



5 Year Strategic Plan

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

AS AMENDED FEBRUARY 2016. AMENDED SECTIONS ARE UNDERLINED AND ARE ON PAGES 1, 12, 13, 71, AND 72.

GENERAL

Executive Summary

The Executive Summary is required. Include the objectives and outcomes identified in the plan and an evaluation of past performance.

5 Year Strategic Plan Executive Summary:

The City of Homestead is located in Miami-Dade County, at the southern portion of Florida and is approximately 30 miles south of the City of Miami. Homestead is surrounded by Everglades National Park on the west, Biscayne Bay on the East and the Florida Keys are just to the south. The City is the second oldest city in the county as celebrates its Centennial this year (2013). Originally settled by homesteaders and farmers, the area is now home to a population of over 62,000.

The City of Homestead has evaluated the needs and concerns of its residents in formulating the 5-year Strategic Plan. As part of this process, the City conducted several public meetings and public hearings to obtain citizen input on the use of the CDBG funds. The City has concluded that the CDBG funds for the 2013-2018 Consolidated Plan periods will be primarily used to enhance the quality of life for vulnerable residents, improve the physical environment of low-income neighborhoods through infrastructure improvements, public facilities and services and housing.

A project of great importance to the City and its low income residents is the construction of a new library in the downtown corridor to replace the aging and outdated facility located, which is located on the campus of the former City Hall. The City intends to apply for Section 108 financing for this project. A new library has become especially important as a CDBG-funded project that may provide immediate and tangible assistance to a population whose income appears to be falling precipitously, according to the latest data from American Fact Finder. At the time of submission of the Consolidated Plan, 54.7 percent of the City was low income, and the latest data indicate that the level of the low income population has increased to 63.61 percent.

Strategies have been formulated based on the needs of the community determined during two public input meetings as well as discussions with community providers of services. In addition, statistical data has been analyzed to focus the needs based on documentation of the demand for services.

Evaluation of past performances is measured through use of the CAPER which enumerates the activities completed by the City of Homestead over the past five years. This document notes that all goals have been achieved or exceeded through the efforts of the City. A few of the projects identified in the Annual Action Plans are currently in the process of completion.

Strategic Plan

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

Mission:

The City of Homestead is committed to utilizing Community Development Block Grant (CDBG) funds to improve public services and infrastructure that serve the low to moderate-income population of the community. In particular, the City will implement the following four strategies:

Strategy 1: Improve the Quality of life for Homestead's most vulnerable populations.

The City will continue to use CDBG funds to advance the quality of life for its most vulnerable segments of the population, defined by HUD. The expenditure of these funds on public facilities and services will allow advancement in the quality of life of the population.

Strategy 2: Enhance public infrastructure throughout the City's low- to moderate-income neighborhoods.

The improvements that will be undertaken will include lighting, sidewalks, parks, water, sewer, and other public infrastructure advancements.

Strategy 3: Disaster Mitigation

The City will utilize CDBG funds to undertake disaster mitigation as needed for any eligible expenses related to Citywide urgent needs as may occur.

Strategy 4: Enhance and improve the housing of the low and moderate income persons and families within the City.

As the majority of the population in the falls into the low-moderate income boundaries (54.7%) as set by HUD the available housing that serves this population needs to be upgraded and expanded.

General Questions

1. Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.
2. Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)). Where appropriate, the

jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to target areas.

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

5 Year Strategic Plan General Questions response:

1. Geographic areas

The City of Homestead intends to use CDBG funds to strengthen neighborhoods Citywide. While some parts of the City has greater concentrations of low-income and minority residents, the City has determined that there is need for CDBG funding throughout the City. A number of neighborhoods have a significant number of problems, as well as other basic infrastructure needs. In addition, City and non-profit facilities that serve LMI (low-moderate income) populations are located throughout the City. The majority of the City of Homestead is contained in low-moderate income census tracts. The chart below reflects LMI information based on the most current American Community Survey:

Low-Moderate Income Population by Census Tract and Block Group

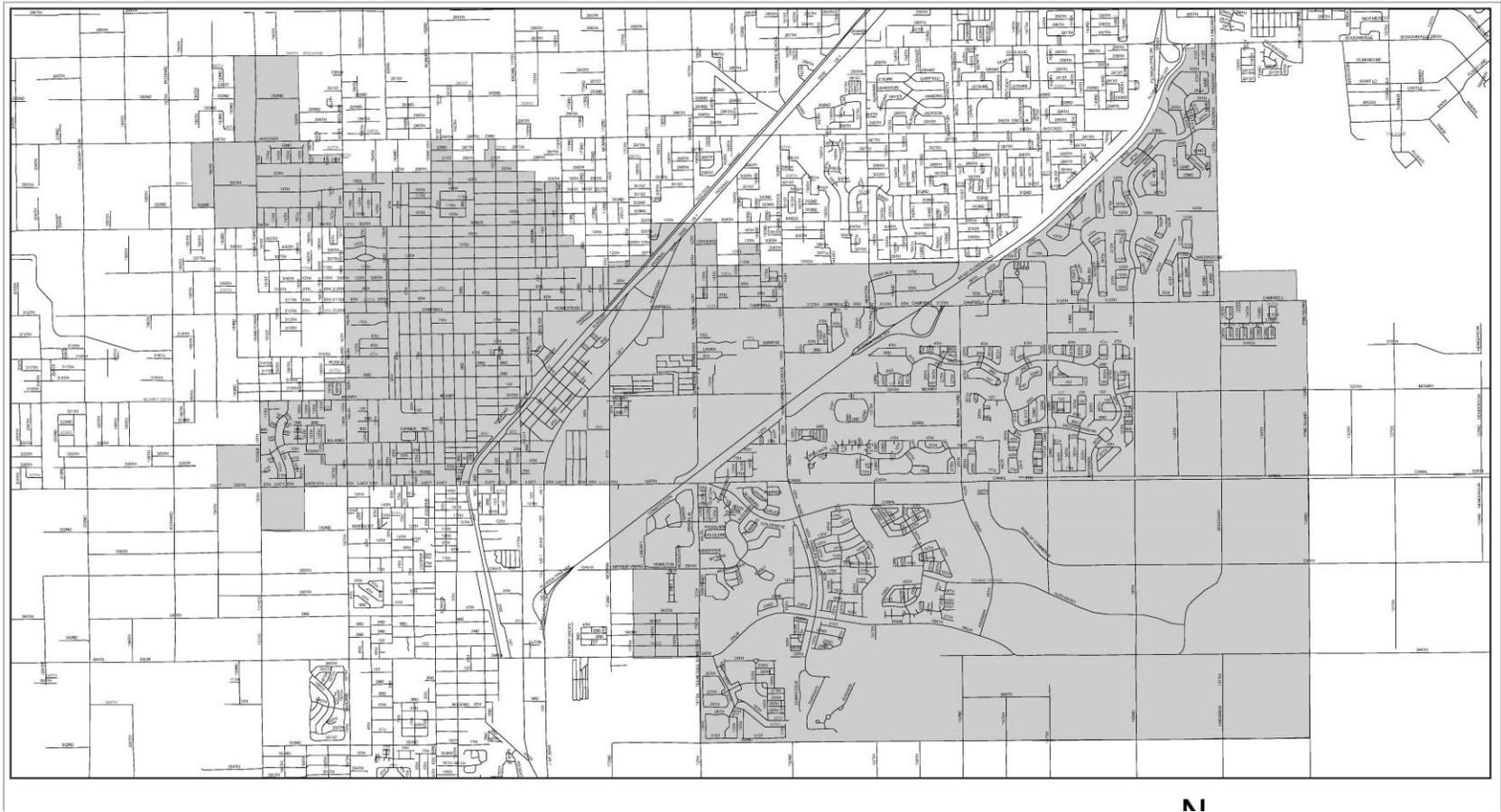
Tract	Block Group	Low-Mod Income (LMI) Population	Population	Percentage LMI
107.04	2	1,492	1,539	96.9%
110.01	1	3,216	4,427	72.6%
110.01	2	3	3	100.0%
110.01	3	1,911	2,965	64.5%
110.07	1	1,043	2,363	44.1%
110.07	2	1,202	2,802	42.9%
110.08	1	613	2,026	30.3%
110.08	2	280	1,520	18.4%
110.09	1	492	2,061	23.9%
110.09	2	1,128	3,072	36.7%
111.01	1	2,599	3,096	83.9%
111.01	2	793	1,011	78.4%
111.01	3	2,076	3,736	55.6%
111.01	4	923	965	95.6%
111.02	2	283	1,339	21.1%
112.01	1	1,810	2,397	75.5%
112.01	2	1,061	1,292	82.1%
112.01	4	252	1,589	15.9%
112.02	1	510	2,638	19.3%
112.02	2	1,391	1,556	89.4%
112.02	3	1,955	2,452	79.7%
112.02	4	809	966	83.7%

Homestead, Florida

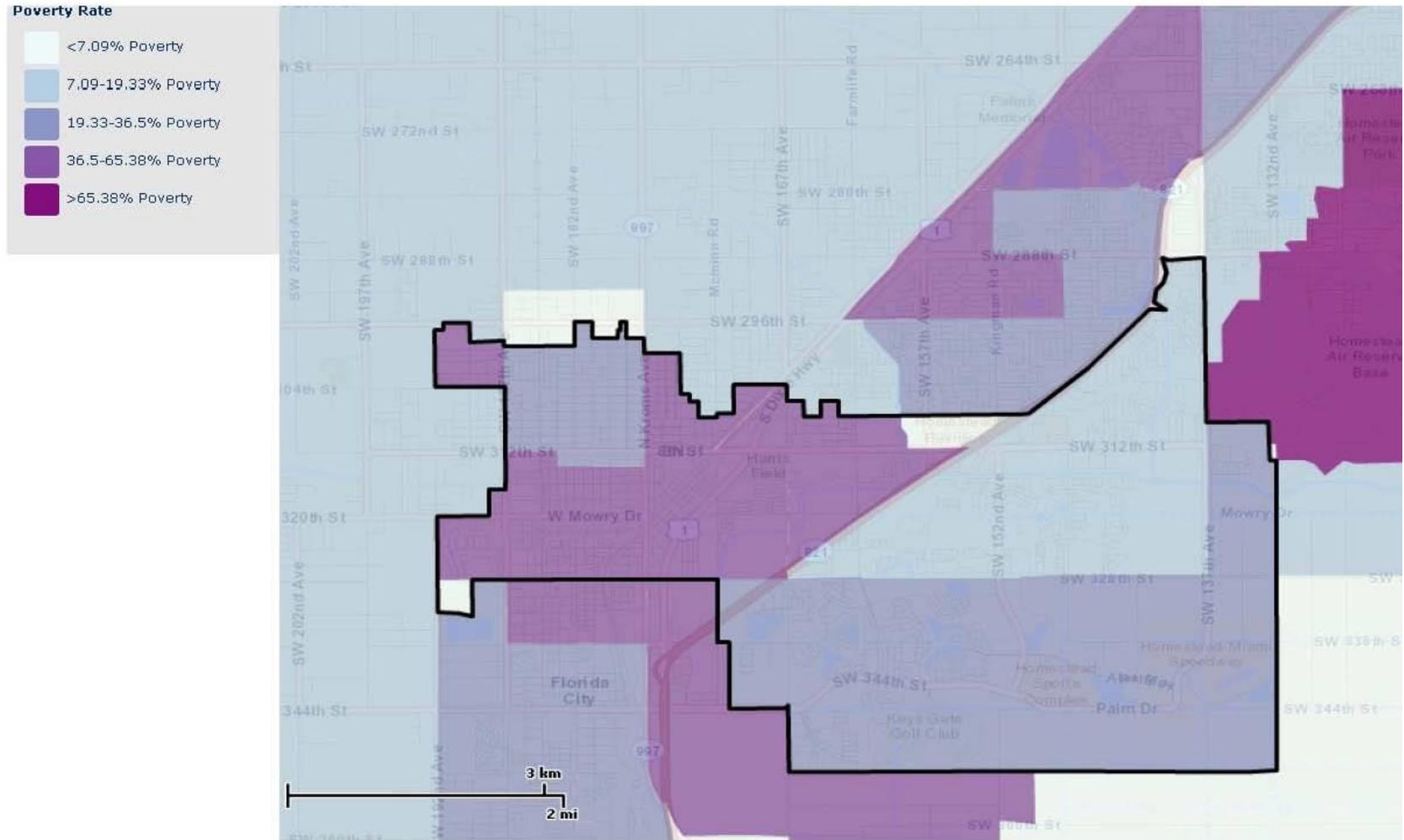
113	1	1,130	1,883	60.0%
113	2	678	920	73.7%
113	3	537	595	90.3%
113	6	676	708	95.5%
114.01	1	360	1,060	34.0%
114.01	2	894	2,404	37.2%
114.01	3	2,295	3,847	59.7%
114.01	4	311	1,112	28.0%
114.01	5	1,342	4,946	27.1%
City Total		34,065	62,290	54.7%

As this table illustrates, the majority of the city falls into the low-moderate income range. Maps illustrating the demographics of the area follow.

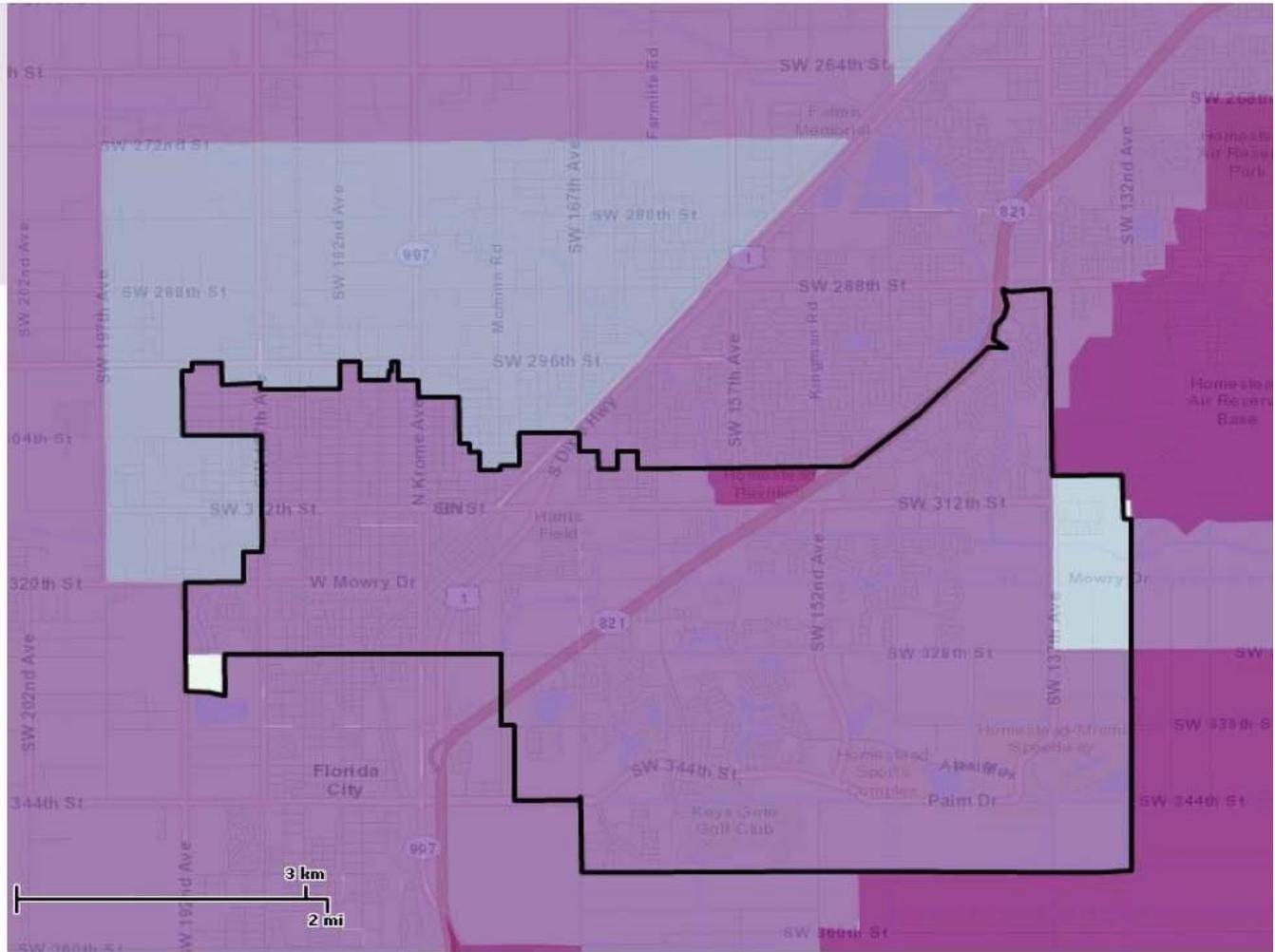
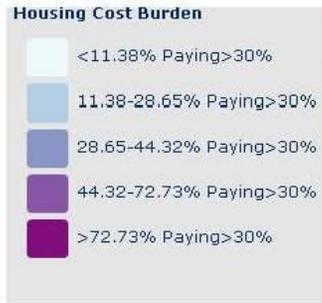
Location Map – City of Homestead



