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NA-20 DISPROPORTIONATELY GREATER NEED: SEVERE HOUSING PROBLEMS

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

The following information provides information on the populations that experience a disproportionately greater need due to severe housing problems in Rapid City. 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 (10) percentage points higher than the percentage of persons in category as a whole.

Severe Housing Problems would involve one or more of the following issues: 1) *Lacks complete kitchen facilities*; 2) *Lacks complete plumbing facilities*; 3) *More than 1.5 persons per room*; 4) *Cost burden greater than 50% of income*.

American Indian/Alaska Natives making less than 30% of the area median income disproportionately experience one or more of the four severe housing problems outlined previously. American Indians/Alaska Natives make up 12.4% of the population but are 22.6% of residents making less than 30% of the AMI that are experiencing one or more of the four (4) severe housing problems.

Asians making 80-100% of the AMI experience one or more of the four severe housing problems disproportionately at 18.2% while they make up only 1.2 % of the Rapid City population.

All racial or ethnic groups in the other income brackets (31-50% AMI, 51-80% AMI, 81-100% AMI) experience difficulties proportionately to their community racial/ethnic makeup.

0%-30% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	1,835	1,180	220
White	1,200	760	210
Black / African American	45	0	0
Asian	10	0	0
American Indian, Alaska Native	415	320	10
Pacific Islander	0	0	0
Hispanic	95	70	0

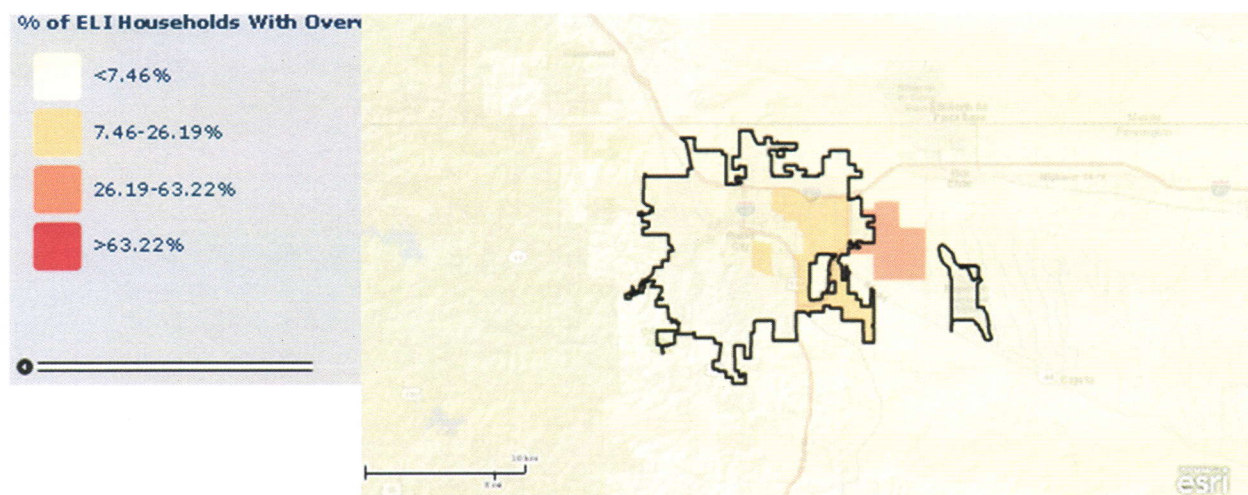
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Table 16 – Severe Housing Problems 0 - 30% AMI

Data Source: 2005-2009 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%



% ELI Households with any of 4 Severe Housing Problems

30%-50% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	800	2,085	0
White	575	1,790	0
Black / African American	30	30	0
Asian	0	4	0
American Indian, Alaska Native	100	100	0
Pacific Islander	0	0	0
Hispanic	85	55	0

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Table 17 – Severe Housing Problems 30 - 50% AMI

Data Source: 2005-2009 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

50%-80% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	520	4,295	0
White	440	3,650	0
Black / African American	15	45	0
Asian	0	24	0
American Indian, Alaska Native	24	345	0
Pacific Islander	0	0	0
Hispanic	40	135	0

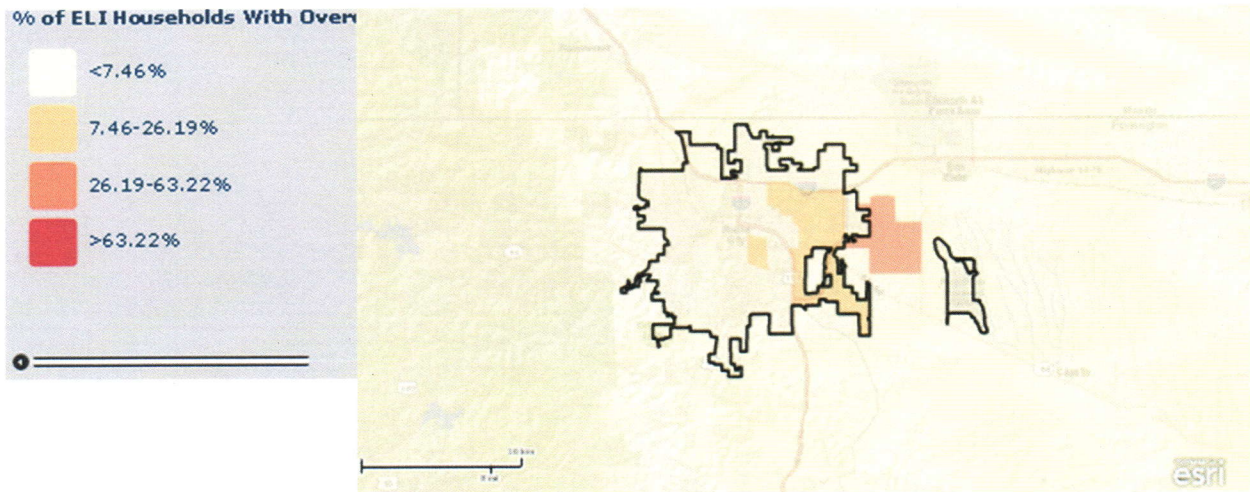
Table 18 – Severe Housing Problems 50 - 80% AMI

