, and also projects affordable housing needs for the next five years. A set of tables in the Appendix provides a wealth of supporting information.

The Housing Needs Assessment and Market Analysis is available on the City of Asheville's web site or in printed form on request.

Executive Summary

Purpose

This study examines the housing market and the specific housing needs of low income households in the four counties that make up the Asheville Regional Housing Consortium: Buncombe, Henderson, Madison, and Transylvania. It is intended to provide a factual and quantitative background to the Consortium's next Consolidated Strategic Plan covering the period July 2010 to June 2015. The study does not indicate priority areas or make recommendations for strategies to be pursued: that belongs to the planning process. It does include a section on barriers to affordable housing and potential strategies that emerged during interviews with local government staff and housing professionals.

Methodology

The previous Needs Assessment, performed in late 2004 based its findings on data from the 2000 decennial census. This study focuses on changes since 2000 using new information from the U.S. Census Bureau's American Communities Survey for 2005-2007. The ACS collects sample data each year and combines them into rolling three-year estimates. The first multiyear estimates were based on ACS data

collected from 2005 through 2007², and are available for geographic areas with a population of 20,000 or more. Because they are based on samples, all the data is subject to sampling errors, which are most significant for small populations, especially numbers less than 1000. Errors add up when changes are calculated from two numbers, so that apparently large changes in relatively small populations should be viewed with caution.

It should also be noted that the ACS data reflects conditions before the start of the national housing crisis and current economic recession in 2008.

In some sections of the report we have been able to obtain data from other reliable sources, some of which are more recent than ACS. We also carried out numerous interviews with professionals in the housing field to gather both quantitative data and their informed views on needs, barriers and strategies.

Key Findings

A. Demographic & Economic Indicators

Stable population growth. All consortium counties have experienced stable and consistent population growth over the last eight years; with annual growth rates ranging from 0.3% in Transylvania County to 1.6% in Henderson County. Domestic in-migration has been the main source of net population change, followed by international in-migration. Natural growth (births over deaths) has been positive only in Buncombe County.

Consistent economic growth. Economic drivers in the consortium are varied, but *Health Care, Manufacturing, Tourism, and Population In-migration* have been the major areas of economic specialization. As a result the area has weathered most national and state economic downturns with minimal disruption, and enjoyed relatively consistent employment growth.

Low wages. Wages in the consortium remain below the state and nation. The gap ranges from 12% below the state level in Buncombe County to 34% in Madison. Wages lag even further behind the national average wage. These gaps have continued to widen over the past ten years.

Falling homeownership rates. The proportion of housing that is renter occupied has increased in all the counties over the period.³ Although the home ownership rate remains high, from 68% in Buncombe to 76% in Henderson, it has dropped by 2 to 4 percentage points since 2000. This runs counter to the nationwide trend of increasing homeownership rates.

Increasing vacancy rates. Vacant housing has increased in all counties. Rates in Buncombe and Henderson counties remain similar to the state and nation, but rates

² ACS data for 2006-2008 were published in late October 2009, too late to be incorporated into this study.

³ Unless stated otherwise “the period” means from 2000 to 2005-2007, the dates for which reliable census information is available.

in Madison and Transylvania are significantly higher; perhaps indicating the presence of larger second home markets.

Changing household structures. Households headed by a married couple are still the majority in owner occupied housing, but single parent households and “*nonfamily households*”, have increased strongly in most counties. Renter households show even more diversity in household types. Average household size continues to fall in all counties, down to 1.73 in Transylvania.

B. Homeownership Market

Rise and fall of house prices. Median house prices peaked in 2007 then fell. The most dramatic changes were seen in Transylvania. But this did not translate into increased opportunities for lower-income buyers. Prices declined mainly at the upper end of the market and tighter underwriting requirements by lenders have kept many buyers out of the market. The number of homes sold below \$150,000 has declined steadily since 2005.

Increased foreclosure rate. Foreclosure actions have almost doubled in the past three years with the highest rate in Buncombe and the lowest in Transylvania. But the rate in the Consortium is only about half the statewide rate, and the state is well below the national rate. We found no evidence that foreclosures are causing visible blight or a localized drop in home values in any neighborhoods.

Increasing affordability problems for existing homeowners. Cost burdens have increased over the period and now affect between 19% and 25% of home owners, with the highest rate in Buncombe County.

Increasing affordability gap for homebuyers. Despite the recent decline in median house prices, the median remains well above what a 4-person household at 80% AMI can afford. Data available only for Buncombe shows a continuing increase in the amount of subsidy or downpayments assistance needed by homebuyers below 80% AMI.

C. Rental Market

Increasing affordability problems for renters. The number of renters who are cost burdened (housing costs exceeding 30% of household income) increased substantially, ranging from a 41% increase in Buncombe County to a 90% increase in Transylvania. The highest incidence of cost burdens is now in Henderson (46% of renters), the lowest in Madison (36%). Of the top 20 occupations in each county most cannot afford Fair Market Rent on even a one-bedroom apartment.

Rent increases followed by decline. Median rents increased over the period from 21% in Henderson to 66% in Madison. Recent information, available for Buncombe only, indicates that market rents started to fall in 2008 as vacancies increased. But vacancies have not been a problem in subsidized rental developments.

Importance of mobile homes. Mobile homes are an important part of the housing stock, from 16% of all homes in Henderson to 25% in Madison, and provide some of the most affordable rental housing. Many are owner occupied, but ownership of a

mobile home on rented land does not offer the benefits of conventional homeownership.

D. Subsidized Rental Housing

Importance of subsidized housing. Including public housing and housing choice vouchers, subsidized housing makes up 25% of all rental housing in the Consortium. Buncombe has the highest proportion at 34% and Henderson the lowest at 8%. A complete inventory is provided for each county. All these properties charge below market rents; some also have rent subsidies that reduce the tenant's share to 30% of household income.

Long waits for public housing. Public housing, Housing Choice Vouchers, and subsidized units with rent subsidies provide the only decent rental housing that is affordable at the lowest income levels (0% - 30% AMI). Waiting lists vary, but waits of a year or more are common. The longest waits are for vouchers: two to three years in Asheville/Buncombe.

Critical shortage of funds for vouchers. HUD now funds vouchers at a fixed amount regardless of actual costs which depend on tenant incomes. In order to stay within budget, the Asheville housing authority is currently reducing the number of vouchers in use by not re-issuing vouchers that are turned in, and WCCA has been forced to withdraw vouchers from four tenants.

Mismatch of public housing units and needs. A problem specific to the Asheville housing authority is a critical shortage of 1-bedroom units because of diminishing household sizes. 68% of applicants on the waiting list are single people but only 30% of its units are one-bedroom or efficiency units.

E. Special needs

Large unmet need for independent living. Throughout the Consortium there are long waiting lists for affordable independent housing for elderly and disabled people. In Asheville the number of disabled applicants is particularly high.

Need for repair/modification programs. There appears to be a large need for essential housing repairs and accessibility modifications to help elderly and disabled people remain in their own homes. We found numerous church volunteer groups undertaking this type of work, but only the agencies with professional staff can tackle the more challenging repairs.

Sufficient assisted units for elderly. We found that in all counties there are sufficient beds in assisted living facilities for elderly people needing help with daily living activities. However, the quality of facilities is not uniformly good. Also people with income above the Medicaid ceiling may have difficulty finding assisted living they can afford.

Major need for mental health facilities. In the entire Consortium there is only one 6-bed facility licensed to care for people with severe and persistent mental illness. Many individuals with SPMI are housed inappropriately in adult care homes intended

for the elderly. Licensed group homes with staff trained to care for the mentally ill are urgently needed in all counties.

F. Construction trends and capacity

Housing starts still falling. Analysis of residential building permit data shows a sharp decline in new housing starts since 2007 (since 2005 in Transylvania and unincorporated areas of Buncombe). There are no clear signs of recovery yet.

Steady production by non-profits. Production by the non-profit sector has not diminished, and could increase if funding and land are available.

Uncertainty in for-profit sector. Most for-profit developers we spoke to are planning to build fewer units in the next five years than in the past. Almost all were building for sale, not rental, and only a few have a product that is affordable to buyers below median income. But both volume and type of construction could change with market conditions, particularly if credit restrictions are eased.

G. Housing Needs & Gaps – projection through 2020

Increasing unmet rental needs. Projected needs for affordable rental housing exceed projected supply and the number of cost-burdened or inadequately housed households will continue to grow in all counties, absent major new government initiatives.

Aging population. The 65-74 age group will be the fastest growing age group in all counties except Transylvania. Increased demand for smaller units seems likely.

Decreasing homeownership rate? It will become increasingly difficult for low income households (below 80% AMI) to become homeowners. If current credit restrictions are maintained indefinitely homeownership rates will probably continue to fall in most income groups and rental demand will increase accordingly.

Barriers to Affordable Housing

Among the barriers to addressing affordable housing needs in the Consortium area are:

- ? High land and construction costs related to topography and the limited supply of developable land;
- ? Lack of public water and sewer service to developable sites in the four counties;
- ? Lack of vacant developable land in the City of Asheville;
- ? The high per-unit cost of making rental housing affordable for extremely-low and very-low income groups, coupled with declining federal funding;
- ? Limited multi-family housing construction;
- ? Neighborhood opposition to higher-density housing; and
- ? Predatory lending

For more detailed information on housing needs and market conditions in the Consortium as a whole and in each County separately, the full text of the Housing Needs Assessment with its accompanying tables and maps is available at the City of Asheville's Community Development Division, City Hall, PO Box 7148, Asheville NC

28801, tel: (828) 259-5821, or on the internet at
http://www.ashevillenc.gov/residents/housing/affordable_housing/default.aspx?id=1586.

Name of Jurisdiction:		Source of Data:		Data Current as of:							
Buncombe, Madison, Henderson, & Transylvania Counties, North Carolina		CHAS Data Book		2000							
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 House- holds	Total Renters	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other House- holds	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(L)
1. Household Income <=50% MFI	3,487	4,617	775	5,158	14,037	9,028	3,879	738	2,661	16,306	30,343
2. Household Income <=30% MFI	2,020	2,532	343	2,762	7,657	3,937	1,400	280	1,475	7,092	14,749
3. % with any housing problems	53%	74%	76%	68%	66%	66%	74%	88%	64%	68%	67%
4. % Cost Burden >30%	52%	72%	69%	67%	65%	65%	73%	76%	64%	67%	66%
5. % Cost Burden >50%	36%	61%	53%	59%	53%	37%	59%	60%	51%	45%	49%
6. Household Income >30% to <=50% MFI	1,467	2,085	432	2,396	6,380	5,091	2,479	458	1,186	9,214	15,594
7. % with any housing problems	48%	64%	79%	70%	64%	30%	56%	70%	55%	42%	51%
8. % Cost Burden >30%	48%	61%	50%	70%	60%	30%	54%	58%	55%	41%	49%
9. % Cost Burden >50%	24%	17%	3%	35%	24%	14%	33%	19%	33%	22%	23%
10. Household Income >50 to <=80% MFI	1,216	3,206	531	3,255	8,208	7,096	6,319	1,075	2,956	17,446	25,654
11. % with any housing problems	37%	30%	60%	37%	36%	19%	46%	53%	44%	35%	35%
12. % Cost Burden >30%	37%	25%	16%	36%	30%	19%	43%	39%	43%	33%	32%
13. % Cost Burden >50%	5%	3%	1%	3%	3%	9%	14%	11%	15%	12%	9%
14. Household Income >80% MFI	2,039	6,972	1,029	5,553	15,593	19,161	39,882	4,393	8,411	71,847	87,440
15. % with any housing problems	18%	5%	34%	6%	9%	8%	10%	22%	16%	11%	10%
16. % Cost Burden >30%	17%	2%	0%	5%	5%	7%	9%	11%	15%	9%	9%
17. % Cost Burden >50%	7%	0%	0%	0%	1%	1%	1%	3%	3%	2%	1%
18. Total Households	6,742	14,795	2,335	13,966	37,838	35,285	50,080	6,206	14,028	105,599	143,437
19. % with any housing problems	38%	31%	54%	37%	36%	20%	19%	34%	30%	21%	25%
20. % Cost Burden >30	37%	27%	23%	36%	32%	19%	18%	22%	29%	20%	23%
21. % Cost Burden >50	19%	13%	8%	19%	16%	9%	6%	8%	13%	8%	10%

2 - PRIORITY HOUSING NEEDS BY TENURE AND INCOME

General population

HUD Table 2A (below) summarizes, in a format required by HUD, the numbers of households within the Consortium area who have housing problems, and the priorities for CDBG or HOME assistance over the period of this Plan. **High (H)** priority indicates that we intend to allocate CDBG or HOME funds to address the housing needs of this category of households over the next five years, **medium (M)** priority indicates that funds may or may not be allocated, depending on availability, and **low (L)** priority indicates that it is unlikely that funds will be allocated specifically for this category. However the City will consider providing technical assistance and/or certifications of consistency with the Plan to support applications for other funding that address low priority categories. The data to support this table is in the Housing Needs Assessment: Table A-21 (Buncombe); A-15 (Henderson); A-13 (Madison); A-13 (Transylvania); and the priorities developed by the Consortium Board for each county.

The targets are based on the numbers of units that can realistically be assisted with CDBG and HOME funds at their current (2010) levels, and assume continuing opportunities to leverage other funding sources such as Low Income Housing Tax Credits, HUD Homeless Prevention and Rapid Re-housing Program, and the state Housing Trust Fund.

HUD Table 2A: Priority Needs Summary Table

Household Type		Income (% AMI)	Priority	Unmet Need	Plan target for assisted units
Renter	Small Related	0% to 30%	H	2,450	150
		31% to 50%	H	3,008	400
		51% to 80%	L	1,434	40
	Large Related	0% to 30%	M	824	50
		31% to 50%	M	491	20
		51% to 80%	L	108	10
	Elderly	0% to 30%	M	761	50
		31% to 50%	M	922	80
		51% to 80%	L	437	25
	All Other	0% to 30%	H	2,036	25
		31% to 50%	H	2,675	100
	51% to 80%	L	1,291	0	
All Owner Households**		0% to 30%	H	4,648	175
		31% to 50%	L	4,799	25
		51% to 80%	L	5,064	50
Total				30,948	1200

** Includes owner-occupied rehab and homeownership assistance.

Special Needs

HUD Table 1B (below) provides estimates of the level and priority of needs for people with special housing needs (other than homelessness). Typically these residents need some level of long term support services as well as housing. Options include group homes, assisted living facilities, and conventional housing (rental or homeowner) which is constructed for physical accessibility and/or linked to services such as outpatient treatment or case management. A more detailed discussion of special needs can be found in the Housing Needs Assessment.

Because the data for the HUD Tables 1B and 2A are derived from different sources, there is considerable overlap between the two tables. People with special needs make up a significant part of the very low income (0-30% of median) population and are very likely to experience cost burdens, overcrowding, or substandard housing conditions in addition to their other needs. The target units in Table 1B are therefore also included in Table 2A. This table will be updated when 2010 Census results are available.

Our target is that at least 10% of all assisted units will benefit people with special needs.

HUD Table 1B: Special Needs (Non-Homeless) Population

Special Needs Populations	Priority Needs Level (High, Medium, Low)	Estimated Unmet Needs	Cost to Address Unmet Needs*	Goals
Frail Elderly	L	450	\$27,000,000	30
Severe Mental Illness	H	260	\$16,000,000	20
Developmentally Disabled	M	650	\$39,000,000	10
Physically Disabled (not elderly)	H	2,000	\$10,000,000	50
Persons w/ Alcohol/ Other Drug Addictions	L	300	\$18,000,000	10
Persons w/ HIV/AIDS	L	140	\$11,000,000	0
Total		3,800	\$110,000,000	120

Source: US Census, 2000; Comprehensive Housing Affordability Strategy Databook, 2000; Claritas, Inc. 2000

* Costs are based on a conservative estimate of \$60,000 per unit for construction of assisted rental units, except for physically disabled where cost is based on retrofitting existing units at \$5,000 per unit. Operation and support services not included in cost.

3 - INSTITUTIONAL STRUCTURE FOR ADDRESSING AFFORDABLE HOUSING NEEDS

Most areas within the Consortium are fortunate to have a strong institutional structure in the field of affordable housing.

Buncombe County

Both the City of Asheville and the Buncombe County Commission have appropriated funds from their general revenues to create **Housing Trust Funds** to assist in the development of affordable housing. The City's fund was set up in 2000 and now has a total value of \$5,162,962 (as of 4/19/10). The County's fund began in 2004 with a \$300,000 appropriation and now has a total value of \$1,905,700.

The County has several active and experienced local **non-profit housing developers**, including Mountain Housing Opportunities (MHO), Asheville Area Habitat for Humanity, and WNC Housing Inc. The faith-based Asheville Buncombe Community Christian Ministries (ABCCM) is seeking to rehabilitate a building they own into apartments for formerly homeless persons. There is interest from regional non-profits in creating new supervised group homes housing for mentally ill persons.

For-profit developers, perhaps spurred by the recent lack of upscale housing market, have a new interest in the Asheville affordable housing arena. The Housing Trust Fund took three applications from for-profit developers in the first month of 2010, and numerous inquiries have been fielded by City staff.

The Housing Authority of the City of Asheville (HACA) serves the whole of Buncombe County. Its core operation is managing and improving public housing and operating voucher programs. HACA successfully partnered with Mountain Housing Opportunities and WNC Housing to renovate the Woodfin Apartments in downtown Asheville as permanent supportive housing for homeless people with special needs. Its focus in the next five years will be to continue to improve the physical plant of its existing public housing, focusing on energy efficiency and habitability. In 2008, HACA completed a study of its older public housing developments, and as a result is working towards a HOPE VI-type project focused on its Lee-Walker Heights development.

Henderson County

Three productive **non-profit housing agencies** are based in Henderson County: the Housing Assistance Corporation (HAC), Western Carolina Community Action (WCCA), which also operates Section 8 voucher programs for both Henderson and Transylvania Counties, and Henderson County Habitat for Humanity. These agencies have continued to increase their capacity and production in the past five years. The Henderson County Affordable Housing Coalition, chaired by HAC, serves as a networking junction for affordable housing efforts in the county.