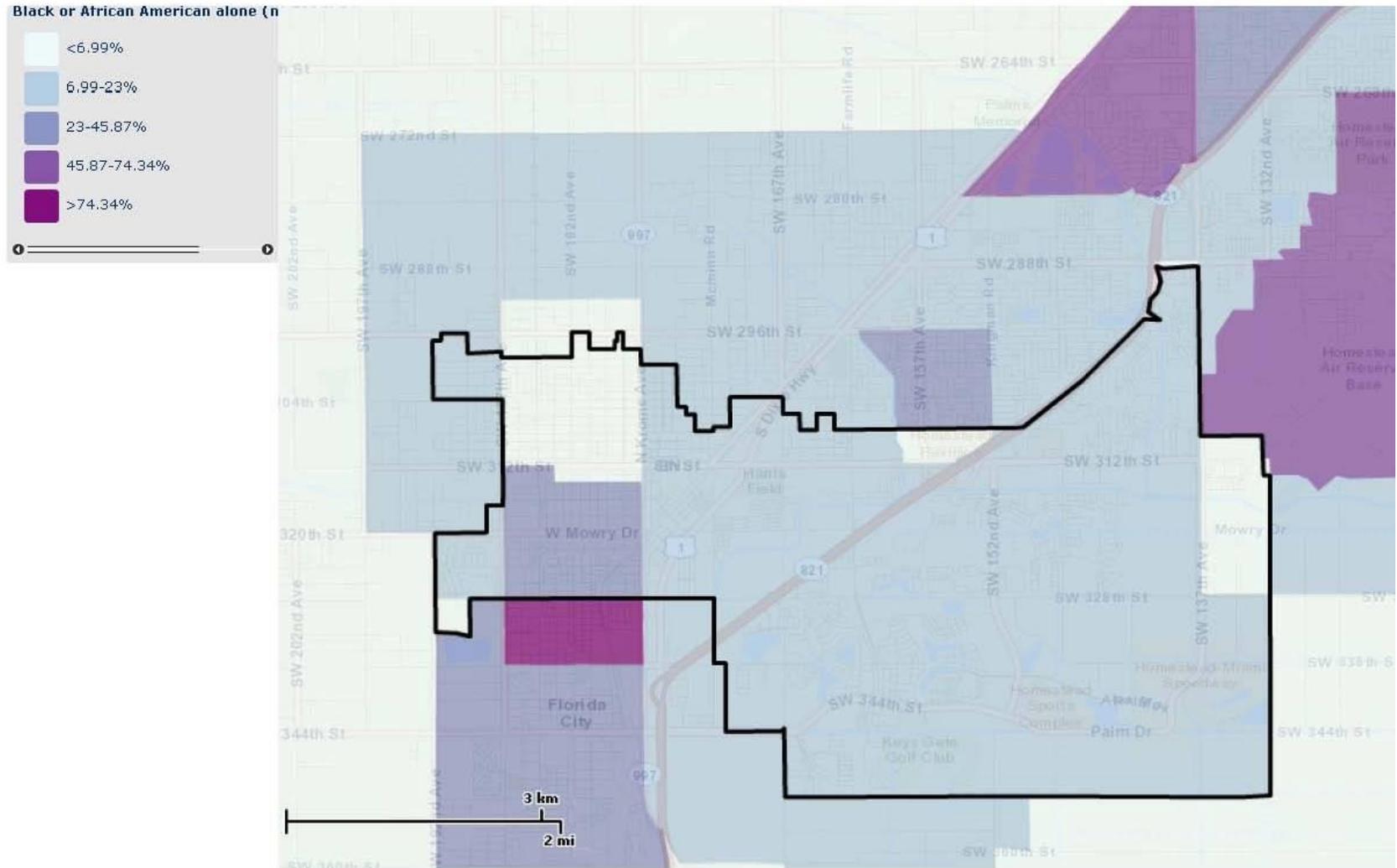
Areas Below Poverty Rate



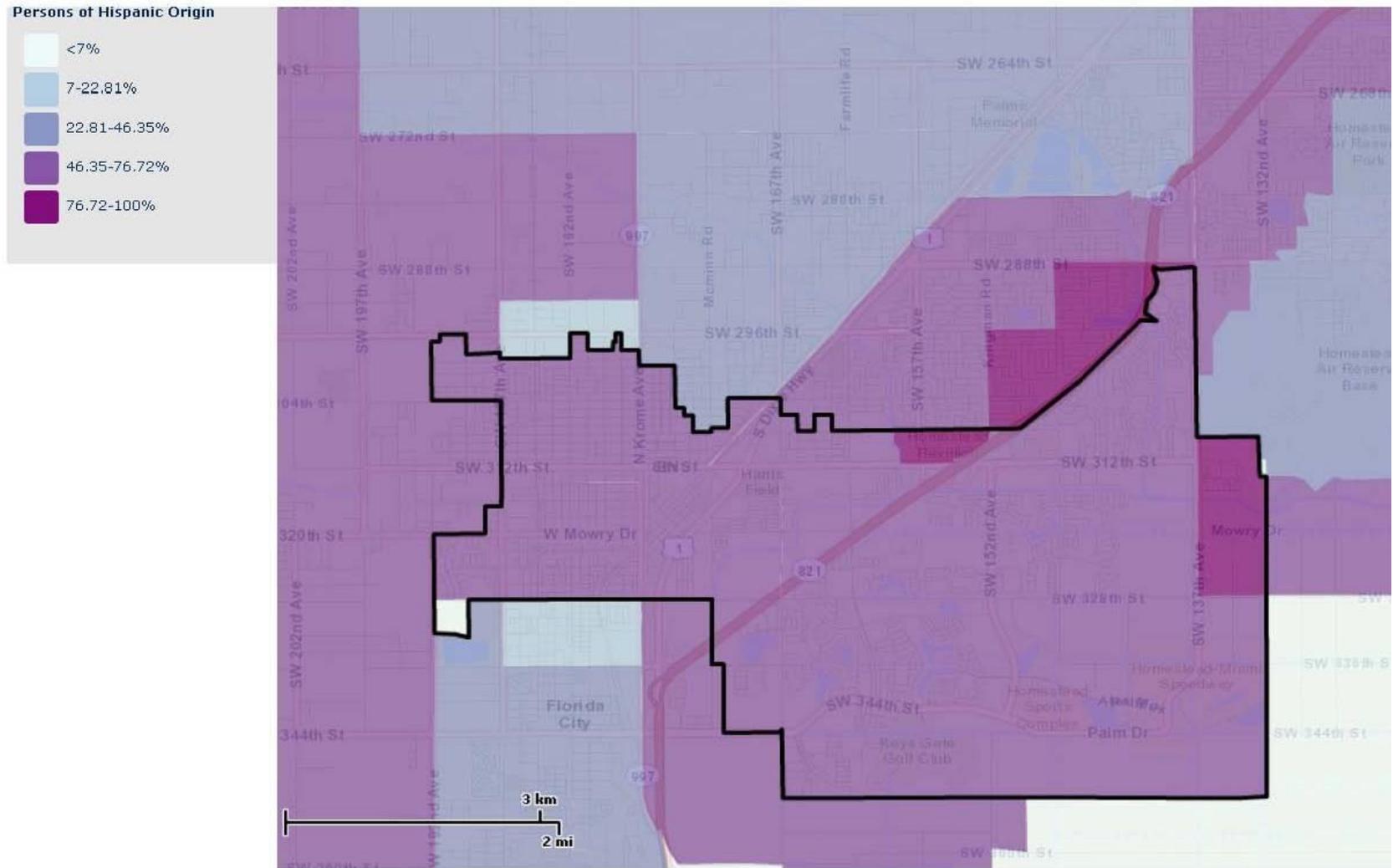
Areas with High Cost Burden



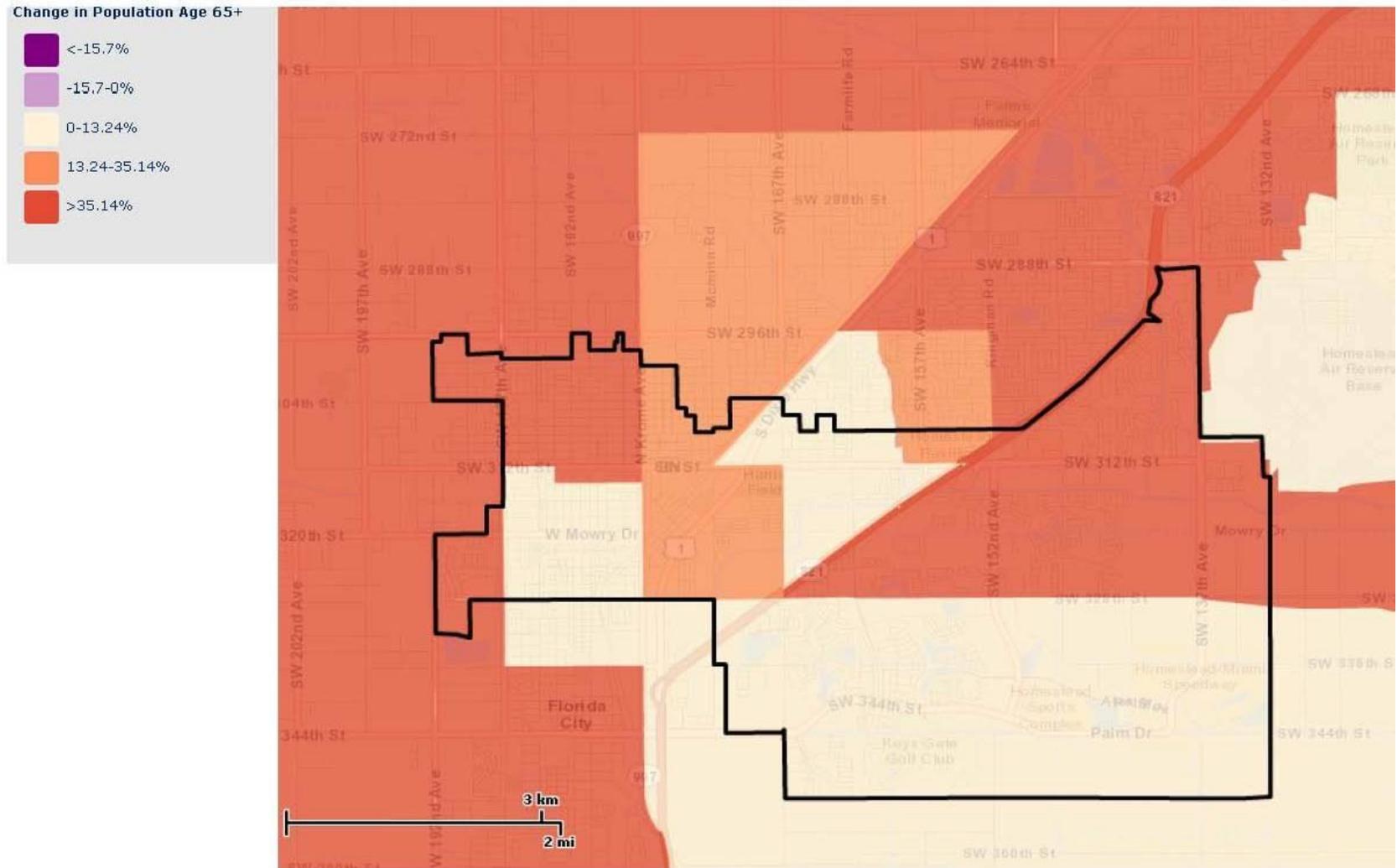
Areas with Concentration of Black Population



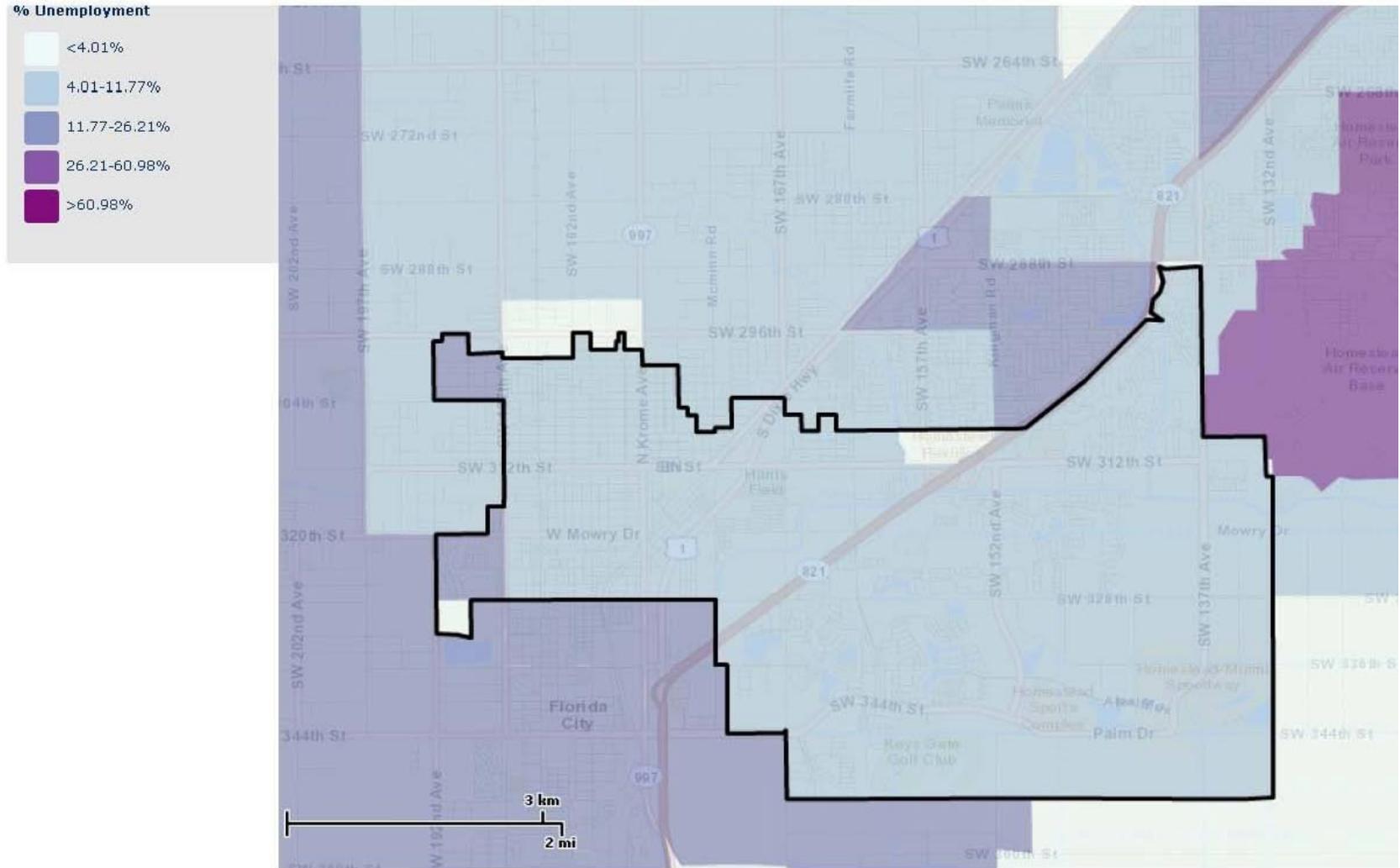
Areas with Concentration of Hispanic Population



Areas with Concentration of Elderly Population



Areas with High Unemployment



2. Basis for Allocating Funds within the City

Funding within the City is based on the following factors:

Public Facilities and Services Funding

- The current or future location of facilities that serve LMI residents and those residents presumed to be LMI (special needs populations such as the elderly, developmentally disabled, and persons living with HIV).
 - The condition of these facilities and their current and future potential capacities.
 - The operational efficiency of the organizations operating such facilities.
 - The cost to renovate or build new facilities to continue providing services to low-moderate income clients.
- Special consideration will be given to obsolete public facilities that require relocation.

Infrastructure Funding

- The status of problematic conditions (i.e., sidewalks, lighting, parks, water, sewer) and the relative need to alleviate these conditions.
- Determine the LMI population of the neighborhood.
- The estimated cost of the project and, if it exceeds available CDBG funds, if other funding sources are available.

Enhancement of Housing for the Low-Moderate Income Population

- Ascertain the locations of current low-moderate population housing that is in need of updating, modernization to elevate and stabilize the quality of life.
- Define the need and types of current substandard housing projects that are in need of funding.
- Determine the LMI population of the neighborhood.
- The estimated cost of the project and, if it exceeds available CDBG funds, if other funding sources are available.
- The nature of the urgent need and the ability of CDBG funds to address the problem.

Based on community input and a review of the needs of the community, the following priorities have been established.

Very High Priority:

Public Services
Housing

High Priority

Infrastructure
Public Facilities

The City of Homestead has elected to establish targets for the allocation of funds to the specific categories of projects to be undertaken within the City. The concept is to insure a minimum amount of funding for each category in each year. As specific projects are generated, they may require a larger percentage of the available funding. This range of allocation will allow for such instances.

TARGET PERCENTS OF ALLOCATION

CATEGORY	PERCENT OF ALLOCATION
Administration	20%
Public Services	15%
Housing	15% to 25%
Public Facilities	10% to 30%
Infrastructure	10% to 30%

3. Obstacles to Meeting Underserved Needs

The greatest obstacle to meeting underserved needs is the limitations imposed by the lack of available resources. There are a great deal of needs related to housing and community development in the City of Homestead, and State and Federal resources can only address a small percentage of these needs. Therefore, the City will undertake the application of a Section 108 loan to accelerate the City's priority projects, especially public facilities that provide benefit to the low income community.

Managing the Process (91.200 (b))

1. Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.
2. Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.
3. Describe the jurisdiction's consultations with housing, social service agencies, and other entities, including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, and homeless persons.

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

5 Year Strategic Plan Managing the Process response:

1. Lead Agency

The lead agency responsible for the development of the plan and the administration of the program is the City of Homestead. The City will utilize in-house personnel and will also outsource certain functions of the CDBG program, as needed.

2. Process

The Homestead Consolidated Plan Team consisted of City of Homestead staff in conjunction with its professional consultant. The Team developed this plan. Consultation with a variety of public and private agencies that serve the low-moderate income population in the City as well as outreach to citizen advisory groups, non-profit and community development corporations was undertaken throughout the process. Meetings were held with city officials and departments to gather input.

3. Consultation

A number of community agencies were consulted during the development of this Consolidated Plan. Meetings were either held with those agencies and individuals or specific invitations were sent directly to them regarding the process and the public meetings. The specific names of those contacted follow in the Appendix.

Citizen Participation (91.200 (b))

1. Provide a summary of the citizen participation process.
2. Provide a summary of citizen comments or views on the plan.
3. Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.
4. Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.

*Please note that Citizen Comments and Responses may be included as additional files within the CPMP Tool.

5 Year Strategic Plan Citizen Participation response:

1. Citizen Participation Process

The City of Homestead strives to maintain an open dialogue with citizens in regards to the CDBG program. Citizen needs are gauged by the comments received by the City. As such, the City held two public hearings to solicit input from interested parties. Over 140 agencies and representatives of the Homestead community were invited to the meetings via phone calls, emails, faxes or newspaper advertisements. In addition, the same invitation was sent to the City list of Home Owners Associations. The City also advertised the meetings on the City Website and in local newspapers. All meetings were advertised in The Miami Herald and were held in locations where proper accommodations for persons with disabilities are provided.

Meetings were held with City Councilpersons and interested community leaders who could not make the advertised public meeting. Consultation with City Departments was also completed.

The first Public Meeting was held on April 29, 2013, at the Phichol E. Williams Community Center, 951 SW 4 Street, Homestead, Florida. During this meeting, representatives from the Community attended and they included residents, homeowners, local agencies, City Advisory Committee members, City Staff and the City consultants. A total of 12 non-profit organizations, ranging from churches and service groups to South Dade Weed and Seed, and residents attended the meeting. The minutes for this meeting can be found in the appendix of this Plan.

A second meeting was held on May 23, 2013 in the evening at the William F. Dickinson Community Center, located at 1601 Krome Avenue, Homestead, Florida. A total of 15 members of the public attended and spoke, most of who represented local non-profits. All comments received from the public were relevant and accepted.

After these public meetings for community input the City Council held two Public Hearings regarding this Consolidated Plan. The First meeting was held at the William F. Dickinson Community Center on June 19, 2013 at a Council Meeting. The City then provided a thirty-day comment period for citizen review prior to final submission to HUD and considered any comments received in writing or orally.

The City published a summary of the proposed Consolidated Plan (draft) in the Miami Herald on and in the South Dade Newsleader. The City also made copies of the Plan of this draft available at City Hall and through the City website.

The second Public Hearing was head by the City and the Council on July 31, 2013 and the purpose of this meeting was to adopt the Plan prior to submission to HUD. A summary of any comments received are attached to the final submission of the Consolidated Plan.

Jurisdiction Consultation

The City of Homestead, throughout this process, has had numerous consultations with the Miami-Dade Housing Agency, the Homestead Housing Authority, the Miami-Dade Homeless Trust, Miami-Dade Health Department, the Miami-Dade Office of Public Housing and Community Development, the HUD Miami field office, and numerous social service agencies and community-based groups to ensure appropriate and sufficient stakeholder input, as well as collection of important and necessary data and reports.

2. Summary of comments

During the first public meeting various comments were expressed by the attendees at the meetings. A summary of those comments/views are:

- Housing needs are not being met
 - The Southwest are has not had the housing loss replaced since Hurricane Andrew (1992)
 - There needs to be safe housing for everyone
 - Infill housing is the highest priority
 - Housing for the elderly needs to be a priority
 - Existing housing needs to rehabilitated
- Economic Development Issues need to be addressed
 - Need to leverage funds to do larger projects
 - Needs to rehab the old Homestead Hospital

- Need job training and job assistance to assist the low-moderate income (LMI) population
- Institute small business assistance program
- Public Service Issues that need to be addressed
 - Child and youth services need to be centralized and expanded for the LMI population
 - A high priority needs to be crime prevention and awareness
 - Educate the public and youths regarding safety and community involvement
- Capital Improvement Issues
 - The southwest area needs sidewalks and improved streets
 - Fix drainage problems in the south and north west areas
 - Upgrade the water and sewer service in the south and north west areas
 - Upgrade/install lighting in the south and north west areas
 - The Williams Community Center needs to be rehabbed, expanded and improved in order to continue servicing the LMI

During the second public meeting various comments were expressed by the attendees at the meetings. A summary of those comments/views are:

Housing

- Counseling required for retention in order to get some services that are paid (ie. Lawyers) but are needed to be available free.
- Education of people of options available for items such as down payment assistance
- Migrant Housing does not come from this funding source, but services to this population is possible
- NSP is not included in the Con Plan
- Allocate some money for housing

Public Services

- Need subsidized child care
- Need summer camps
- Need after school care
- Programs for at-risk children
- Early Learning Coalition cut back from 12 years old to 6 years old
- Kids stay home alone if they cannot get a scholarship to a program which contributes to gangs, drugs and pregnancies
- After School programs currently get funds from Children's Trust and State Cultural programs
- Establish a sliding fee scale

Economic Development

- Need money for monitoring and compliance
- Need job training and placement service
- Youth training
- Establish Small Business Association
- Need transportation to job sites
- Small Business incubator is too small

Section 3

- Sometimes only certain people are hired although they are available for work, only one group getting benefits
- Need monitoring to enforce the laws

Homeless

- Work with Homeless Trust to fund programs for people in Homestead
- Not enough monitoring compliance
- Need more communication
- Need counseling and communication
- Need basic services (Showers, food, clothing, emergency aid)

Public Facilities

- Expand Dickinson Center to host more events

The Consultant suggested setting of priorities for the expenditure of CDBG funds. The group agreed with this priority

Very High Priority:

Housing
Public Services

High Priority

Infrastructure
Public Facilities

The Consultant suggested an allocation of the funds on an annual basis to establish a minimal amount for each category. The group agreed with this allocation

TARGET PERCENTS OF ALLOCATION

CATEGORY	PERCENT OF ALLOCATION
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Infrastructure	10% to 30%

The detailed "Meeting Summaries" of the public meetings can be found in the appendix of this report.

3. Broadening participation

In addition to the above steps, the City had adopted a new Citizens Participation Plan (CPP) that encourages the continuation and expansion of the outreach process. This new CPP was adopted by the City on April 17, 2013 and is included, in its entirety in the appendix of this document. This document will allow the City to broaden its reach to all citizens in the City. The abilities of staff to communicate in the languages that are germane to the South Florida community do not pose a problem as many staff and concerned citizens are able to assist in the communications of the City's Programs.

4. Comments not accepted

There are no comments from the public that were not accepted and incorporated into this Plan.

Institutional Structure (91.215 (i))

1. Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.
2. Assess the strengths and gaps in the delivery system.
3. Assess the strengths and gaps in the delivery system for public housing, including a description of the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of housing agency, relationship regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; review by the jurisdiction of proposed capital improvements as well as proposed development, demolition or disposition of public housing developments.

5 Year Strategic Plan Institutional Structure response:

1. Institutional Structure

The City of Homestead will provide the leadership necessary to implement the Consolidated Plan. Infrastructure improvements will be constructed using the assistance of existing City Departments such as public works and utilities. In most cases, design services will be conducted by private engineering firms. Construction services will most likely be bid and awarded to private contractors. In some cases, the work may be completed by City employees.

Because the funds are Federal, the City will ensure compliance with the appropriate special conditions such as labor standards, environmental regulations, procurement guidelines, Section 3, and others.

Public facilities funding will be allocated for both City-owned and privately owned capital resources. In some cases, the City owns buildings that are used for the provision of services to LMI residents. In cases where such facilities are not owned by the City, the funds will be allocated through an application process administered by the City.