Data Source: 2005-2009 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

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% ELI Households with Overcrowding

80%-100% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	165	3,020	0
White	125	2,705	0
Black / African American	0	30	0
Asian	30	24	0
American Indian, Alaska Native	10	140	0
Pacific Islander	0	0	0
Hispanic	0	90	0

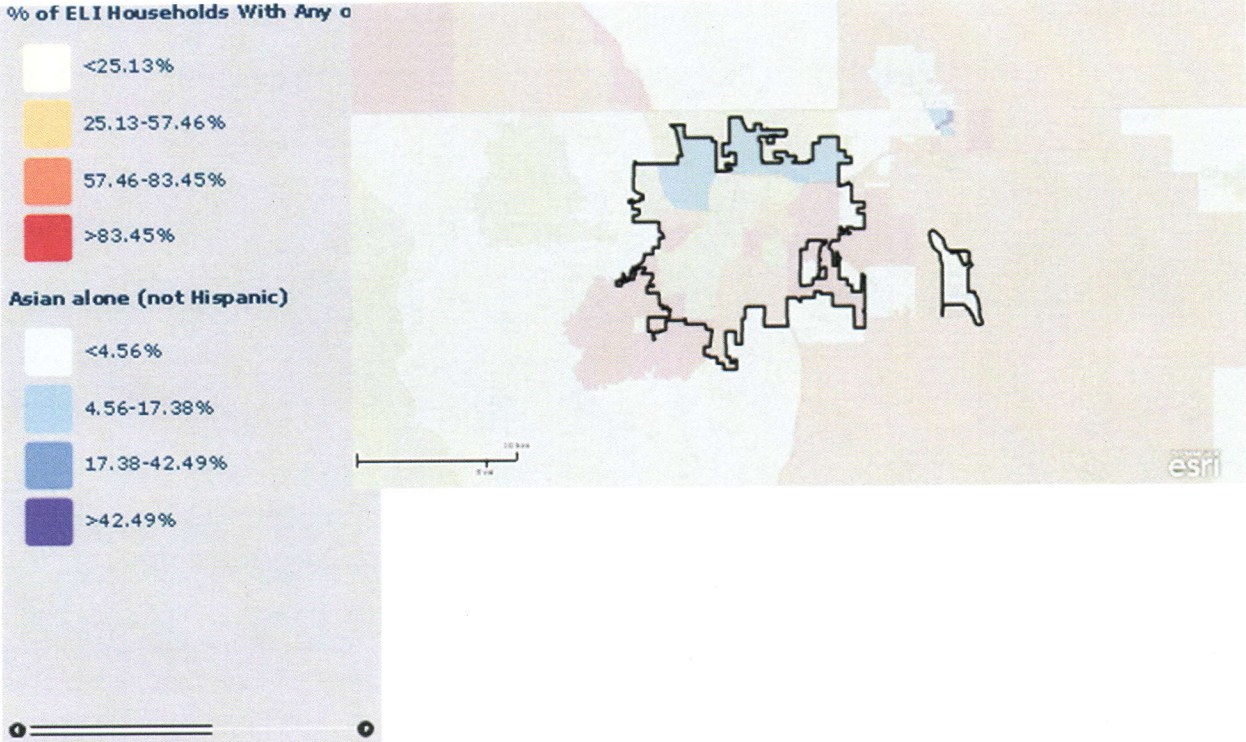
Table 19 – Severe Housing Problems 80 - 100% AMI

Data Source: 2005-2009 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

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Asian with 1-4 Housing Problems - Rapid City, SD

Discussion

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NA-25 DISPROPORTIONATELY GREATER NEED: HOUSING COST BURDENS

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

Housing cost burdens exist when a household pays more than 30% of their income for housing. A severe housing cost burden exists when a household pays more than 50% of their income for housing. A disproportionately greater need exists when members of a certain racial or ethnic group experience housing problems at a greater rate (10 percentage points or more) than the income level as a whole.

A disproportionately greater need exists for White households making less than 30% of AMI.

