

## **II. HOUSING AND HOMELESS NEEDS ASSESSMENT**

The following is a description of the estimated number and types of households in need of housing assistance in Delaware County for the next five years. This Part of the CONPLAN includes the following.

- Housing needs by categories of persons affected.
- Disproportionate needs of racial or ethnic groups.
- The needs of sheltered and unsheltered homeless persons and those with other special needs.
- An estimate of the number of housing units that are occupied by low- and/or moderate-income families that contain lead-based paint hazards.

### **A. Estimates of Housing Needs and Five Year Projections**

The data is for presented for the “Urban County”, which is Delaware County, *excluding the three HUD entitlement communities of the City of Chester, Haverford Township, and Upper Darby Township.* A review of the data for the entire County including the other three HUD entitlement municipalities shows that the overall trends in the Urban County and Delaware County are the same. Also, the City of Chester, Haverford Township, and Upper Darby Township will submit their own Consolidated Plans to HUD that will highlight the needs specific to those communities.

The statistics used for this analysis are taken from the American Housing Survey CHAS Data 2009. Therefore there are discrepancies between the data reported by the CHAS Data and data reported by Census 2000 Summary File 3, which is the source of much of the data in other parts of this ConPlan.

The following provides an estimate of the number and type of households in need of housing assistance. The review considers need for the households by income as follows.

- Extremely low income households (income less than 30% of MFI).
- Very low income households (income between 30% to 50% of MFI).
- Low-income households (income between 51% to 80% of MFI).
- Households with income above 80 percent of MFI (moderate, middle, and high income).

The needs are considered for owners and renters. This section also considers housing needs based on type of households as follows.

- Elderly households, which are one or two person households, either person 62 years old or older.
- Small households, which consist of two to four persons.
- Large households, which have five or more persons.

The description of housing needs contained in this Part includes discussion of cost burden and severe cost burden, overcrowding, and substandard housing conditions being experienced, by income category. For the income categories enumerated, any racial or ethnic group that has a disproportionately greater need in comparison to the needs of that category as a whole, are identified.

**i. Households with Any Problems**

Table II-1 below reports on households with any housing problem. As defined by CHAS Data 2009, any housing problem includes 1) cost burden greater than 30 percent of income, and/or 2) overcrowding, and/or 3) without complete kitchen or plumbing. It also identifies cost burdened households. Households paying from 30 to 50 percent of their income are cost burdened and households paying more than 50 percent are severely cost burdened. Finally, Other Housing Problems consists of households that are overcrowded and/or without complete kitchen or plumbing, but are not cost burdened.

**Table II-1  
Households with Housing Problems by Household Income**

Income Category of Household	Any Housing Problem		Cost Burden				Other Housing Problems		
			30%-50%		More than 50% (Severe)				
	Total	Total	%	Total	%	Total	%	Total	%
<b>Renter Households</b>									
Extremely Low (0-30% MFI)	13,990	11,285	81	1,550	11	9,735	70	490	4
Very Low (31-50% MFI)	10,915	8,710	80	5,190	48	3,365	31	305	3
Low (51-80% MFI)	12,995	4,520	35	3,435	31	740	6	115	0.9
Above 80% MFI	17,960	1,335	7	485	4	190	1	400	2
Total Renters	55,860	25,850	52	10,660	19	14,030	25	1,310	2.4
<b>Owner Households</b>									
Extremely Low (0-30% MFI)	10,470	9,010	86	1,790	17	7,220	69	160	2
Very Low (31-50% MFI)	12,840	8,180	64	3,820	30	4,320	34	225	2
Low (51-80% MFI)	23,853	11,380	48	7,750	33	3,475	15	80	0.3
Above 80% MFI	101,440	15,475	15	13,170	13	1,825	2	265	0.3
Total Owners	148,603	44,040	30	26,530	18	16,840	11	730	0.5
<b>All Households</b>									
Total All Households	204,450	59,890	29	37,190	18	30,870	15	2,040	1

*American Housing Survey CHAS Data 2009*

- Of 204,450 households, 29% have housing problems.
- Renters' make-up a larger percentage of households with problems than their representation among total households. About 27% of all households are renters, while 37% of the households with problems are renters.

- Households with housing problems are overwhelmingly (88%) those with annual incomes at or below 80 percent of MFI.
- Among low-income renters, 35% have a housing problem. Very low and extremely low-income renters have comparably high rates of households with problems at about 80 percent. Among renters with incomes above 80 percent of MFI, just 7% have a housing problem.
- Among low-income owners, 48% percent have a housing problem. Extremely low-income owners have the highest rate of households with problems at 86%. Among owners with income above 80 percent of MFI, just 15% have a housing problem.

