



# III Housing Needs Assessment

Pursuant to HUD regulations, the City of Santa Ana is required to estimate the housing needs of its residents for the next 5-year period (2005-2009). Specifically, HUD requires an assessment to address the housing needs for the following categories of persons and households.<sup>6</sup>

- Type and number of families in need of housing assistance
- Nature and extent of homelessness in the community
- Housing needs of special need populations

The City has also evaluated the housing needs of large families and the extent of lead-based paint hazards in the community.

## ***DEFINITIONS***

In order to estimate the type and number of persons in need of housing assistance, it is important to define some general terms that will be utilized throughout this assessment. (See **Appendix A** – Glossary of Terms, for additional definitions.)

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<sup>6</sup> Data for “housing needs” is mostly provided by HUD’s 2000 CHAS data, a special tabulation of 2000 Census data that shows housing problems and the availability of affordable housing by jurisdiction.

- **Cost Burden** – HUD considers an individual or household that pays more than 30% of their gross income toward housing and utilities as being cost burdened.<sup>7</sup>
- **Severely Cost Burden** - HUD considers an individual or household that pays more than 50% of their gross income toward housing and utilities as being severely cost burdened.<sup>8</sup>
- **Housing Problem** – HUD defines a household as experiencing a “housing problem” if the household pays more than 30% of income for housing and/or lives in an overcrowded housing unit, and/or lives in a housing unit with incomplete kitchen or plumbing facilities.<sup>9</sup>
- **Overcrowding** – There are two working definitions for “overcrowding” that are relevant to the Consolidated Plan - one definition provided by HUD and one based on State of California statutes:
  - HUD Definition – HUD utilized the Census Bureau’s definition of overcrowding which considers a housing unit to be “**crowded**” if it houses more than one person per room. “**Severely crowded**” units are defined as housing units with more than 1.5 persons per room.<sup>10</sup>
  - State of California Definition – **Table 10** provides a summary of the number of people that may **legally reside** in a “habitable space” based on the Uniform Housing Code of the State of California.

**TABLE 10: STATE MAXIMUM OCCUPANCY STANDARD**

DWELLING UNIT SIZE	APPROXIMATE HABITABLE SPACE	MAXIMUM OCCUPANTS
1 Bedroom Apt	454 Sq. Ft.	10 persons
2 Bedroom Apt	507 Sq. Ft.	11 persons
3 Bedroom Apt	643 Sq. Ft.	13 persons
2 Bedroom Apt	543 Sq. Ft.	12 persons
3 Bedroom Apt	928 Sq. Ft.	19 persons

Source: CA Dept of Housing & Community Development

<sup>7</sup> See HUD 2000 CHAS Data tables for definitions and estimates.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> 24 CFR 791.402(b).

The City of Santa Ana is prohibited by State statute from adopting an occupancy standard for overcrowding that is more restrictive than the State standard.

- **Substandard Housing Conditions** – Substandard housing refers to all deteriorated and dilapidated housing units.
- **Substandard Condition but Suitable for Rehabilitation** – Housing units that do not meet standard conditions but is both economically and structurally viable.

## **A. HOUSEHOLDS IN NEED OF HOUSING ASSISTANCE**

The City has estimated the type and number of families in need of housing assistance based on income and other specific household characteristics. According to HUD, households in need of housing assistance are experiencing one or more of the following:

- Housing cost burden
- Severe housing cost burden
- Overcrowded housing
- Living in substandard housing

These terms have been defined above.

The primary source for this data is the U.S. Census and HUD's Comprehensive Affordability Housing Strategy (CHAS) data.<sup>11</sup> **Table 11: HUD Table 2A – Priority Housing Needs Summary** (page 20) provides estimated housing needs in the format dictated by HUD. "Priority Need" and "Goals" are not generated by CHAS data but through the citizen input process described in the Strategic Plan of this document.

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<sup>11</sup> According to HUD, CHAS data is to be used by HOME/CDBG jurisdictions to prepare their Consolidated Plans. This special tabulation of 2000 Census data shows housing problems and the availability of affordable housing by states, counties, cities, and CDBG/HOME jurisdictions.