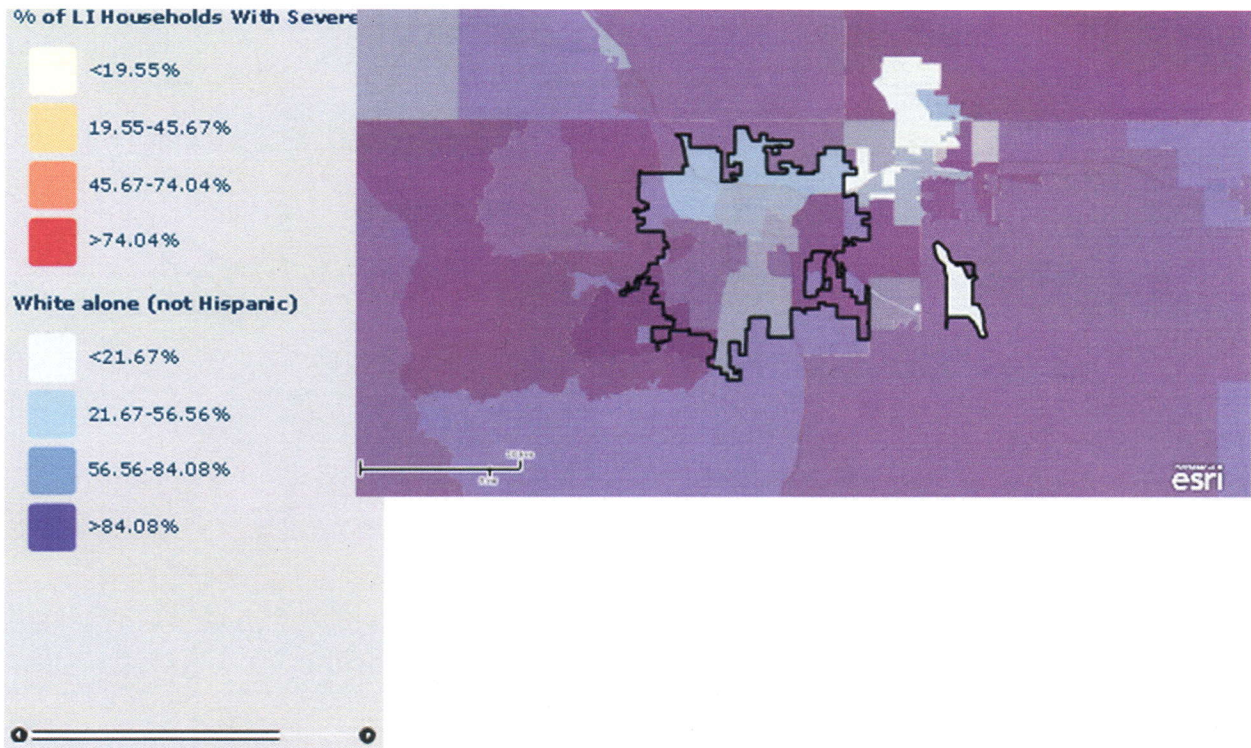
Housing Cost Burden

Housing Cost Burden	<=30%	30-50%	>50%	No / negative income (not computed)
Jurisdiction as a whole	18,445	4,390	3,070	220
White	16,610	3,705	2,260	210
Black / African American	165	60	45	0
Asian	110	8	40	0
American Indian, Alaska Native	915	395	460	10
Pacific Islander	0	0	0	0
Hispanic	430	110	180	0

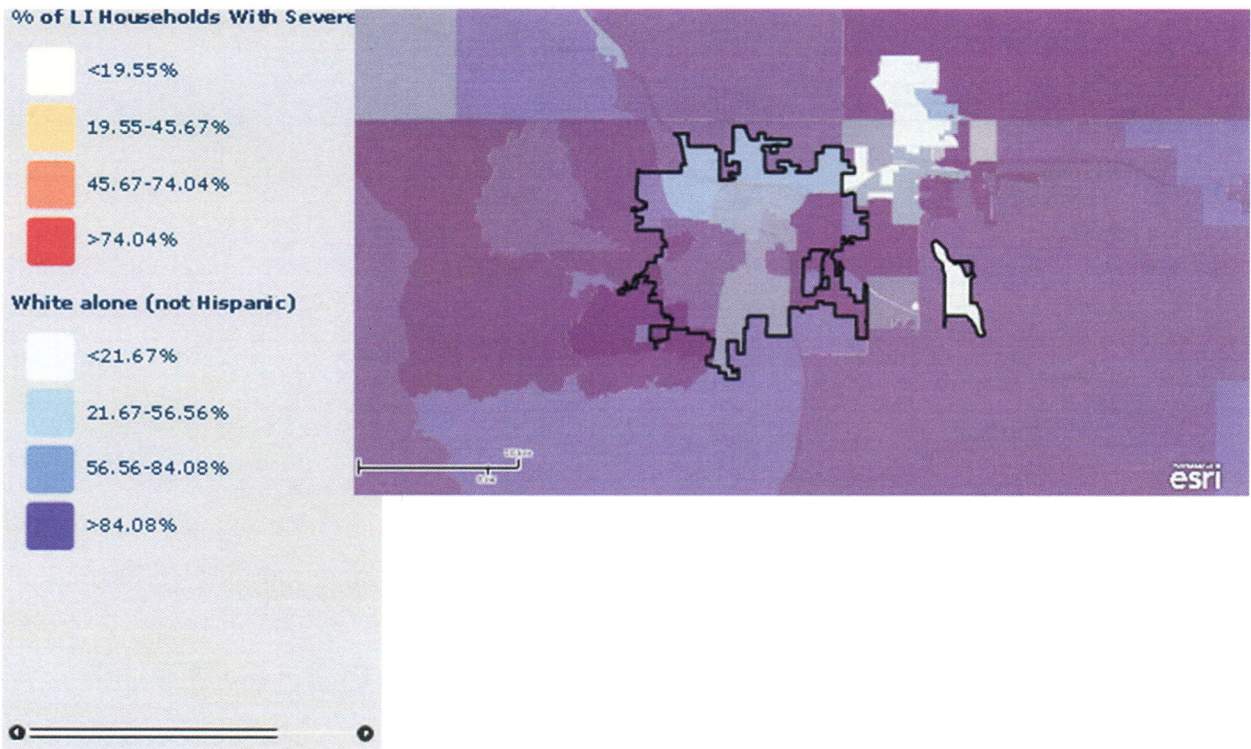
Table 20 – Greater Need: Housing Cost Burdens AMI