Madison County

Madison County government and housing advocates formed the Community Housing Coalition of Madison County (CHCMC) in 2005. CHCMC has maintained a full-time Executive Director since 2008, and has focused on housing rehabilitation using Consortium HOME funding. CHCMC has been particularly successful in facilitating faith-based mission work groups, led by community trade professionals, in accomplishing the rehabilitation of housing owned by frail elders and special needs persons in the County. Land of Sky Regional Council of Governments (LOSCOG) administers the State-CDBG housing rehabilitation program for Madison County. Four public housing authorities maintain public housing and voucher programs. Volunteers with Madison County Habitat for Humanity build one new home every two years. Community Action Opportunities offers a weatherization program, and some church groups additionally provide emergency repairs.

Transylvania County

Transylvania County's affordable housing rental needs have been served primarily by Western Carolina Community Action (WCCA), which has developed 40 units of tax credit housing in Brevard in the past five years, and is developing a HUD 202 project in Rosman. Recognizing the need for more non-profit housing development capacity, the County, City of Brevard, Transylvania County United Way and WCCA formed an Affordable Housing Coalition in 2008, with the goal of creating new partnerships to create affordable housing. One outcome of this effort has been the chartering of the Transylvania County Community Land Trust, which intends to facilitate new single-family affordable housing. Its first project will be to develop a site owned by the public school district over the next five years. The WCCA is administering state single family rehabilitation and urgent repair programs in Transylvania County. Grant funding is provided by the North Carolina Housing Finance Agency. Benchmark CMR Inc. is the administrative agent on both Programs for WCCA.

Rural Capacity

The Consortium has long considered increased affordable housing development capacity a key need for its rural counties. Led by City and Land of Sky staff, a proposal for Rural Community Development Initiative funding was submitted to USDA this past winter. The proposal calls for training of the boards of organizations most engaged in affordable housing in Madison and Transylvania Counties, and then providing staff assistance to enable those organizations to develop and achieve new priority housing developments. The Consortium agreed to allocate funds to match the grant funds requested. This application was successful, with an award of \$50,700. This award was one of 48 made nationally. The program of technical assistance will begin this summer.

4 - PUBLIC HOUSING AUTHORITIES

Introduction

Within the Consortium area there are seven public housing authorities (PHAs) providing a total of 4470 units of affordable housing. The public housing units and Section 8 Housing Choice Vouchers managed by these PHAs are detailed in the Housing Needs Assessment, by County. All the PHAs are currently updating their own five-year plans and the final plans are not all available; most of them have yet to be approved by the PHAs' own Boards. We have concentrated on gathering information from and consulting with the Housing Authority of the City of Asheville (HACA), which is by far the largest, managing a total of 1,540 public housing units and 1,355 vouchers – totaling 2,895 units and comprising 65% of the units in the Consortium.

Housing Authority of the City of Asheville

Organizational Relationship

The Housing Authority of the City of Asheville (HACA) is an independent entity, directly funded by HUD. The Mayor of the City of Asheville appoints its five Board members, but the City has no direct control over its funding or operations, nor are there any formal arrangements regarding hiring, contracting, procurement, or development. Nonetheless, there is a long history of cooperation and collaboration by the two bodies.

Strategic Plan

HACA's Strategic Plan for 2010-15 has not yet been developed, with its process for development beginning in March 2010. However, it has been following and made significant progress in achieving the strategic goals in its 2005-2009 Plan.

Goal/Objectives	Progress
1. Sustainability	
? Seek additional / new funding sources	? Shelter + Care funding for 19 new units for the homeless at Woodfin Apts. ? Grant funding has expanded resident services programs ? DHAP and VASH funding received ? Recovery Act funding received and currently in expedited development process ? Applications pending for Recovery Act competitive funds
? Explore and implement methods of asset building	? HOPE VI preliminary study complete; focusing on Aston Park Tower and Lee Walker Heights to prepare redevelopment plans and packages
? Seek to build more "non-federal" dollars	? Tenant rental revenue increased from \$2,076,664 in FY2005 to a projected \$2,511,500 for FY2009 ? Locally designated funds for beautification at Lee Walker; CCTV system and renovation of community services building at Pisgah View ? Asheville City funding for HOPE VI study.

Goal/Objectives	Progress
	<ul style="list-style-type: none"> ? Asheville Housing Trust Fund funding to match potential Recovery Act competitive grant.
<ul style="list-style-type: none"> ? Establish fiscal self-sufficiency 	<ul style="list-style-type: none"> ? Hampered by shortfalls in operating funding at the federal level, but progress has been made in cost control and productivity ? Evaluating possible voluntary conversion of public housing facilities to Section 8 tenant or project based assistance.
<p>? 2. Quality of Life Issues</p>	
<ul style="list-style-type: none"> ? Eliminate illegal drugs in public housing 	<ul style="list-style-type: none"> ? Pisgah View residents report reduced drug activity and improved feeling of security ? Collaboration and communication with APD significantly improved for better law enforcement and lease enforcement.
<ul style="list-style-type: none"> ? Streamline the selection process 	<ul style="list-style-type: none"> ? Tenant selection and assignment process revamped during vacancy reduction initiative to minimize the number of appointments required between application and assignment to Public Housing
<ul style="list-style-type: none"> ? Secure and increase the Safety Team funding 	<ul style="list-style-type: none"> ? Safety team reorganized with significantly improved results ? Using limited operations funding to hire security guards in strategic locations
<ul style="list-style-type: none"> ? Purchase security / surveillance cameras and systems 	<ul style="list-style-type: none"> ? Cameras installed at Aston Park, Bartlett Arms, Pisgah View, and Hillcrest. ? Currently upgrading and expanding these installations to Altamont and Garden Apts.
<ul style="list-style-type: none"> ? Reduce PH density 	<ul style="list-style-type: none"> ? HOPE VI planning for Aston Park and Lee Walker currently underway
<ul style="list-style-type: none"> ? Increase staffing as appropriate 	<ul style="list-style-type: none"> ? Generally not possible with severe federal funding shortfalls, but project-based management has increased productivity
<p>? 3. Expand Collaboration with the Community-at-Large</p>	
<ul style="list-style-type: none"> ? Social services for case management 	<ul style="list-style-type: none"> ? Hired 4 new resident services staff using grant funds ? MOA with Department of Social Services and Community Action Opportunities for coordination of family self-sufficiency programs ? Working closely with Homeward Bound to increase case management for chronically homeless people moving into Public Housing
<ul style="list-style-type: none"> ? Education: A-B Tech, Children First, YWCA, CAO 	<ul style="list-style-type: none"> ? Multiple successes in this area. See pp. 7-9, above
<ul style="list-style-type: none"> ? Employment 	<ul style="list-style-type: none"> ? New job readiness staff hired through ROSS grant are working in collaboration with Job Link, Mission Hospital System, Asheville GO to expand employment opportunities for residents ? Senior Services Coordinator has established an in-house jobs program to employ younger residents in assisting elderly residents
<ul style="list-style-type: none"> ? Homeownership 	<ul style="list-style-type: none"> ? Since 2004, 23 successful first-time homeowners in Public Housing and HCV programs combined

Goal/Objectives	Progress
? 4. Staff Development	
? Management development?	? Reorganized Public Housing staffing structure to meet project-based management goals ? On-site Nan McKay training in project-based management for all managers in 2007 ? Shaw University leadership development classes 2008 ? On-site NCHM training and testing for managers in 2009
? Employee development: customer service, specific job skills	? Ongoing in-house training in customer service, inspections, fair housing and computer literacy ? Revamped hours of operation to be more accessible to residents ? Off-site training in EIV, PIC, fraud detection, and FSS case management ? Five weeks of onsite training for new computer system in 2007
? Complete comparability study	? Completed in 2005 and pay rates have been adjusted as required since that time ? All employees pay increased to the minimum "living wage" standards (\$10.50/hour plus benefits) adopted by City of Asheville
? Increase accountability and performance	? Project based management structure redesigned to maximize performance and accountability. ? Managing underperforming employees in firm but fair manner
? 5. Technology Needs	
? Improve resident payment	? New computer database system selected in 2007 and implemented in 2008 to address this statements
? Address computer needs agency-wide	? All computers throughout the agency upgraded since 2005; establishing scheduled replacement ? Servers updated and expanded from 2 to 6 ? New information technology coordinator hired in 2008
? Improve phone systems	? Central Office complex phones upgraded to new system in 2006; development phone equipment upgraded as needed ? Phone and data backbone infrastructure for all developments upgraded in 2008 improving speed and quality at a significantly lower cost
? Security systems and surveillance	? Installed new systems at Pisgah View and Hillcrest to supplement existing systems at Bartlett Arms and Aston Park Tower ? Currently installing key card access at Aston Park Tower and camera systems at Altamont and Garden Apts.
? File security and levels of entry on the main computer system: establish protocol and clearance	? Levels of security established for most computer systems in 2006 ? New database system allows for detailed security management for all modules ? Established and implemented EIV and Secure Systems security clearances

Goal/Objectives	Progress
? 6. Long Term Goals	
? Solve density problem in Public Housing	? HOPE VI planning for Aston Park and Lee-Walker Heights underway
? Expand collaboration with other agencies	? See pp. 7-9, above
? Financing plan for purchase of houses, apartment buildings, and other properties for low-income residents.	? Developing strategy to implement scattered site purchases when down payment funds are available and efficient financing vehicle can be obtained at a reasonable rate ? Considering disposition of some ACC units to purchase scattered site units with replacement housing factor funds
? 7. Housing Choice Voucher Program Goals	
? Conduct outreach efforts to potential voucher landlords	? Ongoing outreach program has been implemented by new HCV Director hired in August 2008
? Implement voucher homeownership program	? HCV homeownership program has served 22 first-time homeowners since 2005
? 12 units of project based assistance	? Has not been pursued by outside developer

The City expects to be closely involved with the Housing Authority as it seeks to develop and implement its new five-year plan. Details of the City's involvement with HACA initiatives will be contained in the Annual Action Plans to reflect the changing nature of our involvement over time.

5 - LEAD BASED PAINT HAZARDS

Nature of the Hazards

Although great strides in educating parents continue, and there is more information available for home renovators, the hazard created by old lead-based paint (LBP) in homes occupied by young children continues to be a major problem. This is true even in North Carolina, which has one of the lowest percentage numbers of children with EBL (elevated blood lead level) (10-19 g/dl) according to the Center for Disease Control (CDC). While the use of lead in paints for residential use was banned in 1978, homes built before this date may contain LBP. It is particularly common in homes built before 1950, especially on exterior siding and trim, porches, windows, doors, interior trim, and kitchen and bathroom walls. Surfaces painted with LBP are considered hazardous when the paint is peeling, chipping, or flaking and when dust from friction on painted surfaces such as window sashes accumulates. Small children may be poisoned by ingesting or inhaling very tiny amounts of LBP. The risk becomes particularly acute when painted surfaces are disturbed by renovation or redecoration activities, which can put large quantities of lead dust into the air and on to surfaces in the home unless carried out using lead-safe work practices (LSWP).

Studies have shown that there is no safe blood lead level for young children; even low levels from 1-9 micrograms of lead per deciliter (g/dl) , such as a small amount accumulated under a fingernail and then taken into the mouth, may cause developmental disabilities, particularly when associated with poor diet. Lead poisoning from LBP is the #1 environmental disease among young children in the USA (CDC). Multiple environmental and socio-economic factors make low-income and minority children particularly at risk to elevated lead levels.

Distribution of Lead Poisoning Risk for Low-Income Children

According to the 2000 census data, a total of 28,813 homes in the Consortium area were built before 1950 (about 18% of the housing stock) and can be assumed to contain at least some LBP. According to the 2008 census estimate, there were 3,940 children under the age of six in families earning only poverty level income. Equally distributing children among households, we estimate that 708 extremely low income children under the age of six are living in homes built before 1950 and are therefore presumed to be at high risk of lead poisoning. This estimates only those of the lowest income in the region- the number of endangered children could certainly be much higher.

Incidence of Lead Poisoning

Lead testing consists of a simple finger-prick blood test. The state's target is to test all children aged one and two. Information on the number of children in this target group actually tested for lead in each county for 2003 and then again in 2008 is shown in the table below. An elevated blood lead level (EBL) of 10 g/dl is the official level that a child is currently considered to be at risk for lead poisoning.

A comparison of the data collected for 2003 and then again in 2008 show that testing levels have increased greatly in a 5 year period, almost 2.5 times in Buncombe and

1.5 times in Henderson County. Most significant is that Henderson has improved to the state average for the percentage tested, is very close to the percentage Medicaid tested, and just .02% below the Consortium average percentage of EBL. Madison County, where most children visit the County Health Center for immunizations, tested an astounding 75% of their targeted populations in 2008, and did not find ANY children with an EBL. This, of course, falls well below the state and Consortium averages. It is very encouraging to note that Consortium-wide, EBL levels appear to have fallen 4-fold over the past five years, from 1.75% to .392%, now 20% below the state average. Buncombe County’s rate is below the state average, which is both surprising and gratifying, given the high level of risk factors present in Asheville’s older neighborhoods. There appears to be little correlation in this area between the risk factors of age of housing and low income families and the actual incidence of poisoning. Other factors must be at work.

Incidence of Lead Poisoning in children aged 1 and 2 years for 2003 and 2008

	Target pop	# tested	% tested	% Tested-Medicaid	# EBL	% EBL
Buncombe 08	5619	3181	56.6	76.9	11	.3
Buncombe 03	5054	1187	23.5	38	10	.8
Henderson 08	2474	1148	46.4	76.3	8	.7
Henderson 03	2187	637	29.1	44.9	21	3.3
Madison 08	387	288	74.4	89.9	0	0
Madison 03	426	183	43	57.1	5	2.7
Transylvania 08	609	240	39.4	61.4	0	0
Transylvania 03	534	110	20.6	36.6	1	.9
Consortium08	9089	4857	54.2	71.73	19	.392
Consortium03	8201	2117	29.05	45.15	37	1.75
NC state 08	258,532	121,023	46.8	77.6	654	.5

Source: Child Environmental Health Branch of the NC Dept. of Environment & Natural Resources

- ? Target population for each year is the number of live births in the two preceding years
- ? EBL – elevated Blood Lead levels
- ? Medicaid tested are 9-35 months in age, and testing correlates with health check visits

In the Henderson, Madison and Transylvania Counties, most lead testing is through the County Health Department, especially for low income families. Henderson’s EBL levels actually went up slightly from 2007 to 2008 due most likely to an increase in the Hispanic population, which use pottery and consume foods with high lead risks. Madison County continues to greatly increase its ability to test the majority of the targeted child population.

Current Resources and Activities Addressing LBP Hazards

In Buncombe County, three separate organizations are currently involved in addressing LBP hazards as they impact children: the Buncombe County Health Center (BCHC), the North Carolina Department of Environment and Natural Resources (DENR), and the Lead Poisoning Prevention Program (LPPP) at Warren Wilson College

The Buncombe County Health Center offers free blood lead testing for children on a walk-in basis. Private medical providers can also provide a test or offer a referral. All children covered by the WIC and Head Start programs are systematically tested. The families of all children found to have an ELB are highly encouraged to work with the Health Center to identify the source of poisoning and mitigate the cause.

NCDENR (Department of Natural Resources) maintains a regional director and the staff includes a certified risk assessor. In the case of a confirmed lead poison blood level (20g/dl the assessor will follow up with home inspections, as required by the state, to identify the source of poisoning and to work with the family towards its elimination.

The Warren Wilson Lead Poisoning Prevention Program (LPPP) is funded by a federal grant from the Center for Disease Control and Prevention (CDC) which is administered by the NC Department of Environment and Natural Resources, and comes through the Buncombe County Health Center to Warren Wilson College. Warren Wilson College, and 5 other locations across North Carolina, carries out lead prevention programs in communities under this grant. LPPP works collaboratively with local Health Departments, clinics, housing programs, schools and health-care providers. A full time Program Coordinator is employed and works with part time student assistants. The Program's goals are to proactively promote lead-safe environments for all residents of Buncombe and Henderson Counties through public education, home inspections, and professional trainings.

LPPP provides assistance to families of children with EBL levels that are measurable but below the threshold for state intervention. Working with DENR, it provides accurate testing services for CDBG- and HOME-funded rehab programs. The LPPP targets educational efforts to physicians and other health professionals, performs outreach in neighborhoods with older housing stock, and trains construction and renovation workers in safe building and rehab practices.

Strategies to Address Lead Based Hazards

1. Provide training through the Renovation, Repair and Painting Training Program in English and Spanish to hundreds of painters, renovators, maintenance workers, plumbers, electricians, window/door/cabinet replacement specialists, landlords, weatherization crews, HVAC technicians, siding installers, realtors or anyone working on homes, as required by a new EPA ruling. By April 22, 2010, lead-safe practices must be followed and contractors listed above must be certified.
2. Find and secure new sources of lead-safe pottery and candies to limit lead exposure to young Hispanic children.
3. Continue to educate people on the lead content of all children's products, as directed by the Consumer Product Safety Improvement Act, enacted February 2009.

4. Have the Medical Outreach Subcommittee continue the Medicaid Report Card, noting every clinic in Buncombe and Henderson Counties and their abilities to meet targeted testing levels. Report cards are sent out by DENR, and LPPP educates doctors and secures media attention, encouraging improved results.
5. Provide grant assistance to households in housing rehabilitation programs to cover the cost of lead hazard reduction work.
6. Continue to support the efforts of the Lead Hazard Task Force to coordinate interagency programs and maximize the effectiveness of their hazard identification/reduction strategies.
8. Local governments should use their building or housing code inspectors to draw attention to the hazards of LBP in pre-1978 homes and to distribute educational materials to owners and tenants.
- 9 Households and landlords participating in federally-funded housing rehabilitation programs should be enrolled in the state Preventative Maintenance Program.

Gaps in Services

1. Ability to provide testing for 100% of targeted child populations
2. Increase services to follow through on care for children with LBP of 1g/dl – 9 g/dl, researched to be harmful to young children, and to follow through with proper care and home inspections.
3. Better education on the hazards of LBP in young children, which is the number 1 environmental threat to health.
4. Lack of qualified contractors in the Consortium area and funds available to perform hazard abatement work in accordance with HUD guidelines
5. Adequate education to workers at high risk of contamination and lack services to provide consistent testing.
6. Education of OBGYN clinics and early detection testing of pregnant women.
7. Overall education in indoor environmental issues, expanding the program to become a Healthy Home Program, following general federal trends.