TABLE 11: HUD TABLE 2A – PRIORITY HOUSING NEEDS SUMMARY (REQUIRED)

PRIORITY HOUSING NEEDS (households)	Priority Need Level High, Medium, Low		Unmet Need	GOALS	
Renter	Small Related	0-30%	Medium	2,820	10
		31-50%	Medium	2,755	20
		51-80%	Medium	2,080	5
	Large Related	0-30%	High	3,804	10
		31-50%	High	5,100	185
		51-80%	High	4,210	30
	Elderly <sup>1</sup>	0-30%	High	747	0
		31-50%	High	389	0
		51-80%	High	264	0
	All Other	0-30%	High	714	14
		31-50%	High	720	41
		51-80%	High	775	15
	Owner	0-30%	High	2,606	30
		31-50%	High	3,464	90
		51-80%	High	6,702	90
Special Needs <sup>1</sup>	0-80%	High	6,377	90	
<b>Total Goals</b>				<b>540</b>	
<b>Total 215 Goals</b> (i.e., units with HOME covenants)				<b>150</b>	
<b>Total 215 Renter Goals</b> (i.e., units with HOME covenants)				65	
<b>Total 215 Owner Goals</b> (i.e., units with HOME covenants)				85	

Source: HUD 2000 CHAS data, City of Santa Ana 2005-2009 Consolidated Plan Strategic Plan and City of Santa Ana CDA  
1. "Elderly" and "Special Needs" housing goals (i.e., 90 units) are included in overall Renter and Owner goals; therefore they are excluded from the 510 "Total Goals." "Elderly" and "Special Needs" housing goals are also identified on Table 17 Page 44.

In addition to the households in need of housing listed above, it is estimated that countywide, 800 persons and families living with HIV and/or AIDS are in need of housing assistance.<sup>12</sup>

HUD also requires that the City analyze whether or not one or more minority population is experiencing a disproportionately greater need for housing assistance. Based on statistics from the 2000 Census, a substantial percentage of Santa Ana’s households, regardless of race or ethnicity, are paying more than 30% of household income for housing. Additionally, a significant percentage of minority households are paying more than 50% of income for housing. **Table 12** provides a list of renters and homeowners by race/ethnicity and the percentage that are paying 30% or more of their income for housing.

**TABLE 12: PERCENTAGE OF HOUSEHOLD INCOME FOR HOUSING BY RACE/ETHNICITY**

RACE/ETHNICITY	PAYING 30% + OF HOUSEHOLD INCOME FOR HOUSING		PAYING 50% + OF HOUSEHOLD INCOME FOR HOUSING	
	OWNERS	RENTERS	OWNERS	RENTERS
African-American/Black	55.7%	39.2%	25.1%	23.5%
Asian	38.4%	46.7%	11.0%	22.5%
Hawaiian/Pacific Islander	44.6%	48.5%	6.7%	7.1%
Hispanic/Latino	43.8%	45.2%	16.4%	19.0%
Native American	50.0%	58.4%	23.8%	22.9%

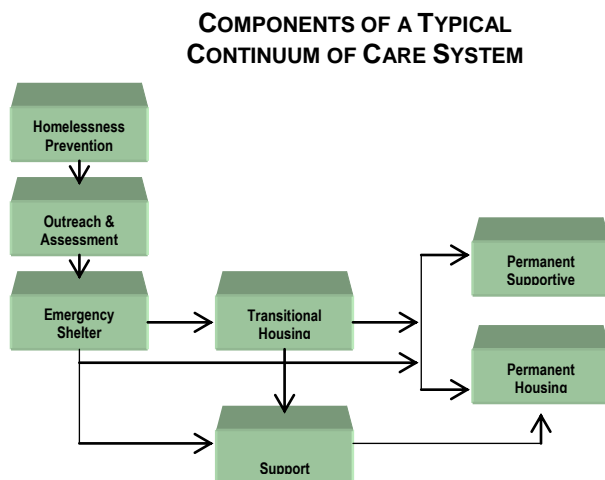
Source: U. S. Census 2000

## **B. NATURE AND EXTENT OF HOMELESSNESS**

HUD requires the City to examine the nature and extent of homelessness in the community in the context of a “continuum of care.” A **continuum of care** is described by HUD as a comprehensive and coordinated housing and service delivery system that responds to the different needs of a community’s homeless individuals and families. The goal of a continuum of care system is to prevent homelessness and to help those already homeless achieve self-sufficiency.

<sup>12</sup> HIV/AIDS estimated based on data from the “Orange County HIV/AIDS Housing Plan,” March 2005.

There are basic components to the continuum of care system that should be accessible to the homeless at any point in time.



Any evaluation of homelessness must be undertaken with some caution. Studies of homelessness are often complicated by problems of definitions and methodology. According to the National Coalition for the Homeless (NCH), most studies on homelessness have been limited to counting people in shelters or on the street. It is important to recognize that while these “point-in-time” studies have yielded useful information about the number of people who use services, they do not accurately identify the “intermittently” homeless and often overestimate the number of homeless. Additionally, a homeless study may be flawed because researchers do not count some individuals. These “unsheltered” or “hidden” homeless frequently stay in automobiles, campgrounds, motels, or other places researchers do not/cannot effectively search. “Quite simply,” the NCH states, “it is virtually impossible to ascertain the exact number homeless persons in the nation, state, county or city.”<sup>13</sup>

The information below is mostly based on data published by the NCH and obtained in consultation with the Orange County Housing and Community Services

<sup>13</sup> “*Who is homeless,*” NCH Fact Sheet #3. Published by the National Coalition for the Homeless, May 2004.