Data Source: 2005-2009 CHAS

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Housing Cost Burden Areas - Asian



LI Housing Cost Burden-White Rapid City, SD

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Discussion

NA-30 DISPROPORTIONATELY GREATER NEED: DISCUSSION

Income categories in which a racial or ethnic group has disproportionately greater need

Disproportionately greater *housing problem* needs exist for:

- American Indians/Alaska Natives with incomes less than 30% of AMI and
- Whites with incomes between 50% and 80% of AMI.

Disproportionately greater *severe housing problem* needs exist for:

- American Indians/Alaska Natives with incomes less than 30% of AMI, and
- Asians with incomes between 80-100% of AMI.

Disproportionately greater housing cost burdens needs exist for:

- Whites with incomes less than 30% of AMI.

Needs not previously identified

N/A

Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?

The largest concentrations of American Indians/Alaska Natives are found in North Rapid, the city center, the south east area of town, and the Canyon Lake/Sioux Park area of West Rapid.

Extremely low-income households with any of 4 housing problems are located in all areas of town, but the highest concentrations are located:

- in part of the old Robbinsdale area bordered by 5th Street on the west, South Street on the north, Elm Ave. on the east and Fairmont on the south;
- the old Canyon Lake area bordered on the north Range Rd., 44th Street on the west, Jackson Blvd. on the south and Sioux San Hospital on the east; and
- The Chapel Valley area that is bordered on the north and west by Hwy. 44, Chapel Lane on the east and Steamboat Circle on the south.

Introduction

The City of Rapid City does not typically fund public housing improvements or resident initiatives.

The Pennington County Housing and Redevelopment Commission (PCHRC) owns and manages public housing in Pennington County, including Rapid City, and receives Public Housing Capital Program Funds, Section 8 Tenant Based Assistance Funds, and Shelter Plus Care funds to maintain its properties in safe and sanitary conditions for low-income tenants. Rapid City has a joint cooperation agreement with PCHRC that provides for collaboration on the development of affordable housing units. The Executive Director of PCHRC works closely with Rapid City's Community Development Specialist in reviewing needs for housing development, public housing tenant needs within the community and jointly working to further additional affordable housing locally. PCHRC/s Agency Plan is on file with Rapid City and the City reviews projects and provides Certifications of Consistency with the Consolidated Plan.

PCHRC owns and manages a total of 498 units, 470 units are located in Rapid City with the remaining 28 units located outside of the City in the communities of Wall and Hill City. The PCHRC plays an important role in developing and managing housing for low-income households in Rapid City. Their mission is directed primarily to low-income rental households consisting of those with incomes between 0 and 80 percent of median income. The PCHRC's Board is appointed by the Pennington County Commissioners. Rapid City has a joint cooperation agreement with PCHRC that provides for collaboration on the development of affordable housing units.

Totals in Use

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers in use	0	0	492	1,281	0	1,068	63	0	139

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five_year, and Nursing Home Transition

Table 21 - Public Housing by Program Type

Data Source: PIC (PIH Information Center)

Public Housing Units Number Correction

There are now 500 Public Housing Units. In 2008 with 8 new units were built to replace units previously demolished. The new units include handicap accessible units. PCHRC currently has 1329 Housing Choice Voucher Units an increase of 48 units due to increased funding.

Vouchers Corrections for 2012

The total number of Vouchers available at the end of 2012 is 1329.

There are now 95 Veterans Affairs Supportive Housing Vouchers and 150 Disabled Vouchers.

The Disabled Vouchers are designated for non-elderly, disabled applicants.

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Number of Accessible Public Housing Units

There are 32 Public Housing units that are accessible.

Characteristics of Residents

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Average Annual Income	0	0	13,912	10,808	0	10,862	8,668	0	10,888
Average length of stay	0	0	5	4	0	4	0	0	7
Average Household size	0	0	1	2	0	2	1	0	1
# Homeless at admission	0	0	0	15	0	0	15	0	0
# of Elderly Program Participants (>62)	0	0	169	250	0	221	3	0	25
# of Disabled Families	0	0	186	319	0	176	24	0	114
# of Families requesting accessibility features	0	0	492	1,281	0	1,068	63	0	139
# of HIV/AIDS program participants	0	0	0	0	0	0	0	0	0
# of DV victims	0	0	0	0	0	0	0	0	0

***includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five_year, and Nursing Home Transition**

Table 22 – Characteristics of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