Strategies to address Lead Based Paint Hazards

1. Provide grant assistance to households in housing rehabilitation programs to cover the cost of lead hazard reduction work.
2. Continue to support the efforts of the Lead Hazard Task Force to coordinate interagency programs and maximize the effectiveness of their hazard identification/reduction strategies.
3. Continue to provide training in lead-safe work practices through AB Tech in conjunction with the Lead Poisoning Prevention Program.
4. Local governments should use their building or housing code inspectors to draw attention to the hazards of LBP in pre-1978 homes and to distribute educational materials to owners and tenants.
5. Households and landlords participating in federally-funded housing rehabilitation programs should be enrolled in the state Preventative Maintenance Program.

6 - FAIR HOUSING

Local Ordinance

In 1985 The City of Asheville became the first municipality in the nation to adopt a Fair Housing Ordinance that was substantially equivalent to federal and state Fair Housing legislation, and set up a local commission to enforce it. Buncombe County joined this initiative in 1990, creating the Asheville-Buncombe Fair Housing Commission. This Commission is supported by staff of the Asheville Buncombe Community Relations Council (ABCRC), which provides investigative and conciliation services, as well as handling complaints that do not meet federal criteria.

The City of Asheville receives an annual Fair Housing Assistance Program (FHAP) grant which is sub-granted in its entirety to ABCRC. In 2009-2010 ABCRC investigated and resolved 11 fair housing complaints.

Outside Asheville-Buncombe, people with fair housing complaints must address them to the North Carolina Fair Housing Center in Raleigh or to HUD in Greensboro, or take private legal action.

Analysis of Impediments

Pisgah Legal Services researched "*An Analysis of Impediments to Fair Housing Choice*," issuing its report in June, 2006. The conclusions of that report are presented below. A new analysis will be performed this year, which will include an analysis of progress in implementing the proposed action steps.

SUMMARY OF IMPEDIMENTS TO FAIR HOUSING CHOICE AND PROPOSED ACTION STEPS TO ELIMINATE THEM

1. The lack of affordable housing is the most serious impediment to fair housing choice in our area.

Action Steps:

- a. Each jurisdiction should implement policies that encourage denser development through infill and adaptive re-use of vacant and underutilized properties.
- b. Each jurisdiction should develop high-density affordable housing as an alternative to mobile home parks.
- c. Each jurisdiction should develop more townhouse and condominium units as an affordable homeownership option.
- d. Each jurisdiction should offer development subsidies, downpayment assistance, or other incentives for private-sector developers to build more affordable housing.

- e. Asheville and Buncombe County should continue implementation of their Housing Trust Funds; Henderson, Madison and Transylvania should create Housing Trust Funds to assist in the development of affordable housing.
- f. Asheville and the HOME Consortium should adhere to the Strategic Plan priority for using CDBG and HOME funds to provide affordable rental housing for extremely low-income people.

2. The lack of accessible housing for people with disabilities is an impediment.

Action Steps:

- a. Local agencies and governments should work together to educate the general community on disability and accessibility.
- b. Local governments and the Consortium should offer incentives to increase “visitability” in new construction.
- c. Property managers should fill available accessible units with disabled applicants instead of first-up on the waiting list.
- d. Local governments should rigorously apply ADA accessibility regulations in the permitting process for all new and substantially rehabilitated multifamily housing.

3. The rise of predatory lending targeted to minorities is a barrier to successful homeownership for this population.

Action Steps:

- a. Banks, agencies and government entities should affirmatively market homeownership to minority populations.
- b. Local governments should support “Financial Literacy” education, and School Boards should make it part of the public school curriculum.
- c. Predatory lending laws should be enforced throughout the Consortium area.
- d. Lenders and non-profits should partner to provide post-mortgage education to help homeowners maintain their homes and avoid becoming victims of predatory lending.

4. The lack of resources for immigrants and exploitation of their fear, legal status, and language barrier are impediments.

Action Steps:

- a. Henderson and Buncombe Counties should create housing opportunities targeted to immigrant populations, such as migrant farm workers.
- b. Local governments, banks, non-profits, and mortgage lenders should provide information and letters in Spanish.

- c. All public housing authorities and Section 8 programs should provide applications, forms, leases, and other important documents in Spanish and other languages as needed.

5. Zoning regulations that severely restrict the location of multi-family housing or special needs housing are impediments.

Action Steps:

- a. Each jurisdiction should consider permitting group homes and multi-family dwellings in all residential neighborhoods, imposing only minor restrictions.
- b. To the extent jurisdictions require a special permitting process in order to locate a group home or multi-family dwelling in a residential zoning district, the permitting should be automatic once specific limited criteria are satisfied.

6. The absence of affordable transportation is an impediment.

Action Steps:

- a. Asheville should continue expansion of Asheville Transit Authority as funding allows.
- b. Madison County should work with Buncombe County and Asheville to develop commuter bus route between Madison County and Asheville.

7. The lack of Minimum Housing Code enforcement throughout the Consortium is an impediment.

Action Steps:

- a. All jurisdictions should adopt a minimum housing code and enforce it throughout their jurisdictions.

8. Section 8 voucher holders' inability to utilize vouchers is an impediment

Action Steps:

- a. Section 8 program administrators should provide recipients with more education on how to look for units and how to be good tenants.
- b. Local governments and Section 8 programs should offer incentives for landlords who accept Section 8 vouchers.
- c. The City of Asheville, the Consortium Board and Section 8 program administrators should join together to request a HUD survey of fair market rents in the Consortium area.

7 - PRIORITY GOALS AND STRATEGIES FOR ACTION

In developing this Strategic Plan, the Consortium Board recognized that, while housing affordability is an issue for the whole region, there are distinct local differences. Accordingly, through a process that included input from Housing Focus Groups in each county, public input, the analysis of the Housing Needs Assessment, discussion among Consortium Board members and staff input, the Consortium has established local priorities for addressing affordable housing needs. These priorities cover a wider variety of needs than those encompassed in the HUD Priority Tables. In FY 2011 onwards, we will use them in a direct and practical way to evaluate applications for HOME and CDBG funding for housing development. How well the application addresses the local priorities will be an essential element of application assessment, as will project feasibility, leverage, and agency capacity.

The remaining part of this section lists, by county, the broad priorities and suggested strategies for action that emerged from the Consolidated Plan development process. The priorities are ranked in the order of importance; the strategies are not ranked and include items suggested by all participants in the process. The strategies for Asheville and Buncombe County are further informed by the Affordable Housing Plan of 2008. Strategies contained in that Plan are noted by an “AHP.”

The following priorities and strategies for each County and/or municipalities are the core of this Strategic Plan for housing.

Priorities and Strategies for Asheville and Buncombe County

Priorities (in ranked order)	Suggested Strategies (not ranked)
Provide affordable rental housing, particularly for households earning 60% of median income or less	<ul style="list-style-type: none"> ? Greatest need is for one bedroom units (AHP) ? Maximize use of federal Low Income Housing Tax Credit programs for rental developments ? Continue to support developers who can provide housing for very low income people ? Target activities to neighborhood revitalization areas ? Control occupancy costs through energy efficiency ? Prioritize for use of Housing Trust Funds (AHP)
Coordinate housing development with transportation, jobs, and services and make efficient use of available land and infrastructure	<ul style="list-style-type: none"> ? Encourage higher density construction near transit corridors (AHP) ? Explore redevelopment potential of underutilized “grayfield” commercial sites ? Encourage collaboration with transit, employment, and services agencies in planning stage of developments ? Revisit the UDO and re-evaluate zoning that effectively excludes affordable housing ? Suggest exploring density bonuses as a use-by-right for affordable housing development, as well as other land-use incentives (AHP)
Help those with special needs - the homeless, the frail	<ul style="list-style-type: none"> ? Prioritize developments that include housing for homeless persons

<p>elderly, persons with mental illness and people with disabilities and help people succeed through support services coordinated with housing development</p>	<p>(AHP)</p> <ul style="list-style-type: none"> ? Improve public transportation and locate housing near necessary facilities (AHP) ? Supportive services are essential for some people to maintain permanent housing ? Encourage interior and exterior accessibility for disabled occupants and “visitability” for guests in <u>all</u> housing (affordable and market rate) ? The need for housing for elders will increase over time ? Continue supporting non-profit agencies in this field ? Use best practices in homelessness prevention and rapid rehousing
<p>Emphasize high quality, energy efficient, environmentally friendly designs</p>	<ul style="list-style-type: none"> ? Maximize use of externally monitored construction standards such as System Vision™, Energy Star™, and Healthy Built Homes ? Prioritize energy-efficient and “green” building techniques ? Encourage use of recycled products and waste reduction strategies
<p>Target low wealth neighborhoods for improvements that will improve housing conditions and create stronger communities</p>	<ul style="list-style-type: none"> ? Collaborate with HACA on HOPE VI and other large scale investments (AHP) ? Support existing neighborhood strategy areas and establish new ones ? Continue to support emergency repair programs ? Ensure coordination of services such as weatherization and emergency repairs
<p>We will preserve existing housing and focus preservation efforts to make both rental and ownership housing affordable and Preserve long-term affordability of rental housing</p>	<ul style="list-style-type: none"> ? Support rental assistance programs ? Increase number of Section 8 Subsidized units (AHP) ? Use deed restrictions along with financial assistance, to provide for extended rent restrictions; right of first refusal on resale; and/or shared equity appreciation on resale (AHP) ? Create Community Land Trust to retain non-profit ownership of land when housing units are sold
<p>Promote homeownership</p>	<ul style="list-style-type: none"> ? Affirmatively market programs to minority homebuyers ? Support programs that prepare people for homeownership, including in-depth financial education and home maintenance (AHP) ? Provide financial assistance to homebuyers in the form of downpayment assistance, mortgage interest rate buydowns, Individual Development Accounts, etc. ? Encourage employer-assisted homeownership programs (AHP) ? Encourage development of smaller starter homes

Priorities and Strategies for Henderson County

Priorities (in ranked order)	Strategies (not ranked)
<p>Provide affordable rental housing, particularly for households earning 60% of median income or less</p>	<ul style="list-style-type: none"> ? Greatest need is for one bedroom units ? Need for independent housing for low income elders and persons with disability is high ? Maximize use of federal Low Income Housing Tax Credit programs for rental developments ? Continue to support developers who can provide housing for very low income people ? Locate housing in developed areas, near public transportation ? Control occupancy costs through energy efficiency ? Continue to explore creation of Housing Trust Fund
<p>Coordinate housing development with transportation, jobs, and services and make efficient use of available land and infrastructure</p>	<ul style="list-style-type: none"> ? Enlist more Municipality/County support of public transportation ? Encourage affordable housing within Urban Service Area ? Offer density bonus for affordable housing ? Encourage public and private cost sharing programs for infrastructure development ? Emphasize affordable housing in water and sewer planning ? Allow increased density for affordable housing where existing or planned infrastructure is adequate
<p>Help those with special needs - the homeless, the frail elderly, persons with mental illness and people with disabilities and help people succeed through support services coordinated with housing development</p>	<ul style="list-style-type: none"> ? Develop additional homeless programs and transitional housing ? Use TBRA effectively
<p>Emphasize high quality, energy efficient, neighborhood compatible designs</p>	<ul style="list-style-type: none"> ? Require these features through land-use regulations ? Ensure that affordable housing designs are internally efficient and work fruitfully with existing land use and infrastructure
<p>Preserve existing housing stock Preserve long-term affordability</p>	<ul style="list-style-type: none"> ? Encourage municipalities to participate in the county-wide minimum housing code ? Increase community awareness of need and set up volunteer rehab program ? Preserve long-term affordability by using deed restrictions and/or covenants within development ? Prioritize projects that are affordable beyond funding requirements ? Encourage buy-back programs ? Develop equity sharing program
<p>Raise community awareness of the need for affordable housing</p>	<ul style="list-style-type: none"> ? Raise awareness with politicians, community leaders, developers, business owners, banks, lending institutions, and others ? Bring employers and business owners together to make affordable housing an issue ? Locate grant money to fund programs to raise community awareness of the need for affordable housing
<p>Promote homeownership</p>	<ul style="list-style-type: none"> ? Provide education programs to prepare people for homeownership, with classes on budgeting and debt reduction, home maintenance, and energy conservation ? Support the development of good quality manufactured housing

Priorities and Strategies for Madison County

Priorities (in ranked order)	Strategies (not ranked)
<p>Preserve existing housing stock through rehabilitation</p>	<ul style="list-style-type: none"> ? Continue the successful existing volunteer programs ? Ensure continued availability of funds through competent grant and program administration ? Pursue quality rehabs and quality contractors ? Energy conservation needs to be an essential element of rehabilitation
<p>Increase new affordable homeownership through modular/stick-built construction</p>	<ul style="list-style-type: none"> ? Educate citizens about the increased long-term equity in modular and stick-built homes ? Create funding mechanisms ? Use land value as collateral ? Explore starting a USDA RD 523 self-help ownership program ? Preserve long-term affordability ? Make efficient use of available land and infrastructure ? Incorporate high quality, energy efficient design ? Use the school as a resource for new home construction
<p>Provide affordable rental housing, particularly for households at 30% to 60% of median income</p>	<ul style="list-style-type: none"> ? Maximize use of federal Low Income Housing Tax Credit programs for rental developments ? Improve water and sewer systems to accommodate rental housing development ? Support developers who can provide housing for very low income people ? Control occupancy costs through energy efficiency ? Explore creation of Housing Trust Fund
<p>Support housing development near job and transportation centers</p>	<ul style="list-style-type: none"> ? Develop new housing near work opportunities
<p>Special Needs Housing</p>	<ul style="list-style-type: none"> ? There is no emergency homeless shelter in the County ? Assisted housing for elders, developmentally disabled, and persons with mental illness

Priorities and Strategies for Transylvania County

Priorities (in ranked order)	Strategies (not ranked)
<p>Make efficient use of available land and infrastructure to construct new affordable rental and homeownership housing</p>	<ul style="list-style-type: none"> ? Extend city water and sewer to assist development in the county ? Pursue infill development ? Provide incentives for high development densities ? Maximize use of federal Low Income Housing Tax Credit programs for rental developments ? Support developers who can provide housing for very low income people. ? Control occupancy costs through energy efficiency programs ? Support the Community Land Trust and explore creation of Housing Trust Fund
<p>Promote Homeownership</p>	<ul style="list-style-type: none"> ? Consider incentives for developers to build lower cost housing (fee rebates; subsidies to offset cost of infrastructure) ? Support homebuyer education programs ? Offer downpayment assistance to qualified buyers ? Support workforce housing development partnerships ? Support the Transylvania County Community Land Trust
<p>Focus housing preservation efforts to make both rental units and owner-occupied units affordable</p>	<ul style="list-style-type: none"> ? Continue to apply for CDBG scattered site rehab funds ? Apply for USDA Housing Preservation Grant ? Ensure the enforcement of the City of Brevard housing code ? Suggest developing a minimum housing code in the county ? Increase significantly the number of homes being weatherized, and combine with other housing rehabilitation services
<p>Help those with special needs</p>	<ul style="list-style-type: none"> ? Access federal resources for homelessness prevention and rapid rehousing in Transylvania County ? Build network of homeless providers and increase use of best practices ? Create new permanent independent and assisted housing for persons with developmental disabilities and mental illness
<p>Preserve long-term affordability – ensure that assisted units remain affordable beyond the minimum period required by grant rules.</p>	<ul style="list-style-type: none"> ? Make use of deed restrictions ? Recapture a share of equity appreciation when homes are resold to reinvest in new projects

8 - PERFORMANCE TARGETS

Affordable Housing Production

The Asheville Regional Housing Consortium will endeavor to meet the following specific targets for **affordable housing production assisted with HOME or CDBG Entitlement funds** in the period 2010-2015. In setting these targets we have assumed that federal and state assistance will remain at approximately the level of FY 2010, after allowing for inflation. The targets are different than those set in the previous plan, reflecting the changed economic conditions, and the experience and capacity of our partner agencies.

The production categories are intended to be mutually exclusive: for example, a family buying a newly-constructed assisted unit may also receive downpayment assistance, but will not be counted twice.

Production (Output) Targets 2010-2015

Production Type	Annual Target	Five Year Target
New Construction (or conversion) for Rental	At least 100	500
Assistance with rent and/or relocation costs	50	250
Rehabilitation or repair of owner-occupied units (including acquisition/rehab/resale)	40	200
Rehabilitation of existing rental units	25	125
New Construction for Homeownership	15	75
Homeownership assistance only ("downpayment assistance")	10	50
Total units	240	1200

Although we hope that private sector production not assisted with federal funds will continue to play an important role in providing housing for low -income people (those with 50-80% of area median income and above), we do not think it appropriate to set specific targets for this production.

Outcomes and Performance Measures

Producing units - program outputs - does not in itself ensure that we are addressing our needs. We plan to look more closely at measuring the outcomes of our activities – the direct effect our activities have on our intended beneficiaries. If we can achieve the unit production targets set out above for HOME- and CDBG-assisted programs in the Consortium area, we hope to produce the specific outcomes shown in the table on the next page, with appropriate performance measurements and annual targets.