2. Strengths and gaps in the delivery system

The delivery system's strengths are that the City is responsible for administration of the process. If certain aspects of the program are underperforming, the City can take steps to correct the problem immediately. Issues with documentation or project implementation can be corrected through the implementation of new policies and procedures. In addition, the City conducts internal audits that regularly monitor programmatic and financial performance. The weakness of the institutional structure is that staff resources are broadly distributed among many programs and responsibilities.

3. Strengths and gaps of public housing

The public housing program of the City of Homestead is affected by two public housing agencies (PHA). The primary PHA operating in the City is the Housing Authority of the City of Homestead. This PHA was established by the City of Homestead in 1958 under the auspices of Chapter 421.05 Florida Statutes for the purpose of providing safe and sanitary housing for low-income persons. The Authority is governed by an executive director, who also serves as the Secretary-Treasurer, and a board consisting of seven members appointed by the Mayor of the City of Homestead. The Authority operates independently of the City and has a broad range of powers.

The Authority manages over 1,618 Section 8 vouchers provided by US HUD and owns and operates housing for farmworkers that receives funding from the United States Department of Agriculture. The Authority was consulted in the development of the Consolidated Plan for the purpose of compiling background information. It is anticipated that the Authority will be consulted on an ongoing basis as the influence of the consolidated plan expands.

The second PHA that provides public housing in the City of Homestead is the Miami-Dade Housing Agency (MDHA). MDHA manages the following four facilities located within the municipal boundaries of the City of Homestead; West Homestead Gardens, Homestead Village, Homestead Gardens and Homestead East.

The delivery system's strengths are that the City is responsible for administration of the process. If certain aspects of the program are underperforming, the City can take steps to correct the problem immediately. Issues with documentation or project implementation can be corrected through the implementation of new policies and procedures. In addition, the City conducts internal audits that regularly monitor programmatic and financial performance. The weakness of the institutional structure is that staff resources are broadly distributed among many programs and responsibilities.

Monitoring (91.230)

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

5 Year Strategic Plan Monitoring response:

1. Monitoring program

The City of Homestead will provide administrative oversight for the CDBG program. The standards the City will use to monitor the projects can be summarized as follows:

Programmatic: The City will review each project to determine program compliance. Funded activities must meet a number of tests. First, do the activities meet a national objective and are they an eligible activity? The second level of compliance is related to the various Federal laws and regulations governing the use of CDBG funds. The City will incorporate these requirements into contracts with vendors and other participating parties. In addition, the City will develop policies and procedures related to the administration of these programs. Sub-recipients will also be required to maintain records to document eligibility.

Administrative: The other foundation of monitoring CDBG projects relies on the current best practices employed by the City.

- **Contracts:** All contracts for CDBG expenditures will be reviewed and executed by the City Manager or designee.
- **Invoicing:** All invoices will be approved by appropriate City and professional staff.
- **Accounting:** Project expenditures will be tracked by the City's finance department according to established accounting procedures. Grant programs will, periodically, be subject to independent audits.
- **Compliance Auditing:** All subrecipients will be subject to a compliance audits to insure that all conditions of the grant are met. This compliance audit, conducted by City staff or their representative, will focus on proper allocation of funds, verification of service levels and attainment of goals. Additionally, the subrecipients will be subject to unannounced visits during the program time frame to verify compliance.

Priority Needs Analysis and Strategies (91.215 (a))

1. Describe the basis for assigning the priority given to each category of priority needs.
2. Identify any obstacles to meeting underserved needs.

5 Year Strategic Plan Priority Needs Analysis and Strategies response:

1. Basis to assign priorities

The establishment of priorities is based on the needs in the community and the ability of the City of Homestead to address these needs through the funding available. Several public input meetings have been held that identified the needs of the community and the interests of the public regarding these services. In addition, public service agencies were contacted regarding the needs of the populations that they serve.

Four documents are significant in determining the needs of the community. These documents are the CRA Redevelopment Plan, the Southwest Neighborhood Master Plan, the Northwest Neighborhood Plan and the Transportation and Transit Master Plan. All of these studies have previously identified needs in the community.

2. Obstacles

Obstacles to meeting underserved needs revolve around the lack of funding for the improvements needed in the community.

Lead-based Paint (91.215 (g))

1. Estimate the number of housing units that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.
2. Outline actions proposed or being taken to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs, and how the plan for the reduction of lead-based hazards is related to the extent of lead poisoning and hazards.

5 Year Strategic Plan Lead-based Paint response:

1. Estimate the number of housing units that contain lead-based paint hazards

According to HUD and the Miami-Dade County Health Department, primary local risk factors leading to lead poisoning include:

- Living in a home built before 1950;
- Living in a recently remodeled home built before 1978;
- Living in central urban area or close to major highways;
- Having a sibling or playmate with lead poisoning; and
- Having been exposed to lead poisoning in another country.

The leading cause of lead-based poisoning is exposure to dust from deteriorating paint in homes constructed before 1978. This is due to the high lead content used in paint during that period, particularly in homes built before 1950. Approximately 28.2% (American Community Survey, 2009-2011) percent of the housing units in the entitlement area were constructed prior to 1979, leaving 6,258 units with potential for lead-paint hazards.

Extremely low, very low and low-income residents are at a much greater risk of being exposed to lead and other hazardous conditions. First, they tend to occupy older homes (which may contain lead-based paint) because they are more affordable. Second, they have less disposable income to ensure proper upkeep and maintenance. As the paint in their home deteriorates, it can emit harmful lead particles into the air and leave behind contaminated paint chips on the ground. Since lead does not decompose naturally, it will continue to cause problems until it is removed.

Using the number of units constructed prior to 1980, the following percentages were suggested as a basis for estimating the number of units within the City that might contain lead based paint:

Year Built	Percent With Lead-based Paint
Before 1940	90%
1940-1959	80%
1960-1979	62%
After 1980	N.A.

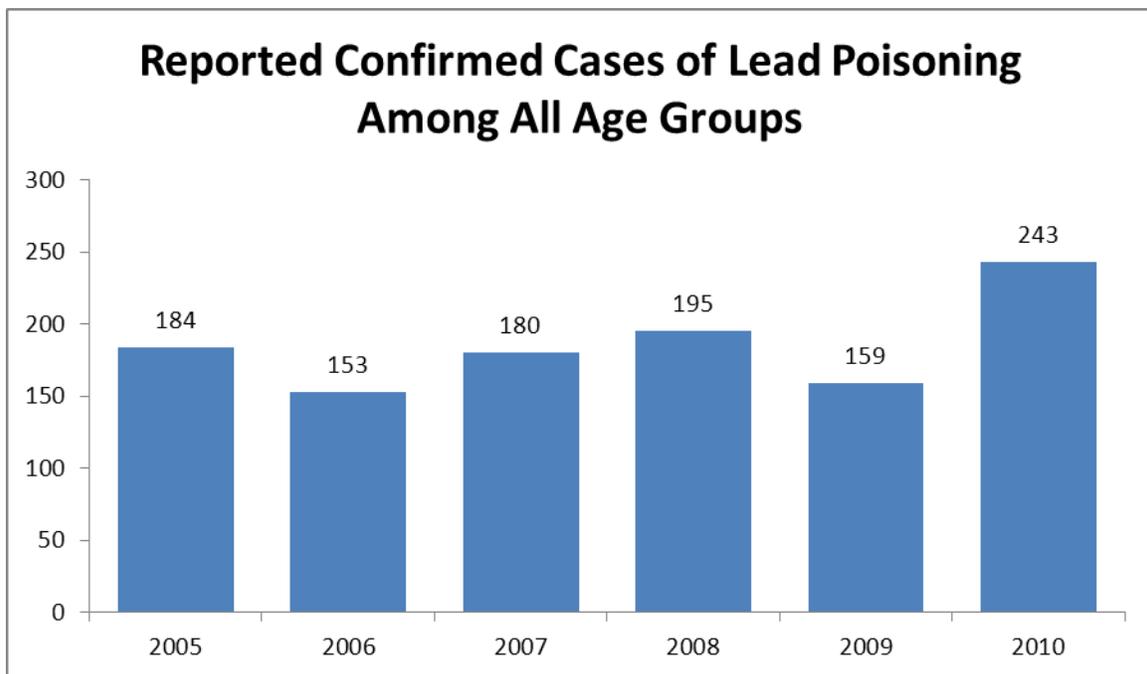
Source: Miami-Dade County Health Department

In the City of Homestead the following housing units were built prior to 1980:

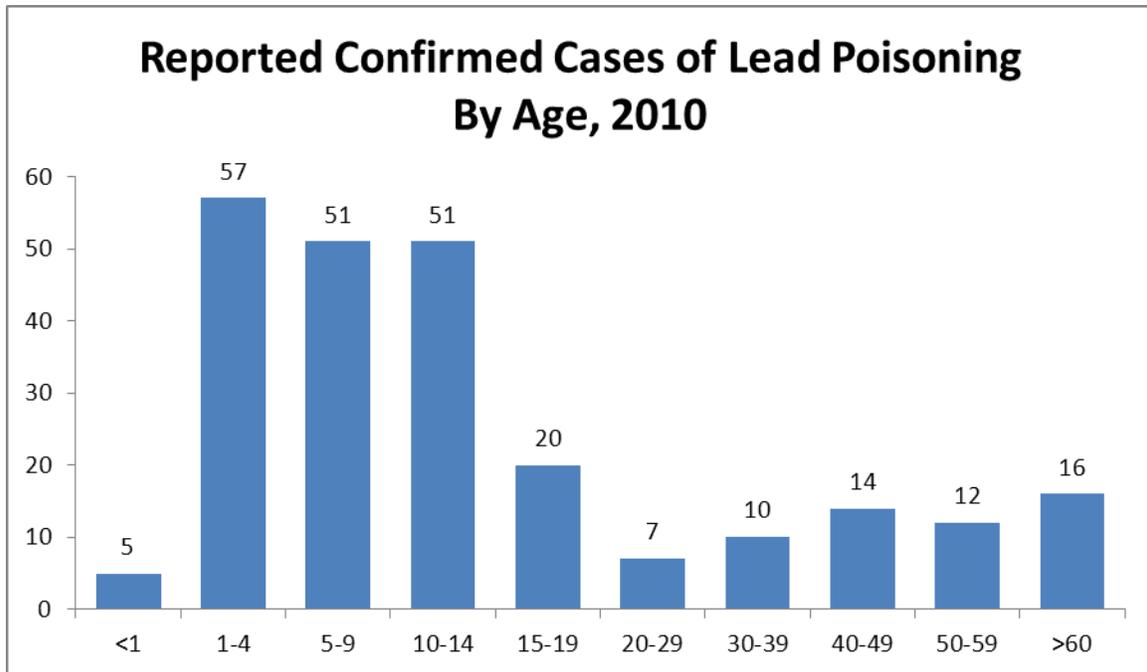
Year Constructed	Existing Housing Units	Assumed Rate of Lead-Based Paint	Total Units
Pre 1940	339	90%	305
1940 to 1959	1,975	80%	1,580
1960 to 1979	3,944	62%	2,445
TOTAL			4,330

Source: Shimberg Center for Housing Studies

Thus, an estimated total of 4,330 units within the City may have been constructed using lead-based paint. Lead-based paint has not been permitted since 1978. All housing rehabilitation programs require elimination of any older lead-based paint previously used.



Source: Miami-Dade County Health Department



Source: Miami-Dade County Health Department

2. Actions taken to evaluate or reduce Lead-Based Paint

The Department of Health and Human Services' Healthy People 2010 initiative has set a national goal of eliminating blood lead levels greater or equal to 10 µg/dL among children aged 1-5 years by 2010.

Locally, the screening guidelines are as follows for children between the ages of 24 months and 12 years old (36-72 months if the child has not been screened before), who live in or attend a daycare are as follows;

Risk factors for lead poisoning in Homestead and Miami-Dade County:

- Living in a home built before 1950
- Living in a recently remodeled home built before 1978
- Living in central urban area or close to major highways
- Having a sibling or playmate with lead poisoning
- Having been exposed to lead poisoning in another country

Lead poisoning occurs when the blood level; is greater than, or equal to, 10ug/dL of whole blood (3/8/2009)

The screening guidelines that are in effect are the following:

- Children who are enrolled in Medicaid or received health care in a publicly funded clinic
- Children who receive any type of public assistance
- Children who live regularly in or visit a house built before 1978 that is being remodeled
- Children who have recently arrived in the U.S. within one year
- Children who have a sibling or playmate with lead poisoning, or
- Children who live the Zip Codes listed below.

The list of targeted zip code areas in Miami-Dade County where children between the ages of 24 months and 12 years old, who live in or attend a daycare, are;

33125	33136
33126	33137
33127	33138
33128	33139
33129	33140
33130	33141
33131	33142
33132	33144
33133	33145
33134	33147
33135	33150

The City of Homestead does not have any Zip Codes within the specific target areas for Miami-Dade County. It is likely that the constant monitoring of the migrant housing as well as rebuilding after Hurricane Andrew has reduced the Lead Based Paint threat.

Miami-Dade County Childhood Lead Poisoning Prevention Program (CLPPP)

Miami-Dade County Health Department has received about 268 reports of elevated blood lead levels annually from 2000 to 2008. One of the most important objectives of the CDC-funded CLPPP since its inception in 1999 has been to increase primary prevention activities and lead screening among children at high risk of lead poisoning. In following and modifying the CDC's recommendations for targeted screening of children for lead poisoning, Miami-Dade County CLPPP has issued screening guidelines for primary care physicians.

Currently, the CLPPP will be working on the Healthy Homes pilot programs to raise awareness of environmental health risks in homes such as lead-based paint, mold, carbon monoxide, pesticides, and hazardous household products through one-on-one family education, realtor and landlord education. To reduce or eliminate environmental hazards in the home, Miami-Dade's CLPPP will refer families to local health and housing programs for assistance with their related issues.

CLPPP Program activities include:

- Surveillance
- Screening
- Education
- Case management

- Environmental investigations
- Policy development
- Community Outreach Education and Training

Case management services (10 µg Pb/dL):

- Risk Assessment Questionnaire
 - Assess exposure
 - Identify at-risk siblings and playmates
- Education
 - Lead poisoning prevention
 - Nutrition
 - Advise on follow-up care
- Facilitate medical care access to
 - Inform provider of follow-up recommendations
 - Refer to WIC, Healthy Start, Children’s Medical Services and other social services
- Environmental Investigations
 - Home Investigations
 - BLL’s greater than or equal to 20 µg Pb/dL
 - BLL’s persistently greater than or equal to 15 µg Pb/dL
 - Increase in BLL
 - More than one lead poisoned child in home

The Florida Department of Health and the Miami-Dade County Department of Health are working to reduce and eliminate lead poisoning in the County. The following table illustrates the number of cases over the last reported year (2011) and the comparison to the prior years.

Miami-Dade County Monthly Select Reportable Diseases and Conditions;

	Current Month (#)	Year-to-date (#)	2010 Year-to-date	2009 Year-to-date
January 2011	14	14	0	0
February 2011	6	19	6	8
March 2011	14	33	48	31
April 2011	12	43	77	44
May 2011	15	59	108	54
June 2011	13	70	122	57
July 2011	24	94	140	68
August 2011	15	109	167	69
September 2011	4	113	184	112
October 2011	4	117	203	133
November 2011	N/A	N/A	N/A	N/A
December 2011	N/A	N/A	N/A	N/A
December 2010	26	240	159	185

Source: Miami-Dade Health Department, “EPI Monthly Reports”; PMG Associates, Inc.

HOUSING

Housing Needs (91.205)

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

1. Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost-burden, substandard housing, and overcrowding (especially large families).
2. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

5 Year Strategic Plan Housing Needs response:

1. Estimated Housing Needs

Age	Residents								
	2000	2010	2011	2015	2020	2025	2030	2035	2040
0-4	3,386	6,363	6,443	7,051	8,105	9,060	9,904	10,810	11,813
5-9	3,222	5,342	5,491	6,833	8,143	9,251	10,031	11,267	12,076
10-14	2,474	4,626	4,728	5,369	6,650	7,349	8,118	8,761	9,308
15-19	2,586	4,247	4,328	4,650	5,326	6,808	7,820	8,615	9,029
20-24	3,005	4,832	4,963	5,756	6,597	7,530	9,091	9,522	10,396
25-29	2,949	5,905	5,908	6,742	6,993	7,764	8,411	10,442	11,280
30-34	2,585	5,616	5,543	5,855	6,413	7,395	8,461	8,956	10,744
35-39	2,424	4,986	5,111	5,472	7,046	8,004	8,132	8,658	9,154
40-44	1,993	4,153	4,327	5,236	6,432	6,651	7,087	7,870	8,790
45-49	1,668	3,602	3,732	4,175	5,271	5,800	7,179	7,900	7,760
50-54	1,304	2,840	2,905	3,824	4,198	5,369	6,299	6,331	6,417
55-59	1,017	2,289	2,307	2,731	3,524	4,026	4,988	5,192	6,269
60-64	797	1,806	1,828	2,265	2,821	3,819	4,028	4,975	5,587
65-69	689	1,302	1,314	1,621	2,086	2,448	3,114	3,353	4,074
70-74	638	916	930	1,099	1,456	1,842	2,215	2,901	2,933
75+	1,172	1,687	1,647	1,748	1,772	2,139	2,529	3,006	3,569
Total	31,909	60,512	61,505	70,427	82,833	95,255	107,407	118,559	129,199

Source: Shimberg Center for Housing Studies

Households by Homeowner/Renter Status and Cost Burden, 2009

Owner/Renter Status	Amount of Income spent on Housing		
	0-30%	30-50%	50% or more
Owner	4,103	1,294	937
Renter	6,088	2,520	2,413
Total	10,191	3,814	3,350

Source: Shimberg Center for Housing Studies

Households by Income and Cost Burden, 2009

Household Income	Amount of Income spent on Housing		
	0-30%	30-50%	50% or more
<=30% AMI	812	154	1,444
30.01-50% AMI	299	523	1,045
50.01-80% AMI	828	1,416	591
80.01+% AMI	8,252	1,721	270
Total	10,191	3,814	3,350

Source: Shimberg Center for Housing Studies

Households by Number of Persons in the Household and Cost Burden, 2009

Number of Persons in the Household	Amount of Income Paid for Housing		
	0-30%	30-50%	50% or more
1-2	4,904	1,822	1,878
3-4	3,602	1,398	1,021
5+	1,684	595	449

Source: Shimberg Center for Housing Studies (figures do not add up the same in previous tables)

Elderly Households

- 2,595 households in Homestead (15.0%) are headed by a person age 65 or older in 2009. In comparison, 27.8% of households statewide are headed by elderly persons.
- 1,429 of elderly households in Homestead (55.1%) own their homes.
- 1,134 elderly households (44%) pay more than 30% of income for rent or mortgage costs.