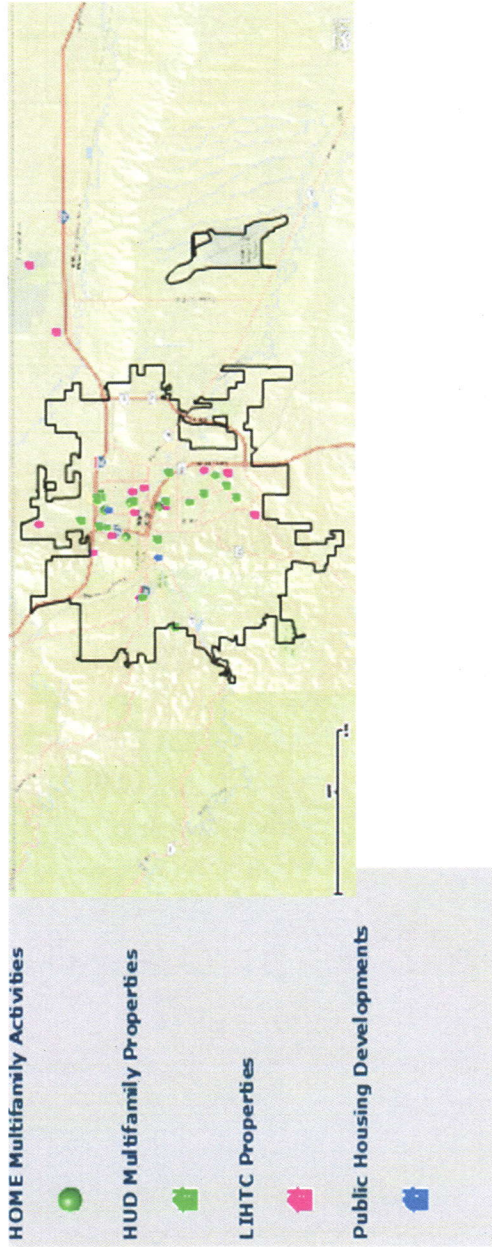
Consolidated Plan

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Homeless Veterans Provided Vouchers

In 2012 15 homeless veterans received Veterans Administrative Supportive Housing (VASH) Vouchers and were able to access housing.



Public Housing-HUD-LIHTC-HOME Properties

Race of Residents

Race	Program Type								
	Certificate	Mod-Rehab	Public Housing	Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
White	0	0	356	764	0	606	39	0	109

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Race	Program Type								
	Certificate	Mod-Rehab	Public Housing	Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Black/African American	0	0	11	31	0	16	12	0	3
Asian	0	0	2	6	0	5	0	0	1
American Indian/Alaska Native	0	0	123	479	0	440	12	0	26
Pacific Islander	0	0	0	1	0	1	0	0	0
Other	0	0	0	0	0	0	0	0	0

***includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five_year, and Nursing Home Transition**

Table 23 - Race of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

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Ethnicity of Residents

Race	Program Type								
	Certificate	Mod-Rehab	Public Housing	Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Hispanic	0	0	20	52	0	46	2	0	4
Not Hispanic	0	0	472	1,229	0	1,022	61	0	135

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five_year, and Nursing Home Transition

Table 24 – Ethnicity of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

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Section 504 Needs Assessment

Needs of public housing tenants and applicants on the waiting list for accessible units

Pennington County Housing and Redevelopment Commission have established a Fair Housing Committee made up of senior staff members that handles Reasonable Accommodation Requests received from their clients. Accommodations made to date include adding a handrail, bathroom grab bars, allowing a live-in Care Aide, companion animals, more than one companion animal, a single level dwelling, ADA Accessible Unit, eligibility requirement waived, no stairs, an apartment change, rent increase, second and third bedrooms, change in recertification requirement, lease from relative, and administrative procedure variances.

Most immediate needs of residents of Public Housing and Housing Choice voucher holders

There are 2600 people on the Public Housing waiting list. Eighty-one percent (81%) of them are extremely low-income, and predominately families with children. Families with disabilities make up the second largest group at nineteen percent (19%). American Indian/Alaska Natives make up sixty-one (61%) of the people waiting for housing. Only four percent (4%) are elderly.

The Section 8 waiting list totals 1619 people, with extremely low-income making up seventy-seven percent (77%) of the people waiting for assistance. Families with children (67%), single families (31%) and families with disabilities (21%) make up the majority of those seeking assistance.

People may put their names on both Public Housing and Section 8 waiting lists, so some of the numbers are duplicated.

There is no specific information available on other resident needs. Tenant requests for accommodations are, and have been, made whenever possible as listed above.

The most requested are the two bedroom apartments (51%) and three bedroom apartments (26%).

How do these needs compare to the housing needs of the population at large

The needs are in most cases comparable to the needs of the population at large. However, within the population at large, housing needs surveys show much higher numbers of single people or families without children needing efficiency or one-bedroom apartments. We believe the lower number in Public Housing reports is due to the large wait list and the reluctance of people without children to put their name on the waiting lists. Preferences are given to families and veterans, making it difficult for single individuals to rise to the top of the waiting list.

Introduction

As the largest city in western South Dakota, Rapid City is the retail, medical, supportive services, and employment hub for the region, and therefore attracts people from all over, including the homeless. People travel to Rapid City from all over the world to visit Mount Rushmore and from the rural communities and Indian Reservations in hopes of finding work. Some tourists decide they like the area and want to stay; some encounter financial difficulties and get stranded here. Most arrive in the area with limited resources and without jobs, and do not have funds for rent deposits or utility hook-ups needed to secure permanent housing, so they often reside in local motels or shelters and seek assistance from local agencies and churches.