Annual Affordable Housing Outcomes and Performance Measures

Production Type	Unit Output	Outcomes	Performance Measures	Annual Targets	Notes
New construction for rent	100	<ol style="list-style-type: none"> Permanent addition to rental housing stock Provides affordable housing for LI renters 	<ol style="list-style-type: none"> # of units Unit-years of affordability 	<p>100</p> <p>3000</p>	(2) Assumes minimum of 30 years of affordability per unit, but will vary by project
Rent or relocation assistance	50	Prevents homelessness	# of ELI & VLI renters obtaining safe, affordable housing	50	
Owner-occupied rehab/repair	40	<ol style="list-style-type: none"> Makes units safe and preserves them for LI homeowners Removes LBP hazards 	<ol style="list-style-type: none"> Unit-years of extended housing life Units with LBP pass clearance test after rehab 	<p>275</p> <p>5</p>	1. Assumes 15 years for substantial rehab; 2 years for emergency repairs.
Rental rehabilitation	25	<ol style="list-style-type: none"> Makes units safe and preserves them for LI renters Removes LBP hazards 	<ol style="list-style-type: none"> Unit years of extended affordability Units with LBP pass clearance test after rehab 	<p>225</p> <p>5</p>	1. Assumes minimum of 15 years of affordability per unit, but will vary by project
New Construction for Homeownership	15	<ol style="list-style-type: none"> Permanent addition to housing stock LI and minority households achieve homeownership and build assets 	<ol style="list-style-type: none"> # of units # of LI Homebuyers # of LI Minority homebuyers 	<p>15</p> <p>15</p> <p>5</p>	(1) Includes other units in mixed income developments and units assisted with Trust Fund or fee rebates
Downpayment assistance only	10	<ol style="list-style-type: none"> LI and minority households achieve homeownership and build assets 	<ol style="list-style-type: none"> # of LI Homebuyers # of LI African American & Latino homebuyers 	<p>10</p> <p>4</p>	
Total	240				

REMOVAL OF REGULATORY BARRIERS TO AFFORDABLE HOUSING

This Appendix summarizes responses from Consortium Counties and Asheville to HUD'S Initiative on Removal of Barriers to Affordable Housing. The questions have been slightly abbreviated.

Barrier Questions	Buncombe		Henderson		Transylvania		Asheville		Madison	
	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier
1. Does the jurisdiction's comprehensive plan include a housing element?		X		X		X		X		X
2. Does the comprehensive plan provide estimates of current and anticipated housing needs, including low-, moderate-, and middle-income families, for at least the next five years?		X		X		X		X		X
3. Does zoning ordinance or other land use control conform to the comprehensive plan regarding housing needs by providing: (a) sufficient land use and density categories; (b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?		X		X		X		X		X
4. Does jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or are otherwise not based on explicit health standards?		X		X		X		X	X	

Barrier Question	Buncombe		Henderson		Transylvania		Asheville		Madison	
	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier
5. If jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. If your jurisdiction does not have impact fees you may enter yes		X		X		X		X		X
6. If yes to question #5, does the statute provide criteria that set standards for the allowable type of capital investments that have a direct relationship between the fee and the development (<i>nexus</i>), and a method for fee calculation?		X		X		X		X		X
7. If jurisdiction has impact or other significant fees, does it provide waivers of these fees for affordable housing?		X		X		X		X		X
8. Has the jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?	X			X	X		X		X	
9. Does the jurisdiction use a recent version (i.e. published within the last five years or if not recent version has been published) one of the nationally recognized model building codes?		X		X		X		X		X

Barrier Question	Buncombe		Henderson		Transylvania		Asheville		Madison	
	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier
10. Does the jurisdiction’s zoning ordinance or land use regulations permit manufactured (HUD-Code) housing “as of right” in all residential districts and zoning classifications in which similar site-built housing is permitted?	X		X			X	X			X
11. Within the past five years, has the jurisdiction convened or funded comprehensive studies, commissions or hearings or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?		X		X		X		X		X
12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction’s “HUD Consolidated Plan”? If yes, attach a brief list of these major regulatory reforms (see attachment).		X	X		X			X	X	
13. Within the past five years has the jurisdiction modified infrastructure standards to significantly reduce the cost of housing?	X		X		X			X	X	

Barrier Question	Buncombe		Henderson		Transylvania		Asheville		Madison	
	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier	Barrier	No Barrier
14. Does the jurisdiction give “as-of-right” density bonuses as an incentive for any market rate residential development that includes a portion of affordable housing?	X		X			X		X		X
15. Has the jurisdiction established a single consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?		X		X		X		X	X	
16. Does the jurisdiction provide for “fast track” permitting for affordable housing projects?	X		X			X	X		X	
17. Has the jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act results in automatic approval?	X	X ⁴	X		X		X	X ⁵		X
18. Does the jurisdiction allow “accessory apartments” either as: (a) a special exception or conditional use in all single-family residential zones, or (b) “as of right” in a majority of residential districts otherwise zoned for single-family housing?		X		X		X		X		X
19. Does the jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	X		X			X		X	X	
20. Does the jurisdiction require affordable housing projects to undergo public review or special		X		X		X		X		X

⁴ Buncombe County does have a time limit for the review of subdivisions, but permits are not automatically approved if the time review period is not met.

⁵ There are time limits that would apply to Level 1 and Level 2 projects but not to Level 3 projects, CUP's or CZ's.

hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?										
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Major Regulatory Reforms within past 5 years that Reduce Barriers to Affordable Housing

Buncombe County

In 2004, Buncombe County created local Housing Trust Funds specifically to overcome the barrier of lack of local investment in affordable housing. The Trust Funds support the following programs:

- Low Interest loans for new construction of single-family and multi-family homes that are priced affordably (\$135,000 or less)
- Downpayment Assistance Programs
- Reduced permit fees for construction of affordable homes.

In September 2009, Buncombe County made changes to the Housing Trust Fund Policy to:

- ? Allow housing trust funds to be used to support rental development
- ? Expand the permit fee rebate program to cover septic in addition to the Metropolitan Sewer District sewer rebate and Water Authority rebate.

In addition a Workforce Housing Policy and application was developed to support new single and multifamily housing for persons with income limits up to 140%.

City of Asheville

Urban Place Zoning District (2006)

Creation of a high density urban zoning district that allows up to 64 units per acre.

Adoption of the West End Clingman Avenue Masterplan (2007)

This plan for an urban neighborhood on the edge of Asheville's downtown emphasizes the community goal of encouraging and welcoming affordable housing development, park space, and other public infrastructure.

Cottage development standards (2007)

A voluntary by-right alternative that allows for increased density in exchange for smaller building sizes and shared parking and open space.

Townhouses in Urban Districts (2007)

Townhouses were added as a by-right use in all urban districts.

Water line cost sharing (2008)

A new program is created to allow developers of affordable housing projects the opportunity to apply for grants for the extension of public water infrastructure.

Gated Community Prohibition (2008)

In an effort to encourage interconnectedness and affordability of residential communities, a prohibition on gated communities is adopted.

Flag lots (2009)

Flag lots were required to provide a 25 foot wide access way where the lot connects to the public street (the rest of the lot must meet the lot size standard by district for the buildable portion of the lot). Now the flag pole portion is required to be at least 20 feet which matches the requirements for alternative access subdivisions.

Permit Extensions (2009)

For Conditional Use Permits, Conditional Zoning proposals and Level III projects, the approving body now has the ability to grant an additional extension up to one year beyond the two years approval validity and six-month extensions already.

Increasing the threshold for full site compliance (2009)

Raised the threshold for the cost of renovation amount from 50% to 75% of the tax assessed value of the building; and to also add a definition for *Renovation Costs* to provide clarification as to the type of construction improvements that are to be included when determining if a project must comply with this standard.

Alternative Performance Guarantee (2009)

Allow alternative means of ensuring that required improvements will be made in the event that the developer is unable to secure a bank bond through a "Delayed Compliance Agreement," whereby a developer agrees to complete required installations within a certain time period.

Adoption of the Transit Masterplan (2009)

Includes the implementation to change 60 minute service to 30 minute service on the most heavily travelled routes.

Town of Black Mountain

Adoption of the Town of Black Mountain Land Use Code (2010)

- ? Permits duplexes and group homes in all residential districts
- ? Creates a density bonus for any developments that include affordable housing units (based on 10%-25% ratio to underlying zoning)
- ? Requires pedestrian and transit accommodations according to adopted pedestrian master plan and major transit routes;
- ? Permit fee rebate for affordable units and units which achieve WNC Healthy Built Homes guidelines (per WNC Green Building Council)

CHAPTER III - HOMELESSNESS

1 - OVERVIEW

In Asheville and Buncombe County, an estimated 2000+ people will experience homelessness at some point over the course of one year. The Point-in-Time Count – a national count that takes a census of everyone who is homeless on one night during the last week of January – indicated that there were 516 people experiencing homelessness. 36% of people counted are experiencing chronic homelessness, defined as having been homeless for a year or longer OR experienced four or more episodes of homelessness over the course of three years, with a disabling condition.⁶ Also counted were 305 people who had formerly experienced homelessness that are now in housing and receiving housing stabilization services.

In response to the continuing pressures of homelessness on the Asheville-Buncombe community, the City of Asheville and Buncombe County adopted the 10-Year Plan to End Homelessness in 2005, building on the efforts of the area's Continuum of Care. The goal of the 10-Year Plan is to end chronic homelessness and reduce all types of homelessness over the decade by investing resources in a coordinated, sustained effort that addresses the underlying causes of homelessness.

Through the implementation of the 10-Year Plan, the homeless service system is moving to a model that acknowledges that housing is a key intervention for stability. This model offers people access to **financial assistance** and **housing stabilization** services as they seek to obtain or maintain housing. Preventative services are the least costly and serve the most number of people, while permanent, supportive housing services help a smaller group of people with severe and persistent barriers.

Prevention

In a best-case scenario, our community's response to a housing crisis happens *before* a person or family becomes homeless. This way, people maintain stability in their lives and the cost of helping them is far less than if the household becomes homeless.

People experiencing a housing crisis may need **housing stabilization** assistance in the form of budgeting, rental education, housing relocation to a more affordable home, and eviction prevention. Additionally, short-term **financial assistance** in the form of rent and utility payments can help stabilize families and prevent homelessness.

Rapid Re-housing

Sometimes due to sudden financial loss, health issues, or other situations, people lose their footing and become homeless, despite their best efforts to remain housed. While many people are able to find places to stay with family or friends, emergency

⁶ *Point In Time Count, January 2010*

shelter is available for people who have no where else to go. Whether with friends, family, or at an emergency shelter, the situation need only be temporary if people are provided the right supports.

These **housing stabilization** supports include help finding housing, rental education, negotiating with landlords, budgeting, and help in managing the effects of homelessness. In addition, households that qualify can access **financial assistance** for up to eighteen months while they get back on their feet. The goal of rapid re-housing programs in Asheville and Buncombe County is to reduce the amount of time people experience homelessness so that it is only a short episode in their lives.

To ensure sustainable solutions while working on finding housing, people are linked with other community resources that support employment, education, family and community relationships, mental health, substance abuse, and health care.

Permanent, Supportive Housing

Unfortunately, for some people, homelessness is not just a short episode in their life. Barriers to obtaining and maintaining housing leaves some people on the streets for years. For example, if a person has a disability and cannot work but has not yet been approved for disability services, he or she will have no income at all. Without an income, housing is virtually impossible to access.

Our community pays thousands of dollars in emergency services to treat people who are experiencing long-term, or chronic homelessness. Through permanent, supportive housing, the community can respond to both the high costs and human suffering associated with chronic homelessness.

Housing First programs carefully screen potential participants, create individualized case plans, and offer long-term **financial assistance** and **intensive case management** so that people can access housing. Once in housing, participants work to grow income and stabilize any physical or mental health issues that could threaten their housing stability and lead to homelessness again.

Available Resources to people experiencing homelessness

<p><u>Crisis-Response/Emergency Assistance Supports:</u></p> <p>One-Time rent or utility payment Fuel/Air conditioning payments Emergency and Transitional Housing Emergency Food Clothing Closets Community Meals Transportation Services Wet-Shelter/Detox</p>	<p><u>Housing Stabilization Supports</u></p> <p>Housing Counseling Homeowner/Rental Classes Mortgage Default/Negotiation Housing Location Landlord Recruitment Weatherization Short-Term Rental Assistance (up to 4 months) Medium-Term Rental Assistance (up to 18 months) Long-Term Rental Assistance (18+months) Financial Counseling Legal Services Case Management & Peer Support</p>
<p><u>Wrap-Around Community-Based Services</u></p> <p>Case Management Employment Training/Education Substance Abuse Treatment Mental Health Crisis Response Services Mental Health Counseling Disability Supports Child Care Assistance Family Unification Services Child & Adult Protective Services</p>	<p><u>Collaborations/Pilot Projects</u></p> <p>Jail Diversion: Mental Health, Law Enforcement, and Court collaboration to minimize arrests and jail time for people with severe and persistent mental illness.</p> <p>SOAR: Streamlining the SSI/SSDI Outreach & Recovery Application Process</p>

Housing Services by Agency & Program⁷

Agency	Program	Outreach Services	Crisis Services	Housing Stabilization	Financial Assistance	Emergency Shelter Family Units	Emergency Shelter, Family Beds	Emergency Shelter, Individual	Transitional Housing, Family Units	Transitional Housing, Family Beds	Transitional Housing, Individual Beds	Permanent Supportive
ABCCM	Crisis Ministry	v	v	v	v							
	Men's Shelter							v				
	A Vet's Place								v			v
	Steadfast House								v	v	v	
Asheville Housing Authority	Housing Choice				v							
	Public Housing				v							
	Woodfin S+C											v
ARP Phoenix	Mary Benson House						v					
Caring Children	Cornerstone						v					
Eblen Kimmel Charities	Crisis Services		v	v	v							
First at Blue Ridge	Per Diem										v	
Helpmate	Helpmate					v	v					
Homeward Bound	A-Hope Day Center	v	v									
	Room at the Inn							v				
	Pathways			v	v							v
On Track	Home Base			v	v							
Salvation Army	Emergency Shelter		v		v	v	v	v				
United Way	2-1-1 Information	v										
Western North Carolina Community Health Services	Interlace								v	v		
	HOPWA											v
	Shelter Plus Care I											v
Western Highlands, LME	Shelter Plus Care II											v
	Family Shelter					v	v	v				
Western Carolina Rescue Ministries	Men's Shelter							v				

⁷ Derived from Point in Time Count & Continuum of Care Grant Application.

	Recovery										v	
Veterans Affairs (VA)	Outreach	v										
	VASH											v

Collaboration and Community Participation

1) **Homeless-Specific:** three groups exist to monitor and support the homeless system:

a. The Asheville-Buncombe Homeless Initiative Advisory Committee, made up of 16 members, which includes at least one representative from the Homeless Coalition and one person who has experienced or is experiencing homelessness. Half of the members are appointed by Asheville City Council, and the other half are appointed by Buncombe County Commissioners. The role of the Advisory Committee is to:

1. Conduct research and investigation into issues about homelessness, including causes and effects within Asheville and the surrounding area.
2. Formulate and make recommendation to local governmental entities and social service agencies to reduce the incidence of homelessness.
3. Act as a clearinghouse for information on local homelessness issues.
4. Other duties as requested by City Council or the Board of County Commissioners, or as the Homeless Initiative Advisory Committee deems appropriate.

b) The Homeless Coalition is made up of over 40 local service agencies, as well as advocates and people who have experienced or who are experiencing homelessness. The Homeless Coalition submits and monitors the Continuum of Care Grant and meets monthly to review the developing needs of the community. The mission of the Homeless Coalition is:

*The Asheville/Buncombe County Coalition for the Homeless will work tirelessly toward the day when no human being **has to** be without safe, stable permanent housing.*

c) The Asheville Homeless Network, a coalition of homeless people, formerly homeless people, and their allies in the Asheville area come together for the purpose of identifying and providing information on services in the areas of housing, food, and medical care, and other needs as identified

2) **Other Groups:** The Homeless Initiative also actively collaborates with city and county departments and committees and other groups such as the Asheville Downtown Association Foundation, Asheville-Buncombe Drug Commission, Buncombe Emergency Assistance Coordinating Network (BEACON), Buncombe Council on Aging.

3) **Interagency:** Interagency and intersystem collaborations are necessary to leverage resources. The newest example of interagency collaboration is the community's response to the Homeless Prevention and Rapid Re-Housing Stimulus (HPRP) Funds. Five key agencies have partnered with the city and the Homeless Coalition to ensure that people who are at risk of becoming homeless or are already homeless are able to access rental assistance and housing stabilization services.

4) **Community Events:** Additionally, community-wide events serve to raise awareness, create connections between a diverse range of participants, and offer creative solutions to challenging problems. These events are sponsored by the Homeless Initiative and hosted and supported by faith groups and Hands-On United Way Volunteer program:

a) Homeless Persons' Memorial Day: An annual memorial service to remember the people who died while homeless in Asheville-Buncombe, offering an opportunity for the community to rally and prevent any more deaths. The 2010 service memorialized 26 people.

b) Project Connect and the VA Stand Down: This annual event brings service providers, volunteers, and people experiencing homelessness together under one roof, for one day to provide barrier free services and identify what is needed to continue those services throughout the year. Each person experiencing homelessness is welcomed by a community volunteer, making the experience very personal and meaningful to all involved. The 2009 Project Connect and VA Stand Down served over 300 people, bringing 60 agencies and 100 volunteers together to address homelessness.

c) Focus Group Summits and Dialogue Groups: These provide a venue for focus groups to further explore homelessness. For example, In 2010, 80 representatives from area faith groups participated in a "Faith Summit" to discuss how to move from "Sandwiches to Solutions", leading to measurable interest in a mentoring program for people moving into permanent, supportive housing.

2 – REVIEW OF 2005-2010 GOALS

Summary of 2005-2010 Goals, Targets, and Outcomes:

2005-2010 Goals	Outcomes/Comments 2010-1015 Goals
Reduce the number of people who experience homeless	The number of people who are unsheltered or accessing emergency services has <i>decreased</i> while the number of people accessing transitional housing and permanent, supportive housing has <i>increased</i> , suggesting that the systems change proposed in the 10-Year Plan is, indeed, taking effect.
Increase the number of homeless people placed into permanent housing	The number of people placed into permanent, supportive housing moved from 133 to 305. ⁸
Decrease the length and disruption of homeless episodes	Prior to the Homeless Management Information System, this was a very difficult goal to measure, so unfortunately, no solid baseline data exists. Recent reports from emergency shelters suggest that their programmatic changes have identified people experiencing long-term homelessness and developed individualized plans to help people access housing and income.
Provide community-based services and supports that prevent homelessness before it happens and diminish opportunities for homelessness to reoccur.	City and County programs now integrate issues of housing crisis and homelessness into the network of services and supports provided in partnership with the hospital, crisis response services, the Housing Authority, and about forty agencies or faith groups associated with the Homeless Coalition. New Homeless Prevention and Rapid Re-Housing funding is supporting that network, allowing agencies to access services and provide housing stabilization and financial assistance to people who are at risk of homelessness or who recently became homeless but are not yet experiencing chronic homelessness.