Elderly Households by Age and Cost Burden, City of Homestead, 2009

Age of Householder	Amount of Income Paid for Housing		
	0-30%	30-49.9%	50+ %
65+	1,461	506	628

Source: Shimberg Center for Housing Studies

Sub-standard Housing, Occupied Units

Category	Number	Percent
Lacking Complete Plumbing facilities	125	0.7
Lacking Complete Kitchen facilities	75	0.4
No telephone service available	813	4.5
No Fuel Used Lacking Heat	501	2.8
Overcrowded*	1,689	9.4

Source: American Community Survey, 2007-2011

*Overcrowding (Units are considered to be overcrowded if there is more than one occupant per room)

Occupants per room	Number	Percent
1.00 or less	16,288	90.6%
1.01 to 1.50	1,186	6.6%
1.51 or more	503	2.8%
Total	17,977	100.0%

AHNA Affordable Housing Need Summary 2009-2030

Tenure	Number of severely cost burdened (50%+) households with income less than 80% AMI by tenure					
	2009	2010	2015	2020	2025	2030
Owner	743	758	894	1,070	1,245	1,420
Renter	2,337	2,383	2,782	3,286	3,779	4,253

Source: Shimberg Center for Housing Studies; AHNA = Affordable Housing Needs Assessment

Affordable Housing Need Detail 2009-2030. Number of severely cost burdened (50%+) households with income less than 80% AMI by tenure and income level

Household Income as % of AMI	Tenure: Owner					
	2009	2010	2015	2020	2025	2030
0-30% AMI	243	248	294	354	415	476
30.1-50% AMI	244	249	294	352	410	469
50.1-80% AMI	256	261	306	364	420	475
Total	743	758	894	1,070	1,245	1,420

Source: Shimberg Center for Housing Studies

Household Income as % of AMI	Tenure: Renter					
	2009	2010	2015	2020	2025	2030
0-30% AMI	1,201	1,225	1,432	1,694	1,952	2,200
30.1-50% AMI	801	817	953	1,124	1,291	1,451
50.1-80% AMI	335	341	397	468	536	602
Total	2,337	2,383	2,782	3,286	3,779	4,253

Source: Shimberg Center for Housing Studies

Growth in severely cost burdened (50%+) households with income less than 80% AMI by tenure and income level

Household Income as % of AMI	Tenure: Owner					Total
	2009- 2010	2010- 2015	2015- 2020	2020- 2025	2025- 2030	
0-30% AMI	5	46	60	61	61	233
30.1-50% AMI	5	45	58	58	59	225
50.1-80% AMI	5	45	58	56	55	219
Total	15	136	176	175	175	677

Source: Shimberg Center for Housing Studies

Household Income as % of AMI	Tenure: Renter					Total
	2009- 2010	2010- 2015	2015- 2020	2020- 2025	2025- 2030	
0-30% AMI	24	207	262	258	248	999
30.1-50% AMI	16	136	171	167	160	650
50.1-80% AMI	6	56	71	68	66	267
Total	46	399	504	493	474	1,916

Source: Shimberg Center for Housing Studies

Median Sales Price for Single Family Homes and Condominiums in Miami-Dade County

Year	Single Family Homes	Condominiums
1996	\$70,000	\$62,000
1997	\$72,000	\$66,000
1998	\$73,000	\$64,750
1999	\$73,000	\$66,500
2000	\$80,000	\$65,000
2001	\$89,000	\$70,500
2002	\$112,550	\$89,000
2003	\$128,000	\$111,661
2004	\$150,000	\$154,707
2005	\$210,000	\$190,165
2006	\$230,875	\$223,000
2007	\$235,000	\$228,995
2008	\$259,000	\$81,149
2009	\$148,050	\$58,000
2010	\$135,650	\$56,250
2011	\$123,000	\$57,750
2012	\$125,000	\$60,000

Source: Shimberg Center for Housing Studies

Existing Home Values (Based on Property Appraiser's Just Values) Miami-Dade County

Year	Single Family Home, average just value	Condominium, average just value	State-wide Single Family Home Value
2012	\$93,233	\$47,559	\$160,174

Source: Shimberg Center for Housing Studies

Home Sales Prices Miami-Dade County

Year	The average sales price for a single family home	The median sales price	Statewide median sales price
2012	\$122,439	\$125,000	\$150,000

Source: Shimberg Center for Housing Studies

Civilian Employed Population - City of Homestead

Industry	Number	Percent
Agriculture, forestry, fishing, hunting and mining	3,120	12.7%
Construction	1,798	7.3%
Manufacturing	635	2.6%
Wholesale trade	709	2.9%
Retail trade	2,963	12.1%
Transportation, warehousing, and utilities	1,903	7.7%
Information	519	2.1%
Finance, insurance, real estate, rental, and leasing	955	3.9%
Professional/scientific/management/administrative	2,701	11.0%
Educational services, health care, and social assistance	4,572	18.6%
Arts, entertainment, recreation, accommodation, and food services	2,651	10.8%
Other services, except public administration	762	3.1%
Public administration	1,234	5.0%
Total	24,522	100.0%

Source: American Community Survey, 2009-2011

Income and Benefits per Household (in 2011 inflation-adjusted dollars)

Income and Benefits	Number	Percent
Less than \$10,000	2,240	12.3%
\$10,000 to \$14,999	1,513	8.3%
\$15,000 to \$24,999	2,441	13.4%
\$25,000 to \$34,999	2,382	13.1%
\$35,000 to \$49,999	2,905	16.0%
\$50,000 to \$74,999	3,092	17.0%
\$75,000 to \$99,999	1,553	8.5%
\$100,000 to \$149,999	1,683	9.2%
\$150,000 to \$199,999	138	0.8%
\$200,000 or more	265	1.4%
Total	18,212	100.0%

Source: American Community Survey, 2009-2011

Housing Units

Units in Structure	Number	Percent
1-unit detached	8,592	38.7%
1-unit attached	4,698	21.2%
2 units	143	0.6%
3 or 4 units	1,472	6.6%
5 to 9 units	3,024	13.6%
10 to 19 units	1,668	7.5%
20 or more units	1,704	7.7%
Mobile home	916	4.1%
Boat, RV, van, etc.	0	0.0%
Total	22,217	100.0%

Source: American Community Survey, 2009-2011

Year Structure Built	Number	Percent
Built 2005 or later	4,740	21.3%
Built 2000 to 2004	5,972	26.9%
Built 1990 to 1999	2,144	9.7%
Built 1980 to 1989	3,103	14.0%
Built 1970 to 1979	2,380	10.7%
Built 1960 to 1969	1,564	7.0%
Built 1950 to 1959	1,459	6.6%
Built 1940 to 1949	516	2.3%
Built 1939 or earlier	339	1.5%
Total	22,217	100.0%

Source: American Community Survey, 2009-2011

Number of Rooms	Number	Percent
1 room	462	2.1%
2 rooms	654	2.9%
3 rooms	1,987	8.9%
4 rooms	5,064	22.8%
5 rooms	5,788	26.1%
6 rooms	3,896	17.5%
7 rooms	2,913	13.1%
8 rooms	958	4.3%
9 rooms or more	495	2.2%
Total	22,217	100.0%

Source: American Community Survey, 2009-2011

Number of Bedrooms	Number	Percent
No bedroom	505	2.3%
1 bedroom	1,937	8.7%
2 bedrooms	7,127	32.1%
3 bedrooms	9,591	43.2%
4 bedrooms	2,469	11.1%
5 or more bedrooms	588	2.6%
Total	22,217	100.0%

Source: American Community Survey, 2009-2011

Owner Occupied Home Values

	Number	Percent
Less than \$50,000	1,044	13.9%
\$50,000 to \$99,999	1,861	24.7%
\$100,000 to \$149,999	1,385	18.4%
\$150,000 to \$199,999	1,342	17.8%
\$200,000 to \$299,999	1,190	15.8%
\$300,000 to \$499,999	697	9.3%
\$500,000 to \$999,999	16	0.2%
\$1,000,000 or more	0	0.0%
Total	7,535	100.0%

Source: American Community Survey, 2009-2011

2. Disproportionate Need

The analysis of the disproportionate nature of the population is based on the data found in the following tables. This information addresses the amount of the households that have Cost Burden issues based on race or ethnic composition. The determination that a particular group has a greater need results when the difference between the percentages for the community varies by more than 10% for each of the racial groups.

Cost Burden by Race - Homestead

Percentage of household income spent on gross rent	White alone	Percent	Black alone	Percent	Hispanic or Latino	Percent
	Less than 10.0	81	1.1%	0	0.0%	63
10.0 to 14.9	238	3.2%	54	2.5%	183	2.7%
15.0 to 19.9	738	10.0%	168	7.8%	723	10.8%
20.0 to 24.9	743	10.0%	167	7.8%	515	7.7%
25.0 to 29.9	893	12.1%	204	9.5%	749	11.2%
30.0 to 34.9	646	8.7%	160	7.5%	539	8.1%
35.0 to 39.9	412	5.6%	112	5.2%	399	6.0%
40.0 to 49.9	717	9.7%	188	8.8%	760	11.4%
50.0 percent or more	2,631	35.6%	896	41.8%	2,538	38.0%
Not computed	296	4.0%	193	9.0%	208	3.1%
Total:	7,395	100.0%	2,142	100.0%	6,677	100.0%

Source: 2006-2010 American Community Survey Selected Population Tables

Based on the data shown in the previous table, the City of Homestead has no racial disparity regarding housing. All percentages for cost burden for each ethnic group are within 10% of the total for the community. Based on the description of disparity by HUD, this condition does not exist.

Priority Housing Needs (91.215 (b))

1. Identify the priority housing needs and activities in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.
2. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category.

Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.

3. Describe the basis for assigning the priority given to each category of priority needs.
4. Identify any obstacles to meeting underserved needs.

5 Year Strategic Plan Priority Housing Needs response:

1. Priority Housing needs

The priority housing needs for the community are focused on rental housing for low – moderate income households and the elderly. Although home ownership is an overall national goal as well as one for the community, the lack of funding makes construction of new units unrealistic. Assistance for existing housing stock is a more appropriate use of the funding in the City.

One of the largest groups with housing issues is migrant workers who are employed in the Agricultural Industry in the area. Housing for this group is provided through the Homestead Housing Authority which administers housing through the USDA Rural Development Farmworker Housing Program as well as their own housing units.

As the City of Homestead does not receive HOME funding, there has been no program to develop new housing units. The focus on housing has been through the CRA's housing rehabilitation program, which seeks to improve the quality of the existing housing stock in the CRA boundaries, which coincide with most of the City boundaries as well as the Low- to Moderate Income Household Block Groups.

2. Analysis of how the characteristics of the housing market provided the basis for determining the relative priority of each priority housing need

The analysis of the housing characteristics identified the needs in the community for the elderly, substandard housing and large families. The limited resources available to the City through the CDBG funding can only be directed toward the following:

- Preparedness for natural disasters
- Rehabilitation of existing housing
- Correcting substandard housing
- Rental Assistance
- Down Payment Assistance

3. Basis for assigning the priority

Analysis of the numbers of households that need assistance is measured against the limited funding to determine where the funds can accomplish the most good. The assignment of priorities is based on the achievements of the goals.

4. Obstacles

Obstacles include the lack of funds and the limited community agencies that have the capacity to address these needs.

Housing Market Analysis (91.210)

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

1. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families. Data on the housing market should include, to the extent information is available, an estimate of the number of vacant or abandoned buildings and whether units in these buildings are suitable for rehabilitation.
2. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).
3. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.

5 Year Strategic Plan Housing Market Analysis responses:

1. Characteristics of the housing market

Units for sale have begun to show an increase that may signal the beginning of the recovery of the Real Estate Market. The sharp declines of 2008 and 2009 have ceased and the market is showing signs of improvement.

Year	Single Family Homes	Condominiums
1996	\$70,000	\$62,000
1997	\$72,000	\$66,000
1998	\$73,000	\$64,750
1999	\$73,000	\$66,500
2000	\$80,000	\$65,000
2001	\$89,000	\$70,500
2002	\$112,550	\$89,000
2003	\$128,000	\$111,661
2004	\$150,000	\$154,707
2005	\$210,000	\$190,165
2006	\$230,875	\$223,000
2007	\$235,000	\$228,995
2008	\$259,000	\$81,149
2009	\$148,050	\$58,000
2010	\$135,650	\$56,250
2011	\$123,000	\$57,750
2012	\$125,000	\$60,000

Source: Shimberg Center for Housing Studies

The shift in the market over the past several years was to the rental units as people could not afford the mortgages on homes. One measure is the Fair Market Rents as defined by HUD, which applies to the rents that are supportable by that agency. Smaller units have seen a continuation of the decline in rental rates. Larger units (possibly due to the lack of supply) have seen an increase in rental rates

**Miami-Dade County Fair Market Rents for Efficiencies
2000 – 2013**

Year	Efficiency	Percentage change from previous year
2000	\$455	---
2001	\$490	7.7%
2002	\$498	1.6%
2003	\$518	4.0%
2004	\$577	11.4%
2005	\$682	18.2%
2006	\$652	(4.4%)
2007	\$741	13.7%
2008	\$753	1.6%
2009	\$842	11.8%
2010	\$878	4.3%
2011	\$862	(1.8%)
2012	\$819	(5.0%)
2013	\$719	(12.2%)

Source: U.S. Department of Housing and Urban Development

**Miami-Dade County Fair Market Rents for 1 Bedroom Units
2000 – 2012**

Year	1 Bedroom	Percentage change from previous year
2000	\$571	---
2001	\$616	7.9%
2002	\$626	1.6%
2003	\$652	4.2%
2004	\$726	11.3%
2005	\$775	6.7%
2006	\$752	(3.0%)
2007	\$839	11.6%
2008	\$853	1.7%
2009	\$953	11.7%
2010	\$994	4.3%
2011	\$976	(1.8%)
2012	\$927	(5.0%)
2013	\$876	(5.5%)

Source: U.S. Department of Housing and Urban Development

**Miami-Dade County Fair Market Rents for 2 Bedroom Units
2000 – 2012**

Year	2 Bedroom	Percentage change from previous year
2000	\$ 712	---
2001	\$ 768	7.9%
2002	\$ 781	1.7%
2003	\$ 813	4.1%
2004	\$ 904	11.2%
2005	\$ 929	2.8%
2006	\$ 911	(1.9%)
2007	\$1,018	11.7%
2008	\$1,035	1.7%
2009	\$1,156	11.7%
2010	\$1,206	4.3%
2011	\$1,184	(1.8%)
2012	\$1,125	(5.0%)
2013	\$1,122	(0.3%)

Source: U.S. Department of Housing and Urban Development

**Miami-Dade County Fair Market Rents for 3 Bedroom Units
2000 – 2012**

Year	3 Bedroom	Percentage change from previous year
2000	\$ 978	---
2001	\$1,054	7.8%
2002	\$1,072	1.7%
2003	\$1,116	4.1%
2004	\$1,241	11.2%
2005	\$1,204	(3.0%)
2006	\$1,205	0.1%
2007	\$1,302	8.0%
2008	\$1,324	1.7%
2009	\$1,479	11.7%
2010	\$1,542	4.3%
2011	\$1,514	(1.8%)
2012	\$1,439	(5.0%)
2013	\$1,539	6.9%

Source: U.S. Department of Housing and Urban Development

**Miami-Dade County Fair Market Rents for 4 Bedroom Units
2000 – 2012**

Year	4 Bedroom	Percentage change from previous year
2000	\$1,133	---
2001	\$1,222	7.9%
2002	\$1,243	1.7%
2003	\$1,293	4.0%
2004	\$1,439	11.3%
2005	\$1,419	(1.4%)
2006	\$1,377	(3.0%)
2007	\$1,522	10.5%
2008	\$1,547	1.6%
2009	\$1,728	11.7%
2010	\$1,803	4.3%
2011	\$1,770	(1.8%)
2012	\$1,682	(5.0%)
2013	\$1,799	7.0%

Source: U.S. Department of Housing and Urban Development

Vacancy and Occupancy Status, Summary, 2007/2011

Occupied	Vacant	Total	Vacancy Rate (%)	Vacant Seasonal, etc. Units
17,977	4,108	22,085	23.0	164

Source: American Community Survey, 2007-2011

2. Targeting of units

A significant percentage of the population of the City of Homestead (54.6%) is in the low to moderate income classification. In addition, another 358 units will be added to the cost burdened total within the next five years. At present, 1,134 elderly housing units exist in the City that are cost burdened. Another 1,688 units are substandard through lack of facilities or overcrowding.

The Section 8 voucher program is administered through the Homestead Housing Authority, which provides 1,618 vouchers serving 4,900 persons. Another 2,500 households are on the waiting list. There is no indication that any of the housing units will be lost.

3. How characteristics will influence the use of funds

A significant demand exists primarily for renters in the community. The very low and low income population, as well as the elderly, make up the majority of the demand for housing assistance. The City of Homestead's priorities for housing programs are directed toward these groups.

The emphasis for the next several years should be directed toward Hurricane preparedness, housing rehabilitation, rental housing assistance, housing stabilization and credit counseling.

Specific Housing Objectives (91.215 (b))

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.
2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

5 Year Strategic Plan Specific Housing Objectives response:

1. Priorities and objectives

The City of Homestead proposes to address the issues of improving the housing stock, particularly for low to moderate income population, through the rehabilitation of existing structures, particularly those that require preparedness for natural disasters and those that are substandard. Additional efforts are to be placed in providing rental assistance or down payment assistance based on the funds available and the ability to serve the public.

2. Describe how resources available are to be used

The City of Homestead does not receive HOME or other specific housing funds from any source. The use of CDBG dollars for the purposes of housing is a new proposal that requires concentrated efforts from the City.

To initiate the housing assistance program, the City proposes to develop internal mechanisms to assist the community with addressing the condition of the housing stock. This expansion will focus on housing rehabilitation for low to moderate income households.

Other programs that are considered include assistance in rental payments, service deposits for utilities and other rental or down payment assistance.

Needs of Public Housing (91.210 (b))

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

5 Year Strategic Plan Needs of Public Housing response:

The Homestead Housing Authority (HHA) is an autonomous agency directed to serve the migrant population of the community. Funding for the agency is through USDA Rural Development Farmworker Program. The Mission of the agency is to "Provide high quality, affordable, safe and sanitary housing of choice so that our clients and their families are able to elevate their quality of life with dignity".

Facilities of the HHA are:

USDA Rural Development Farmworker Housing:

3 centers under USDA RD Farmworker Housing: (benefiting about 780 participants)

Redland Center	192 Units
Goulds Center	28 Houses
Harvest Center	38 Houses

HHA Farmworker housing:

South Dade Center 272 houses benefiting about 820 participants

Waiting lists for the housing includes 79 USDA RD Farmworker Housing units and 85 HHA Farmworker Housing units. The average wait time is approximately four years.

The HHA also administers the Section 8 HCV Voucher program with 1,618 Vouchers benefiting about 4,900 participants. The Waiting list for vouchers includes 2,500 families.

Miami-Dade Public Housing Authority also maintains facilities in the area. Although the MDPHA does have four housing developments within the City boundaries, these developments are open to anyone who lives in the County and meets the income test. The waiting list has over 5,000 households.

As all these developments were built prior to 1985, they are need of rehabilitation and modernization. Decisions regarding the priorities of these units lie with Miami-Dade County.

Public Housing Strategy (91.210)

1. Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.
2. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))
3. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))

5 Year Strategic Plan Public Housing Strategy response:

1. Public Housing Strategy

HHA has initiated construction of another 56 units that are expected to be ready in 2013. In addition, HHA has begun to remodel the existing units with painting, roofs and window and door replacement. Other improvements desired include roadways and security. Future plans also may include the acquisition and remodeling of 272 homes located adjacent to Homestead Air Force Base to meet demand.

Other strategic initiatives considered are:

- Expanding Veterans Assistance program
- Expanding Section 8 by requesting that HUD remove the cap on the number of vouchers
- Elderly Housing potentially in Leisure City (outside of Homestead)

2. How the agency will address public needs

HHA encourages participation in operation of the facilities and soliciting needs of the community. All residents are urged to participate in the program. All materials are translated into Spanish to insure that the community is fully involved.

3. Is the agency troubled?

The agency is not troubled and is in good standing with HUD.

Barriers to Affordable Housing (91.210 (e) and 91.215 (f))

1. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.
2. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.

5 Year Strategic Plan Barriers to Affordable Housing response:

Introduction

Barriers to development of affordable housing include any actions, omissions or decision taken because of race, color, religion, sex, disability, familial status, or national origin that restrict housing choice or the availability of housing choice, and actions, omissions, or decisions that have that affect. The purpose of this report is to review and evaluate local programs and policies, and zoning and land development regulations to identify potential barriers to the development of affordable housing, and recommend appropriate changes. This evaluation includes review of the policy and regulatory documents for the City of Homestead, Florida. A wide range of reports and documents were collected and reviewed, and include the following:

Regulatory Documents

- City of Homestead, Florida Comprehensive Plan. Elements reviewed include:
 - a. Housing Element
 - b. Future Land Use Element
- City of Homestead, Florida Code of Ordinances
 - a. Chapter 15 – Housing Standards
 - b. Chapter 6 – Buildings and Building Regulation, including
 - i. Building permit and impact fees
 - ii. Unsafe Structures
 - c. Concurrency Management
 - d. Zoning Regulations including
 - i. Zoning district regulations
 - ii. Zoning procedures
 - iii. Design standards
 - iv. Supplemental district regulations – Standards for Housing for Specific Occupancy

Housing Policies & Programs

- City of Homestead 3-5 Year Strategic Plan
- FY 2011-2012 City of Homestead Action Plan

Analysis

City of Homestead, Florida Comprehensive Plan. As stated in the introductory section, the comprehensive plan is a “major tool available to the City to enhance economic development and to protect the City’s residents. It establishes measurable objectives to determine the success of its implementation.” Each stated Objective is followed by a “Measure” which is generally a statement relevant to that specific goal and objective, and provides some means by which success can be quantified.

The Housing and Future Land Use elements of the Comprehensive Plan are reviewed because of they directly affect housing development of all kinds. The Housing Element includes the policy guidance for the development of affordable housing, protection and enhancement of existing neighborhoods, and historic preservation. The Future Land Use Element designates densities and intensities of development, categorizes areas in the city where different land use types are permitting, and establishes broad policy for land development.

Housing Element – The City of Homestead Housing Element stated purpose and Goal is to provide for the “reconstruction, redevelopment and new development of a variety of safe, sanitary and energy efficient housing, with particular emphasis on affordable and special needs housing, to meet the needs of the present and future residents of the City through the efforts of the Community Redevelopment Agency (CRA), redevelopment plan, participation in appropriate public affordable housing programs, and facilitation of redevelopment projects and new development.”

Objectives and Policies in the Housing Element that are relevant to this review of public policies include the following:

Objective 1: Affordable Housing Programs – this objective and series of subsequent policies directs the city to “cooperate with federal, state and county programs, and Community Redevelopment Agency (CRA), to provide public housing, homeownership, and other forms of assistance for” affordable housing. The following “measure” is 1) number of new affordable housing units; and 2) number of persons receiving affordable housing assistance.

Subsequent policies address the following:

- Continuing to provide a central location within the city on all programs that are administered by the City or other agencies.
- Maintain current affordable housing and seek out new programs
- Maintain and update a program to disseminate information on programs to affordable housing developers
- Enforce housing standards
- Maintain code enforcement program to address substandard housing
- Identify substandard units for demolition or rehabilitation
- Reduce substandard units
- Ensure adequate distribution of sites for extremely low, low and moderate income housing throughout the city
- Avoid unnecessary displacement and relocation due to “activities undertaken”.
- If displacement is unavoidable, City is required to provide relocation assistance.
- Promote job training, creation and other economic solutions related to affordable housing.
- Physically connect living and working environments in Empowerment Zones.
- The CRA is required to continue to develop and manage programs promoting affordable homeownership in redevelopment areas.
- Increase the supply of affordable housing by implementing mechanisms such as bonus densities, employee housing assistance, land banks, land trusts etc.
- Create partnerships with non-profit agencies to develop affordable housing
- Advocate a regional fair-share approach to the provision of affordable housing
- Establish expedited review for affordable housing
- Pursue funding and administering a variety of available stated and federal programs
- Consider the recommendations of the “Community Housing Trust Strategic Plan” and the “Workforce Housing Assessment Action Plan”.