Once a year, the Black Hills Regional Homeless Coalition conducts a point-in-time count and survey of homeless people in the region, in order to gain more accurate information about the homeless population and their needs. The homeless count attempts to capture people living in motels and doubled up with family and friends in addition to those living in emergency shelters, domestic violence shelters, transitional housing, jail, detox, outside, and in structures not meant for habitation. A count of homeless children in the Rapid City public schools is also maintained.

The Black Hills Regional Homeless Coalition serves as a linking organization to the local communities and service providers ensuring that the region's goals and priorities are considered in the South Dakota State Continuum of Care. The Black Hills Regional Homeless Coalition meets on a monthly basis to discuss the needs of the community and ways to address identified needs. The organizations have formed partnerships and referral systems in an effort to better coordinate the delivery of services and treatment to their mutual clients.

Homeless Needs Assessment

Population	Estimate the # of persons experiencing homelessness on a given night		Estimate the # experiencing homelessness each year	Estimate the # becoming homeless each year	Estimate the # exiting homelessness each year	Estimate the # of days persons experience homelessness
	Sheltered	Unsheltered				
Persons in Households with Adult(s) and Child(ren)	24	1	100	25	0	0
Persons in Households with Only Children	409	0	400	0	0	0
Persons in Households with Only Adults	255	36	350	0	0	0
Chronically Homeless Individuals	22	0	20	0	0	0
Chronically Homeless Families	1	0	5	0	0	0
Veterans	48	4	45	0	0	0
Unaccompanied Child	0	0	12	0	0	0
Persons with HIV	0	0	5	0	0	0

Table 25 - Homeless Needs Assessment

Data Source Comments:

Years	Once	Twice	Three	Four+	No Response
2011	100	34	21	64	9
2012	77	33	18	66	15

Table 2 - Homeless Survey 2012 - How Many Times Have You Been Homeless in the Last 3 Years?

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none

Population includes Rural Homeless:

Jurisdiction's Rural Homeless Population

For persons in rural areas who are homeless or at risk of homelessness, describe the nature and extent of unsheltered and sheltered homelessness with the jurisdiction

According to the Rapid City 2012 Point in Time Count, approximately 514 men, women and children are experiencing homelessness on a given night. Of these individuals, 146 were in emergency shelters, and 20 were in transitional shelters, and 81 were unsheltered. In addition, 98 were staying in nightly motels, 48 in jail, and 14 in treatment programs. These numbers give just an estimate to the number of people experiencing homelessness throughout the year.

Native Americans make up a disproportionate number of the homeless. In both 2011 and 2012 Native Americans accounted for 51% of the homeless in Rapid City. Whites were the second largest group at 38% in 2011 and 35% in 2012. African Americans made up 3% of 2011 and 4% of 2012 homeless.

If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):

The Black Hills Area Homeless Coalition has created a plan, The Journey Home: A Community Partnership to Prevent and End Involuntary Homelessness. Their mission is to end involuntary homelessness by:

- Ensuring that adequate services (housing, social support, education, employment) are available and accessible;
- Reaching out and empowering homeless individuals to use available services to achieve self-sufficiency;

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- Increasing the community's understanding and awareness of homelessness at all levels;
- Inspiring individuals, organizations, clubs, and groups to become actively involved in ending homelessness; and
- Creating long-term changes in attitudes and the way homelessness is viewed and addressed in our community/region/state.

Their initial goals are to address:

Housing – Creating an adequate supply of permanent, habitable, affordable housing;

- Incomes – Ensuring that homeless people have incomes to pay for housing and that they achieve living wage jobs to escape the cycle of homelessness; and
- Prevention – Establishing emergency prevention programs.

They have begun work on implementing their plan and have merged with Community Services Connections to better leverage human capital, knowledge and resources through their collaborative work.

Nature and Extent of Homelessness by Racial and Ethnic Group

There is limited data on number of persons becoming homeless and exiting homelessness each year and the number of days that a person experiences homelessness. The data is not broken down into the categories shown in *Table 21 Homeless Needs Assessment*. However, we conduct annual homeless counts and surveys, and have tracked the number of times a person has been homeless in the past 3 years and how long it has been since they have had permanent housing. *See Tables Above*.

Without more years of statistics on these two particular issues, it is not possible to draw a reliable conclusion, but our data shows an average of 88 people become homeless, using the “once” homeless in 3 years response. It would also appear that the number who became homeless in 2012 may have dropped, while the number of people experiencing multiple incidents of homelessness remained about the same.

The Homeless Survey for 2012 shows that out of 208 respondents 23.6% of the homeless had been homeless for 1-5 months and 19.2% for 1-2 years. It appears that for 13.3% of the respondents homelessness has become “a choice” because they have chosen not to access help, to work, or make changes in their lifestyle (drinking, drugs, taking medications, etc.) in order to access housing and/or employment.

For Victims of Domestic Violence, WAVI shows that the average length of stay is 11 days. The number of clients sheltered increased from 500 in 2009 to 583 in 2011, and then saw a 7.9% drop in 2012 to 540 women and children served.

Nature and Extent of Unsheltered and Sheltered Homelessness, including Rural Homelessness

There is limited data on number of persons becoming and exiting homelessness each year and the number of days that person experience homelessness. The data is not broken down into the categories shown in *Table 21 Homeless Needs Assessment*. However, we conduct annual homeless counts and surveys, and have tracked the number of times a person has been homeless in the past 3 years and how long it has been since they have had permanent housing. See the tables below.