## ii. Cost Burden

Among all income categories, the major problem of households with housing problems is cost burden, that is, paying 30 percent or more of their income for housing. Table 2-1 demonstrates 33% of all households in the County are cost burdened. Further, of those cost burdened households' 45% are severely cost burdened.

The same characteristics found among households with any housing problem apply to cost burdened households.

- Proportionally, renters' make-up a greater percentage of cost burdened households than their representation among all households (44% versus 29% of all households).

Cost burden is primarily isolated among low-income households.

- Of all cost burdened households, 77% are low income.
- Among renter households that are cost burdened, 97% have incomes at or below 80 percent of MFI, while just 3% percent of households with income above 80 percent of MFI are cost burdened.
- Among owner households that are cost burdened, 65% have incomes at or below 80 percent of MFI, while 35% percent of households with incomes above 80 percent of MFI are cost burdened.
- Extremely low-income households have the highest rate of cost burden. More than 83% of extremely low-income households are cost burdened. Further, of these households, 84% experience severe cost burden.

## iii. Other Housing Problems

Other Housing Problems exclude cost burden but includes overcrowding and lack of complete kitchen or plumbing. Table 2-1 demonstrates that these conditions are not as prevalent as cost burden throughout the County. Among the 59,890 households with housing problems, 2040, or 1% of households have other housing problems:

- While households of all income levels are experiencing other housing problems, those earning less than 80% of the MFI comprise the majority (66%).
- Renters experience other housing problems at almost double the rate of owner households.

**iv. Housing Needs of the Elderly**

For the purposes of this section, elderly households are one or two person households, either person 62 years old or older.

**Table II -2  
Elderly Households by Tenure and Income With Any Housing Problem**

	Total	Elderly Households (Includes extra elderly)		
		Total	With a Problem	%
<b>Renter Households</b>				
Extremely Low (0-30% MFI)	13,990	3,790	3,075	81
Very Low (31-50% MFI)	10,915	3,220	2,475	77
Low (51-80% MFI)	12,995	2,515	1,280	51
Above 80% MFI	17,960	3,296	1,755	54
Total Renters	55,860	12,790	8,585	67
<b>Owner Households</b>				
Extremely Low (0-30% MFI)	10,470	6,525	5,450	88
Very Low (31-50% MFI)	12,840	7,730	4,085	53
Low (51-80% MFI)	23,853	11,565	3,680	32
Above 80% MFI	101,440	25,970	2,815	11
Total Owners	148,603	51,490	16,060	31
<b>All Households</b>				
Total All Households	204,450	64,280	24,654	38

*American Housing Survey CHAS Data 2009*

- There are 64,280 elderly persons representing 31% of all households in the County
- 20% of all elderly households rent, while 80% are homeowners
- 39% of all elderly households have a housing problem
- Numerically, extremely low income owners have the largest number with housing problems, followed by very low income owners and finally extremely low income households
- Elderly renter households experience the majority of housing problems, however, both owner and renter households with extremely low and very low incomes experience significant housing problems.

**v. Small and Large Household Needs**

Small households consist of two to four persons. Large households have five or more persons. In the Table below, households are distinguished by household type, but information by income category was not available.

**Table II -3  
Households by Tenure and Size With Any Housing Problem**

	Total	With a Problem	%
<b>Renter Households</b>			
Small Households (4 or less)	52,530	2,367	5

Large Households (5 +)	3,335	2,180	65
<b>Owner Households</b>			
Small Households (4 or less)	122,510	30,495	25
Large Households (5 +)	18,290	5,935	32

*American Housing Survey CHAS Data 2009*

Proportionally, large households have a greater housing problem (38%) compared to smaller households (19%). However, numerically, small owner households have the largest number with housing problems at 32,862 versus 8,115 of large households.

- Among renters, large households have the greatest percentage with housing problems at 65 percent translating into 2,180 households.
- Among owners, large households also have the greatest percentage need with problems at 32%, translating into 5,835 households.

## B. Disproportionate Housing Problems

Table II-4 considers the housing needs in the Urban County for all households by race. Also considered are the housing needs of Hispanic households in comparison to all households. The review serves to consider disproportionately greater need. As defined by HUD, a disproportionately greater need among any racial or ethnic group exists when it has housing problems at least ten percentage points higher than the percentage of households in the category as a whole.