Objective 2 – Private Sector Housing Provision – this objective addresses the process for approval of projects and requires that they be “efficient to permit the redevelopment and new development”, states that a “variety of housing types” are needed, and that they include “affordable housing for very low, low and moderate income residents, those with special needs and rural and migrant farm workers.”

The “measure” for this objective is to document “adequate vacant residential lands on the FLUM based on projected population growth and income levels”.

Subsequent policies include:

- Continue improving the “quality, comprehensiveness and efficiency” of the development process.
- Continue to allow up to 10 dwelling units per acre on the FLUM in the low and medium density categories; 15 units per acre in the downtown mixed use area; and 20 units per acre in the planned urban neighborhood area.
- Ensure there is “adequate lands available to accommodate manufactured housing” that meets current codes.

Objective 3 – Redevelopment and Renewal – this objective encourages the demolition (where necessary), rehabilitation, rebuilding and redevelopment of housing in the CRA area. The “measure” is the “inventory of new and rehabilitated housing units in the CRA.”

Subsequent policies include:

- Continue rehabilitation and construction of housing in the CRA
- Continue to support the implementation of the Southwest Neighborhood Redevelopment plan
- Promote homeownership through zoning decisions and funding programs
- Require adequate and affordable relocation housing for displaced
- Encourage affordable housing, economic development and neighborhood revitalization in the City’s Urban Infill Area

Objective 4 – Special Housing Needs – this objective encourages partnering with the County, the CRA and adjacent city’s to help provide for the special housing needs of the elderly, handicapped, mentally ill, persons with AIDS, abused persons, the homeless, and rural and migrant farm workers. The “measure” is to “maintain an updated inventory of special needs housing.”

Subsequent policies include:

- Ensure that the comprehensive plan and land development code allow the development of adequate sites for special needs housing
- Provide assistance to non-profit agencies seeking to develop special needs housing
- Ensure that the land development code includes standards consistent with state law
- Coordinate development of special needs housing with the CIE
- Encourage the development of community residential alternatives to institutionalization
- Through the housing authority, identify unmet needs of farm workers and implement programs to meet the need
- Encourage farm worker housing through the adoption of incentives
- Actively pursue Farmer’s Home Administration assistance for farm worker housing
- Promote special housing such as ALF’s, group homes and adult daycare facilities in residential areas subject to state regulations

Objective 5 – Substandard Conditions – this objective encourages the city to assist residents to eliminate or rehabilitate substandard housing conditions. The “measure” for this is the number of substandard unit identified and corrected.

Subsequent policies include:

- Maintain code enforcement programs in partnership with the CRA and Miami-Dade County to ensure building codes and standards are met city-wide
- Ensure the Land Development Code contains clean and adequate standards to address housing quality, sustainability and stabilization of neighborhoods

Future Land Use – The City of Homestead Future Land Use Element stated purpose and Goal is to “establish and implement a future development pattern which promotes the health, safety and welfare of Homestead’s resident” through a variety of measures including the promotion of affordable housing “with an emphasis on homeownership”.

Objectives and Policies in the Future Land Use Element that are relevant to this review of public policies include the following:

Objective 1 – Implementation of Land Development Code – which is to “implement the goal, objectives and policies of the Future Land Use Element and other related elements in this Plan based on land planning, zoning and subdivision principles that are logical, sound and innovative, where appropriate.”

Subsequent relevant policies include:

- Policy 1.1: Encourage development and redevelopment by providing flexibility in site development standards, such as minimum lot size and other parameters.
- Policy 1.2: Rezoning shall not involve “spot zoning.”
- Policy 1.8: Require minimum open space in development parcels ... open space requirements shall be: Residential 30% to 45%; Planned Unit Development 35% of gross area.
- Policy 1.9: Continue to utilize innovative Land Development Code provisions allowing flexibility that “respond creatively to community needs like affordable housing”.

Objective 2 – Future Land Use Map (FLUM) - this objective specifies the allowable densities for residential uses.

Subsequent relevant policies include:

- Policy 2.1: This policy includes the various FLUM designations and associated densities as follows:
 - Agricultural – one (1) unit per five (5) acres
 - Estate – two, and one-half (2 ½) units per acre

- Low density residential – six (6) units per acre
- Medium density residential – ten (10) units per acre
- Light commercial – specifies no allowable residential uses or maximum density
- Heavy commercial – specifies no allowable residential uses or maximum density
- Downtown Mixed Use – fifteen (15) units per acre
- Planned Regional Activity Center (PRAC) – specifies 4.5 units per acre for single-family; ten (10) units per acre for townhouse development, and twenty (20) units per acre for multi-family with the overall density throughout a PRAC of ten (10) units per acre
- Industrial – specifies no allowable residential uses or maximum density
- Technology mixed use – specifies no allowable residential uses or maximum density
- Professional mixed use – this designation “responds to the current development trends that indicate a medical/professional office center is emerging” near the hospital. This designation acknowledges existing residential uses and zonings that will continue to “coexist” with this emerging center, and the maximum density is ten (10) units per acre
- Neighborhood mixed use – ten (10) units per acre
- Planned Urban Neighborhood – specifies a maximum of twenty (20) units per acre on a single residential parcel and fifteen (15) units per acre as overall density within the regulating plan
- Policy 2.6: Allows “upstairs” apartments above commercial in the Downtown Mixed Use land use designation
- Policy 2.8: States that the city should “ensure sufficient land is available to accommodate the City’s affordable housing needs.”

Objective 3 – Economic Growth – this objective encourages the city to assist the private sector to expand the “employment base”.

Subsequent relevant policies include:

- Policy 2.10: Higher densities, intensities, and heights shall be restricted to areas where they will not unduly impact upon existing and approved land uses in the surrounding area
- Policy 2.11: Actively promote higher densities, mixed-use development and transit-oriented design in the downtown, the CRA and Southwest Neighborhood

Objective 7 – Redevelopment and Renewal – this objective encourages the redevelopment of the CRA district. The “measure” for this objective is the 1) “number of rehabilitated units and/or the implementation of rehabilitation programs.” And, 2) increasing the occupancy rate.

Subsequent relevant policies include:

- Policy 7.2: Promote opportunities for mixed-use, housing rehabilitation in the southwest Neighborhood
- Policy 7.4: Promote single-family homeownership

- Policy 7.5: Designate the CRA as the “Urban Infill Area” for the purpose of encouraging affordable housing, homeownership, economic development and neighborhood revitalization. This policy goes on to say that the CRA exhibits the following characteristics:
 - Available public services
 - Pervasive poverty, unemployment, and general distress
 - High proportion of dilapidated, substandard properties
 - Fifty (50) percent of the area is within ¼ mile of a transit stop
 - The area includes or is adjacent to Urban Infill and Redevelopment Areas as defined by FS 163.2514

Objective 12 – Green Building and Design – this objective encourages green building and land development principals to increase sustainable resource management that benefits the environment and community.

Code of Ordinances and Land Development Regulations implement goals, objectives and policies of the Comprehensive Plan and provide the specific regulations needed for implementing the various element of the plan.

Housing Standards – Chapter 15, Housing Standards, provides purpose and process for identifying buildings that are unsuitable for human habitation; provides requirements for the condition of exterior property areas; interior and exterior structural areas; the provision of basic facilities; occupancy standards; light and ventilation and the responsibility of owners and occupants. Relevant sections of this code include the following:

- Section 15-2 Legislative Finds of Fact. In this section, it is stated that the “city council hereby finds and declares that there exist areas within the city, which are or may become in the future, substandard with respect to structure, equipment, or maintenance. Such conditions, together with inadequate provision for light and air, insufficient protection against fire hazards, lack of proper ventilation for heat and cooling, unsanitary conditions, and overcrowding constitute a menace to the health, safety, morals, welfare and reasonable comfort of its citizens.”
- Section 15-3 Purpose of chapter is to protect the public health, safety, morals and welfare by establishing minimum standards for the condition, occupancy and maintenance of dwellings.
- Section 15-27 authorizes the code enforcement agency to “make surveys in any area of the city designated by the city council to determine the general condition of structures used for human habitation, lack of facilities, unsafe and unsanitary conditions, extent of overcrowding and other relevant factors.”
- Article IV, Unfit Dwelling Units defines a structure that is unfit for human habitation as follows:
 - Being so damaged, decayed, dilapidated, etc., that it creates a serious hazard to health of safety
 - Lacks illumination, ventilation of sanitary facilities
 - Due to location, condition, or number of occupants it is unsanitary, unsafe or otherwise detrimental to the public safety
 - Because of failure by the owner or occupant to comply with orders by the city to correct problem
- Article IV, Unfit Dwelling Units also provides for a process by which the City can declare a dwelling unit to be unfit, and take the necessary action to have it corrected or demolished.

- Article VI, Exterior Property Areas, mandates that these areas be “kept free from conditions which might create a health, accident, or fire hazard”.
- Article VII, Structural Exterior, requires that exterior elements of buildings that are used for human habitation such as stairs, porches and railing “shall be kept in good repair”.
- Article VIII, Structural Interior, requires that all interior areas are “structurally sound”.
- Article IX, Basic Facilities, requires that all dwelling units have basic plumbing, electric, cooking facilities and refrigerated space, and Article X, Installation and maintenance of Basic Facilities requires proper maintenance and function of all those facilities. In addition, Article XII, Light and Ventilation Standards requires adequate natural or artificial light and natural or mechanical ventilation, and the provision of minimal electric outlets.
- Article XI, Occupancy Standards specifies limitations on the occupancy of dwelling units with regard to overcrowding, minimum square footages relative to numbers of occupants, and limits occupancy of a “dwelling” by no more than “one (1) family”. Family, in this Chapter is defined as “an individual or two (2) or more persons related to one another by blood, marriage, or adoption; or no more than five (5) unrelated persons living together as a single housekeeping unit.”

Building and Building Regulations – Chapter 6, Buildings and Building Regulations, provides for the adoption of the South Florida Building Code; establishment and collection of fees; requirements for permitting and contractor registration; impact fees for new development; and unsafe structures. Regarding building permit fees, Section 6-52 states that the City Council will impose fees to be adopted by resolution. Section 6-53 provides for fines against contractors for unpermitted work.

Article X of Chapter 6 prescribes impact fees for new development. It specifies that such fees are applicable to all new development, unless specifically exempted, in order to finance capital facilities related to electric, parks and recreation, drainage, police, transportation, public works and public art and cultural events. Section 504 Exemptions, states that impact fees are not applicable to various taxes, assessment or other fees, but provides no exemption for affordable housing.

Article XIII, Unsafe Structures provides the mechanism and process for the city to address structures which exhibit conditions that are hazardous to the public health, safety and welfare.

Concurrency Management

Chapter 1.5 of the Code is the Concurrency Management Section. This section ensures that there are adequate public facilities in place to accommodate new development, and requires that all impact fees be paid prior to issuance of a concurrency certificate.

Conclusion - The above ordinances of the City of Homestead, Florida are established to enforce minimum housing codes and standard, establish fees for new development and ensuring that there is adequate infrastructure to support new development. These ordinances should positively influence fair housing choice in the City of Homestead.

Zoning Regulations – Chapter 30 of the City of Homestead Code of Ordinances is the “Zoning” Chapter. This chapter of the Code of Ordinances includes a number of conventional zoning districts, planned neighborhood districts, and mixed use districts. Each of the zoning districts was reviewed for allowable uses, the allowance for community residential homes, affordable housing and other issues that may affect fair housing choice. Following is a summary of the zoning districts that allow residential uses with notations regarding lot and building requirements, allowance for community residential homes and assisted living facilities.

District – A-1 One Family, One Acre Estate

- Minimum Lot Area – One (1) acre
- Maximum Lot Coverage – 50%
- Minimum Building Size – 1500 square feet
- Building Setbacks:
 - Front – 50’
 - Rear – 25’
 - Side – 10’

District – A-2 One Family, One-half Acre Estate

- Minimum Lot Area – One-half (1/2) acre
- Maximum Lot Coverage – 50%
- Minimum Building Size – 1500 square feet
- Building Setbacks:
 - Front – 50’
 - Rear – 25’
 - Side – 10’

District – R-1 District – this district allows “Community Residential Homes – Type 1” subject to the standards in section 30-457. The zoning code defines a Community Residential Home – Type 1 as “a dwelling unit licensed to serve clients of the State of Florida Department of Elderly Affairs, Agency for Persons with Disabilities, Department of Juvenile Justice, or Department of Children and Family Services or a dwelling unit licensed by the Agency for Health Care Administration which provides a living environment for no more than six (6) individuals who operate as the functional equivalent of a family, including such supervision and care as may be necessary to meet the physical, emotional and social needs of residents.”

- Minimum Lot Width – 60’
- Minimum Lot Area – 7500 square feet
- Maximum Lot Coverage – 55%
- Minimum Building Size – Per Section 30-398
- Building Setbacks:
 - Front – 25’
 - Rear – 25’
 - Interior Side – 10% of average lot width
 - Side Street – 15’

District – R-2 District

This district allows R-1 uses (including Community Residential Homes – Type 1) and development compliant with that section of the code, and townhouse development subject to the following:

- Minimum building site – 3,600 square feet
- Minimum dwelling unit width – 20’
- Setbacks:
 - Front – 20’ (10’ if parking in the rear)
 - Side – 0’ for attached and 5’ – 10’ depending on the number of units per building
 - Rear – not provided

Other development regulations include:

- Maximum Lot Coverage – 55%
- Minimum Building Size – Per Section 30-398
- Roof pitch – 3:12
- Building Setbacks:
 - Front – 25’
 - Rear – 25’
 - Side – 10% of average lot width

District – R-TH District – this code section includes the platting and public hearing process required for townhouse development along with development requirements for a townhouse project on a minimum of 5 acres.

- Minimum Lot Width – 25’
- Minimum Lot Area – 2,000 square feet
- Minimum Building Size – Per Section 30-398
- Building Setbacks:
 - Front – 25’
 - Rear – 20’
 - Side – 0’ for attached and 5’ – 10’ depending on the number of units per building

District – R-CH Cluster House District – this district encourages redevelopment and homeownership with specific design and approval requirements.

- Minimum area requirements – 2 acres
- Minimum Lot Width – 25’
- Minimum Lot Area – 3,000 square feet
- Minimum Building Size – Per Section 30-398
- Building Setbacks:
 - Front – 20’
 - Rear – 20’
 - Side – this is essentially a zero-lot line zoning with 0’ on one side and 5’ on the other

District – R-3 Multiple Apartment District – this is a multifamily zoning district which allows R-1 and R-2 uses as well as Community Residential Homes Type 1 & 2, and assisted living facilities. The zoning code defines the Community Residential Home

Type 2 as “a dwelling unit licensed to service clients of the State of Florida Department of Elderly Affairs, Agency for Persons with Disabilities, Department of Juvenile Justice, or Department of Children and Family Services or a dwelling unit licensed by the Agency for Health Care Administration which provides a living environment for seven (7) to fourteen (14) individuals who operate the functional equivalent of a family, including such supervision and care as may be necessary to meet the physical, emotional and social needs of residents.” This district requires a public hearing for approval of a project with 3 or more dwelling units, and includes minimum requirements such as 13,000 square foot minimum per multi-family structure. In addition to lot and building requirements, this district includes development standards for parking lot configuration, walls, fences, and various building design elements.

District – R-4 Hotel-Motel and Institutional District – this district allows for Community Residential Home Type 1 & 2, and assisted living facilities by special exception.

- Minimum Lot Area – 10,000 square feet
- Maximum Lot Coverage – 70%
- Building Setbacks:
 - Front – 25’
 - Rear – 25’
 - Side – 20’/5’

District – AU Agricultural District – this district allows R-1, A-1, A-2 uses, and one unit of farm labor housing for the first ten (10) acres of land area, and one additional unit for every additional five (5) acres of land. This district also allows a temporary or permanent “barracks” after review in a public hearing.

- Minimum Lot Width – 200’
- Minimum Lot Area – 5 acres
- Maximum Lot Coverage – 15%
- Minimum Building Size – 750 square feet
- Building Setbacks:
 - Front – 50’
 - Rear – 25’
 - Interior Side – 15’
 - Side Street – 25’

District – R-TND, Residential Traditional Neighborhood Development – this district encourages development of smaller homes on smaller lots with front porches and vehicle access from a service alley. Approval requires a public hearing.

- Minimum site area – 1 acre
- Minimum Lot Width – 40’
- Minimum Lot Area – 3,200 square feet
- Minimum Building Size – Per section 30-398
- Building Setbacks:
 - Front – 10’
 - Rear – 20’
 - Side – 5’

District – Planned Urban Neighborhood District – this district is the conventional planned unit development requiring large tracts of land for development (minimum of 25 acres), formulation of a master plan and identifying its own set of allowable uses in the master plan. This district also includes the “Southwest Planned Urban Neighborhood” and Section 30-396.61, Affordable Housing, states that any development of six (6) or more units “shall comply with the City’s affordable housing policy”, however no “affordable housing policy” per se could be found.

District – Business Mixed Use District – this district is limited to the mixed use land use are in the City’s downtown. It allows a “complementary mixture of commercial uses with residential on the second floor or higher” and permits R-3 district uses at a density of fifteen (15) units per acre. Lot and building requirements vary for free standing buildings versus buildings with common walls.

District – Neighborhood Mixed Use – this district encourages mixed use development as a transition between residential neighborhoods and major roadways, and to promote traditional neighborhood development. It is restricted to areas designated neighborhood mixed use in the future land use map. Residential uses are allowed on the second floor or higher and at a density of ten (10) units per acre.

Section 30-398 – Unified residential minimum unit size requirements

This section prescribes minimum living area requirements for all dwellings in R-1, R-2, R-3, R-4, R-CH, R-TH, TND, NMU, and PUD districts as follows:

- Single family homes – 1,200 square feet for 2 or “fewer” bedroom unit plus 150 square feet for each additional bedroom
- Townhouse/clusterhouse – 1,100 square feet for a 2 or “fewer” bedroom unit plus 150 square feet for each additional bedroom
- Apartment/condominium – 1,000 square feet for a 2 or “fewer” bedroom unit plus 150 square feet for each additional bedroom
- Mixed use requirements – 1,000 square feet for a 2 or “fewer” bedroom unit plus 150 square feet for each additional bedroom
- Business Mixed use district
 - Efficiency unit – 700 square feet
 - One bedroom unit – 850 square feet
 - Two bedroom unit – 1,000 square feet
 - 150 square feet of additional area for each additional bedroom

This section provides the ability to reduce the unit square footage when a “direct school mitigation development bonus” is provided such that 100% of the county school impact fees are being directly utilized for the mitigation of residential development impacts on public schools servicing the city.

Division 4 – Standards for Housing for Specific Occupancy – this district provides the definitions for Community Residential Homes, and specific standards for “Housing for Specific Occupancy” as described below:

- Section 30-472, Housing for the Elderly – this section addresses new construction and renovation of thirty (30) units or more, and requires compliance with location criteria including:
 - Public bus route within ¼ mile

- Proximity to a neighborhood park as designated in the comprehensive plan within ¼ mile
- Section 30-473, Housing for Low income and public assistance recipients – this section addresses new construction and renovation of thirty (30) units or more, and requires compliance with location criteria including:
 - Public bus route within ½ mile
 - Proximity to a neighborhood park as designated in the comprehensive plan within ½ mile
- Section 30-474, Source of Financing development requires that for projects over thirty (30) units of multifamily housing a statement must be provided indicating the source and method of financing for the development.
- Section 30-375, Community Residential homes and assisted living facilities requires compliance with applicable regulations, provides maximum occupancies for Type 1 and 2 and include supplemental development regulations. Those regulations include:
 - A Type 1 Community Residential Home may not be within 1,000 feet of another Type 1 home;
 - A Type 2 Community Residential Home may not be within 1,200 feet of another community residential home, and not within 500 feet of a single-family zoning district;
 - Assisted living facilities with less than fifteen (15) residents are subject to the same location standards as Community Residential Homes type 1 and 2, and an Assisted living facility of fifteen (15) residents or more is allowed only after a public hearing;
 - Community residential home and assisted living facility must be within five (5) “road miles of a full-service professional fire rescue station”.
- Section 30-476, Reasonable accommodation procedure – this section “implements the policy of the City of Homestead for processing of requests for reasonable accommodation to its ordinances, rules, policies and procedures” and is “intended to apply to cases in which such accommodations may be necessary to afford persons with disabilities an equal opportunity to use or enjoy a dwelling unit.”

1. Barriers due to Public Policies

Housing Element of the Comprehensive Plan

- Under Objective 1, the CRA is required to continue to develop and manage programs promoting affordable housing. However, the CRA implements projects and programs in the CRA plan, is geographically limited to the CRA district, and is not governed by the Comprehensive Plan;
- Objective 3 encourages demolition, rehabilitation, rebuilding and redevelopment of housing in the CRA, but the CRA is a limited geographic area within the City but does not include the entire city.
- Although there are “measures” which are intended to gauge success, there is no obvious mechanism for monitoring.