Department (OC-H&CS). These agencies have used various studies and surveys to capture homeless demographic and statistical data on a national and regional basis.

#### **DEFINITIONS OF HOMELESSNESS**

The Stewart B. McKinney Homeless Assistance Act (42, U.S.C. 1130, et seq. 1994) defines a "homeless" person as an individual who lacks a fixed, regular, and adequate nighttime residence, or an individual whose primary nighttime residence is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations;
- b. An institution that provides a temporary residence for individuals intended to be institutionalized;
- c. A public or private place not designed for, or ordinarily used as, regular sleeping accommodations for human beings.

The McKinney-Vento Act (sec. 725(2); 42 U.S.C. 11435(2)) defines a person "at-risk" of becoming homeless as an individual who faces imminent eviction (within a week) from a private dwelling or institution and who has no subsequent residence or resources to obtain housing. People are also at risk of homelessness when they experience a sudden drop in income, a rise in housing costs, and/or they do not have the skills necessary to manage their limited resources. According to the NCH, most persons at risk of homelessness are on a fixed income or are marginally employed and have few ties to family and friends.

The NCH estimates that there are 3.5 million homeless people nationwide - approximately 1% of the nation's total population. This estimate is based on a 2000 study undertaken by the Urban Institute, which surveyed homeless assistance providers across the nation at two different times of the year in 1996.<sup>14</sup> In July 2004, the OC-H&CS estimated Orange County's homeless population to be 34,999

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<sup>14</sup> Ibid.

individuals, or approximately 1.2% of the County's total population.<sup>15</sup> This estimate is also based on a survey of shelter/service providers conducted in February 2004.<sup>16</sup>

### PROFILES OF THE HOMELESS POPULATION IN ORANGE COUNTY & SANTA ANA

As part of its annual application to HUD for Homeless Assistance Grant funds, the County of Orange, in partnership with the O.C. Partnership, conducted a survey of the region's homeless and former homeless. O.C. Partnership (an Orange County-based nonprofit that provides technical assistance to homeless service providers) surveyed nineteen homeless shelter and service providers during the months of March, April and May 2004. The following is a summary of the characteristics of the region's homeless, as ascertain by survey respondents:

Gender	<ul style="list-style-type: none"><li>63.2% Female</li><li>36.4% Male</li><li>0.4% Transgender</li></ul>
Age	<ul style="list-style-type: none"><li>4.1% Under 20 years old</li><li>73.2% 21 to 45 years old</li><li>17.9% 46 to 60 years old</li><li>2.4% Over 60 years old</li><li>2.4% NA</li></ul>
Race/Ethnicity	<ul style="list-style-type: none"><li>42.3% White</li><li>29.2% Latino/Hispanic</li><li>12.1% African American/Black</li></ul>
Families with Children	<ul style="list-style-type: none"><li>45% homeless with children</li><li>55% Homeless without children</li></ul>
Monthly Income	<ul style="list-style-type: none"><li>27.9% No income</li><li>48.0% \$1,000 or less</li><li>24.1% \$1,000 or more</li></ul>
Source of Income	<ul style="list-style-type: none"><li>Part- or Full-time employment (21%)</li><li>Supplemental Security Income</li><li>Temporary Assistance for Needy Families</li><li>Unemployment benefits</li></ul>

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<sup>15</sup> The 34,999 figure is the sum of 10,500 "single adult" homeless and 24,499 "persons in homeless families with children."

<sup>16</sup> "Continuum of Care Exhibit 1," 2004 Application for Homeless Assistance Grant Funds. Prepared by the Orange County Housing & Community Services Dept, July 2004.

Cause of Homelessness	<ul style="list-style-type: none"> <li>▪ 23.5% Lack of affordable housing</li> <li>▪ 17.9% Victim of domestic violence</li> <li>▪ 17.2% Loss of job</li> <li>▪ 12.2% Substance addiction</li> </ul>
Length of Homelessness	<ul style="list-style-type: none"> <li>▪ 40.5% Three months or less</li> <li>▪ 27.6% Four to 11 months</li> <li>▪ 21.5% One to four years</li> </ul>
Shelter Status	<ul style="list-style-type: none"> <li>▪ 35% Lived in shelters</li> <li>▪ 5.3% Lived with family/friends</li> <li>▪ 12.1% Lived in motels</li> <li>▪ 10.9% Lived in cars</li> <li>▪ 10.2% lived in parks or streets</li> </ul>
City of Last Residence	<ul style="list-style-type: none"> <li>▪ 59.2% of respondents stated they had lived in their “last city of residence” for at least five years</li> </ul>

The City Santa Ana has not undertaken an independent analysis to estimates the number of homeless in the City, but has relied on previous studies. In prior Consolidated Plans, the City utilized the 1990 population count in selected group quarters during the shelter and street enumeration as provided by the Bureau of Census (S-Night). The Census S-Night count was not intended to be a count of the total population of homeless persons; however, this effort represents one of the few empirically based estimates of the number of homeless in Santa Ana. S-Night estimated 461 homeless in the City of Santa Ana in 1990.