**Table II-4  
Households by Income and Tenure with a Severe Housing Problem by  
Race and Hispanic Origin**

	Total # Households	Households With a Severe Housing Problem			
		% 0-80% MFI	0 – 30% MFI	31-50% MFI	51-80% MFI
<b>Renter Households</b>					
White Non-Hispanic	34,000	61	6,650	6,755	7,490
Black Non-Hispanic	17,360	82	6,385	3,465	4,390
Asian	2,530	52	455	375	480
<b>Total Renter</b>	<b>55,846</b>	<b>66</b>	<b>13,990</b>	<b>10,595</b>	<b>12,360</b>
Hispanic	1,374	68	294	110	530
<b>Owner Households</b>					
White Non-Hispanic	124,605	29	7,775	10,075	18,845
Black Non-Hispanic	16,345	46	1,830	2,140	3,570
Asian	4,840	41	620	495	875
<b>Total Owner</b>	<b>148,585</b>	<b>31</b>	<b>10,225</b>	<b>12,710</b>	<b>23,290</b>
Hispanic	1,650	29	150	55	280

*American Housing Survey CHAS Data 2009*

There are 55,846 renter households in the Urban County, 66% of these households earning less than 80 percent MFI experience severe housing problems. Table II-4 compares the percentage of the low-income households with housing problems for

white non-Hispanic, black non-Hispanic, Asian and Hispanic households against the total population. This demonstrates that, while all households at or below 80 percent MFI, experience relatively high rates of severe housing problems, black non-Hispanic households do so at a rate higher than the county average.

There are 148,585 owner households in the Urban County, 31% of all households earning less than 80 percent of the MFI have severe housing problems. While all households at or below 80 percent of MFI experience moderates of severe housing problems, both black non-Hispanic and to a lesser degree Asian households have a disproportionately greater need for housing assistance.

These percentages equate to 3,300 Asian households and 21,780 Black – non-Hispanic households with a severe housing problem.

### **C. Other Special Needs**

A Local Housing Option Team (LHOT) has been established in Delaware County to assist persons with disabilities in coordinating a comprehensive range of services and resources essential in reaching their individual housing goals. The LHOT focuses on expanding permanent housing opportunities for people with disabilities including the homeless. The LHOT is a multi-sector group of housing professionals and service providers.

At the February, 2010 LHOT meeting, members were asked to identify and plan for the housing need for persons living with disabilities in Delaware County. Please refer to **Appendix** for a complete list of attendees and meeting minutes. The group provided meaningful anecdotal information and identified the following concerns.

- There exists an acute need to insure that existing and newly developed housing suitable for persons with disabilities have adequate safety measures for this most vulnerable population and their service providers. This includes neighborhood police presence as well as building/unit security provisions.
- Senior and disabled residents have limited housing choices and are often relegated to areas without shopping and other community amenities. Affordable housing choices need to be expanded geographically.
- More efficiency and 1-bedroom units are needed for this population.
- There continues to be need for subsidized (Section 8 Housing choice Vouchers) housing for the non-homeless/special needs community.
- Persons with developmental disabilities often do not qualify for needed services, as programs are income restricted and total household income often disqualifies them from receiving assistance.
- There is a need for education and counseling services for this population in the areas of budgeting, financial literacy, credit and family planning.
- There should be assistance available to disabled renters as they often need help dealing with landlords.

While some persons with disabilities require supportive housing, others merely require accessible housing. Physically disabled persons needs may be met through modifications such as the removal of physical barriers. Generally, accommodations are made to adapt the unit for use by wheelchair users and/or blind and hearing impaired persons.

Delaware County’s Access Program provides grants to low-income renter and owner households for adaptive modifications and accessibility improvements. Demand for assistance is high. As of March 2010 there were 243 households on the Access Grant Program wait list.

Additionally, the Delaware County Housing Authority’s FY 2009 Agency Plan reports that there are 717 families with disabilities on its Section 8 wait list and 590 families with disabilities on its public housing wait list.

**i. Frail Elderly**

Various populations with special needs require supportive housing services. Supportive housing is defined as living units that provide a planned services component with access to a range of services as necessary for the residents to achieve personal goals. Because it is not possible to always determine the number of persons who have supportive housing needs, this CONPLAN uses the number of “extra elderly” households to estimate the needs of the population, due to the special care that is often needed by individuals 75 or older.

**Table II-5  
Extra Elderly Households by Tenure and Income With A Housing Problem**

	Total	Extra Elderly Households		
		Total	With a Problem	%
<b>Renter Households</b>				
Extremely Low (0-30% MFI)	13,990	7,270	4,880	67
Very Low (31-50% MFI)	10,915	2,085	1,680	81
Low (51-80% MFI)	12,995	1,470	910	62
Above 80% MFI	17,960	1,525	475	31
Total Renters	55,860	12,350	10,945	64
<b>Owner Households</b>				
Extremely Low (0-30% MFI)	10,470	3,870	3,185	82
Very Low (31-50% MFI)	12,840	4,545	2,075	46
Low (51-80% MFI)	23,853	6,000	1,825	30
Above 80% MFI	101,440	9,580	720	8
Total Owners	148,603	23,995	7,805	33
<b>All Households</b>				
Total All Households	204,450	36,345	18,750	52