2005-2010 Targets	
*some targets paraphrased	
Target	Outcomes/Comments
Identify a lead entity for implementing the 10-Year Plan to End Homelessness	<p>? The Asheville-Buncombe Affordable Housing Coalition fostered the initial 10-Year Plan implementation project, the Homeless Initiative, during its first year of development.</p> <p>? The City of Asheville, in partnership with Buncombe County, now serves as the lead entity for the Homeless Initiative.</p> <p>? The City of Asheville and Buncombe County endorsed a Committee to oversee the Homeless Initiative, which reviews community outcomes and funding requests, evaluates best practices, and makes recommendations directly to City Council and County Commissioners.</p>

⁸ Continuum of Care Housing Inventory

<p>Implement the Homeless Management Information System (HMIS)</p>	<ul style="list-style-type: none"> ? All key provider agencies are now using HMIS or are engaged in the process of becoming a certified HMIS agency. ? Monthly data quality reports are now available to HMIS users, whose data is increasing in quantity and quality. ? Buncombe County and the City of Asheville now require all grantees/sub-grantees to use HMIS. ? An HMIS report for North Carolina CDBG/HOME grantees was initiated and designed by the Homeless Initiative; it will be available for FY2010-2011 and available to other funders seeking reports from grantees. ? In 2010, Asheville-Buncombe was able to participate in HUD's Annual Homeless Assessment Report, due to available data in the HMIS system. ? United Way's 2-1-1 signed a memorandum with CHIN (HMIS) to share resources, better equipping HMIS users. This partnership is one of the first such partnerships in the country.
<p>Take steps to prevent individuals and families from becoming homeless or experiencing extended episodes of homelessness*</p>	<ul style="list-style-type: none"> ? The Homeless Coalition has provided a regular venue for financial, legal, and counseling services to coordinate with each other. This group has also engaged in landlord outreach, collectively recruiting landlords with market-rate apartments. ? Financial assistance is available to people experiencing homelessness or at risk of homelessness in the form of emergency assistance, security deposits, short and medium-term rental assistance, and long-term rental assistance. ? The SOAR (SSI/SSDI Outreach and Recovery) program increases people's monthly income/ability to afford housing, by helping them access disability entitlements within months instead of years. SOAR has been funded, is staffed, and has been certified by the North Carolina Coalition to End Homelessness. For FY09, the program leveraged \$155,000, or a ratio of 1:62 for every dollar invested into the program. ? Buncombe County Department of Health and Human Services now includes "housing status" as a question at intake using the Medicaider system, in order to better address housing needs of clients accessing public benefits and supports. (The Medicaider system, available beginning in 2009, is an electronic benefits counseling tool used by DSS to evaluate client need, record services, and measure outcomes.) ? Buncombe County jail now includes "housing status" as a question at intake for everyone entering jail, to better plan for people who may be exiting jail with no stable housing. ? With a new data documentation system, Mission Hospital social workers are now including "housing status" as an intake question, to better plan for people who have no place to go upon discharge. ? Buncombe County's jail diversion efforts, including crisis intervention services, a wet shelter, a central reception point for people in crisis, and the Nuisance Court (in partnership with the City), show unparalleled cross-systems collaboration. ? United Way's 2-1-1 provides a housing needs assessment to

	<p>people who are homeless/at risk of homelessness and have tried to access every known resource, as a part of the Homelessness Prevention and Rapid Re-Housing Program</p>
<p>Develop and Implement a community-wide housing first program:</p> <p>? Provide Housing First accommodation to 30 people experiencing chronic homelessness in Woodfin Apartments, Griffin Apartments, and Housing Authority apartments.</p> <p>? Develop a plan to identify or construct 70 additional units of permanent, supportive housing each year.</p>	<p>? 33 units are now available through the Woodfin and Griffin apartments.</p> <p>? Asheville-Buncombe received one of three grants offered through the North Carolina State Mental Health Trust Fund. These grants reflected the first dedicated homeless funding of this nature from the state. 88 individuals were housed through this program. A preliminary report of a longitudinal study carried out by the University of North Carolina at Chapel Hill, North Carolina, indicates a 32% reduction in costs to the community for people who have participated in this program.</p> <p>? The community currently has the capacity to house over 200 people in permanent, supportive housing programs. This includes:</p> <ul style="list-style-type: none"> o 70 new Housing Choice vouchers through the VA, o 45 units at the newly developed Veterans Restoration Quarters, o 96 permanent, supportive housing slots through Continuum of Care funding, o 33 permanent, supportive housing slots through HOPWA. <p>? All Housing First programs show over a 90% success rate, which is above the national average.</p> <p>? The Housing Authority changed its priorities so that people who are homeless AND have supportive services can access available apartments in a timely fashion. The same priorities are slated to be applied to Housing Choice Vouchers the next time the voucher list is opened.</p> <p>? The Housing Authority has also decreased vacancies in its apartments at any one given time by 50%, meaning that more people are accessing housing more of the time.</p> <p>? Funding for the PATH team, which serves people with disabling conditions who are homeless, has doubled. In addition, the program is now housed with Homeward Bound, an agency that provides supportive housing services for people experiencing chronic homelessness.</p> <p>? A team of supportive service housing stabilization counselors, the Housing Authority, Buncombe County, and the City now exists to identify and house people who are chronically arrested, jailed, using the emergency room, and homeless.</p> <p>? Mountain Housing Opportunities has indicated that a portion of a newly proposed development will include some set-aside apartments for a permanent, supportive housing program if approved.</p> <p>? The VA, in partnership with Mountain Housing Opportunities, is evaluating an existing building on VA property to be rehabilitated for permanent, supportive housing units.</p>

3- COMMUNITY DATA

A: POINT IN TIME COUNT

Total People Counted (HUD Defined Homeless):	516
Total Adults Counted (HUD Defined Homeless):	456
Total Children Counted (HUD Defined Homeless):	60
TOTAL CHRONIC (HUD Defined)	187
Total number of people in Facilities	73
Total people in facilities, emergency, transitional, and on the street	589
Total number of people in Permanent, Supportive Housing	305
Total number of people counted (HUD/Facilities/Permanent Housing)	894

Total number of homeless people interacting with police on night of count	2
Total number of homeless students enrolled in Asheville City Schools (August 2009-December 2009)	60
Total number of homeless students enrolled in Buncombe County Schools (August 2009-December 2009)	183
Total number of children in DSS custody not in placement	2

B: HOUSING INVENTORY CHART

Table IV: Housing Inventory, 2010 compared to 2005 estimated need.

Program Type	Year-Round Beds/Units			Overflow Beds	Total Beds	Change from 2005-2010	2005 estimated housing need
	Family Units	Family Beds	Individual Beds				
Emergency	12	44	189	16	249	- 47	+ 35
Transitional	23	67	277	N/A	344	+123	+ 31
Permanent, Supportive Housing	45	15	181	N/A	226	+157	+381
Total:					819	233	447

*Note: Permanent, supportive housing numbers account for the number of beds/units available at a given market rate, based on 100% subsidy for the total amount programs are funded. Often, less expensive apartments can be found and a lesser subsidy is paid, allowing more people to benefit from the same amount of funding.

Estimated Housing Need as of 2010⁹

Program Type	Year-Round Beds/Units			TOTAL Beds
	Family Units	Family Beds	Individual Units	
Emergency	0	0	0	0
Transitional	0	0	0	0
Permanent, Supportive Housing	35	105	350	455

At –Risk Households with Children

The most reliable estimate our community has regarding the needs of at-risk households with children comes from the Buncombe County School Homeless Liaison and Asheville City Schools Homeless Liaison:

Between August 2009 and December 2009, 263 students experiencing homelessness were served by Asheville and Buncombe County Schools.¹⁰

4- GOALS & TARGETS

Services

- ? Resources will increase for supportive housing case management for people who are homeless or at risk of homelessness (annual cost: approximately \$4,000/household accessing permanent, supportive housing services and \$1,000/household seeking prevention or rapid re-housing services)
 - o People experiencing chronic homelessness receiving supportive housing stabilization services: 484 Persons between 2010- 2015.
 - o People who are homeless or at risk of homelessness receiving housing stabilizations services: 9000 Persons between 2010 – 2015.

- ? Collaboration will increase between City, County, the Local Mental Health Management Entity, the Hospital, and community providers and funders to allow a pooling of case management resources to help people obtain and maintain housing.

- ? Services that target families, unaccompanied youth, and parents with older children will support need.

⁹ Continuum of Care estimate. Based on 10-Year Plan, enough shelter and transitional housing exists, but not enough permanent, supportive housing options exist, causing a “back-up” in the system designed to respond to people who are at risk of homelessness or those already experiencing homeless.

¹⁰ From Point in Time Count

Housing

- ? Create 75 new units for people experiencing chronic homelessness.
- ? People accessing permanent, supportive housing remaining in housing for 6 months or more: 432, or 95% of people accessing permanent, supportive housing 2010-2015.
- ? People in transitional housing who will move into permanent housing: 954, or 72% of people exiting transitional housing 2010-2015.
- ? Access to short, medium, and long-term financial assistance will increase to ensure that low and very low-income residents currently homeless or at risk of homelessness can maintain housing.
- ? For new affordable housing developments, units dedicated to people who are experiencing chronic homelessness will be included.

Income:

- ? Employment/Vocational training will exist that is accessible to people who are/have been homeless
 - o 200, or 22% of people with chronic homelessness exiting emergency shelter/transitional housing will be employed.
- ? SOAR program will increase its capacity, serve at least 40 people/year, and continue to have success rates equal to or higher than the national average.¹¹

Data:

- ? Collect and evaluate data from HMIS, County, and City services as well as the hospital and mental health systems to provide up-to-date evaluation of community need and outcomes.
- ? Bed coverage in HMIS will be at 75% for all housing types, and data quality will be sufficient to allow the community to participate in all applicable shells of HUD's Annual Homeless Assessment Report.

¹¹ Based on 15 clients/month/2 caseworkers.

5- ADDRESSING HOMELESSNESS OUTSIDE BUNCOMBE COUNTY

Overview

Homelessness in Henderson, Madison, and Transylvania Counties

Homeless continues to be more prevalent and apparent in urban places such as Asheville. Surrounding towns and counties, however, do experience the same stressors that impact housing stability: low income, poor health, limited access to supportive services, poor quality housing, and a lack of supportive social networks, so homelessness does exist throughout the Consortium. Rural homelessness is typically less visible; while less people will be seen literally sleeping on the streets, there are many who sleep in dilapidated housing, double up with friends or family, camp, or stay in hotels.

Like many rural areas across the country, municipalities and counties in the Consortium struggle to have a clear measure of how many people are experiencing homelessness, and what specific interventions are necessary to mitigate housing crisis for people in Madison, Henderson, and Transylvania Counties. A recent count led by the Hendersonville Rescue Ministries estimates that approximately 90-100 people are experiencing homelessness and another 250-300 people are at imminent risk of homelessness in Henderson, Madison and Transylvania counties do not have current estimates of people who have experienced homelessness, but providers suggest that the numbers range between 30 and 100.

While there has been some activity in the past, currently Henderson, Madison, and Transylvania are inactive members of the Balance of State Continuum of Care. The balance of state "Continuum of Care" funding from HUD leverages millions of dollars for rural communities across the state. This program offers the potential of permanent housing funding for people in Madison, Henderson, or Transylvania counties.

Pockets of collaboration and problem solving do form to meet housing needs that arise. Non-profit providers, city, and county staff all report that there has been an increase in need, particularly among women with children. Additionally, a reduction in the availability and accessibility of mental health resources has led to mental health crisis for people who are experiencing homelessness or at risk of homelessness. While there is not a consensus on the scope or magnitude of homelessness in the three counties, there is a general consensus that the issues of income and access to resources put many individuals and families at severe risk living in unsafe or unstable housing. Table I. provides an overview of the response to housing crisis across Henderson, Madison, and Transylvania counties.

Housing and supportive services available in Henderson, Madison, and Transylvania Counties

Location	Agency	Services Available
All Counties	Department of Social Services	Emergency financial assistance (includes rent), food stamps, family services, Medicaid, Work First
	Social Security	Disability Benefits
	Pisgah Legal Services	Civil legal assistance to help very low income clients meet basic needs, e.g., prove eligibility for subsidized housing or disability income, or to prevent homelessness resulting from eviction.
	VA Medical Center	Homeless Outreach, Emergency Medical Services
	Western Highlands, LME	Qualifies people to receive mental health services and manages mental health providers in the Consortium.
Henderson County	Henderson Housing Authority	Hendersonville housing authority has 380 units, with a three-twelve month waiting list. Elderly & disabled priority.
	Henderson Rescue Ministries	72 emergency shelter beds & 5 transitional substance abuse beds for people experiencing homelessness (includes individuals and families). Also provide case management, medical assistance, food and emergency assistance. Within the year, 2 family units in a duplex acquired in 2010 will offer transitional housing for women and children.
	Interfaith Assistance Ministry	Emergency financial assistance (includes rent), food, clothing, and counseling.
	Mainstay	23 emergency shelter beds (plus 6 cribs) accompanied by counseling, support groups, and children's programs for women and children who are victims of domestic violence.
	Salvation Army	Emergency financial assistance (includes rent), food, clothing, and furniture.
	Western Carolina Community Action	440 Housing Choice (section 8) vouchers. Preference for homeless. Waiting list is two years long.
Madison County	Madison County Housing Authority	191 Housing Choice (Section 8) vouchers and 40 Public Housing units. Waiting list six-12 months long. Domestic Violence priority.
	My Sister's Place	18 beds for women and children who are victims of domestic violence. Offer counseling, family support, and financial assistance.
Transylvania County	Anchor Baptist Church	Food, clothing, crisis support through ministry.
	Bread of Life	Soup Kitchen & food pantry.
	Brevard Housing Authority	Brevard Housing Authority Public Housing 153 Units, waiting list up to six months.
	SAFE, Inc.	24-hour hotline. New facility opened in 2006, and has 16 beds for women and children who are victims of domestic violence and sexual abuse. Offer furniture and clothing to clients moving out of the program. Counseling and support groups available to clients Men's' abuse group and independent life skills available to people not staying at the county.
	Transylvania Christian Ministries (Sharing House)	Food, shower, clothing and counseling. Make tents, blankets, and sleeping bags available to people.
	Western Carolina Community Action	220 Housing Choice (section 8) vouchers. Preferences for homelessness. Waiting list is two years long.
	Under Development:	Two-year planning committee recently gained non-profit status and

	HAVEN	are seeking to develop a shelter with 6-8 beds for individuals and families experiencing homelessness.
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**PRIORITIES and TARGETS
for addressing homelessness in Madison, Henderson, and Transylvania
Counties:**

Housing, emergency assistance, and faith providers are working together to identify needs of people who are homeless or at imminent risk of homelessness. However, the larger community continues to remain unaware or undereducated about the real issues of homelessness in the Consortium, limiting the momentum needed to make a measurable impact on homelessness.

Priorities

The issue and scope of homelessness will be defined and understood by key stakeholders.

Stakeholders will participate in collaborative planning and access technical assistance from local, state, and national agencies in order to implement best practices.

The Consortium will access federal housing resources that will increase access to permanent, supportive housing.

Targets

Programs serving people who are homeless in Henderson, Madison, and Transylvania counties will participate in the state-wide Homeless Management Information System managed by CHIN, or the Carolina Homeless Information Network.

Homelessness will be reviewed by the consortium board at least twice a year to facilitate better understanding of need, what actions are currently being taken to address homelessness, and what actions can be taken to further address the issue.

Madison, Henderson, and Transylvania counties will work to create a Continuum of Care regional committee, making them eligible for permanent, supportive housing that will address the needs of people who are homeless or at risk of homelessness. This committee can be comprised of advocates, providers, municipal and county staff, Western Highlands LME, and other key stakeholders necessary to adequately address the issues of homelessness.

The Continuum of Care Committee will submit an application for Permanent, Supportive Housing beds through the continuum of care by 2015.

CHAPTER IV – NON-HOUSING COMMUNITY DEVELOPMENT

1- INTRODUCTION

This chapter of the Plan is restricted to the City of Asheville, since non-housing community development issues can be addressed only with CDBG funds, and the use of CDBG entitlement grant funds is restricted to the City. We note, however, that other municipalities and the counties in the Consortium have also pursued non-housing community development activities. The chapter is divided into three sections: Public Facilities and Infrastructure; Public Services; and Economic Development and Training. Within these broad areas, a very wide range of activities are eligible for CDBG funding.

Our planning process involved the participation of two non-housing focus groups, one focused on special needs populations and one on economic development. Eleven people participated in those groups. The City's department directors and city manager had a focused discussion on public facilities and infrastructure. Many other discussions occurred with business and community leaders throughout the year.

The special needs population group included representatives of mental health, domestic violence, financial assistance and homeless services organizations. Housing organizations serving special needs populations also were consulted.

Conversations were held with City government staff engaged in economic development, and with representatives of the Chamber of Commerce and local business lenders.

Once a draft of priorities was established, these priorities were made available in an on-line survey for ranking by those who participated in the planning process, as well as any other interested citizen. 80 responded, some with comments. These rankings, although not scientific, have played an important part in establishing the plan's priorities.

HUD Table 2B, which summarizes priority Community Development needs, is found on page 104.

2- PUBLIC FACILITIES AND INFRASTRUCTURE

Asheville strives to maintain modern public facilities and efficient infrastructure. The City and its partners, including Buncombe County, Land of Sky Regional Council of Governments, the Metropolitan Planning Organization (MPO) and others have created numerous master plans, addressing transportation, water resources, storm water, sanitary sewage, public transit, greenways, and specific geographic areas including the city's downtown, river district, and other neighborhoods. These master plans have adequately documented existing conditions, identified needed improvements, and indicated levels of cost, and have done so with extensive research, considerable public involvement, and focused deliberation. However, the city has not applied resources in a strategic and complimentary fashion, nor necessarily made improvements in a strategic manner.

Therefore, in order to more effectively meet its infrastructure needs, coordinate resources, and lead to greater sustainability, the City has begun a strategic capital improvements assessment process. Through this process, the city hopes to:

- ? Integrate its master plans;
- ? Make strategic decisions about investments to bring greatest public benefit;
- ? Create common planning tools and processes to avoid duplication of effort and cost-effectiveness.