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Discussion

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- Ensuring that adequate services (housing, social support, education, employment) are available and accessible;
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- Increasing the community's understanding and awareness of homelessness at all levels;
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Introduction

Non-homeless special needs continue to grow as households struggle to meet increasing costs with minimum wage jobs or fixed incomes.

Rapid City is a tourist area, borders Ellsworth AFB and is a regional health center which makes it an attractive retirement community. The Census American Fact Finder 2010 Demographic Profile Data estimates that 14.5% of the population are 65 year or older. Over the next 10 years an additional 11.5% will turn 65, increasing the elderly population to 26% of the population.

Rapid City conducted a Point-in-Time Homeless Count in January, 2013 that identified 8% of the homeless survey respondents as severely mentally ill and 5.85 % of the homeless respondents said that mental illness was the circumstance that caused their homelessness. Three mental health issues were rated as a concern within the Black Hills 2011 Community Needs Assessment: a lack of suicide prevention services, depression care and treatment service, and stress and anxiety care and treatment, and alcohol and substance abuse was stated as the second largest issue.

In the 2013 Rapid City Homeless Survey alcohol and substance abuse was the number one (22.2%) circumstance causing homelessness. The assessment also identifies drug and alcohol use and abuse as a problem in the schools.

The 2011 South Dakota Youth Risk Behavior Survey Report released in April, 2012 assessed the six priority health-risk behaviors that result in the greatest amount of morbidity, mortality and social problems among youth. Approximately 1,800 students in grades 9-12 were randomly surveyed throughout the state. The priority health-risk behaviors included:

- behaviors that contribute to unintentional injuries and violence;
- tobacco use;
- alcohol and other drug use;
- sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection;
- unhealthy dietary behaviors; and
- physical inactivity.

The survey results showed that bullying was the number one issue, affecting 47% of the respondents and 18% of the respondents had considered suicide in the past year. Almost 25% of the respondents had engaged in episodes of binge drinking, sexual activity that included alcohol or drugs use prior to sexual intercourse, and wrongly believed that smokeless tobacco is safer than cigarettes.

Rapid City has a 580 bed county jail, and a new Minimum Security Prison that can house up to 400 people. There are over 800 persons released from the Pennington County Jail every month.

The state and federal prisons release approximately 50 inmates a month to the Rapid City area. Transition back into the community is challenging for persons with criminal records, no identification, no housing and no job.

The U.S. Census released Poverty Rates for *the American Indian and Alaska Native Alone Population in the 20 Cities Most Populated by this Group, 2007-2011 ACS* on February 20, 2013 showing that 50.9% of the American Indians and Alaska Natives in Rapid City are living in poverty, the highest rate in the country. American Indians and Alaska Natives experience poverty rates more than 10% higher than the national rate of 14.3 percent (27%). American Indians are disproportionately affected in multiple areas that include cost burdens for housing, incarceration, alcohol and substance abuse, suicide, and unemployment.

Characteristics of Special Needs Populations

Elderly & Frail Elderly-

- 20% of elderly are severely cost burdened, paying > 50% of income for housing.
- 38.8% of those 65+ have a disability
- 22.6% ambulatory difficulty
- 8.3% self-care difficulty
- 11.3% independent living difficulty
- 20.4% hearing difficulty
- 12.1% of the elderly affected by either Cognitive or self-care difficulties
- The 2011 ACS does not provide information specific to the frail elderly (requiring assistance with 3+ activities of daily living, such as bathing, walking, and performing light housework)

Mental Illness

- Suicide is the second leading cause of death in S.D. for people 15 to 34 years old, regardless of race or sex.
- Young Native American males die of suicide at 4- 5 times the rate of white males in S.D.
- Age 15-24 death rate is twice as high in S.D. as on average in the U. S.
- 7.31% adults in S.D. had a major depressive episode in the past year.
- 11.16% adults experienced serious psychological distress.
- Individuals had on average 2.41 poor mental health days in the past 30 days.

Persons with Disabilities (Physical and/or Developmental)

The 2011 ACS of Disability Characteristics estimates

- 8,897 (13.4%) residents have a disability with 38.8% being persons over 65.
- women (62.8%) out-number men (37.2%).
- whites (83%) and AI/AN (7.4%) are the largest groups with disabilities.
- the most prevalent disabilities across all age groups include

- cognitive (16%),
- ambulatory (28.4%),
- independent living (16.1%) and
- hearing (26.2%).

Housing and Supportive Service Needs and Determination

1. Owner Occupied and Rental Unit Low-Income Housing Rehabilitation
2. Rental unit handicap accessibility rehabilitation
3. More quality, affordable and single level housing
4. More nursing home beds
5. Assisted living and skilled care for elderly
6. Very Low (0-30% AMI)- and Low-income (30-50% AMI) and Moderate-income (50-80% AMI) Affordable Rental Units
7. Single Resident Occupancy and Efficiency Apartments (0-50% AMI)
8. Homeownership for low and moderate income households
9. Rent gap assistance for permanent housing extremely-low, and low-income households
10. Rent/utility assistance for permanent and transitional housing for the homeless, victims of domestic violence, incarcerated returning to community.
11. Blighted properties
12. Outreach to Native Americans for accessing education, housing and related services
13. Affordable housing for persons/families with HIV/AIDS
14. Transitional Housing for Homeless, Juveniles, Veterans, Victims of Domestic Violence, Reentry from Institutions, Low income people affected by Code Enforcement "Do Not Occupy" orders on substandard housing.
15. Land Trust properties - Permanent affordability for ownership or rental units
16. Rehabilitation for mobile homes
17. Larger units for large and multi-generational households

Housing Needs Determination

The needs have been determined using statistics from the Census, American Community Study, local surveys and needs assessments, sub-grantee accomplishments reports and public comments received throughout the year and Consolidate Plan preparation process.