*American Housing Survey CHAS Data 2009*

- Extra elderly households comprise .02% of the County’s overall population

- Numerically, extremely low income extra elderly renters have the greatest housing problem

- Almost all of the County's extra elderly experience housing problems; 94% of extra elderly renters with housing problems and 91% of extra elderly owner with housing problems have incomes at or below 80 percent of the MFI

The review of the age of the County's population contained in Part III of this CONPLAN shows an increase of just one percent in the population of persons age 65 and over during the 1990s. Among the older elderly, however, the increase was significant. During the 1990s, the population of extra elderly increased by 28% from 33,741 in 1990 to 43,273 in 2000.

**ii. Persons with Mobility and Self Care Limitations**

The 2000 Census reported on non-institutionalized disabled persons age five and over. The Census clarifies that a disability is a long-lasting condition lasting six months or more. The enumeration excludes institutionalized disabled persons, which consists of persons under formally authorized, supervised care or custody in institutions.

**Draft**  
Table II-6

**Disabled Households by Type and Income With Any Housing Problem**

Income Category of Household	Total	Disabled Households			
		Total	% Of Total Households	With a Problem	%
<b>Renter Households</b>					
Extremely Low (0-30% MFI)	13,339	3,315	25	2,815	85
Very Low (31-50% MFI)	10,915	1,840	17	1,440	78
Low (51-80% MFI)	12,995	985	8	415	42
Above 80% MFI	17,960	1,115	6	220	20
Total Renters	55,860	7,255	13	4,890	67
<b>Owner Households</b>					
Extremely Low (0-30% MFI)	10,470	2,575	21	2,250	87
Very Low (31-50% MFI)	12,840	2,500	11	1,470	59
Low (51-80% MFI)	23,853	3,510	5	1,250	36
Above 80% MFI	101,440	7,090	1	1,000	14
Total Owners	148,585	15,675	4	5,790	47
<b>All Households</b>					
Total All Households	204,450	22,930	11	10,860	38

*American Housing Survey CHAS Data 2009*

- 38% of the County's households with a disability have a housing problem, while representing 11% of the total population. Disabled households suffer from housing problems disproportionate to their population in every income category.
- Both owner and renter households earning less than 80 percent of MFI have significant housing problems. While renters have the greatest percentage of need, numerically, owner households need is greater with 8,585 households with problems (vs. 6140),
- Housing problems occur most severely among extremely low and very low households.

iii. Behavioral Health

a. Mentally Disabled

The 2000 Census reports on the non-institutionalized population with a mental disability. The Census defines mental disability as an emotional condition that makes it difficult to learn, remember, or concentrate. Table II-7 shows the non-institutionalized persons in the Urban County with a mental disability.

Severe mental illness includes the diagnoses of schizophrenia and related psychotic disorders as well as major affective disorders such as bipolar and major depression. The condition must be chronic, meaning it has existed for at least one year, to meet the HUD definition for a disability.

**Table II-7  
Non-Institutionalized Persons with a Mental Disability - 2000**

Non-Institutional Population	Mental Disability		Age								
			5 to 15			16 to 64			65 and over		
	Total	%	Persons	Total	%	Persons	Total	%	Persons	Total	%
353,856	15,127	4.3	58,920	2,414	4.1	237,350	8,085	3.4	57,325	4,628	8.1

Source: U.S. Bureau of the Census

The Delaware County Office of Behavioral Health (OBH) and its contracted Behavioral Health Managed Care Organization, Magellan Behavioral Health of PA (Magellan), are the entities responsible for contracting, authorizing and paying for mental health services for consumers who access the County’s public mental health system.

Characteristics of these emerging populations include: significant medical conditions; inappropriate sexual and other high risk behaviors; serious forensic involvement; unresolved transition-age issues; chronic homelessness; and serious co-occurring conditions including cognitive deficits, mental retardation and drug and alcohol addictions.

OBH and Magellan manage access to existing supplemental services, and jointly plan for service expansion. Housing is one area of planned expansion due to reduction in State hospital bed capacity following the closure of Haverford State Hospital in 1998. The County has gone from a daily average census in the mid 1990s of about 250 persons in long-term care to less than 50 persons in 2005. This reduction in State hospital bed capacity has placed a greater emphasis on developing services to meet these special needs with community-based housing resources. In addition to the new housing resources developed for persons discharged at the time of the closure of Haverford State Hospital, other housing needs continue to be identified. Currently, there are referrals for housing placement for approximately 100 individuals above and beyond the existing Community Residential Services (CRS) capacity. It is also important to note that the voluntary closing of the Arbor Court Personal Care Home resulted in the elimination of 107 residential beds in Delaware County. These beds were

generally accessed by persons with mental illness and their absence has directly contributed to the increased demand for housing placements through OBH.