Future Land Use Element

- There is a wide range of densities and intensities, however no stated incentives for affordable housing like expedited permitting or review, bonus densities, inclusionary zoning or others
- Policy 2.6 allows “upstairs” apartments above commercial, which may be limiting because of physical, market or financing issues;

- Objective 7 encourages redevelopment and renewal in the CRA district with “measures” of success being the number of rehabilitated units and/or implementation of rehabilitation programs, however the CRA district is geographically limited;
- Policy 7.4 promotes single-family homeownership, and due to recent economic and financing issues is difficult to achieve;
- Although there are “measures” which are intended to gauge success, there is no obvious mechanism for monitoring.

Zoning Ordinances

- Unit sizes – these are addressed in the minimum building code and are duplicative here in the zoning regulations. They also prevent the construction of smaller more efficient homes which conflicts with the some green building requirements;
- Site standards for Elderly and Low-income housing – these standards require location within a specific distance of bus routes and neighborhood parks. Bus routes can be changed so they are not necessarily a reliable standard. Although parks are desirable, new construction is required to pay impact fees to support new development including parks and recreation, and the mere fact that a park is not within the distance standards should not cause a project to be denied. In addition, affordable housing funding programs often have their own site location standards which could conflict with these;
- Allowance for mixing residential with commercial – these standards mandate that residential are located at the 2nd floor or above. This is often not practical, feasible or financeable.

2. Methods to ameliorate the Barriers

Housing Element of the Comprehensive Plan

- Consider broadening the comprehensive plan goals, objectives and policies to include the entire city and not just the CRA district;
- Consider broadening the comprehensive plan goals, objectives and policies to administer affordable housing policies, programs and projects by a department other than or in addition to the CRA, since the CRA is geographically limited;
- Consider enacting specific monitoring requirements for making progress on policy directives.

Future Land Use Element

- Consider broadening the comprehensive plan goals, objectives and policies to include the entire city and not just the CRA district;
- Consider specific policies which encourage incentives for affordable housing such as expedited permitting, bonus density and inclusionary zoning;
- Consider policies which encourage not only homeownership (which may not always be possible in the marketplace or for very low-income) but also rentals;
- Consider the allowance of a horizontal mix of residential with commercial because vertical mix is often difficult to finance and not always feasible;
- Consider broadening the comprehensive plan goals, objectives and policies to administer policies, programs and projects of an affordable housing nature

- outside of the CRA staff, since their function is restricted to being within the CRA district and to implement projects of the CRA plan.
- Consider enacting specific monitoring requirements for making progress on policy directives.

Zoning Ordinances

- It is recommended that the City consider reducing these requirements and making them more consistent with the building code standards;
- Site standards for Elderly and Low-income housing should be revised to be guidelines or eliminated altogether;
- The City should consider allowing a horizontal mix of residential with commercial;

HOMELESS

Homeless Needs (91.205 (b) and 91.215 (c))

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

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

5 Year Strategic Plan Homeless Needs response:

In Miami-Dade County, the Homeless needs are addressed through the Homeless Trust, which has been empowered to provide facilities and services to this population. The City of Homestead has no Homeless Program of its own.

According to the official count done by the Homeless Trust, there were 3,802 homeless people in Miami-Dade County in January of 2013. Of this population, 839 people were living on the streets, down from a high of 5,208 in June of 2001. The remaining 2,963 homeless people are living in shelters. The overall Miami-Dade homeless count represents the lowest figure recorded since the count began in February of 1996. Roughly 35% of the homeless population is made up of families.

The Homeless Trust has an annual budget of around \$49 million, roughly \$20 million of which comes from HUD. The Trust has created a plan that creates three phases of housing (emergency, transitional, and permanent). The plan calls for the development of 1,000-1,500 emergency housing beds at Homeless Assistance Centers, 750 transitional housing beds, and the placement of 4,600 homeless men, women, and children into permanent housing. As of January of 2013, the trust and its partners have a total of 8,060 beds available throughout the County.

Priority Homeless Needs

1. Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned

citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.

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

5 Year Strategic Plan Priority Homeless Needs response:

1. Identify Priorities

In order to prevent homelessness, emphasis should be on extremely-low income families. The housing needs of persons with extremely-low income are far greater than the needs of any other income group. The Homeless Trust is charged with operating these programs.

2. Chronic Homelessness

According to the January 2013 Point In Time (PIT) count, there are 547 chronically homeless individuals and 2 chronically homeless families, for a total of 552 persons. All chronically homeless families are sheltered in emergency shelters. Of the 547 chronically homeless individuals, 194 are sheltered, or 26%.

Homeless Inventory (91.210 (c))

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

5 Year Strategic Plan Homeless Inventory response:

The following tables are provided by the Miami-Dade Homeless Trust and reflect the findings of the 2013 PIT count.

Persons in Households with at least one Adult and one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	240	181	0	421
Number of persons (Adults & Children)	661	656	0	1,317

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Number of Households	778	810	27	839	2,454
Number of Persons (Adults)	778	810	27	839	2,454

Persons in Households with only Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Number of Households	31	0	0	0	31
Number of Persons (Age 17 or under)	31	0	0	0	31

Total Households and Persons

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Households	1,049	991	27	839	2,906
Total Persons	1,470	1,466	27	839	3,802

Chronically Homeless and Veteran Subpopulations

	Sheltered		Unsheltered	Total
	Emergency Shelters	Safe Havens		
Chronically Homeless Individuals	170	24	547	741
Chronically Homeless Families	2		0	2

	Sheltered	Unsheltered	Total
	Veterans in emergency shelters, transitional housing and safe havens		
Veterans	193	60	253

Other Homeless Subpopulations

	Sheltered	Unsheltered	Total
	Persons in emergency shelters, transitional housing and safe havens		
Severely Mentally Ill	568	199	253
Chronic Substance Abuse	571	220	791
Persons with HIV/AIDS	89	24	113
Victims of Domestic Violence	459	41	500
Unaccompanied Child (Under 18)	31	0	31

Row #	Prog-Type	Organization Name	Program Name	Inventory Type	Bed Type	Target Pop. A	Target Pop. B	McKinney-Vento	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	CH Beds	Year-Round Beds	HMIS Beds HH w/ Children	HMIS Beds HH w/o Children	Overflow Beds	HMIS Overflow Beds	PIT Count	Total Beds	Utilization Rate
144325	ES	Camillus House	Beckham Hall Shelter	C	Facility-based beds	SMF		Yes			88			88		88	0		82	88	93%
156868	ES	Camillus House	Brother Harbinson (Building D)	N	Facility-based beds	SMF		No			32			32		32			26	32	81%
156870	ES	Camillus House	Brother Majella (Building D)	N	Facility-based beds	SMF		No			16			16		16			15	16	94%
144452	ES	Camillus House	New Center Emergency Housing (Building G)	U	Facility-based beds	SMF		No			64			64						64	
144432	ES	Chapman Partnership	Chapman Center North	C	Facility-based beds	SMF+HC		No	220	52	280			500	213	280			499	500	100%
144431	ES	Chapman Partnership	Chapman Center South	C	Facility-based beds	SMF+HC		No	144	38	156			300	144	156			305	300	102%
144326	ES	Miami Bridge	Miami Bridge Youth Shelter North	C	Facility-based beds	YMF		No				28		28			0		19	28	68%
144327	ES	Miami Bridge	Miami Bridge Youth Shelter South	C	Facility-based beds	YMF		No				20		20			0		12	20	60%
144413	ES	Miami Rescue Mission	Chapel	C	Facility-based beds	SM		No			15			15		15			14	15	93%
144414	ES	Miami Rescue Mission	Miami Beach Program	C	Facility-based beds	SM		No			15			15		15			15	15	100%
144328	ES	Miami Rescue Mission	MRM Women's Shelter	C	Facility-based beds	SF		No			12			12		12			12	12	100%
144415	ES	Miami Rescue Mission	No One is Homeless	C	Facility-based beds	SM		No			62			62		62			38	62	61%
144418	ES	Miami Rescue Mission	Regeneration A-Dorm	C	Facility-based beds	SM		No			29			29		29			22	29	76%
144329	ES	Miami-Dade County Community Action and Human Services Dept.	Safe Space-North	C	Facility-based beds	SFHC	DV	No	63	10	0			63			0		46	63	73%
144330	ES	Miami-Dade County Community Action and Human Services Dept.	Safe Space-South	C	Facility-based beds	SFHC	DV	No	26	6	0			26			0		20	26	77%
144423	ES	Miami-Dade County Homeless Trust	Hotel/Motel Emergency Beds	C	Voucher beds	SMF+HC		No	89	24	7			96	0	0			96	96	100%
144331	ES	Mother Theresa Mission of Charity	Mother Theresa's Family Shelter	C	Facility-based beds	SFHC		No	24	12	0			24	0	0	0		24	24	100%
162101	ES	The Salvation Army	City of Miami Beach Emergency Beds	C	Facility-based beds	SMF		No			31			31		31			32	31	103%
144436	ES	The Salvation Army	HT Emergency Housing Program	C	Facility-based beds	SMF+HC		No	30	6	50			80	30	50			72	80	90%
144332	ES	The Salvation Army	Men & Women/Family Lodge	C	Facility-based beds	SMF+HC		No	37	4	63			100	0	0	0		36	100	36%
157119	ES	The Sundari Foundation	Lotus House Emergency Young Mothers	N	Facility-based beds	SFHC		No	8	4	12			20	8	12	10	10	34	30	113%
144362	ES	The Sundari Foundation	Non-Trust Lotus House	C	Facility-based beds	SFHC		No	2	1	9	1		12	0	0	3	0	15	15	100%
144437	ES	Victims Reponse, Inc.	The Lodge better way wvst	C	Facility-based beds	SFHC	DV	No	36	10	10			46					36	46	78%
144366	PSH	Better Way of Miami	better way wvst Apartment	C		SM		Yes			36		2	36		36			36	36	100%
144365	PSH	Better Way of Miami	Better Way Apartment	C		SM		Yes			55		14	55		55			55	55	100%
144389	PSH	Camillus House	Archbishop Carroll Homes	C		SMF		Yes			65		65	65		65			62	65	95%
144385	PSH	Camillus House	Barrett Place	C		SMF		Yes			20		20	20		20			17	20	85%
144386	PSH	Camillus House	Brother Mathias Place	C		HC		Yes	35	10			0	35	35			44	35	126%	

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Row #	Prog- Type	Organization Name	Program Name	Inventory Type	Bed Type	Target Pop. A	Target Pop. B	McKinney- Vento	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	CH Beds	Year-Round Beds	HMIS Beds HH w/ Children	HMIS Beds HH w/o Children	Overflow Beds	HMIS Overflow Beds	PIT Count	Total Beds	Utilization Rate
144387	PSH	Camillus House	Christian Hospital	C		SMF		Yes			74		0	74		74			71	74	96%
144438	PSH	Camillus House	Shepherd's Court	C		SMF		Yes			80		60	80		80			77	80	96%
144388	PSH	Camillus House	Sommerville Apartments	C		SFHC		Yes	71	22	0		0	71	71	0			56	71	79%
144449	PSH	Camillus House/Biscayne Housing	Labre Place	N		SMF		No			50		5	50		50			49	50	98%
144455	PSH	Camillus House/Biscayne Housing	St. Martin's Place	U		HC		No	141	47				141						141	
144451	PSH	Carrfour Supportive Housing	Bonka Cove	N		SMF	VET	Yes	6	2	19		0	25	6	19			25	25	100%
156990	PSH	Carrfour Supportive Housing	Bonka Cove (Non-SHP)	N		SMF	VET	No	2	1	8		0	10	2	8			10	10	100%
144446	PSH	Carrfour Supportive Housing	Casa Matias	N		SMF+HC		Yes	63	20	6		65	69	63	6			64	69	93%
156992	PSH	Carrfour Supportive Housing	Casa Matias (Non-SHP)	N		SMF+HC		No	20	8	6		0	26	20	6			24	26	92%
144390	PSH	Carrfour Supportive Housing	Del Prado Townhomes Dr. Barbara Carey-Singer	C		HC		Yes	136	32			0	136	136				134	136	99%
144445	PSH	Carrfour Supportive Housing	Manor	C		SMF+HC		No	36	16	34		3	70					68	70	97%
144391	PSH	Carrfour Supportive Housing	Harding Village I/II	C		SMF	HIV	Yes			48		5	48		48			47	48	98%
144439	PSH	Carrfour Supportive Housing	Homestead Air Force Base- Verde Gardens	C		HC		Yes	440	35			0	440	440				289	440	66%
156994	PSH	Carrfour Supportive Housing	Homestead Air Force Base- Verde Gardens (Non-SHP) Housing Assistance Program	C		HC		No	140	35			0	140	140				0	140	0%
144392	PSH	Carrfour Supportive Housing	Little Haiti Gateway	C		SMF		Yes			24		0	24		24			18	24	75%
144393	PSH	Carrfour Supportive Housing	Little Riverbend	C		SMF		Yes			70		5	70		70			70	70	100%
144394	PSH	Carrfour Supportive Housing	Little Riverbend	C		SMF		Yes			46		4	46		46			40	46	87%
144435	PSH	Carrfour Supportive Housing	Little Riverbend 20	C		SMF		Yes			20		2	20		20			20	20	100%
144447	PSH	Carrfour Supportive Housing	Osprey Apartments	U		HC		No	76	22				76						76	
158600	PSH	Carrfour Supportive Housing	Rivermont Apartments Rivermont Apartments (SHP)	C		SMF		No			40		0	40		40			33	40	82%
144395	PSH	Carrfour Supportive Housing	Royalton	C		SMF		Yes			36		2	36		36			36	36	100%
144433	PSH	Carrfour Supportive Housing	Shepherd House	C		SMF		Yes			77		7	77		77			75	77	97%
144412	PSH	Carrfour Supportive Housing	Shepherd House	C		HC		Yes	24	6			0	24	24				19	24	79%
144396	PSH	Carrfour Supportive Housing	Sunsouth Apartments	C		SMF		Yes			15		0	15		15			12	15	80%
144397	PSH	Carrfour Supportive Housing	Villa Aurora	C		HC		Yes	131	25			0	131	131				88	131	67%
144398	PSH	Carrfour Supportive Housing	Wynwood Apartment	C		SMF		Yes			50		4	50		50			47	50	94%
144454	PSH	Carrfour Supportive Housing/Pinnacle	Amistad	U		SMF+HC		No	75	41	44			119						119	
144375	PSH	Citrus Health Network	95 TRA	C		SMF+HC		Yes	129	37	70		20	199	129	70			167	199	84%
163344	PSH	Citrus Health Network	Case Rate Program	C		SMF		No			25		25	25		0			25	25	100%
144369	PSH	Citrus Health Network	Elan Project	C		SMF		Yes			20		20	20		20			20	20	100%
144367	PSH	Citrus Health Network	Housing Act	C		SMF		Yes			19		19	19		19			19	19	100%
144368	PSH	Citrus Health Network	Housing First	C		SMF		Yes			37		37	37		37			37	37	100%

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144370	PSH	Citrus Health Network	Kensington Apartments	C		SMF+HC		Yes	11	5	21		4	32	11	21			36	32	112%
144453	PSH	Citrus Health Network	KOLAPI	N		SMF+HC	VET	No	25	10	95		120	120	25				22	120	18%
144371	PSH	Citrus Health Network	My Voice	C		SMF		Yes			70		70	70		70			70	70	100%
144440	PSH	Citrus Health Network	My Voice 2	C		SMF		Yes			3		3	3		3			3	3	100%
144372	PSH	Citrus Health Network	Safe Families	C		HC	DV	Yes	36	14				36					28	36	78%
144434	PSH	Citrus Health Network	Shaman	C		SMF		Yes			24		13	24		24			24	24	100%
144374	PSH	Citrus Health Network	SPC TRA 30 Units	C		SMF+HC		Yes	81	25	11			92	81	11			88	92	96%
144373	PSH	Citrus Health Network	SPC TRA 55	C		SMF+HC		Yes	23	9	52		20	75	23	52			68	75	91%
144376	PSH	Community Health of South Dade (CH)	92 Program	C		SM		Yes			10		7	10		10			10	10	100%
144377	PSH	Community Health of South Dade (CH)	93 Program	C		SMF		Yes			25		17	25		25			25	25	100%
144378	PSH	Douglas Gardens Community Mental Health	Another Chance	C		SMF+HC		Yes	5	2	23			28		23			25	28	89%
144444	PSH	Douglas Gardens Community Mental Health	Healthy Choice	N		SMF		Yes			12		12	12		12			4	12	33%
144379	PSH	Douglas Gardens Community Mental Health	Mayfair Apartments	C		SMF		Yes			22			22		22			21	22	95%
144380	PSH	Douglas Gardens Community Mental Health	My Choice	C		SMF+HC		Yes	15	3	14			29	15	14			17	29	59%
144364	PSH	Douglas Gardens Community Mental Health	Right Direction	C		SMF		Yes			14		5	14		14			14	14	100%
144411	PSH	Fellowship House	Coconut Grove I	C		SMF		Yes			20		1	20		20			15	20	75%
144381	PSH	Fellowship House	Coconut Grove II	C		SMF		Yes			4			4		4			4	4	100%
144382	PSH	Fellowship House	South Dade Apartments	C		SMF		Yes			14		2	14		14			12	14	86%
144383	PSH	Lutheran Services of Florida	Access	C		SMF+HC		Yes	74	30	40			114	74	40			84	114	74%
144384	PSH	Lutheran Services of Florida	Partners	C		SMF+HC		Yes	66	17	24			90	66	24			75	90	83%
144410	PSH	Lutheran Services of Florida	Second Chance	C		SMF+HC		No	10	7	56			66	10	56			72	66	109%
144399	PSH	Miami Beach Community Development Corp.	Jefferson Apartments	C		SMF		No			9		0	9		9			9	9	100%
144448	PSH	Miami Beach Community Development Corp.	Meridian Place LLC	U		SMF		No			34		3	34						34	
144400	PSH	Miami Beach Community Development Corp.	Sabrina Apartments	C		SMF		No			5		0	5		5			5	5	100%
144401	PSH	Miami Beach Community Development Corp.	Westchester Apartments	C		SMF		No			1		0	1		1			1	1	100%
144402	PSH	New Horizons Community Mental Health	Carolyn Wilson	C		SMF		Yes			30			30		30			28	30	93%
144403	PSH	New Horizons Community Mental Health	J. Moss	C		SMF+HC		Yes	70	20	10			80	70	10			77	80	96%
144404	PSH	New Horizons Community Mental Health	M. Toussaint	C		SMF+HC		Yes	64	20	15		20	79	64	15			79	79	100%
144405	PSH	New Horizons Community Mental Health	Thomas Jefferson	C		SMF		Yes			25		1	25		25			24	25	96%
144406	PSH	The Related Group of South Florida	West Brickell Apartment NOT VASH Permanent Housing	C		SMF		No			40			40		40			40	40	100%
144426	PSH	Veterans Administration		C		SFHC	VET	Yes	160	30	165			325	0	0			325	325	100%

Row #	Prog- Type	Organization Name	Program Name	Inventory Type	Bed Type	Target Pop. A	Target Pop. B	McKinney-Vento	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	CH Beds	Year-Round Beds	HMIS Beds HH w/ Children	HMIS Beds HH w/o Children	Overflow Beds	HMIS Overflow Beds	PIT Count	Total Beds	Utilization Rate
144407	PSH	Volunteers of America	Hogar I	C		SMF+HC		Yes	24	7	43			67	7	43			67	67	100%
144408	PSH	Volunteers of America	Hogar II	C		SMF+HC		Yes	145	43	7			152	43	7			151	152	99%
158589	RRH	Carrfour Supportive Housing	SSVF	N		SMF+HC		No	14	4	21			35					35	35	100%
158116	RRH	Citrus Health Network	ESG Program - City of Haleah	N		SMF+HC		No	0	0	0			0					0	0	
158114	RRH	Citrus Health Network	ESG Program - City of Miami	N		SMF+HC		No	24	14	10			34					34	34	100%
158117	RRH	Citrus Health Network	ESG Program - Miami-Dade County	N		SMF+HC		No	111	35	14			125					125	125	100%
160801	RRH	Citrus Health Network	Our Kids Youth Aging Out	C		SMF+HC		No				16		16					16	16	100%
158584	RRH	Citrus Health Network	SSVF-VLU	N		SMF+HC	VET	No	13	7	33			46					46	46	100%
144416	SH	Camillus House	Good Sheperd Villas	C		SMF		Yes			14			14		14			13	14	93%
144363	SH	Citrus Health Network	Kiva Safe Haven	C		SMF		Yes			14			14		14			14	14	100%
144333	TH	Better Way of Miami	Next Step	C		SMF		Yes			16			16		16			13	16	81%
144337	TH	Better Way of Miami	SHARE	C		SMF		Yes			35			35		35			37	35	106%
144335	TH	Better Way of Miami	SHP ONE	C		SM		Yes			15			15		15			15	15	100%
144336	TH	Better Way of Miami	SHP TWO	C		SM		Yes			15			15		15			15	15	100%
144334	TH	Better Way of Miami	Substance Abuse Brother Abraham/ISPA Light (formerly Br. Kelly Place-II) (Bldg. D)	C		SM		No			28			28		0			14	28	50%
144339	TH	Camillus House	Brother Keily Place-1	C		SM		Yes			16			16		16			15	16	94%
144338	TH	Camillus House	Brother Keily Place-1	C		SMF		Yes			50			50		50			50	50	100%
144427	TH	Camillus House	Residences	C		SM	VET	Yes			30			30		30			29	30	97%
144341	TH	Camillus House	I.S.P.A. (Building D)	C		SMF		No			46			46		0			37	46	80%
144342	TH	Camillus House	Matt Talbot House	C		SMF		Yes			45			45		45			44	45	98%
144340	TH	Camillus House	Mother Seton Village	C		HC		Yes	162	39				162	162				154	162	95%
144450	TH	Camillus House	New Center Treatment Beds (Building D)	U		SMF		No			82			82						82	
144428	TH	Carrfour Supportive Housing	GPD Harding Village	C		SMF	VET	Yes			24			24		24			23	24	96%
144343	TH	Carrfour Supportive Housing	TAH	C		HC		Yes	48	16				48	48				51	48	106%
144344	TH	Carrfour Supportive Housing	THOP	C		HC		Yes	126	34				126	126				111	126	88%
144430	TH	Carrfour Supportive Housing	Villa Aurora 1-B	C		HC		Yes	38	14				38	38				30	38	79%
144345	TH	Catholic Charities	New Life Family Center	C		HC		No	60	15				60	0				54	60	90%
144346	TH	Citrus Health Network	Crisis Outplacement	C		SMF		No			20			20		20			20	20	100%
144347	TH	Citrus Health Network	F.R.A.T. Homeless Youth Program	C		SMF		Yes	12	12				12	12				11	12	92%
157162	TH	Concept House	Comprehensive Behavioral	C		SMF		No			15			15		0			9	15	60%
144348	TH	Douglas Gardens Community Mental Health	Successful Investment	C		SFHC	DV	Yes	38	12	2			40					38	40	95%
144425	TH	Harbor House	Transitional Beds	C		SMF		No			45			45		0			45	45	100%