Supportive Service Needs and Determination

1. Elderly and Disabled In-home based services and general housekeeping
2. Severe Persistent Mental Health Case Management
3. In-patient substance abuse treatment in Rapid City
4. Elderly programs to allow aging in place
5. Assistance for HIV/AIDS persons/families

Supportive Service Needs Determination

The needs have been determined using statistics from the Census, American Community Study, local surveys and needs assessments, sub-grantee accomplishments reports and public comments received throughout the year and Consolidate Plan preparation process.

Public Size and Characteristics of Population with HIV / AIDS

HIV/AIDS & Their Families – HIV/AIDS statistics are reported in the South Dakota 2011 Epidemiological Profile of HIV/AIDS by regions instead of cities due to the low incidence of HIV/AIDS in South Dakota. Rapid City is located in Pennington County, in the Western Region, which is made up of 11 counties. Pennington County has the largest population in the region at 100,948, and the second largest city in the state, Rapid City. The region also includes the most populous Tribal Nation in the state, the Oglala Sioux Tribe located in Shannon County, with a population of 13,586 (US Census 2010, American Fact Finder). From 1985 to 2010 there have been 203 cases of HIV/AIDS reported in the Western Region. As of December 31, 2010, 108 (27%) of living South Dakota HIV/AIDS cases resided in the Western region. Recent cases of HIV/AIDS reported from 2006-2010 in the Western Region total 45, with 16 being female and 29 male. Twenty-six (26) of the people were between 25 and 44 years of age at diagnosis and 14 between 45 and 65 years of age. The remaining 5 cases were less than 2 and older than 65 years old. American Indians, make up a disproportionate percentage of those infected at 57%, with Whites accounting for 19% and Blacks less than 5%. In 2009 only three other states had fewer newly reported HIV cases than South Dakota, making it one of the lowest incidence states in the nation and 319 cumulative AIDS diagnoses by State, the third lowest as of 2009, according to the South Dakota 2011 Epidemiological Profile of HIV/AIDS. In Western S.D. 45% of the people with HIV/AIDS are not in care. People with AIDS are more likely to be in care than individuals with HIV.

Discussion

Public Facilities

1. Homeless Shelters
2. Senior Wellness Center
3. Senior Centers
4. Youth Centers
5. Neighborhood Community Facilities
6. Parks and Recreational Facilities (new and/or upgrades to existing)
7. Public facilities - General

Need Determination

Many of the local public facilities are in need of updates for safety improvements to bring them up to new code requirements including, but not limited to, fire protection, removal of architectural barriers, handicap accessibility, and energy efficiency improvements.

Need Determination

The needs have been determined using statistics from the Census, American Community Study, local surveys and needs assessments, City planning and development plans, and public comments received throughout the year and Consolidate Plan preparation process.

Public Improvements

1. Water & Sewer line replacements
2. A.D.A. Compliance
3. Energy Efficiency Improvements
4. Fire Sprinkler Systems
5. Street improvements
6. Parking
7. Drainage
8. Sidewalk installations and repairs

Need Determination

Public facilities and infrastructure is aging and is in need of updates, such as failing water and sewer lines, unsafe or lack of sidewalks, and the need to provide energy efficient upgrades to existing buildings.

Need Determination

The needs have been determined using statistics from the Census, American Community Study, local surveys and needs assessments, City planning and development plans, and public comments received throughout the year and Consolidate Plan preparation process.

Public Services

1. Alcohol and Substance Abuse Prevention and Treatment
2. Job Training Programs
3. Mental Health Treatment and Prescription Drug Access
4. Early childhood development programs, education, and affordable child care
5. Truancy & Drop-out Reduction programs
6. At-Risk Youth programs
7. Affordable dental care
8. Legal services for low-income, elderly, victims of domestic violence, fair housing issues, homelessness
9. Child safety programs for bullying, molestation, internet safety, and child abuse
10. Homeless programs
11. Reentry support programs
12. Handicap/Disability Services
13. Senior programs
14. Youth activities, services and counseling
15. Family counseling
16. Transportation assistance for low-income and very-low income people
17. Neighborhood Revitalization
18. Asset and Wealth Building programs
19. Food Programs
20. Financial Education
21. Elder Care Services

Need Determination

The needs have been determined using statistics from the Census, American Community Study, local surveys and needs assessments, sub-grantee accomplishments reports and public comments received throughout the year and Consolidate Plan preparation process.

Economic Development

1. Microenterprise Loan programs for low income business start-up or expansion
2. Individual Deposit Accounts

Need Determination

In order to move people out of poverty it is important to encourage post-secondary education, improved job skills, job training, business development and home ownership.

The needs have been determined using statistics from the Census, American Community Study, local surveys and needs assessments, City planning and development plans, and public comments received throughout the year and Consolidated Plan preparation process.