There is also increased demand for access to supportive services. Although not quantified through waiting lists, there is demand for a variety of specific services as indicated by case reviews, focus groups and stakeholder planning meetings.

Increasingly, OBH has been forced to develop strategies to adapt its behavioral healthcare service systems in order to meet increased consumer demand without the availability of new funds. Delaware County views the currently constrained fiscal and social climate as both a challenge and an opportunity to create meaningful systems change strategies to refine the existing system of care. This strategy is consistent with the Mental Health Transformation concept in the President's New Freedom Initiatives. These system change initiatives are focused on increasing service effectiveness, cost efficiency, documented outcomes and stakeholder satisfaction. OBH has identified several key strategic components to creating meaningful system change.

- Target resources to serve the most vulnerable and disabled populations.
- Involve stakeholders in service planning, implementation, operation and evaluation.
- Develop Quality Improvement procedures to assure effective service delivery: data analysis, outcome measurement, consumer satisfaction and fiscal analysis.
- Promote service development using evidence-based, best-practice models.
- Create partnerships and collaborations to maximize service expertise and funding.
- Provide training opportunities to increase the direct service skills of a behavioral healthcare workforce ill-equipped to meet the needs of emerging populations.
- Implement fiscal strategies that leverage state and local mental health funds.
- Assure that all services are recovery-oriented, and that consumers receive the supports necessary to live satisfying and fulfilling lives in the community only for as long as they need and desire them.

#### **b. Persons with Mental Retardation**

The American Association of Mental Retardation (AAMR) definition of mental retardation refers to "substantial limitations in present functioning". According to the ARC, the national percentage of the population categorized as having mental retardation is one to three percent. Because of their limitations, persons with mental retardation frequently need additional supports to achieve a life of full community inclusion.

Currently in Delaware County, there are over 470 individuals living in agency sponsored community living arrangements of apartments and houses.

As of early 2010, 2,148 persons are registered with the Office of Mental Retardation who may one day need to live away from the family home where they currently reside, or who will need to return to Delaware County from an institutional setting. *While the specific housing and supportive services needs for the population has not been quantified, it is expected that the 2,148 persons registered with the Office of Mental Retardation, are an indicator of potential need for housing or supportive services.*

With an appropriate level of supports, many persons with mental retardation can live independently. The need primarily is for affordable housing so that placement in a more restrictive setting such as a group home or an institution is not necessary.

**iv. Persons with Alcohol and Other Addictions**

Alcohol or other drug abuse is defined as an excessive and impairing use of alcohol or other drugs, including addiction. Persons who are classified with alcohol or other addictions may have a history of detox, residential, halfway house or outpatient treatment. The National Institute of Alcohol Abuse and Alcoholism estimates the number of men with drinking problems at 14 percent to 16 percent and the number of women with similar problems at six percent. No similar statistics exist for abuse of other drugs.

1,351 persons were referred to residential drug/alcohol treatment from facilities under County contracts during the fiscal year 2003/2004. It can be estimated that five percent of these or 68 individuals, can be assumed to have been homeless before treatment and in need of supportive housing. Upon discharge from residential treatment the majority of these enter a Halfway level of care for an extended length of time. All others are referred to some level of supportive housing or the shelter system prior to discharge. Individuals referred for supportive housing or the shelter system are also offered an array of supportive services including case management services.

OBH, through informal discussions with the D&A provider network, has identified the need for more halfway house bed development. However, due to budgetary concerns it is unlikely that this need will be met in FY 2005/2006.

Due to the budgetary concerns and the impact on residential services, OBH understands there will be an increased demand for supportive services. Although there are no official waiting lists in the D&A system, there is an increased demand for supportive services indicated through stakeholders and case review meetings with D&A consumers.

**v. Persons Diagnosed with HIV/AIDS**

The Pennsylvania Department of Health reports that from 1980 to June 30, 2004 there were 1,205 cases of AIDS reported in Delaware County. The Department of Health presumes that there are 462 persons living with AIDS in Delaware County, which is the third highest number of reported AIDS cases in Pennsylvania.

HIV, without a diagnosis of AIDS, has just become a reportable condition in Pennsylvania, but the information has not yet been published. The Center for Disease Control (CDC) estimates that for every person with AIDS, there are three persons who are HIV positive. Based on the CDC estimate there would be about 1,400 persons living with HIV in the County.