This process is now underway, under the direction of the Director of Public Works, and with participation of management personnel from Transportation and Engineering, Public Works, Community Development, Economic Development, and Information Technologies.

This process will result in positive benefits for the city's low-wealth neighborhoods. City infrastructure improvements will be better coordinated with the development of affordable housing, the creation of jobs and employment training programs, and other public services. Access to jobs, education and services will be enhanced through more coordination with transit oriented improvements and alternative access means, such as sidewalks, greenways and bike paths.

Nonetheless, the City funds capital improvements to its public facilities, including neighborhood facilities, parks and playgrounds, public transportation and infrastructure needs such as streets and sidewalks. It has been successful in leveraging outside funding and in mobilizing community resources. The summary of the master plan for the Asheville Parks, Recreation & Cultural Arts Department is provided as an example of the kinds of initiatives Asheville is making in infrastructure and public facilities, and that will be integrated into an overall Comprehensive Capital Improvements program.

City of Asheville Parks, Recreation & Cultural Arts Department

The City of Asheville developed the Parks, Recreation, Cultural Arts and Greenways Master Plan in 2009 to help meet the recreational needs of current and future residents by positioning Asheville to build on the community's unique parks and recreation assets and identify new opportunities. The plan gives clear direction to guide City staff, advisory committees and elected officials in their efforts to enhance the community's parks, recreation and cultural programs, services and facilities.

Greenways and Parks

The vision for Asheville's greenway system is an interconnected system of parks and greenways. The goals are to:

- ✍ Provide a diversity of parks and greenways.
- ✍ Ensure all parks and greenways meet the City's high standards for level of service.
- ✍ Create a system of interconnected local and regional parks and greenways.
- ✍ Preserve Asheville's unique cultural, historical and natural features throughout the system.

Community Centers and Recreation Facilities

The vision for Asheville's recreational facilities is one that works in collaboration with other providers to deliver core services at the neighborhood and community level.

The goals are to:

- ✍ Assure high quality facilities by concentrating facility improvement efforts on bringing older facilities up-to-date as neighborhood centers and special facilities before adding new community-wide elements to the system.
- ✍ Maximize the use of the capacity of each facility by designing multiple, simultaneous uses, flexible spaces, appropriate support spaces and minimization of other non-activity space.
- ✍ Centralize new facility components to serve the entire community while enhancing access through collaboration with public transit.

Capital Improvement Plan

The Capital Improvement Plan for 2010-2015 is based on the direction of the master plan to support deferred maintenance, minor renovations and development, and major renovations and development. The goals are to:

- ✍ Increase access to recreation facilities and open space by developing a connected system of park facilities.
- ✍ Improve the conditions of existing facilities and construct new recreation facilities along greenways or public transportation routes to make them more accessible to residents.
- ✍ Maintain and create open spaces, neighborhoods parks and pocket parks in close proximity to where residents live.

**Major Capital Construction and Improvement Project
2010 – 2015 Project Plan**

PROJECTS

	20010/11	2011/12	2012/13	2013/14	2014/15
Urban Trail	0	50,000	0	50,000	0
Public Art	0	25,000	0	25,000	0
McCormick Field	35,000	35,000	35,000	35,000	35,000
Recreation Centers Improvements	100,000	100,000	125,000	165,000	100,000
Parks/Facilities Improvement	200,000	200,000	265,000	200,000	215,000
Land Acquisition Parks & Greenways	75,000	25,000	100,000	100,000	100,000
Turf Replacement		25,000	100,000	100,000	100,000
Nature Center Improvements	100,000	115,000			
Azalea Parks Improvements (Water Line Ext & Parking lot)	25,000				
Reed Creek Greenway -South Segment-Construction Documents					150,000
Total Parks, Recreation & Cultural Arts	535,000	575,000	625,000	675,000	700,000

***Unfunded Master Plan
Projects***

PROJECTS OVER YEARLY FUNDING TARGETS

	20010/11	2011/12	2012/13	2013/14	2014/15
Azalea Parks Improvements (Water Line Ext & Parking lot)	75,000				
Reid Center Phase II -Gymnasium Construction Documents	300,000				
Beaucatcher/Overlook Greenway -Construction Documents	150,000				
Memorial Stadium Improvements		500,000			
Valley Springs Athletic Complex			500,000		
Senior Center- Construction Documents			200,000		
Beaucatcher Park (White Fawn)				500,000	
Clingman Forest Greenway-Construction Documents				175,000	
Walton St Park Improvements				150,000	
Richmond Hill Park Improvements					300,000
Reed Creek Greenway -South Segment-Construction Documents					
Total Additional Funding	525,000	500,000	700,000	825,000	300,000

****Projects are prioritized yearly as outlined in the Departments Master Plan***

Adjustments were not made based on targeted funding caps

3 - PUBLIC SERVICES

Assessing Needs

As in most communities, government and non-profit agencies in Asheville provide a wide range of public services, which meet the needs of the community to varying extents. Systematic and comparable data on the levels of need for different services are not available. Waiting lists for existing services are not an accurate guide to the level of need, and provide no information at all on gaps in services (i.e. needs that are not met). The following pages contain necessarily selective information on some available indicators of need.

General Demographics

Table 18 provides a general population profile of age and poverty. Over the past ten years Asheville has experienced a moderate 1.1% increase in population per year and is projected to remain relatively flat throughout the next decade. Compared with statewide averages, Asheville has more elderly people but relatively fewer elderly people in poverty, consistent with the in-migration of middle- and high-income elderly. With the nationwide aging of area baby boomers and the local in-migration of retirees Asheville is seeing a need for different senior programming services including more skill development, computer training, second career training and continued opportunities for social interaction and support. Despite the affluence of many elderly people in Asheville, 29% of elderly households have yearly incomes of less than \$15,000. This opens up a multitude of issues ranging from housing cost burdens, to housing repair needs and the susceptibility to predatory lending. Three senior centers and six meal site programs operate in Buncombe County.

In contrast to relatively modest needs for the elderly, the proportion of children in poverty remains well above the state average. Despite a nominal reduction in the number and proportion of Asheville children living in poverty from 1990 to 2000, one quarter of the City's children under the age of five still live in impoverished conditions. Half of the children in Asheville City Schools are eligible for free lunches and one in three is eligible in Buncombe County Schools.

Persons with disabilities face innumerable difficulties with physical and mental limitations and accessibility to support services and housing. The 2000 U.S. Census identified 19,516 persons with physical disabilities and 10,800 persons with mental disabilities in Asheville and Buncombe County.

In Asheville, the African-American (non-Hispanic) population is disproportionately represented in the lower-income categories. Table A-14 in the Housing Market and Needs Assessment shows that 27 % of African-American households fall into the extremely low income group, while only 13% of all households in City fall within this income range.

Demographic Indicators of Need (Asheville)

Category	1990	2000	Percent Change	Percent of Local Population	Statewide Percent
Total Population	61,654	68,952	12%		
Age less than 5	3,685	3,599	-2%	5.2%	6.7%
Elderly (65 and older)	12,484	12,740	2%	18.5%	12.0%
African American	12,207	11,882	-3%	17.2%	21.5%
Hispanic/Latino	528	2,713	414%	3.9%	4.6%
Poverty*	9,442	10,305	9%	15.5%	12.3%
Age <5 in Poverty*	993	872	-12%	24.2% of age group	17.6% of age group
Elderly in Poverty*	1,771	1,226	-31%	9.6% of age group	12.6% of age group
Disabled** (16-64)	2,446	5,111	109%	7.4%	8.5%
Elderly Disabled***	2318	3658	58%	28.7% of age group	32.4% of age group

Source: US Census 1990 and 2000

* In population for which poverty is determined

** Employment disability

*** With a self-care or mobility limitation

North Carolina has one of the fastest growing Latino (Hispanic) populations in the nation. While this ethnic group is still only 3.9% of Asheville's population, its growth is extremely rapid. Most service agencies are seeing increasing use of their services by Latinos and have added translation services and cross-cultural training for staff. Asheville-Buncombe Community Relations Council has seen a rise in fair housing complaints by Latinos.

Basic Subsistence and Individual/Family Support

Basic subsistence and individual / family support are essential to survival and achievement. The Asheville–Buncombe community provides a wide array of services aimed at stabilizing households and building success.

Homeless prevention is an essential element of this Plan. Beyond the existing federal income support programs, many local programs provide emergency cash and rent assistance to prevent homelessness. Case management, renter education and financial counseling services are provided by such agencies as Homeward Bound, Helpmate, Eblen-Kimmel Charities, OnTrack, and WNC AIDS Project to assist clients in budgeting and management of resources to avoid eviction, foreclosure or homelessness. Additional agencies like the Emma Family Resource Center, Community Action Opportunities and Eagle Market Streets Development Corporation work hands-on with clients to stabilize basic subsistence issues and provide life skills training and on-going support. Pisgah Legal Services provides civil legal assistance for low-income residents to resolve housing issues resulting from domestic violence, eviction, foreclosure or fair housing, and provide representation to prove eligibility for subsidized housing or disability income.

Household financial stability has become an increasing critical concern. The problems of families who are stretched beyond their means to meet the cost of

housing, transportation, and child care are being exacerbated by job loss, mounting credit card debt and predatory lending. Too many households must make monthly choices between paying debt and sustaining basic subsistence. Through CDBG funding, OnTrack offers housing and financial counseling to households in financial crisis.

Housing Support Services

Between 2005 and 2009, affordable housing developers successfully used HOME funds in Down Payment Assistance programs to enable qualified applicants to purchase homes, despite the rising costs of those homes. In the past two years that landscape has changed. Developers and real estate brokers tell us that a meteoric rise on required credit scores is the biggest reason for denial of applications for conventional home-purchase loans in the Asheville area. There is a demonstrated need for intense, long-term counseling to educate and support prospective buyers who need to stabilize and repair their credit. In addition, post-purchase counseling has also been determined to be a growing need. The community is beginning to recognize the need to provide financial literacy education earlier, with the idea of preventing credit problems in the first place.

Predatory lending has been a serious issue here, although, as presented above, the foreclosure rate is well below state and national rates. Predatory lending appears to be on the wane in light of national scrutiny of those practices, and current investor disinterest.

Transportation

Lack of transportation continues to be a major obstacle for low income persons trying to access services and employment. Mountain Mobility and the Asheville Transit System provide the bulk of the area's public transportation. Recognizing the growing importance of public transportation for lower income persons and for community sustainability, the City approved a new Transit Plan in October, 2009. The Plan's strategy is to increase the frequency of public transportation trips along the most utilized routes, and to slowly increase the fare structure to build more sustainability into the system's finances. 75% of the City's residents live within one-quarter mile of a public transportation route. In 2008 there were 5,378 daily boardings, an annual ridership of over 1.5 million, compared to one million rides in 2004. In the ridership survey taken in 2008, trips involving work accounted for 39% of all trips taken; shopping accounted for 22 % of all trips. 68% of riders took the bus because it was their only option; 18% chose not to have a car and ride the bus instead. 68% of those surveyed indicated incomes of less than \$15,000/year.

The City Transportation Department continues to work to increase the accessibility of transportation in Asheville. These physical improvements can be found in the Infrastructure section. The City and its transportation partners will continue to look at opportunities to sustain and expand its services to low income persons.

Federal funding for transit service is decreasing. Asheville will see a loss of \$400,000 in the next year because the size of our service area places our system into a funding category which places a greater fiscal responsibility on the local municipalities.

Education and Child Welfare

Education Benchmarks

Asheville City Schools posted significant year-to-year gains in district-wide AYP (Adequate Yearly Progress) results and three individual schools made AYP goals for the 2008-09 school year – one more than in the prior year.

As a district, Asheville City Schools met 94% (47 of 50) AYP target goals, a ten-percent increase compared to the 2007-08 school year (42 of 50 goals). In reading, 70.9% of 1,472 students in grades 3-8 achieved proficiency and in math, 81.6% of those same students were proficient. Tenth grade scores also form a component of the federal AYP standards. The district tested 241 tenth graders, and 71.5% were proficient in reading and 69.3% in math – both exceeding NC’s 2008-09 AYP benchmarks. The district also met attendance (95.7%) and graduation (73.8%) AYP targets.

A combined math and verbal mean test scores for 12 years shows Asheville City Schools to be above the state average as follows:

Grade	% passed reading	% passed math
3	68.4	84.5
4	71.3	82.6
5	67.2	79.1
6	65.6	76
7	72.2	82.3
8	66.0	80.9
3-8	70.9	81.6

There is still much room for improvement, as only three of nine (33%) district schools met all of their AYP goals: Dickson Elementary (13 of 13 goals); Vance Elementary (17 of 17); and the School of Inquiry and Life Sciences (5 of 5). Five other schools met all but one goal and Asheville High missed on two of 17 goals.

<http://www.ashevillecityschools.net/news/Releases%20for%20Press/AYP%20status%20for%20ACS%20jul21%202009.doc>

Achievement Gap 3-8th grade

It is very disturbing that despite gallant effort and targeted programs such as The Knowledge is Power program and the work of the now defunct Asheville-Buncombe Vision, the gap between Caucasian and African American students continues to widen. In 2009, 60 percent of third- through eighth-grade African-American students were rated proficient on the state math test, compared with 95 percent of white students. The reading gap was very disturbing, with only 41 percent of African-American students performing at or above grade level, compared with 92 percent of white students.

Upcoming solutions include more academic coaching, more frequent assessment of progress and use of a grant from Western Carolina University that has two psychology professors working with teachers to raise awareness of how unintentional racism affects the achievement of minority children. These are solid steps the city system has in place that won't likely erase the gap but should help to close it. The Asheville City Schools Foundation is setting up a project to address this issue that will start in September. With the help of 10 service providers including the Boys and Girls Club and YWCA, 200 after-school academic and activities slots per week will be offered in a variety of locations. Transportation and snacks will be provided.
<http://www.citizen-times.com/apps/pbcs.dll/article?AID=2010100114064>

The Listening to Our Teens Project produced a wide and varied list of needs cited by Asheville Students, some of which will be addressed by programs being implemented over the next year. A summary of the major findings for after school and summer time includes:

Over 500 middle school students in Asheville want to participate in after school and summer activities but cannot due to transportation, cost, lack of information and conflicts with parent work schedules. Also, a wide variety of activities marketed appropriately and for specific age groups, would increase interest. There is a high interest in participating in relevant, real world tasks as volunteers, as well as a need and desire for academic help. Most A students in middle school math classes received help, those with D's mostly did not. Academic support along with fun summer activities are crucial to youth development and minimizing learning loss in the summer (which is cumulative and of greater significance for students of color and poverty). Read about this project in detail for more information.
<http://acsf.org/LTOT%20Executive%20Summary.pdf>

Asheville City Schools <http://www.ashevillecityschools.net/Pages/default.aspx>
Asheville City Schools Foundation <http://acsf.org/>

Health and Mental Health Services

Buncombe County is the governmental entity providing or contracting for many of the primary human services in Asheville.

The effects of the economic recession have hard hit the low income households in Buncombe County. In the last two years, Human Services provided by the County have increased significantly:

- ✍ 9% in WIC
- ✍ 11% in Medicaid cases
- ✍ 57% in Food Assistance recipients
- ✍ 62% in New Adult Protective Services Cases

Caseloads:

- ✍ Food Assistance is currently provided to over 29,000 Buncombe County residents (only 16,000 received assistance just 5 years ago)
- ✍ Food Assistance benefits funneled into the community each month top \$4M and are expected to exceed \$45M for the year.
- ✍ There are over 38,000 people in the county who receive Medicaid each month, approximately 15% of the county's total population.
- ✍ 3,435 children have health insurance through the Health Choice program

Child Welfare

Protective services are legally mandated, non-voluntary services for families that encompass specialized services for maltreated children (abused, neglected, and/or dependent) and those who are at imminent risk of harm due to the actions of, or lack of protection by, the child's parent or caregiver.

Child Protective Services are designed to protect children from further harm and to support and improve parental/caregiver abilities in order to assure a safe and nurturing home for each child. Generally, such services provided in the homes of these families are preventive, rehabilitative, and non-punitive with efforts directed toward identifying and remedying the causes of the maltreating behavior. This is accomplished through parent/caregiver cooperation and consent or, in the event conditions pose serious issues for the child's safety, through the agency's petition to the court.

Child Protective Services' foremost responsibility is to protect the child and to assure a safe environment. The removal of a child from his or her home should only occur when the risk of harm to the child is so great that his or her safety cannot be assured in the home. The decision to remove a child should be based on an analysis of the risk of harm balanced with implementing reasonable efforts to ensure safety within the family.

Average number of cases per month in FY	Investigative Assessment	Family In-Home Services	Foster Care/Adoptions
FY 2007	329	327	259
FY 2008	356	332	266
FY 2009	278	271	271
FYTD2010	220	242	252

	Total Child Protective Services Referrals Received	Total Child Protective Service Referrals screened-in for Assessment
FY 2007	4295	3325
FY 2008	4264	3312
FY 2009	4579	3146
1st half FY 2010	2120	1425

Exits from Foster Care for July 1, 2009 through Dec 31, 2009 (1st half FY 2010)

32%	Adoption
30%	Reunification
21%	Emancipation
7%	Other
6%	Custody to Relative or non-removal parent
2%	Custody to other court-approved caretaker
2%	Guardianship to relative or non-removal parent

Notes:

? 91% of children remain safely in their own homes or homes of kin and out of Foster Care

Health

There are a number of health programs to assist the uninsured:

Buncombe County contracts with Western North Carolina Community Health Services (WNCCHS), a comprehensive Federally Qualified Health Center, to provide primary care services to persons without insurance. This recent partnership is allowing the County to expand its capacity to meet local health care needs. WNCCHS is able to maximize reimbursement for its services because of its status as an FQHC.

Asheville-Buncombe Community Christian Ministry (ABCCM) provides acute, episodic medical, dental care and pharmacy for the uninsured.

Buncombe County Medical Society's award-winning Project Access provides over 24,000 uninsured low-income people with access to specialty (e.g., cardiology, urology, etc.) health care, using County funds, volunteer services and grants.

Buncombe County's "Health Choice" program, funded through the federal Children's Health Insurance Program, provides preventive health care, prescriptions, surgery,

dental, vision, immunizations and more to low-income children with no medical insurance or Medicaid coverage.