Homestead, Florida

Row #	Prog- Type	Organization Name	Program Name	Inventory Type	Bed Type	Target Pop. A	Target Pop. B	McKinney- Vento	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	CH Beds	Year-Round Beds	HMIS Beds HH w/ Children	HMIS Beds HH w/o Children	Overflow Beds	HMIS Overflow Beds	PIT Count	Total Beds	Utilization Rate
144424	TH	Harbor House	VA-OSCA Beds	C		SMF	VET	No			10			10		0			10	10	100%
144349	TH	Lutheran Services of Florida	New Beginnings	C		HC		Yes	48	8				48	48				43	48	90%
157899	TH	Miami Rescue Mission	MRM Women's Family Program	C		SFHC		No	32	14				32	32				32	32	100%
144421	TH	Miami Rescue Mission	Regeneration 3rd Floor	C		SM		No			51			51		51			51	51	100%
144422	TH	Miami Rescue Mission	Regeneration 4th Floor	C		SM		No			62			62		62			60	62	97%
144419	TH	Miami Rescue Mission	Regeneration C-Dorm	C		SM		No			28			28		28			24	28	86%
144420	TH	Miami Rescue Mission	Regeneration D-Dorm	C		SM		No			28			28		28			26	28	93%
144350	TH	Miami-Dade County Community Action and Human Services Dept.	Inn Transition North	C		HC	DV	Yes	81	19				81					28	81	35%
144351	TH	Miami-Dade County Community Action and Human Services Dept.	Inn Transition South	C		HC	DV	Yes	250	55				250					78	250	31%
144352	TH	Miami-Dade County Community Action and Human Services Dept.	S.T.O.P.	C		SMF		Yes			12			12		12			11	12	92%
144353	TH	New Hope C.O.R.P.S.	Regeneration I	C		SM		Yes			24			24		24			23	24	96%
144354	TH	New Hope C.O.R.P.S.	Regeneration II	C		SM		No			28			28		28			27	28	96%
144355	TH	New Horizons Community Mental Health	P.A.T.H.	C		SMF		No			12			12		12			12	12	100%
144356	TH	New Horizons Community Mental Health	Women with Children Program	C		SFHC		Yes	10	5				10	10				9	10	90%
144359	TH	The Salvation Army	Community Reconnection Center	C		SM		No			107			107		0			91	107	85%
144357	TH	The Salvation Army	Here's Hope	C		SMF+HC		Yes	7	3	38			45	7	38			37	45	82%
144358	TH	The Salvation Army	SFAN	C		SMF		No			18			18		0			3	18	17%
144361	TH	The Sundari Foundation	Lotus House HUD	C		SFHC		Yes	6	3	6			12	6	6			19	12	158%
144360	TH	The Sundari Foundation	Lotus House REVMAX	C		SF		No	12	3	12			24	12	12			38	24	158%
144429	TH	Volunteers of America	GPD Veterans	C		SM	VET	No			30			30		30			29	30	97%
									Sum : 4105	Sum : 1080	Sum : 4055	Sum : 49	Sum : 682	Sum : 8209	Sum : 2582	Sum : 3058	Sum : 13	Sum : 10	Sum : 6596		

Homeless Strategic Plan (91.215 (c))

1. Homelessness— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.
2. Chronic homelessness—Describe the jurisdiction's strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.
3. Homelessness Prevention—Describe the jurisdiction's strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.
4. Institutional Structure—Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.
5. Discharge Coordination Policy— Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include "policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons." The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

5 Year Homeless Strategic Plan response:

1. Strategy

The Miami-Dade County Homeless Trust was created in 1993 by the Board of County Commissioners with several primary functions: 1) to administer proceeds of a unique one-percent food and beverage tax dedicated to homeless and domestic violence services (85% of the funds toward homeless and 15% toward domestic violence

services); 2) to implement the local continuum of care plan, a three-phased plan, called the Miami-Dade County Community Homeless Plan (the "Plan"); and 3) to serve in an advisory capacity to the Board of County Commissioners on issues involving homelessness. The Trust is not a direct service provider. Instead, it is responsible for the implementation of policy initiatives developed by the 27-member Miami-Dade County Homeless Trust Board, and the monitoring of contract compliance by agencies contracted with the County, through the Trust, for the provision of housing and services for homeless persons. Through its policies and procedures, the Trust also oversees the utilization of the food and beverage tax proceeds dedicated for homeless purposes, as well as other funding sources, to ensure the implementation of the goals of the three-phased plan. Additionally, the Trust serves as lead applicant on behalf of the County for federal and state funding opportunities, and developing and implementing the annual process to identify gaps and needs of the homeless continuum. The Miami-Dade County Community Homeless Plan is well into implementation as a result of directives of the Board, with policies and funding recommendations made to the Board of County Commissioners in support of the Plan.

Where Funding Comes From

The Trust's annual budget is approximately \$49 million, comprised of local food and beverage proceeds, as well as federal (U.S. HUD) and state funding. Approximately \$20 million per year comes through a competitive process via U.S. HUD, \$3.5 million in American Recovery and Reinvestment Act funding, \$16 million via the Food and Beverage tax, and the remainder through State funding and private sector (CPHI) contributions. The Trust is a proprietary department and receives no general fund dollars from the County.

Partners

The Chapman Partnership for Homeless (CPH) is the local private sector partner to the County, through the Miami-Dade County Homeless Trust. Chapman Partnership is a not-for-profit organization that was charged early on with siting, construction and operating up to three Homeless Assistance Centers, commonly referred to as HACs. To date, two HACs have been built, based on the community's determination of its emergency housing need. These HACs are campus-style facilities that are "one stop centers" in that they take a holistic approach to addressing the needs of the client. HAC 1 is located at 1550 North Miami Avenue (close to Downtown Miami), and HAC 2 is located at 28500 SW 125 Avenue (at the former Homestead Air Reserve Base.

Victims Response, Inc. is the not-for-profit selected through a competitive process to operate the North West Dade Domestic Violence Center. The Trust is in the process of bidding out the development and operation of a second domestic violence center in South Miami-Dade.

In addition the Trust contracts with 28 private and public not-for-profits for all of the services provided.

Services

Services include outreach, prevention, stand alone supportive services, emergency, transitional (treatment), and permanent supportive housing. Services may be accessed via our Homeless Helpline at 1-877-994-HELP (4357).

In 2004 the Homeless Trust adopted a 10 Year Plan to End Homelessness strategies which were incorporated into the (Miami) Dade County Homeless Plan. These strategies focus on:

- Ongoing Planning
- Using Data Effectively
- Preventing homelessness
- Outreach to the chronically homeless population
- Shorten the time people spend homeless
- Rapid Re-housing
- Supportive Services
- Permanent Housing
- Income through employment and benefits

The 10 year plan has benchmarks which are tracked and reported to the Trust Board and the Plan is updated every two years.

As part of the Community Homeless Plan, the Homeless Trust has obtained 52 acres of undeveloped property and created a unique project designed to help homeless families.

Verde Gardens is an innovative project to help formerly homeless families achieve self-sufficiency and independence through affordable housing and wrap-around programs including vocational, micro-enterprise, relationship skills, and rehabilitative services.

Thanks to Congresswoman Ileana Ros-Lehtinen, the Miami-Dade County Homeless Trust obtained permission to utilize 52 acres of undeveloped property to serve as a unique project serving homeless families. More than 600 individuals moved into the complex in June 2011. The project contains 145 units of permanent supported housing (housing with services) for homeless/formerly homeless families. It features a landscape/produce nursery and a fresh market retail complex, which serves as a micro-enterprise for the residents. Residents of the Verde Gardens complex will enjoy amenities that provide a sense of community, including open public plaza areas, a basketball court, a community center and children's play area, and a soccer field to the north of the central plaza area. Residents pay 30% of income toward rent with leases renewed on an annual basis.



This unique green development features an organic farm and farmer’s market and the entire development is Gold LEED certified. The organic farm will produce fruits, vegetables and landscaping plants that will be sold in the farmer’s market or wholesale to area restaurants and organic buying clubs. In addition to job training and micro-enterprise opportunities, the farm also sets aside plots for community gardening for the residents. The farmer’s market provides job-training and micro-enterprise opportunities for residents to sell organic produce and plants as well as handcrafted items to the public. The market also operates a small bakery.

The Miami-Dade County Homeless Trust and Miami-Dade Department of Cultural Affairs through its Art in Public Places Program requested professional artists to create a comprehensive design for the central public plaza of the Verde Gardens Affordable Housing Development.

One way to fill the gap between income and the cost of housing is through a local program of rental subsidies, which can be accomplished with HOME funds. As in the Federal Section 8 program, the idea is that households should not pay more than 30% of their income for housing – so the cost of housing above that amount is paid for by the rental subsidy program. Minimal requirements for such a program would include documentation by the household of the amount of its income, and a landlord that agrees to submit to inspection of the rental unit in exchange for regular monthly payment of rent by the government in the amount of the fair market rent.

Another way to assist extremely- low and very-low income households is through the recently revised Federal ESG program, whose name has been changed from the Emergency Shelter Grant program to the Emergency Solutions Program to reflect the

fact that it is re-envisioned as a way of solving housing problems rather than simply placing someone in a shelter as a temporary measure.

2. Strategy regarding chronic homelessness

The COC's goal is to create 100 new beds of permanent supportive housing for homeless persons annually. These units are designated for the chronically homeless (individuals or families) or veterans. The Trust currently have over 1,000 permanent housing beds under development. For all newly funded Public Housing Chronic projects, clients MUST be referred through our coordinated chronic outreach effort as gatekeeper. Coordinated outreach is a program funded by the Trust which provides behavioral health outreach workers who work alongside our regular outreach workers targeting chronically homeless persons. The Trust uses a case rate model has been highly successful with over 100 chronically homeless persons placed into permanent housing. The chronic case rate model pays for performance using our food and beverage tax proceeds, placing chronic homeless people referred via our coordinated outreach team including the VA staff, directly from the street into low demand (Housing 1st) permanent housing. Since this funding model operates on a performance benchmark system (eg pay for a family's house 30/60/180 days) and then payment stops and shifts to mainstream resources, we can serve additional people each year rather than continuing to fund the same people in a cost reimbursement model. The Trust continues to leverage low income housing tax credit funds with a local homeless set aside of HOME funds. This is done in coordination with our Consolidated Planning Processes

As units become vacant in currently funded SHP/S+C projects clients from the street, emergency housing will be referred. We employ a housing consultant to shepherd development projects through. Each month a project report in the development pipeline is presented to the Homeless Trust Board. In the event they are not proceeding on schedule the Board directs staff to take any necessary action.

3. Homelessness prevention

The Homeless Trust provides \$500,000 per year to Camillus House to operate a homeless prevention program which is accessed via the Homeless Helpline. Households facing eviction may receive rental assistance, legal services, case management to prevent homelessness. The Trust was awarded \$7.4 Million in Homeless Prevention and Rapid Rehousing (HPRP) funds from HUD to serve low income homeless and near homeless persons. These funds are expiring this year. The Trust is working closely with PHCD and other entitlement jurisdictions on the implementation of the new Emergency Solutions Grant program to ensure that funds are expended on Prevention and Rapid Re-Housing for those most in need.

4. Institutional Structure

The Miami Dade County Homeless Trust has sixteen employees, all of which are employees of Miami-Dade County. The staff provides support to the Trust Board, presents policy issues and concerns, implements mandates, and conducts any policy research and document administration required. The staff also oversees the daily

administration of more than 100 contracts with thirty local providers for the provision of housing and services for the homeless.

The Trust Board is responsible for the implementation of policy initiatives, and the monitoring of contract compliance by agencies contracted with the County, through the Trust, for the provision of housing and services for homeless persons. The Trust has served as lead applicant on behalf of the County for federal and state funding opportunities, and developing and implementing the annual process to identify gaps and needs of the homeless continuum.

The Board contains 27 members:

- Seven appointment from the business and civic community
- Four appointments from the provider community
- One appointment from the professional/academic community
- Two formerly homeless persons
- Three members of the Miami-Dade League of Cities
- Three representatives from the Greater Miami Religious Leaders Coalition
- A homeless advocate/formerly homeless person
- A representative from the Homeless Interfaith Coalition
- The Superintendent of Miami-Dade County Public Schools
- The President of the Miami Coalition for the Homeless
- The Miami City Manager
- The district administrator for the Department of Children and Families
- The Miami-Dade County Commissioners who chairs the committee overseeing homeless issues

The Trust Board meets monthly and has establish numerous working committees

5. Discharge Policy

In 2007, Miami-Dade County underwent a process to implement a cohesive community-wide discharge coordination policy. As a result of that process, the County developed a Memoranda of Agreement establishing discharge policies for all agencies that provide services to homeless persons or those at risk of homelessness. The interagency Agreement includes the Miami-Dade Homeless Trust, State and County Correction agencies, the 11th Circuit Court, Jackson Memorial Hospital/Public Health Trust, community mental health facilities, Our Kids, Inc., and the Florida Department of Children and Families.

Emergency Shelter Grants (ESG)

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

5 Year Strategic Plan ESG response:

Not applicable

COMMUNITY DEVELOPMENT

Community Development (91.215 (e))

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

1. Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), – i.e., public facilities, public improvements, public services and economic development.
2. Describe the basis for assigning the priority given to each category of priority needs.
3. Identify any obstacles to meeting underserved needs.
4. Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.

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

5 Year Strategic Plan Community Development response:

1. The jurisdiction's priority non-housing needs

The priorities for non-housing assistance falls into the following categories:

Public facilities:

- Construction of a new public library in the downtown corridor to replace the current facility, which is an aging and outdated structure. The City will apply for Section 108 funding to finance the project.
- Addition of improvements to enable agencies to serve their clientele through shelter, food services, safety, education and improve the quality of life.
- Non-profits that are able to expand their services through the completion of the improvements.

Infrastructure:

- Improvements required for streets, sidewalks, utilities, lighting and drainage for segments of the City.
- Particular needs exist in the Southwest and Northwest sections of the City.

Public Services:

- Youth and Child services
 - Head Start
 - After School Care

- Crime Prevention

- Senior Services
 - Health Monitoring
 - Social services
- Economic Development:
 - Job Training
 - Placement services
 - Small Business Assistance

2. Basis for assigning the priority

Public Input is a major element in establishing the priorities for the use of the CDBG funding for the City. City staff reviews the needs and the funds available and sets priorities based on the ability to achieve goals. These priorities are discussed by City Council at a Public Hearing to arrive at the final disposition.

The new library project is specifically mentioned in the Consolidated Plan because it is considered to be a critical project to assist Homestead's population access modern information technology. The current library is outdated and located adjacent to the old City Hall and Utilities complex, all of which are being vacated to new locations downtown. Homestead's population has become more economically challenged since the authorship of the original Consolidated Plan, and the City has prioritized access to modern public facilities to assist residents with technological literacy and training.

Previous Planning documents such as the CRA Redevelopment Plan, the Southwest Neighborhood Plan, the Northwest Neighborhood Plan and the Transportation and Transit Strategic Plan are also included in the process.

3. Obstacles

The greatest obstacle to meeting underserved needs is the limitations imposed by the lack of available resources. There are a great deal of needs related to housing and community development in the City of Homestead, and State and Federal resources can only address a small percentage of these needs.

The greatest obstacle to implementation of Community Development priorities is the modest amount of the annual CDBG allocation. Therefore, the City intends to apply for Section 108 financing in FY 2015-2016 to accomplish its Community Development goals.

4. Long-term and short-term objectives

Objectives are to be focused on improving the capacity of non-profit groups to address the needs of the community. This can be accomplished through the improvement of the public facilities that enable the agency to provide the required services as well as to initiate programs that actually provide the services.

The plan developed by the City is to begin the process in March prior to each Program Year. Staff will organize and facilitate (along with the CDBG Consultant) workshops and training sessions for community organizations that may be applicable

for CDBG funding. Staff will be responsible to train the community agencies in the application process including the funding cycles and the types of programs that may be funded. It is expected that Council will receive the applications and ranking by staff for discussions at the June meeting. Final adoption of the Annual Action Plan with the funding allotments will be at the July Council meeting. More effort will be put into making contact with all community agencies that may apply for funding.

All applicants will be notified of the ranking by staff and the information presented to Council prior to the scheduled meeting date. These agencies will then be able to address Council regarding the final selection of the programs for funding.

The intent of the City's CDBG program is to address the needs of the community through funding of programs that serve the variety of target populations in the City. A general policy of the City is to avoid repeated funding of the same programs. Community organizations that offer new programs, targeting an additional or new audience are encouraged, even if they have received funding in previous years.

Antipoverty Strategy (91.215 (h))

1. Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually). In consultation with other appropriate public and private agencies, (i.e. TANF agency) state how the jurisdiction's goals, programs, and policies for producing and preserving affordable housing set forth in the housing component of the consolidated plan will be coordinated with other programs and services for which the jurisdiction is responsible.
2. Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.

5 Year Strategic Plan Antipoverty Strategy response:

The City of Homestead will continue to provide support and assistance to those organizations that seek to reduce poverty. In particular, the City will continue to work with the Miami-Dade County Continuum of Care.

Homestead's community development strategy will assist in the alleviation of poverty by improving low to moderate income neighborhoods and providing enhanced access to social service agencies.

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

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

5 Year Strategic Plan LIHTC Coordination response:

Not Applicable

NON-HOMELESS SPECIAL NEEDS

Specific Special Needs Objectives (91.215)

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.
2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

5 Year Non-homeless Special Needs Analysis response:

1. Priorities and objectives

Due to the limited amount of funding, the City of Homestead must set priorities based on this funding level. The needs in the community are significant and the funds available cannot be spread throughout the community to meet all of these needs. Priorities will follow the following levels for public services:

- Children
- Job training and placement
- Elderly services

2. Resources to be available

The limited funding will be directed toward serving the Homestead community that most needs the assistance. The City of Homestead will work with Miami-Dade County and the other organizations to insure that this cooperation enables the population to be served.

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

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

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

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

1- Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless

The estimates of the special populations are as follows:

Elderly Households

- 2,595 households in Homestead (22.7%) are headed by a person age 65 or older in 2009. In comparison, 27.8% of households statewide are headed by elderly persons.
- 1,429 of elderly households in Homestead (55.1%) own their homes.
- 1,134 elderly households (44%) pay more than 30% of income for rent or mortgage costs.

Elderly Households by Age and Cost Burden, Homestead, 2009

Age of Householder	Amount of Income Paid for Housing		
	0-30%	30-49.9%	50+ %
65+	1,461	506	628

Source: Shimberg Center for Housing Studies

Identification of Targeted Groups with Housing Needs

Category	Number
Substandard Units	1,514
Units Overcrowded	1,689
Elderly Units Cost Burdened	1,134
Low to Moderate Income/Cost Burdened	5,566
Large Families Cost Burdened	1,044
Increase (next five years) in Cost Burdened LMI Households Renter	242
Increase (next five years) in Cost Burdened LMI Households Owner	116

Source: Shimberg Center for Housing Studies, 2009

Substance abuse:

Statistics on this special needs population is harder to obtain. According to “The Epidemiologic Trends in Drug Abuse”, Miami-Dade County has the following numbers and statistics regarding substance abusers:

- Miami-Dade County has the greatest number of heroin related deaths within the State of Florida, and is on an increasing rate.
- Cocaine mentioned and cocaine related deaths within Miami-Dade County are consistently on the rise amongst those aged 55 or older
- The majority of cocaine related deaths within Miami-Dade County are due to a cocaine and opioid combination

In 2009, DAWN (Drug Abuse Warning Network) data show an estimated 23,791 drug-related visits—a rate of 951.4 visits per 100,000 population — were made to Miami-Dade Emergency Departments. This data represents the total Emergency Departments visits in which drugs were taken for any reason—not just drug abuse—

and involve illegal drugs, prescription and over-the-counter pharmaceuticals (e.g., dietary supplements, cough medicine), non-pharmaceutical inhalants, alcohol in combination with other drugs, and alcohol only (for patients aged 20 or younger).