While HIV and AIDS have touched many socio-economic and demographic strata, the population is increasingly minority and low income. The Pennsylvania Department of Health reports that nearly 60 percent of the persons diagnosed with AIDS State-wide from 1998 to 2003 were non-Hispanic black and 12 percent were Hispanic.

Part 3(B)(v) identifies housing and supportive services available for persons with HIV/AIDS in Delaware County.

The AIDS Consortium of Delaware County has identified the Gaps/Needs in housing and supportive services for persons with HIV/AIDS, which are outlined below. While specific gaps and needs have been identified, the needs have not been quantified.

- Insufficient affordable housing.
- Not enough voluntary enrollment in available education and life skills programs to promote and increase housing retention.
- No SRO programs for single adults.
- Need for additional facility-based programs (like the Ralph Moses House).
- Subsidized housing options for individuals with criminal histories are limited. They cannot access housing through the PHAs if they have a felony conviction or recent incarceration.
- No housing programs for single, HIV/AIDS persons still in their addiction.
- Lack of an unrestricted emergency needs funds program.
- The only local source, the Terry Conner Fund, was closed in the spring of 2004. The regional Ryan White funded source has limited funds available to Delaware County, eligibility restrictions and monthly shortfalls.
- As clients live longer, more HOPWA and Shelter Plus Care slots are needed, turnover ratio decreases and more people need subsidized rent programs.
- Low-income households tend to secure permanent housing that is inadequate (doesn't meet HQS), because it is what they can afford.
- Process for applying for Section 8 rental assistance is lengthy and not user friendly.
- Dually diagnosed persons, who also have HIV/AIDS, have few permanent supportive housing options.

#### **vi. Public Housing Residents**

Table II-8 is the wait lists for a public housing unit or a Section 8 voucher, identifying the need for assisted rental housing as of 2010. The wait list information shows that the need for assisted rental housing is greatest among extremely low-income households and families with children. Nearly one-fourth are families with disabilities.

DCHA continues to provide varied services to its residents and services are also available through provider agencies in the County. DCHA did not report any critical outstanding supportive service needs among its residents.

## D. Homelessness Needs

On the night of January 30, 2009, there were 272 single individuals and 134 families with children (506 persons; adults and children in families) residing in emergency shelters, transitional housing or permanent housing beds. A total of 778 persons were sheltered on January 30, 2009.

The Point-in-Time count conducted on January 30, 2009 also identified 51 homeless individuals that were unsheltered; living on the street, living in cars or other places not meant for human habitation.

### i. Needs of Sheltered and Unsheltered Homeless

Data on the nature and extent of homelessness in Delaware County is presented in Table 2-17 using HUD Table 1A. The Table presents the findings from the Point-in-Time count completed by the Delaware County Office of Adult Services (OAS) on January 30, 2009. The data was collected through the following mechanisms:

Current Inventory and Under Development:

Under direction from HUD, all Continuums of Care in the County conducted a Point-in-Time count of homeless families and individuals on January 30, 2009. Delaware County participated in this count utilizing the Homeless Management Information System (HMIS) and a number of outreach teams to identify unsheltered homeless persons.

**Table II-9**  
**HUD Table 1A Homeless and Special Needs Populations**  
**Continuum of Care: Housing Gaps Analysis Chart**

		Current Inventory	Under Development	Unmet Need/Gap
<b>Individuals</b>				
<b>Beds</b>	Emergency Shelter	167	0	26
	Transitional Housing	74	0	41
	Permanent	159	0	50
	Supportive Housing			
<b>Total</b>		400	0	117
<b>Persons in Families With Children</b>				
<b>Beds</b>	Emergency Shelter	196	0	0
	Transitional Housing	298	0	21
	Permanent Supportive Housing	117	0	82
	<b>Total</b>	611	0	103

**Continuum of Care: Homeless Population and Subpopulations Chart**

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Homeless Population</b>				
Homeless Individuals	158	63	51	272
Homeless Families with Children	57	77	0	134
Persons in Homeless Families with Children	216	290	0	506
Total Persons (Homeless Individuals and Persons in Families with Children)	374	353	51	778
<b>Homeless Subpopulations</b>				

Chronic Homelessness	55	37	92
Seriously Mentally Ill	99	19	118
Chronic Substance Abuse	118	20	138
Veterans	40	3	43
Persons with HIV/AIDS	12	1	13
Victims of Domestic Violence	46	0	46
Youth	0	0	0

Source: Delaware County Continuum of Care Application, 2009

The greatest need is to create more permanent housing and permanent supportive housing options for homeless individuals and families. As evidenced in the gaps analysis, an additional 132 permanent housing/ permanent supportive housing beds are needed to meet the needs of the County's homeless population. For homeless individuals, this need includes 50 beds of permanent supportive housing, and for homeless families, this need includes 82 beds. In addition, 41 transitional housing beds and 26 shelter beds are needed for individuals and 26 transitional housing beds are needed for families.