Behavioral health services in the County have changed dramatically in the last six years, when the State implemented “mental health reform,” converting from a public system to a privatized one. The change has been a publicly-acknowledged disaster. A local management entity (LME) is responsible for contracting for services among private providers in an 8-county region which includes Buncombe County. One positive side-effect of the fragmented, marginal system is that crisis services have improved and are widely available: a local crisis stabilization unit opened and inpatient beds for uninsured persons are available, mobile crisis team outreach services are successful, law enforcement has been trained to work with persons in a behavioral health crisis, and urgent psychiatric (prescribing) services are available. The present plan is for the LME to implement a Medicaid waiver and contract predominantly with “critical access behavioral health agencies”—which will have strict quality assurance standards. The local LME does contract with a provider of services for the homeless for its PATH program, which provides outreach services to homeless person and engages them in mental health and substance abuse services. Buncombe County also funds a number of local jail diversions programs which target the mentally ill who are homeless or at-risk for homelessness. For example, the JUST program obtains the release of detainees—with judicial approval—so persons with mental illness may engage treatment. The housing status of all jail detainees is tracked; two fulltime case managers develop release plans and link persons to services and resources.

4 - ECONOMIC DEVELOPMENT AND TRAINING

Overview

The City's Economic Development Office is an active force in creating and expanding economic opportunities. Listed below are the major economic development initiatives that will be carried forward in the next five years.

Downtown Master Plan

On May 26, 2009, Asheville City Council accepted the Downtown Master Plan, a vision for the future development of Downtown Asheville. The plan addresses issues of development, culture, and historic preservation across five "neighborhoods" of Downtown.

mapAsheville

Map Asheville, recognized as an Outstanding New Media by the International Economic Development Council in 2008, offers users a variety of mapping features. MapAsheville includes Crime Mapper, a service that allows users to view up-to-date crime statistics; Development Mapper, which contains information about large-scale development projects; and Priority Places, an interactive map focused on economic development projects; among others.

City-owned Land Initiative

The City of Asheville is pursuing a process for redeveloping city-owned properties to advance Council's and the community's strategic goals for Asheville. In 2008 the City released a Request for Proposals for three (3) downtown sites to a short list of development teams selected through a detailed Request for Qualifications process. The City began negotiation with the chosen developers in 2008. One of these developments- The Eagle Market Renaissance project- continues to explore partnership between an experienced development team and the Eagle Market Streets Development Corporation, a designated CBDO.

Biltmore Park Town Square

Located approximately ten miles south of Downtown, the newly developed Biltmore Park Town Square combines shopping, dining, movie-going, living, and working into one location. A true Urban Village, the Biltmore Park Town Square mixes high-density housing with commercial needs to become a destination for any purpose.

RENCI Engagement Site

The Renaissance Computing Institute (RENCI) creates partnerships between academia, community organizations and technology to tackle complex environmental issues. In Asheville, the RENCi engagement site exists as a partnership between the City of Asheville, the University of North Carolina at Asheville and ten other local organizations. Formerly located at the AB-Tech Enka campus, in September of 2009, a new RENCi engagement site opened at the Grove Arcade in Downtown Asheville. The new site offers state-of-the art modeling technology and a space for local government boards to meet.

In 2008, City Council adopted a new Strategic Operating Plan identifying key goals and objectives for the community and specific tasks to achieve those goals. Both

economic development and affordable housing are central to the plan. The Plan is updated annually. The economic development goals and strategies for 2010-2011 are:

Goal: Create more collaborative and effective working partnerships between the City of Asheville, the business community, and other key organizations to effectively manage the city's regulatory environment while accomplishing economic development goals.

- ? Support diversified job growth and small business development.
- ? Support small business through reductions in taxes, fees, and regulations.
- ? Partner in regional economic development strategies, including the HUB; continue partnership in the Economic Development Coalition.
- ? Expand partnerships with UNC-Asheville, A-B Tech, Mars Hill College and other institutions to achieve common goals, including health and wellness, workforce development, and sustainable economic development.
- ? Provide leadership in buying local products and services.
- ? Work cooperatively with state and county elected officials to enable the city to implement practical water system management and voluntary annexation policies.

Goal: Support a strong local economy by continuing to implement sustainable growth and development policies.

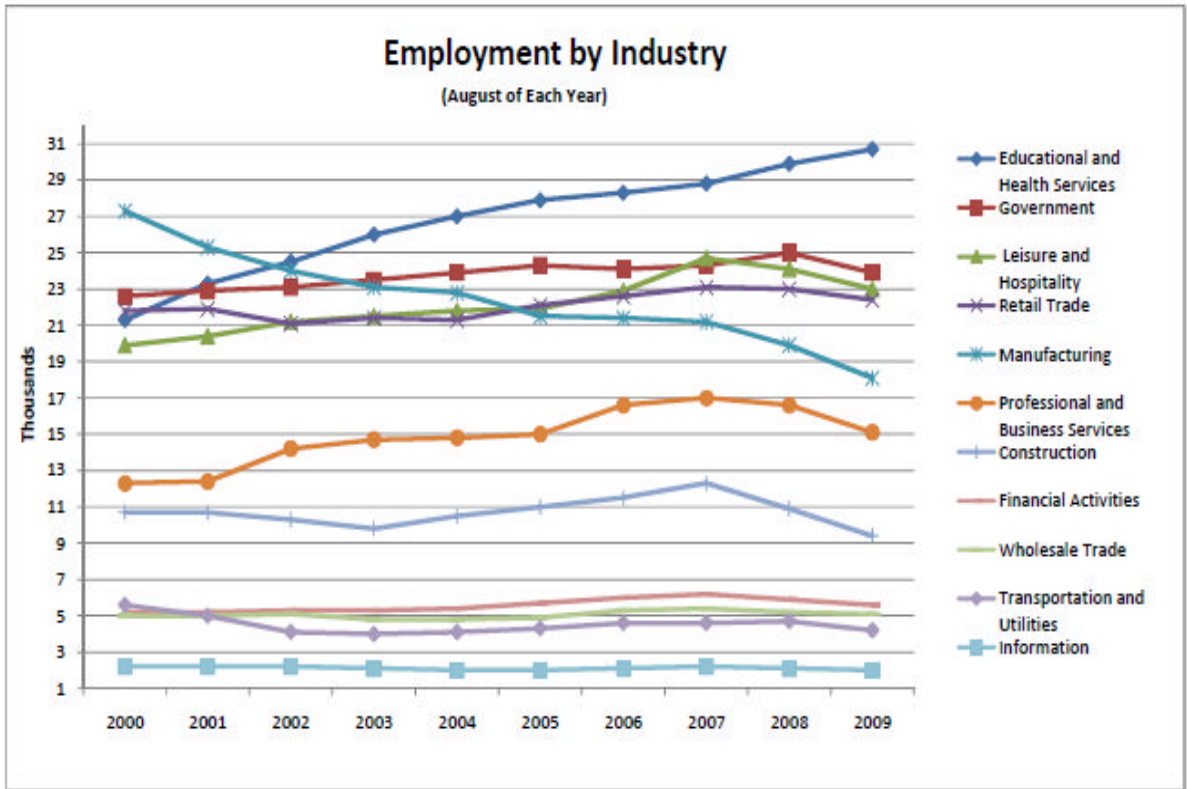
- ? Promote sustainable, high-density, infill growth that makes efficient use of existing resources.
- ? Support the riverfront redevelopment partnership and formation of a dedicated office.
- ? Complete the Downtown Master Plan process and begin implementation.
- ? Pursue models for re-formatting the Unified Development Ordinance so that it is easy to use and understand.

Goal: Maintain Asheville's commitment to being an "employer of choice" in the region.

- ? Attract and retain quality employees with an emphasis on local labor pool development opportunities and by paying sound wages and benefits.
- ? Enhance diversity throughout the City as an organization so that the workforce more closely resembles the community, especially in the area of public safety.

Employment Opportunities

The education, health, and social services sector continues to expand. All other employment sectors are down.



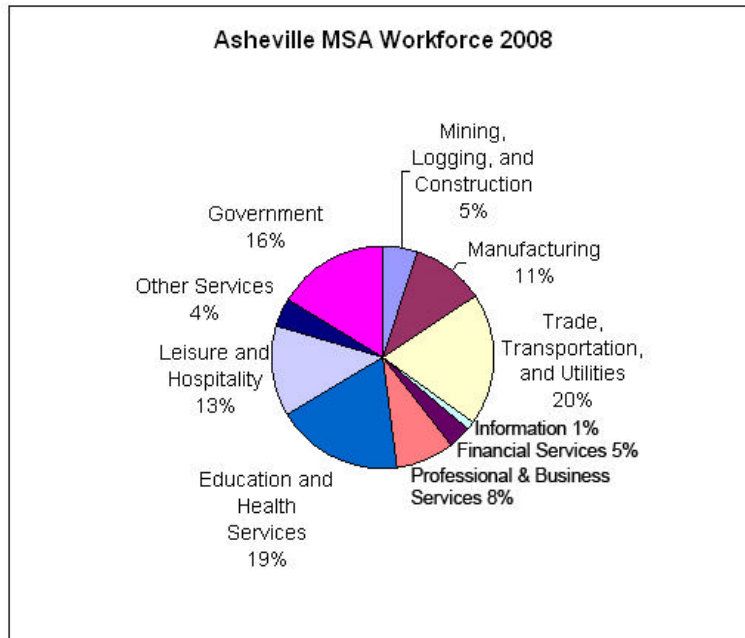
North Carolina Occupational Trends
Mountain Area WDB

(Buncombe County, Henderson County, Madison County, Transylvania County)

Fastest Growing Occupations by Job Growth

Employment Outlook 2006 - 2016

Occupation		Total			Total
		Growth			Percentag
		Openings			e
					Change
Home Health Aides		1,650			39.57
Combined Food Preparation and Serving Workers, Inc		1,450			31.91
Retail Salespersons		1,180			19.02
Registered Nurses		1,110			27.13
Waiters and Waitresses		820			23.82
Customer Service Representatives		810			33.13
Personal and Home Care Aides		690			68.67
Janitors and Cleaners, Except Maids and Housekeeping		500			23.74
Maids and Housekeeping Cleaners		470			20.76
First-line Supervis./Managers Of Retail Sales Work		450			13.71
Executive Secretaries & Administrative Assistants		440			21.91
Landscaping and Groundskeeping Workers		420			29.46
Bookkeeping, Accounting, and Auditing Clerks		420			19.78
Food Preparation Workers		420			27.62
Office Clerks, General		410			16.65
Receptionists and Information Clerks		400			27.14
Cashiers		360			7.62
Business Operations Specialists, All Other		330			31.05
First-line Supervisors/Managers Of Construction		330			21
Cooks, Restaurant		330			25.04
Carpenters		320			20.38
Construction Laborers		320			21.16
First-line Supervisors/Managers Of Food Preparation		320			23.93
Child Care Workers		300			22.89
Clergy		290			27.19



U.S. Bureau of Labor Statistics

In April 2008 the Asheville MSA unemployment rate was 4.0%. It has been climbing steadily since that time to a high of 9.6 % in February of 2009. In December 2009 the rate was 8.8%, but returned to 9.6% in February 2010. In the past twelve months, the only sector gaining employment has been the education and health sector; all others have lost employment. The North Carolina unemployment rate was 11.2% as of December 2009. The federal rate was 9.7% in January 2010.

The growing disparity between the cost of living in Buncombe County and the potential earning power of its workforce is a persistent problem for the region. The consequences for housing affordability are well documented in the Housing Needs Assessment.

In addition to housing affordability gaps, many lower-wage jobs (i.e. retail, restaurant, service industry) provide no health care coverage for employees. Workers in these jobs are unlikely to be able to afford private health insurance, but may still be above the Medicaid income limits. Many of these jobs also fail to provide sick pay, family leave or retirement benefits.

Employment Training and Education

Job Training

Strengthening and growing job training opportunities in this area and investing in the appropriate technologies and equipment in the classroom will be increasingly

important in preparing Asheville's workforce to meet the needs of changing economy and increase earnings among the low -income population.

Many low-income individuals face economic disadvantage, job loss, and other serious barriers to employment. Employment education opportunities can provide job readiness training and other services that result in increased employment and earnings, increased educational and occupational skills, and decreased welfare dependency. Employment training can offer greater mobility and opportunity in the workplace and prepare the labor force to compete in a changing economy.

Asheville has a network of employment education and training resources operated by AB Tech, Goodwill Industries, NC Vocational Rehabilitation Services, Buncombe County DSS and Community Action Opportunities, as well as several employers providing on-site training. This list is not exhaustive. Training can be as specific as technical skills development, and internship opportunities. It can also be one-on-one consultations in career preparation and job search and job readiness skills (i.e. resume writing, budget).

Green Opportunities, Inc. is relatively new Asheville-Based non-profit employment readiness and training organization. Its Asheville GO program prepares unemployed, low-income youth and young adults for living wage, green collar jobs through technical skills training, life-skills training, academic training and support, case management, and hands-on service projects. Members who successfully complete a four-month preparatory training program are placed in a five-month paid apprenticeship with local employers.

The City has also supported the GO Energy team which provides the labor to weatherize the homes of low-income homeowners in the designated lower-income neighborhoods in the City. Community Action Opportunities, funded through the US Department of Energy, provides the materials and also contracts with other businesses to perform code-related work such as furnace replacements. Green Opportunities GO Energy Team is one of the apprenticeship opportunities provided to GO members, one making a direct, measurable improvement to the lives of low-income families in our City.

Micro Business and Self-Employment

Micro-enterprise and self-employment are significant elements of the Buncombe County economy. According to the statistics gathered from the US Census and US Department of Commerce by the Association for Enterprise Opportunities, Buncombe County had 24,654 businesses with four or less employees. 88% of all businesses in the County with employees were microenterprises. 29% of all persons employed in the County in 2006 were employed in micro-enterprises.

City residents have access to small business support through a number of organizations: Asheville-Buncombe Technical Community College Small Business Center and Incubator, the Asheville Small Business Development Center, Mountain BizWorks, SCORE and the SBA. CDBG supports programs that broaden access and specifically meet the needs of low-income individuals. The survival rate, after 2.6

years, of small businesses that receive business development services is 79% for low-income owners and over 90% for moderate-income owners, compared with only 60% for those who do not receive services (Association for Enterprise Opportunities)

A strong business plan does not ensure success. Lack of adequate capital is a primary reason for small business failure. Low-income people entering self-employment have particular difficulty accessing capital. Poor or no credit history, insufficient collateral, low wealth, language barriers, and other barriers prevent low-income entrepreneurs from securing a loan from conventional lending institutions. Mountain BizWorks, through its Mountain BizCapital subsidiary, offers a Small Business Loan program which has been able to provide particularly creative and flexible loan packages to clients who cannot access credit from banks. In 2009, Mountain BizWorks was able to provide its services to 1074 entrepreneurs (65% were low-income, 61% were women, 26% were racial or ethnic minorities). Those individuals created 163 businesses and expanded 390 businesses. In turn, those businesses created 309 jobs and sustained 1147 jobs. They also made 49 loans totaling almost \$792,800.

Minority Business Enterprise

Through its Minority Business Program, the City of Asheville actively seeks to identify minority businesses and offer them an opportunity to participate as providers of goods and services to the city. The intent of the program is to widen opportunities for participation, increase competition and to ensure the proper and diligent use of public funds.

It is the City of Asheville's policy to: (1) provide minorities equal opportunity to participate in all aspects of city contracting and purchasing programs, including but not limited to, participation in procurement, professional and construction contracts; (2) prohibit discrimination against any person or business in pursuit of these opportunities on the basis of race, color, sex, religion, disability, familial status, or national origin, and to conduct its contracting and purchasing programs so as to prevent any discrimination and to resolve all claims of such discrimination.

Through participation in the statewide HUB program, the City actively seeks to identify and support historically underutilized businesses. The City's Minority Business Program acts as a conduit for HUD certification for the City's minority, woman and disabled-owned businesses.

Economic Development Incentives

Current economic development policies and incentives include local, state and federal opportunities for business and industrial assistance. The City offers both an incentive grant program and an infrastructure grant program which reimburse businesses and industries a portion of increased property tax from their investment. The City continues to explore other possible opportunities for promoting economic development using City resources. Ideas have included using City capital improvements to provide incentives, expanding funding, pursuing user-supported funding, particularly room tax and prepared food and beverage tax, as well as seeking public-private partnerships for infrastructure projects.

The state currently offers a variety of economic incentives through its Development Zone program. These primarily include tax credits for manufacturing and job creation projects. Historic preservation tax credits are available through both state and federal sources.

The federal government enacted the New Market Tax Credit program in 2000, allowing large investors to obtain tax credits by investing in economic development projects in low-income areas. However, Asheville has yet to see a project using this type of funding.

In November 2004, North Carolina voted to approve tax increment financing (TIF) as an economic development tool. This allows local governments to borrow money, typically in the form of a bond, against the future increase in tax revenue from specific improvements. This mechanism has been used in forty-eight states for a variety of projects ranging from the extension of water and sewer for industrial projects to cleaning up contaminated sites for new development. Asheville has participated in one TIF to date.

Blighted Commercial Areas

Asheville has a handful of commercial districts in low-income areas that are underutilized or have been in decline for a number of years. Reinvestment in these commercial districts can benefit the surrounding neighborhoods and Asheville as a whole.