Information about Emergency Department visits involving drug misuse or abuse, which is defined as a group of Emergency Department visits that includes all visits associated with illicit drugs, use of alcohol in combination with other drugs, use of alcohol only among those aged 20 or younger, and non-emergency use of pharmaceuticals. In 2005, Miami-Dade’s rate of Emergency Departments visits involving drug misuse or abuse was significantly higher than the national rate (895.3 vs. 546.5 visits per 100,000 population). The rates for the rest of the years were not statistically different.

The demographic characteristics of patients in Miami-Dade who made an Emergency Department visit involving drug misuse or abuse in 2009 show that:

- Patients aged 25 to 34 made 3,027 visits (23.5 percent);
- When population is taken into account, patients aged 18 to 24 had a rate of 1,072.7 visits per 100,000 population;
- About 3 in 5 (63.1 percent) Emergency Department visits were made by male patients.

Distribution of Emergency Department (ED) Visits Involving Misuse or Abuse of Drugs, by Gender* and Age: Miami-Dade, 2009**

Demographic Characteristic	Estimated Number of Emergency Department Visits	Percentage of Emergency Department Visits	Rate of Emergency Department Visits per 100,000 Population
Total Emergency Department Visits	12,877	100.0	515.0
Male	8,118	63.1	665.1
Female	4,747	36.9	370.9
Age 0 to 11	***	***	***
Age 12 to 17	624	4.8	335.2
Age 18 to 24	2,467	19.2	1,072.7
Age 25 to 34	3,027	23.5	864.2
Age 35 to 44	2,805	21.8	773.2
Age 45 to 54	2,530	19.7	714.3
Age 55 to 64	858	6.7	323.7
Age 65 or Older	521	4.0	144.6

*Emergency Department visits for which gender is unknown have been excluded.

**Emergency Department visits for which age is unknown have been excluded.

***Estimate suppressed because of low statistical precision.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

The demographic characteristics of patients in Miami-Dade who made an Emergency Department visit involving an adverse reaction to drugs in 2009 show that:

- Patients aged 65 or older made the most Emergency Department visits (3,637 visits, or 37.3 percent) and had the highest rate of Emergency Department visits (1,009.1 visits per 100,000 population); and
- Nearly 3 in 5 (59.8 percent) visits were made by female patients (see table below).

Distribution of Emergency Department (ED) Visits Involving Adverse Drug Reactions, by Gender* and Age: Miami-Dade, 2009**

Demographic Characteristic	Estimated Number of Emergency Department Visits	Percentage of Emergency Department Visits	Rate of Emergency Department Visits per 100,000 Population
Total Emergency Department Visits	9,753	100.0	390.0
Male	3,914	40.2	320.6
Female	5,829	59.8	455.4
Age 0 to 11	878	9.0	223.9
Age 12 to 17	163	1.7	87.4
Age 18 to 24	790	8.1	343.4
Age 25 to 34	928	9.5	265.1
Age 35 to 44	1,057	10.8	291.5
Age 45 to 54	1,172	12.0	330.8
Age 55 to 64	1,126	11.6	425.2
Age 65 or Older	3,637	37.3	1,009.1

*Emergency Department visits for which gender is unknown have been excluded.

**Emergency Department visits for which age is unknown have been excluded.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

Demographic characteristics of underage drinkers who made drug-related visits to Miami-Dade Emergency Departments in 2009 indicate that:

- Young adults age 18 to 20 made the most Emergency Department visits related to underage drinking (627 visits, or 74.2 percent) and had the highest rate of visits (646.6 visits per 100,000 population);
- The percentages of Emergency Department visits for male and female patients were comparable (57.8 and 42.2 percent, respectively).

Distribution of Emergency Department (ED) Visits Involving Underage Drinking, by Gender* and Age: Miami-Dade, 2009**

Demographic Characteristic	Estimated Number of Emergency Department Visits	Percentage of Emergency Department Visits	Rate of Emergency Department Visits per 100,000 Population
Total			
Emergency Department Visits	844	100.0	125.1
Male	488	57.8	141.1
Female	356	42.2	108.2
Age 0 to 11	***	***	***
Age 12 to 17	213	25.2	114.5
Age 18 to 20	627	74.2	646.6

*Emergency Department visits for which gender is unknown have been excluded.

**Emergency Department visits for which age is unknown have been excluded.

***Estimate suppressed because of low statistical precision.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

Victims of Domestic Violence:

The Miami-Dade County Domestic Violence Oversight Board acts as an advisory board to the Board of County Commissioners. The statistics that the Board has indicates that in Fiscal Year 2010-2011 that the Department of Children and Family Services has over 1,848 services provided to "New Admissions" in Miami-Dade County. This number consisted of women, children and men.

The Eleventh Judicial Circuit Of Florida - Domestic Violence Division Injunction Filing Location Report for 2011 (as of January 16, 2012 found that 8,664 total filings were made throughout the county during the year. These files included the following; dating, domestic, domestic with children, repeat and sexual violence.

AIDS/HIVS:

Persons with HIV/AIDS and their families - Population Characteristics:

The City of Miami is the administrator of the formula grant-funded Housing Opportunities for Persons with AIDS (HOPWA) program for the entire geographical area of Miami-Dade County. As such the City collects and documents persons and families with AIDS/HIV. The following information is from the City of Miami's 2009-2013 Consolidated Plan.

Miami-Dade County ranks third nationally in the list of counties with the highest number of AIDS cases. As of December 2008, there were 13,354 persons living with AIDS and 11,391 persons living with HIV in the County. Although all segments of County's diverse population are affected, HIV/AIDS cases are concentrated in certain disadvantaged minority communities of the County. Blacks account for nearly half

(52 percent) of the cases, Hispanics represent 33 percent, and Whites make up 14 percent of the population living with HIV/AIDS. The majority (70 percent) of the persons living with AIDS are male.

Nevertheless, the impact of HIV/AIDS on women has been significant. As of 2008, women account for 30 percent of the AIDS cases and 24 percent of the HIV cases. Of the residents living with the disease today, a disproportionate number also struggle with poverty, homelessness, substance abuse, and joblessness. These and other population characteristics exacerbate the challenge to properly treat persons with HIV/AIDS. According to *the Miami-Dade County HIV/AIDS Partnership Comprehensive Plans for HIV/AIDS 2006-2008*: Miami's high poverty rate and the large number of insured residents coupled with the high rate of HIV/AIDS cases converge to challenge the County's large and sophisticated healthcare system.

Geographic Distribution of Persons Living HIV/AIDS:

With regard to geographic distribution of Miami-Dade County residents living with HIV/AIDS, cases are concentrated in Central Miami-Dade County in areas comprised of low-income, primarily minority neighborhoods, including: Liberty City, Allapattah, Overtown, Little Haiti, and South Beach. Miami-Dade County's HIV/AIDS cases are most highly (1001 to 2000 cases per zip code) concentrated in 3 of the county's zip codes 33147, 33142, and 33139. The following level of concentration (501 to 1000 cases per zip code) occurs in zip codes: 33178, 33161, 33150, 33138, 33137, 33127, 33125, 33136, and 33141.

It should be noted that same zip codes with the highest concentration of HIV/AIDS cases, are also among the zip codes with the highest poverty rate in Miami-Dade County. Thus, a correlation can be assumed that the majority of persons living with HIV/AIDS in Miami-Dade County belong to households living below poverty. The Ryan White Title I program provides greater detail on client socioeconomic characteristics of its clients and also serves as an indicator for the county-wide HIV/AIDS population. The Table below details the number of Ryan White clients at or below poverty by family size. There are currently 6,877 Ryan White Clients living below the poverty line. Financial distressed HIV/AIDS households tend to be small; 44 percent are on person households and 26 percent are 2 person households.

Number of Ryan White Clients at or Below Poverty Based on Number of Persons in Family Unit, Miami-Dade County 2006 to 2007

Persons in family Unit	100% of Poverty	Clients Living at 100% Poverty Level
1	\$ 9,800	3,001
2	\$13,200	1,768
3	\$16,600	949
4	\$20,000	548
5	\$23,400	348
6	\$26,800	142
7	\$30,200	66
8+	\$33,600	55
Grand Total		6,877

Source: Projection of HIV/AIDS Housing Needs in Miami-Dade County, 2009. Apple Tree Perspectives, Inc. on behalf of City of Miami HOPWA Program.

The Table below describes the extent that Ryan White clients are cost burdened. The table dramatically demonstrates that all household sizes would be severely cost-burdened regardless of the number of bedrooms in the units. It is interesting to note that the greatest majority of the financial distressed HIV/AIDS households are one-person households (as described in the Table above) – these same households will also be the most severely cost-burdened at 103 percent for a one bedroom unit.

Housing Burden - % of Monthly Income Needed to Afford Unit Based on HUD Fair Market Rents during Reporting Period

Persons in Family Unit	0 bedroom \$741	1 Bedroom \$839	2 bedroom \$1,018	3 bedroom \$1,302	4 Bedroom \$1,522
1	91%	103%	-	-	-
2	-	76%	93%	-	-
3	-	-	74%	94%	-
4	-	-	61%	78%	91%
5	-	-	-	67%	78%
6	-	-	-	58%	68%
7	-	-	-	-	61%
8	-	-	-	-	54%

Source: Projection of HIV/AIDS Housing Needs in Miami-Dade County, 2009. Apple Tree Perspectives, Inc. on behalf of City of Miami HOPWA Program.

Of the recipients of publicly funded HIV/AIDS services who responded to a 2009 HIV/AIDS housing needs survey, only 33 percent reported a monthly income of \$1,000 or more; twenty three percent of the surveyed individuals reported no income. The median income of all surveyed was \$637 a month. In addition, 53 percent of the respondents have experienced homelessness. Nearly 49 percent of all respondents would have to move from their current residence if their rent increased \$50. Sixty-eight percent of the respondents were willing to move to a different neighborhood or city if it meant paying less rent.

2-Identify the priority housing and supportive service needs for non-homeless

Priority housing and supportive services needs for the non-homeless special needs population are outlined below. Efforts need to be made to prevent low-income individuals and families from becoming homeless. This is also a need in every special needs category listed in this section.

Other services that address the special needs population in going from transition to permanent housing and independent living is also a priority. Specific special needs groups and their needs are enumerated below.

AIDS/HIV-

The housing needs for individuals and families with AIDS/HIV can be seen in the chart entitled, “*Estimated Number of Individuals Living with HIV/ AIDS in Needs of Housing Assistance within the Miami-Dade Metropolitan Division*” which is in the section above. The City of Miami is the authorized HOPWA recipient for these housing funds.

The following section is taken from the City of Miami Consolidated Plan 2009-2013

County-wide Needs and Priorities for Persons with HIV/AIDS:

- Long-term tenant based rental subsidies
- Emergency rental, mortgage and utility assistance
- Project-based rental subsidiaries
- Housing information, referral and advocacy

HOPWA - The Housing Opportunities for Persons with AIDS (HOPWA) Program authorizes entitlement grants and competitively awarded grants for housing assistance and services. The City of Miami offers two programs:

- *Tenant-Based Long-Term Rental Assistance Program* under HOPWA serves extremely low- to low to moderate-income persons with an AIDS diagnosis who require assistance with rental and utility payments for an extended period of time (the program is hereafter referred to as the Long-Term Rental Assistance Program or “LTRA”). The goal of the program is to assist program participants in achieving and maintaining housing stability so as to avoid homelessness and improve their access to, and engagement in, HIV/AIDS treatment and care.

- *Project-based Housing Assistance Program* offers extremely low- to low to moderate-income persons with AIDS the opportunity to occupy efficiencies, one-bedroom, two-bedroom, or three-bed room housing units that are operated by community-based agencies or low income housing developers under the City of Miami HOPWA contract. Project-based housing units are located on Miami Beach and in central Miami-Dade County.

The City of Miami serves as the administrator of the formula grant-funded Housing Opportunities for Persons with AIDS (HOPWA) program for the entire geographical area of Miami-Dade County. The goal and intent of the local HOPWA Program is to ensure that a continuum of housing options and related housing services are available to extremely low-, very low-, and low to moderate-income persons with acquired immunodeficiency syndrome or related diseases to prevent homelessness of such individuals and their families.

Eligible Population for Housing Assistance and Related Services

Eligibility is based on AIDS status, income, and is limited to Miami-Dade residents with a medically verifiable diagnosis of AIDS, as defined by the Centers for Disease Control, and to their household family members. It should be noted that under HOPWA regulations, family means a household composed of two or more related persons. The term also includes one or more eligible persons living with another person or persons who are determined to be important to their care and wellbeing.

Only persons with AIDS and their families with annual incomes equal to or less than 80 percent of median income are eligible for HOPWA assistance. Median income levels are determined by incomes equal to or less than the Housing and Urban Development Rental Subsidy Program (Housing Choice Voucher) low-income or very low income limits established by Housing and Urban Development on an annual basis.

Housing Preferences:

The most recent Housing Need Assessment for Miami-Dade County residents living with HIV/AIDS identified an overwhelming rejection of AIDS-only housing and shared housing arrangements. The following sections describe the results of the survey more in detail.

Housing Type:

According to the 2009 HIV/AIDS housing needs survey, respondents strongly indicated a preference for independent living in a mainstream, non-institutionalized setting and an overwhelming rejection of shared apartment housing arrangements. The findings indicated that 83 percent of the persons surveyed would rather live in an apartment building where different kinds of people live together, whether they have HIV, than live in an apartment building where only people with HIV or AIDS reside. An overwhelming 82 percent referred their own place even if it meant paying more rent rather than sharing a place with other people. Given a choice between living in a building comprised of only residents living with HIV/AIDS or moving in with family or friends, over 59 percent preferred moving in with family or friends.

Services:

When asked whether the respondent preferred to live independently and see an agency staff person regularly for help with things like housekeeping, advocacy with the landlord and neighbors, budgeting, or taking medications, than live independently with no services at all, over 56 percent stated that they preferred living independently with no services at all. This response is buttressed when respondents were later asked whether they were receiving an appropriate level of services at this time. For example, when asked if there was a need for help with self-care, 61 percent stated that there was no need for this service and 28 percent indicated no response. The balance of the respondents indicated that they needs Emergency Departments and were receiving the appropriate level of this service (6 percent) or indicated a need for more of this service (5 percent). The results were nearly identical for respite care. Similar responses were found for services such as professional home care, housework, and shopping for necessities.

Geographic Preference:

Diverse preference for geographic location of housing was identified by the respondents: City of Miami (43 percent of respondents), City of Miami Beach (30 percent), North Dade (23 percent), City of Hialeah (13 percent), South Dade (11 percent), and other parts of Miami-Dade (11 percent).

Projection of HIV/AIDS Housing Needs:

There is no clear formula for projecting the amount of housing assistance necessary to accommodate people living with HIV/ AIDS. However, the table below attempts to measure the depth and intensity of needs using existing data for an informed estimate, based on a similar methodology employed by the Chicago EMSA. The following projection of needs (Table VIII-16) is based on epidemiological data from the Miami-Dade Health Department and data collected by the Ryan White Program.

Estimated Number of Individuals Living with HIV/ AIDS in Need of Housing Assistance within the Miami-Dade Metropolitan Division

1. HIV-Positive Individuals Receiving Ryan White Services Living at or Below Poverty Level and in Need of Housing Assistance	9,769
2. Remaining Individuals Living with HIV/ AIDS in Need of Housing Assistance	+ 1,433
3. Total Number of Individuals Living with HIV/ AIDS in Need of Housing Assistance	= 11,202
4. Existing Housing Resources— Units and Subsidies Dedicated to Individuals Living with HIV/ AIDS	- 1,291
5. Estimated Number of Ryan White Clients Receiving Housing Assistance Other than HOPWA	- 977
TOTAL: Estimated Gap Between Existing Housing Resources and Total Number of Individuals Living with HIV/ AIDS in Need of Housing Assistance	= 8,934

Source: Apple Tree Perspectives, Inc. on behalf of City of Miami HOPWA Program. Projection of Needs as of March 2009.

This HIV/AIDS housing needs and gap analysis conducted in 2009, estimated City of Miami Consolidated Plan – Special Needs Housing Assessment 127 that 11,202 persons living with HIV/AIDS needs housing assistance. To meet the needs, more affordable housing units or subsidies dedicated to households living with HIV/AIDS would be required. Currently, 1,291 units are subsidized; thus, the remaining gap represents an additional 8,934 units needed. This is an increase of 2,000 units since the last Consolidated Plan. Under the HOPWA program, the City targets extremely low-, very low-, and low to moderate-income households and has been very successful in the implementation of its rental subsidy program. However, in the upcoming years, the City will be forced to decrease the number of subsidized units dedicated to clients with AIDS due to climbing costs of rental and utility payments. It is projected that the City will have to systematically reduce the total number of HOPWA (clients receiving rental and utility subsidies) to approximately 1,000 households in order to be able to keep up with cost increases without abruptly interrupting services.

Domestic Violence-

Miami-Dade County has a Domestic Violence Oversight Board and serves as an advisory board to the Board of County Commissioners. The Community Action and Human Services Department of the County also handles programs that are aimed at victim of domestic crimes, one of which is, Advocates for Victims. This program provides outreach and intervention assistance to 250 victims of violent and domestic

crimes. The programs can also provide temporary shelter to 54 individuals and dependents. Other services that the program provides are; referral services, hotline calls, assessments, intake and counseling, information and shelter bed days.

The Miami-Dade Office of Grants Coordination-Contracts and Grants Management Division has funded programs that serve victims of Domestic Violence.

Services that need to continue are;

- Continued outreach into the community to at-risk families before Domestic Violence occurs.
- Continued intervention in identification of victims and education of those individuals in prevention or alternative lifestyles.
- Continued education of community professionals regarding the identification or warning signs of Domestic Violence.
- On-going evaluation of the status of shelters and inventory of beds/units for the victims
- On-going evaluation of services that are provided to the population to make sure that the services delivered are the ones needed.

Substance Abuse-

Substance abuse assessment and referral is part of the Community Action and Human Services Department of Miami-Dade County. Various services/programs are funded by the department and that should continue are:

- Treatment Alternatives to Street Crime - During the FY of 2010-2011 this program serve approximately 168 low to moderate income individuals as referred by the 11th District Court for drug treatment.
- Central Intake Unit of Miami-Dade County - Approximately 3,200 individuals are assessed annually and are provided with referrals.
- New Direction Residential Treatment Program - This residential program has a total of 87 beds for in-house rehabilitation of substance abusers.
- Services that will continue to identify at-risk children and youths that live in an environment that may lead to substance abuse.
- Education programs directed at the at risk, very-low to moderate income population regarding the risks of all types of substance abuse.
- Follow-up supportive care/programs for the "clean" substance abuser.

Elderly-

This subpopulation has many needs that are essential to be addressed in order to keep an overall community functioning. Some of those needs are:

- Decent, affordable, accessible housing and;
- Rehabilitation of their existing homes to bring the home up to code and allow the elderly person/family to remain in their home;
- Nutrition programs such as meals on wheel and senior center lunches
- Transportation for medical needs
- "Well Care" programs and medicine assistance
- Transportation to community centers for socialization and wellbeing checks
- Volunteer opportunities for the senior to assist their communities with various community programs

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

Homestead does not currently have a housing program. The City participates in the County programs.

One of the most important inputs into the county's needs priority listing is through the use of citizen participation. The county has held numerous public input, workshops and meetings through the past year and the previous five years. The public is free to engage the staff, elected officials and representatives at these meetings, through e-mail, fax, telephone or other written communications in order that their views are expressed and acknowledged.

There is an outlined a procedure/policy for assignment of priorities and priority needs in the community. This was discussed under Question 1 of this section.

4. Identify any obstacles to meeting underserved needs.

Homestead does not currently have a housing program. The City participates in the County programs.

The biggest obstacle to meeting the current and future needs of the underserved populations is the availability of monies. As stated before in this section Miami-Dade County has experienced a significant funding cut from its sources. According to federal, regional and county economists, the outlook for increases in the economy are slight for the next number of years.

Many groups will be competing for less monies from the same source. Although the needs for various types of services are needed, Miami-Dade County is a large, diverse area with many groups that are in need of assistance.

Another obstacle is the lack of community based organizations that have the abilities and capacity to undertake service programs, rehabilitation, or building programs that are clearly needed in Miami-Dade County.

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

Homestead does not currently have a housing program. The City participates in the County programs.

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

Homestead does not receive HOME funds.

7. The Plan includes the certifications relevant to the HOPWA Program.

HOPWA is administrated by the City of Miami for the entire county.

Housing Opportunities for People with AIDS (HOPWA)

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

1. The Plan includes a description of the activities to be undertaken with its HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons who are homeless in order to help homeless persons make the transition to permanent housing and independent living. The plan would identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.
2. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.
3. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).
4. The Plan includes an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.
5. The Plan describes the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families

living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.

6. The Plan includes the certifications relevant to the HOPWA Program.

5 Year Strategic Plan HOPWA response:

The HOPWA recipient for Miami-Dade County is the City of Miami. See the response for the previous questions regarding this program.

Specific HOPWA Objectives

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

5 Year Specific HOPWA Objectives response:

The HOPWA recipient for Miami-Dade County is the City of Miami. See the response for the previous questions regarding this program.

OTHER NARRATIVE

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