**ii. Needs of Persons Threatened with Homelessness**

Information to quantify the population of persons threatened with homelessness by its nature is limited. Using census indicators, the following is a list of the characteristics of those at-risk. It is expected that there is overlap between the data used as indicators with many at-risk households counted in more than one data set used as an indicator.

- People without adequate and stable income will be continually at risk of a housing crisis. The majority of jobs now require moderate- to long-term training. Even entry-level positions are more technical than in previous times with widespread use of computer and telecommunication technology. The trend is that service and clerical jobs have replaced lower-skilled manufacturing and production jobs, which often pay wages insufficient to support a family. Education and training are important to the labor force to sustain employment with living wages. The 2000 Census reported that 30,263 (12 percent) persons age 25 and over in the Urban County had not finished high school. People with no or minimum job skills are at risk of repeated housing crises.
- Children in single parent households are at risk of experiencing a housing crisis if they are poor. The 2000 Census reported 8,010 female-headed households with children under 18 in the Urban County. 2,112 of the households, about 26 percent of the total, had incomes below the poverty level. The 2000 Census reported that median earnings for female full-time, year round workers in Delaware County was \$30,416, which was 80 percent of what male full-time, year-round workers earned at \$38,090. Because women have typically earned less than men, children in female-headed households are the most at risk.
- Cost burden, particularly among households whose income is less than 80 percent of MFI, is a concern. When households pay higher proportions of their incomes for housing, they are forced to sacrifice other basic necessities such as food, clothing, and health care. As was previously noted, CHAS Data indicates that 77 of all cost burdened households are among those with low incomes.
- Others who are vulnerable to residing in shelter or on the street and are at risk of becoming homeless include the following.

- Persons leaving institutions.
- Households with incomes less than 30 percent of MFI. CHAS statistics reports 10% of County households have extremely low-incomes.
- Victims of domestic violence.
- Special needs populations (persons with HIV/AIDS, disabilities, drug and/or alcohol addiction).
- Large households who are low income.
- Renters facing eviction.
- Homeowners facing foreclosure.
- Young adults aging out of foster care systems.

**Draft**

## E. Lead Based Paint Hazards

With an aged housing stock, it can be expected that a significant number of units will have lead-based paint, an environmental concern particularly in households with children 7 years of age and younger. Lead paint is typically found in homes that were constructed prior to 1978. The review of the age of the housing stock contained in Part 3 of this CP finds that less than 14 percent of the housing was constructed in the last 30 years. Table 2-18 shows the number of units estimated to have lead based paint in Delaware County.

**Table II-2  
Estimated Incidence of Lead-Based Paint in Housing Stock - 2007**

Year of Construction	Age of Housing in		Estimated % of Total Housing Units with Lead-Based Paint	Estimated Number of Housing Units with Lead-Based Paint	
	Urban County	Delaware County		Urban County	Delaware County
1980 +	25,156	29,861	0%	0	0
1960 to 1979	38,086	48,788	52% - 72%	19,805 – 27,422	25,370 – 35,127
1940 to 1959	58,648	90,389	70% - 90%	41,054 – 52,783	63,272 – 81,350
Before 1940	30,408	52,580	80% - 100%	24,326 – 30,408	42,064 – 52,580
Total	152,298	221,318		85,185 – 110,613	130,706 – 169,057

*Source: Comprehensive and Workable Plan for Abatement of Lead-Based Paint in Privately Owned Structures*

### Units Affordable to Low Income Households at Risk for Lead-Based Paint Hazards

It is estimated that 60 percent to 80 percent of all housing units across Delaware County contain lead-based paint. In Chester City and Upper Darby Township 67 percent to 87 percent of the housing stock is suspected of containing lead-based paint. Children in middle- and upper-income households are as susceptible to lead poisoning from paint as children in low-income households. Delaware County, however, is most concerned about the low-income children as they may not be able to afford to reduce or abate lead paint hazards. In addition, it would be low and moderate-income households (renters and owners) who would benefit from lead paint reduction/abatement measures financed through federally funded programs administered by Delaware County, Chester City, and Upper Darby Township.

Table 2-19 shows the housing units across Delaware County that are suspected to contain lead-based paint **and** are occupied by households at or below 80 percent of MFI.

- Among renter units, 18,123 households are estimated to be at highest risk for lead-based paint hazards. This represents 51 percent of renter households below 80 percent of MFI and 8.8 percent of all households in Delaware County.

- Among owner units, the risk of hazard is significantly higher at 24,552 households accounting for 54 percent of homeowner households below 80 percent of MFI and over 12 percent of all County households.
- Overall, about 60-80 percent of all housing units in the County are estimated to contain lead-based paint hazards.