- ? **South Pack Square**, also called “The Block” was formerly the center of African-American business life for the whole region. It has suffered for many years from pervasive blight and disuse. Over the past 10 years, significant amounts of CDBG funding has been invested in planning and property acquisition through Eagle Market Streets Development Corporation, but broad local support for specific redevelopment projects has been lacking, and several initiatives have failed through political and legal opposition. There is some optimism that the tide has changed. The Eagle Market Renaissance project was formed in 2008 as a result of a City Request for Proposals for redevelopment of property owned by the Eagle Market Streets Development Corporation. A resulting Eagle Market Renaissance partnership was formed, and this group is now pursuing property acquisition and financing for a mixed use development. Mt Zion Community Development Corporation is also now assessing the feasibility of redevelopment of church-owned property in this area.
- ? **Haywood Road** was the “Main Street” of West Asheville. Over the past five years it has enjoyed moderate private investment in new businesses and several buildings are being renovated. This area still deserves continued observation and consideration for CDBG funding.
- ? **The Riverfront Area** lies west and south of the central business district. This old industrial area has been in decline for many years and offers exciting opportunities for revitalization with a mix of residential, commercial, industrial and recreational uses. It has seen the growth of an “artist’s colony” of small workshops and studios in former industrial buildings. In 2008, Mountain

Housing Opportunities acquired the old Glen Rock Hotel, and secured financing (including HOME and City Housing Trust Funds) for the rehabilitation of the hotel and the construction of 60 new units of tax credit rental housing. This development is now under construction. The City has initiated the construction of the Livingston Street Center to replace the Reid Recreation Center. New greenway development is planned in this area. CDBG or HOME investment in residential development together with CDBG investment in small businesses is a possibility.

Brownfield Redevelopment

Brownfields are underutilized properties where development is hindered by real or perceived contamination. Several such properties spot the City's landscape in poor and disadvantaged neighborhoods, including a significant number of empty warehouses, dilapidated factories, and junk lots in the riverfront area.

Transforming brownfields is an opportunity to attract new businesses and residents, create new jobs, and increase tax revenues. The Land-of-Sky Regional Council has created a broad public-private partnership called the Regional Brownfields Initiative (RBI). The RBI has been awarded \$400,000 Brownfield Assessment Grant and a \$1,000,000 Brownfields Revolving Loan Fund Grant from the US Environmental Protection Agency (EPA) for brownfield redevelopment. The Revolving Loan Fund will be used to provide low-interest loans to for-profit and non-profit developers and sub-grants to local governments for brownfields cleanup projects within the Land-of-Sky region (Buncombe, Henderson, Madison, Transylvania).

This initiative represents a leverage opportunity for CDBG funds as well as technical support for the redevelopment of Asheville's blighted areas. There are presently three properties within Asheville registered under the program, the former Andrex Industries site on Deaverview Road, and two parcels occupied by the former Cotton Mill on Riverside Drive. However, at least 20 more have been identified as potential brownfield sites and 75-100 sites remain to be investigated.

Neighborhood Revitalization Strategy Areas and Sustainability

Sustainable communities are achievable. The City can best assist in supporting stronger and sustainable neighborhoods through a program of strategic investment, developed through participation of stakeholders and partners.

? West Riverside NRSA (West Riverside Weed and Seed)

In 2006, the City instituted the West Riverside Weed and Seed area, and successfully applied for US Department of Justice (DOJ) funding for this initiative. The area was designated a Neighborhood Revitalization Strategy Area in 2007. Now entering its fifth program year, the Weed and Seed program has helped residents in

this historically low-income, primarily African American neighborhood make significant gains in reducing crime, achieving neighborhood improvements, energy conservation and increased pride. CDBG funding has been used to help renovate the existing Burton Street Community Center; make traffic calming improvements for increased pedestrian safety; and improve the energy efficiency of existing homes through a unique partnership among Community Action Opportunities, Western North Carolina Green Building Council and Green Opportunities.

? **South Pack Square**

South Pack Square, also called “The Block” was formerly the center of African-American business life for the whole region. It has suffered for many years from pervasive blight and disuse. Over the past 15 years, significant amounts of CDBG funding has been invested in planning and property acquisition through Eagle Market Streets Development Corporation, but broad local support for specific redevelopment projects has been lacking, and several initiatives have failed through political and legal opposition. Some recent private investment has been successful in renovating a few buildings and bringing businesses into the area, but the neighborhood still requires significant investment and extensive redevelopment. Recent developments, including the formation of new partnerships for development, have raised hopes that significant reinvestment is imminent. These include a new partnership between the Mount Zion Development Corporation and a private developer to examine the feasibility of renovating three historic mill buildings owned by the Mount Zion Church into affordable and workforce housing, and the creation of a community wellness center.

? **Future NRSA designations**

As part of the regional Sustainable Communities Initiative as well as other targeted City initiatives, the City may seek to designate additional neighborhoods as Neighborhood Revitalization Strategy Areas. The Riverfront and neighborhoods that rise from the riverfront are prime candidates for place-based sustainability initiatives. The City will assess over the coming months whether NRSA designation is appropriate for this area.

5 - INSTITUTIONAL STRUCTURE FOR ADDRESSING NON HOUSING NEEDS

The City's Departments of Public Works and Parks & Recreation, the Regional Water Authority, and the Metropolitan Sewerage District have the capacity to carry out all public improvements recommended in this plan. The Comprehensive Capital Improvement process described above will enable the strategic investment of limited resources, with enhanced public benefit.

A network of governmental and non-profit organizations is in place to provide housing and human services, job training and business assistance within the community. These have been identified in the preceding narrative. The City will continue to work over the next five years with nonprofit providers, local lenders, and with county, and State governments to strengthen, coordinate, and integrate actions for housing, infrastructure, public/human services and economic development efforts.

6 - PRIORITY NON-HOUSING GOALS AND STRATEGIES FOR ACTION

The following priorities and strategies for Asheville were developed through the public participation process and were assessed and recommended by the Housing and Community Development Committee of the Asheville City Council.

Economic Development Priorities (ranked)	Strategies (unranked)
<p>Develop living wage employment and provide accessible job training and placement for such employment</p>	<ul style="list-style-type: none"> ? Focus training for business sectors that promise greatest living wage job growth: “green” businesses, technology, medical services ? Provide resources to support career exploration, counseling, work readiness, job skills training and job placement for dislocated workers, youth and ex-offenders ? Create “apprenticeship” program to plug willing participants wanting to acquire skills into job opportunities ? Provide funding to support small business incubators ? Recruit training participants from low-wealth neighborhoods ? Monitor “Section 3” performance on all funded construction projects
<p>Provide incentives to small businesses that will hire and retain living wage workers, especially in fields promising job growth and in locations accessible to work force</p>	<ul style="list-style-type: none"> ? Establish a small business revolving loan fund ? Encourage business location in and near low-wealth neighborhoods and on transit lines ? Encourage reuse of existing buildings, targeted to downtown and neighborhood strategy areas ? Target training programs to growth-oriented, sustainable businesses ? Contribute to the Asheville brand: sustainable, green. creative
<p>Support start-up and growth of small and micro-businesses</p>	<ul style="list-style-type: none"> ? Support programs offering access to capital for small businesses, targeting lower-income entrepreneurs ? Support entrepreneurship training and technical assistance ? Focus on expanding local businesses as well as recruiting businesses from out of town ? Coordinate training of low-income persons with the employee needs of small business

Public Facilities Priorities (ranked)	Strategies (unranked)
Develop infrastructure that will strengthen existing neighborhoods, and make them sustainable, by connecting to jobs, education and services	<ul style="list-style-type: none"> ? Provide improved streets, sidewalks, greenways, pedestrian and bicycle paths for neighborhood connection and access to public transportation, schools, services, shopping, etc. ? Provide enhanced public transportation facilities and services in low-income neighborhoods ? Provide funding for infrastructure improvements to encourage redevelopment of Brownfield sites and remediation of environmental hazards
Support development of and improvement of multi-use community centers that provide recreation, education and other community services	<ul style="list-style-type: none"> ? Incorporate public gathering spaces and streetscape improvements that foster neighborhood identity and community involvement ? Build facilities that meet neighborhood needs ? Maintain and improve existing community centers ? Construct facilities for low maintenance, sustainable operation and energy efficiency
Develop multi-modal transportation facilities and services that reduce reliance on private vehicular transportation	<ul style="list-style-type: none"> ? Connect the riverfront, downtown, neighborhoods and employment with greenways and walking/bicycling paths ? Increase the viability of public transportation systems ? Carefully consider the needs for new parking in all supported development

Public Service Priorities (ranked)	Strategies (unranked)
<p>Provide needed services that directly support affordable housing, public transportation, youth services, and increased employment opportunities</p>	<ul style="list-style-type: none"> ? Provide support for renter and homebuyer education, home maintenance, post-purchase and housing counseling; make available in English and other languages ? Increase public transportation's hours of operation and frequency ? Increase residential/commercial development along bus lines; provide density bonuses for transit accessibility ? Encourage intergenerational services and opportunities for learning ? Assist the elderly with accessing needed services; offer services on-site in communities ? Provide transportation and child care services to support people in job training ? Provide substance abuse treatment to improve employment, neighborhood and housing stability ? Continue community policing efforts and education in public housing and targeted neighborhoods; encourage residents to take control of their neighborhoods
<p>Support The 10-Year Plan to End Homelessness</p>	<ul style="list-style-type: none"> ? Fund the coordination of the 10-Year Plan, including HMIS data collection and evaluation. ? Build capacity of permanent supportive housing. ? Provide transportation for people experiencing homelessness (for employment, medical appointments, child care, and other housing-related activities) ? Provide employment/employment supports accessible to people experiencing homelessness. ? Provide mental health and substance abuse services for people experiencing homelessness or at risk of homelessness. ? Assist persons experiencing homelessness or at risk of homelessness in obtaining eligibility for benefits (such as disability, social security, veterans, etc.) ? Provide tenant-based rental assistance and housing stabilization services for housing prevention and rapid-re-housing. ? Provide legal assistance to people likely to become or remain homeless because of limited housing options.
<p>Support the provision of housing for mentally ill persons</p>	<ul style="list-style-type: none"> ? Support group homes that provide housing and support services for mentally-ill persons ? Support services that enable persons with mental illness to sustain permanent housing and live with as much independence as possible ? Provide mental health services for homeless persons and assist persons obtain eligibility for benefits (such as disability, social security, veterans, etc.)

Public Facilities Priorities (ranked)	Strategies (unranked)
<p>Support youth mentoring, after school education and other youth services as part of neighborhood revitalization</p>	<ul style="list-style-type: none"> ? Provide life skills training and coaching for low-income persons (adults and youth) to gain skills to obtain financial, home, interpersonal, and job stability ? Support community centers and neighborhood associations ? Support the use of community centers as sites for youth services, especially for after-school education and enrichment ? Develop evaluation tools that will help community programs increase the effectiveness of their work

7 - NON-HOUSING PERFORMANCE TARGETS AND OUTCOMES

Output Targets

The City Of Asheville will endeavor to meet the following specific targets for **non-housing activities assisted with CDBG Entitlement funds** in the period 2010-2015. In setting these targets we have assumed that federal and state assistance will remain at approximately the level of FY 2009, after allowing for inflation. The targets are different than those set in the previous plan, reflecting the increased number, experience, and capacity of our partner agencies.

Under CDBG regulations, funding for the operation of public services is limited to no more than 15% of the annual budget. The needs of non-housing activities clearly outstrip the amount of CDBG funding available. As a result, we will focus our funding on activities of high priority that facilitate housing, economic development, transportation, and the financial stability of persons living in Asheville.

Program (Output) Targets 2010-2015

Programs	Targets	
	5-Year	Annual
Street/Sidewalk/Greenway Improvements	5000 linear feet	1000 linear feet
Community Center Improvements	3 projects	Varies
Transportation Accessibility	3 projects	1 project
Financial, Housing and Family Support Services	6,000 persons	1,200 persons
Homeless Services	7,500 persons	1,500 persons
Youth Services	400 persons	80 persons
Small Business Job Creation and Retention	75 persons	15 persons
Micro-Enterprise Assistance	200 persons	40 persons
Job Training	200 persons	40 persons

Note: Annual targets are averages - it is not expected that every program area will be addressed each year

Performance Measurement

The amount of infrastructure constructed or improved and the number of people provided with services are considered *program outputs*. Program outputs do not, in themselves, ensure that the identified needs have been met. The City plans to look more closely at measuring the actual *outcomes* of our activities – the direct effect our activities have on our intended beneficiaries. If we can achieve the program targets set out above for CDBG-assisted programs in Asheville, we hope to produce the specific outcomes shown in Table 24, on the next page.

Annual Non-Housing Outcomes and Performance Measures

Program Type	Annual Output Target	Outcome	Performance Measures	Annual Outcome Target
Street, Sidewalk, Greenway Improvements	? All Projects: 1000 linear feet	1. Improved infrastructure in targeted low-income residential areas	1. # of households that have access to improved infrastructure	100
Community Center Improvements	? One project underway in each program year	1. Improved cultural, educational and recreational opportunities for residents of targeted low-income neighborhood	1. # of households that have access to improved community center	100
Transportation Accessibility	? 2 projects (e.g. shelters) ? Multi-modal capital improvements	1. Improved infrastructure in low-income areas 2. Facility providing access and connectivity	1. persons in LI areas that have access to shelters and other facilities 2. Increase in public transit ridership	13,500 (8900 low-income) 2000 (10,000 over 5 years)
Financial, Housing and Family Support Services	? 1200 persons	1. Prevent homelessness and stabilize households 2. Improve financial well being 3. Low-income and minority households find permanent housing, including rentals and homeownership	1. # of households avoided eviction, foreclosure, or obtained safe affordable housing 2. # persons improved credit 3. # of persons keeping permanent housing for 12 month period; # of LI homebuyers, # of LI minority homebuyers	300 325 25 40 (total) 10 (minority)

Program Type	Annual Output Target	Outcome	Performance Measures	Annual Outcome Target
Homeless Services	1500 persons	<ol style="list-style-type: none"> Homeless persons will increase income by obtaining entitlement benefits Engage in mental health treatment / counseling Move to permanent housing 	<ol style="list-style-type: none"> # persons who obtain at least one form of entitlement benefit # persons attend at least one mental health treatment or counseling session # persons that obtain permanent housing 	<p>10</p> <p>130</p> <p>25</p>
Youth Services	80 persons	<ol style="list-style-type: none"> Students academic performance improves Parent involvement increases 	<ol style="list-style-type: none"> # students improve their grades & attendance # parents attending meetings, trainings or volunteer w/ program 	<p>40</p> <p>20</p>
Small Business Job Creation and Retention	15 Persons	<ol style="list-style-type: none"> Jobs available to lower income persons are created Jobs held by lower income persons are retained 	<ol style="list-style-type: none"> # of jobs created and available to and retained by lower income persons 	<p>15</p>
Micro-Enterprise Assistance / Job Training	160 persons for microenterprise; 40 persons for job training	<ol style="list-style-type: none"> Participants complete training program Participants gain sustaining employment Create or expand small businesses Create jobs Sustain small businesses 	<ol style="list-style-type: none"> # training graduates # obtaining employment # of start ups & expansions # of FTE jobs # small businesses assisted remain operational 12 months after assistance 	<p>140</p> <p>10</p> <p>4</p> <p>10</p> <p>5</p>

LI = Low income

FTE – Full-time equivalent

HUD TABLE 2B

The table below, in a format prescribed by HUD, identifies various types of non-housing needs and assigns a priority to each. These are not the absolute priorities for the community, but are for the use of CDBG funds, taking into account regulatory restrictions on CDBG funding, the limited amount of funding available, and the need to coordinate with other priorities in the Housing and Homelessness areas. A need given a “low” priority ranking may be very significant for the community, but the City is unlikely to be able to allocate CDBG funds to it during the next 5 years.

HUD Table 2B - Prioritization of Community Development Needs

Priority Community Development Needs	Priority for CDBG funding	Unmet Need (Gap)	Dollars to Address Unmet Need	Goals / Targets
PUBLIC FACILITY NEEDS				
Senior Centers	L	0	0	0
Handicapped Centers	L	n/a	n/a	0
Homeless Facilities (Shelter/Transitional)	L	0	0	0
Child Care Centers	L	0	0	0
Health Facilities	L	0	0	0
Neighborhood, Parks, Recreation, Youth Facilities	H	1	\$3,000,000	1
Parking Facilities	L	0	0	0
Non-Residential Historic Preservation	L	20,000 sq ft	\$2,500,000	1
Other Public Facility Needs	L	n/a	n/a	0
INFRASTRUCTURE				
Water / Sewer Improvements	L	186,000 LF	\$18,600,000	10,000L F
Street Improvements	L	54,800 LF	\$1,985,000	1500 LF
Sidewalks	H	37,200 LF	\$1,000,000	5,000 LF
Solid Waste Disposal Improvements	L	n/a	n/a	n/a
Storm Drain Improvements	M	21 units	\$250,000	2
Transportation Infrastructure	H	500 signs, 100 benches, 15 shelters	\$480,000	15 shelters
PUBLIC SERVICE NEEDS				
Senior Services	L	500 persons	\$50,000	0
Handicapped Services	L	n/a	n/a	0
Youth Services	H	1,000 persons	\$500,000	400
Child Care Services	M	200 persons	\$4,000,000	0
Transportation Services	H	1,500,000 trips	\$3,500,000	0
Substance Abuse Services	M	500 persons	\$2,500,000	0
Employment Training	H	2,000 persons	\$1,250,000	200
Health Services	L	12,000 persons	\$12,000,000	0

Priority Community Development Needs	Priority for CDBG funding	Unmet Need (Gap)	Dollars to Address Unmet Need	Goals / Targets
Lead Hazard Screening/Investigation	L	500 screenings	\$200,000	0
Crime Awareness	L	n/a	n/a	n/a
Financial, Housing and Family Support Services	H	10,000 persons	\$6,000,000	6,000
Homeless Services	H	8,000 persons	\$4,000,000	7,500
ECONOMIC DEVELOPMENT				
ED Assistance to For Profit Businesses	H	10 businesses	\$1,000,000	10
ED Technical Assistance to Businesses	M	500 businesses	\$500,000	25
Micro-Enterprise Assistance to Businesses	H	1,500 persons or businesses	\$3,000,000	800
Rehab of Publicly or Privately-Owned Commercial / Industrial Properties	H	500,000 square feet	\$10,000,000	100,000
Commercial or Industrial Infrastructure Development	M	n/a	n/a	n/a
Other Economic Development Projects	L	n/a	n/a	n/a
PLANNING				
Planning	M	n/a	n/a	n/a
Total Estimated Dollars Needed:			\$ 76,315,000	

Explanation of terms:

H = High Priority – CDBG funds will be used to address this area of need over the next 5 years.

M = Medium Priority – CDBG funds may be used to address this area of need.

L = Low Priority – CDBG funds are unlikely to be used to address this area of need, but the City may certify that other programs addressing the need are consistent with this Plan.

n/a = data not available

LF = linear feet