**Table II-3  
Housing Units at Highest Risk for Lead-Based Paint Hazards**

Rental Housing					
Year Built	# of Very Low & Other Low-Income Households	% with Lead-Based Paint	# Estimated with Lead-Based Paint		Margin of Error
Pre 1940	6,635	x .90 =	5,972	x .10 =	597
1940-1959	8,300	x .80 =	6,640	x .10 =	664
1960-1979	8,888	x .62 =	5,511	x .10 =	551
Total Renter Households Estimated with Lead-Based Paint			18,123	±	1,812
Owner Occupied Housing					
Year Built	# of Very Low & Other Low-Income Households	% with Lead-Based Paint	# Estimated with Lead-Based Paint		Margin of Error
Pre 1940	11,290	x .90 =	10,161	x .10 =	1,016
1940-1959	15,398	x .80 =	12,318	x .10 =	1,232
1960-1979	3,343	x .62 =	2,073	x .10 =	207
Total Owner Households Estimated with Lead-Based Paint			24,552	±	2,455

*Source: HUD State of the Cities Data Systems: CHAS Data 2000, U.S. Bureau of the Census*

The Center for Disease Control (CDC) has recognized lead poisoning in children as a major public health issue. The CDC has identified lead as the major health hazard to children. The CDC estimates that approximately 15% of all children of pre-school age are affected by lead. The medical community has identified the following as symptoms of lead poisoning: aggressive behavior, ADHD and learning disabilities.

Lead poisoning is defined as having a reading of 20 mg of lead per deciliter of blood (20mg/dl) or greater. Borderline is defined as having a reading of 15 to 19 mg/dl. While lead poisoning affects children at every socio-economic and demographic level, the poor and minorities are disproportionately affected. In many urban communities, over 50 percent of children suffer from over-exposure to lead, with African American children more than twice as likely to be poisoned.

Children do not have to eat paint chips to become lead-poisoned. Most become exposed to lead-based paint and dust hazards living in older homes. Young children most frequently become poisoned by inadvertently ingesting lead contained in household dust during the course of normal hand to mouth activity. Older, low income, privately owned rental housing that has not been adequately maintained, is potentially the most hazardous to young children. In many older properties, windows have been allowed to deteriorate, resulting in peeling, chipping, flaking paint, and frequently containing high levels of lead. Paint debris often accumulates in window wells and sills.

**Criteria For Lead-Based Paint Hazards** (24 CFR Part 35 – Lead Based Paint Poisoning Prevention in Certain Residential Structures, 1999).

- Any peeling, chipping, flaking, chalking or otherwise deteriorated lead-based paint.
- Any interior or exterior surface painted with lead-based paint that a young child can mouth or chew.
- Any lead-based paint on friction surfaces (windows, railings, etc.).
- Any lead-based paint on impact surfaces (doors, doorjambs, stairs, etc.).
- Any dust-lead hazards or soil-lead hazards.

The majority of young children identified with seriously elevated blood levels live in older, unsubsidized, low-rent, low-value housing. The housing is almost certain to contain lead-based paint and is frequently poorly maintained. By itself, the presence of lead-based paint does not constitute an exposure hazard. Lead in paint that is intact on non-impact, a non-friction surface constitutes a latent or potential problem that may, at some future time, be released and cause harm. Lead reduction is accomplished by the use of abatement and interim controls. Both can be used to correct lead-based paint hazards and reduce lead dust levels in the home environment.

To obtain data relative to the identification of municipalities at highest risk for lead-based paint hazards, State and local agencies were consulted and information collected from each is discussed below.

The Pennsylvania Department of Health reported that from January 2007 to December 2007, there were a total of 211 cases of elevated blood levels (EBLs) in children under the age of 17 in Delaware County. EBLs are blood lead levels of 10 micrograms per deciliter (ug/dL) or greater.

- 6,174 children screened had lead levels less than 10 micrograms per deciliter (ug/dL).
- 99 children screened had EBLs between 10 – 14 ug/dL.
- 52 children screened had EBLs between 15 – 19 ug/dL
- 59 children screened had EBLs greater than 20 ug/dL.

The Chester City Department of Public Safety administers the Childhood Lead Poisoning Control Project reported that for the year ending 2007 there were 16 cases of children in the City with elevated blood lead levels. The following provides a review of the cases.

- 1,672 children screened had lead levels less than 10 micrograms per deciliter (ug/dL).
- 16 children screened had EBLs greater than 20 ug/dL.

All agencies consulted during the preparation of the CP that provided data on the extent of EBLs and housing units containing LBP hazards chose not to disclose the address of the housing units.

**Draft**