As previously stated, the County of Orange Housing and Community Services Department undertakes an annual estimate of the county’s homeless population as part of its application for homeless assistance grant funds from HUD. It was estimated that in 2004, there were 34,999 homeless individuals in Orange County. As part of the County’s 2004 homeless estimate, Orange County homeless service providers were asked to track the “last city of residence” of shelter/service seekers for a 12-month period. (Service providers most often utilized “last city of residence” as the means to determine a client’s city of residency for reporting purposes). Based on information from this survey and caseload data from various public agencies, the County estimated that in 2004 there were 34,999 homeless individuals in Orange County. Raw data from the 2004 shelter provider survey reported 2,255

individuals seeking homeless housing services in Orange County listed Santa Ana as their last city of residence. In order to account for duplication of service seekers, the County reduces initial homeless estimates by 20%, thus Santa Ana's initial homeless estimate has been revised to **1,804** individuals. This estimate translates to approximately 0.52% of Santa Ana's total population, well within the 1% national and county ratios.

The point-in-time estimate described above does not include the number of persons at risk of becoming homeless. As referenced previously, the NCH suggests that persons at risk of homelessness are often on a fixed income or marginally employed. Due to limited income and high area housing costs, these at risk households are typically cost burdened, and in most cases, severely cost burdened. Based on 2000 CHAS data, 5,373 extremely low-income Santa Ana renter-households were paying more than 50% of their income for housing; 1,900 extremely low-income owner-households are also severely cost burdened.<sup>17</sup> It may be reasonable to assume a majority of these households are one paycheck away from becoming homeless.

To complete the required HUD **Table 1A: Continuum of Care Gaps Analysis** (**Table 13**, page 32), it is necessary for the City to analyze several data sources in order to make assumptions regarding Santa Ana's homeless population.

## **HOMELESS SUBPOPULATIONS**

### ***ELDERLY***

An elderly head of household has a one-in-three chance of paying more than 50% of their income for housing. Faced with the added challenge of paying for other necessities such as food, medicine and health care, senior citizens are particularly

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<sup>17</sup> "SOCDS CHAS Data: Housing Problems for All Households." U.S. Department of Housing and Urban Development. Resource website: HUDUser.org

vulnerable to homelessness. According to the NCH, 2.5% to 19.4% of the nation's homeless are age 55-60.<sup>18</sup> Orange County's 2004 homeless estimate did not attempt to count the number of homeless elderly; however, based on the national range, approximately 875 to 6,790 of the Orange County's homeless are elderly. For Santa Ana, this estimate translates to 45 to 350 elderly homeless.

### ***FAMILIES WITH CHILDREN***

According to the NCH, one of the fastest growing segments of the homeless population is families with children. The NCH reports that a survey conducted in 2000 found families with children accounted for 36% of the homeless population. Poverty and the lack of affordable housing are listed as the principal causes for homelessness among families. Additional factors include a relative decline in wages and changes in welfare programs approved in the late 1990s.<sup>19</sup> The County of Orange estimates there are 24,499 "persons in homeless families with children" living in Orange County.<sup>20</sup>

### ***CHRONICALLY HOMELESS***

A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.<sup>21</sup> In recent years, HUD has placed significant importance in ending chronic homelessness by establishing a goal to end chronic homelessness by the year 2012. The U.S. Interagency Council on Homelessness estimates that 10% of the homeless population is chronic homeless. The County's most recent homeless

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<sup>18</sup> "*Homelessness Among Elderly Persons*," NCH Fact Sheet #15. Published by the National Coalition for the Homeless, June 1999.

<sup>19</sup> "*Homeless Families with Children*," NCH Fact Sheet #7. Published by the National Coalition for the Homeless, June 2001.

<sup>20</sup> "*Continuum of Care Exhibit 1*," 2004 Application for Homeless Assistance Grant Funds. Prepared by the Orange County Housing and Community Services Department, July 2004.

<sup>21</sup> HUD defines a disabling condition as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

analysis estimates 22.5% (i.e., 7,866 individuals) of the County's homeless can be considered chronic homeless.

### ***MENTALLY ILL***

Mental illness is often defined as a disorder that prevents an individual from carrying out essential aspects of daily life such as self-care, household management, and interpersonal relationships. Severe mental illness is defined as persistent (i.e., more than one year) mental/emotional impairment that substantially interferes with or limits one or more major life activities including: basic daily living skills (eating, bathing, dressing), living skills (maintaining a household, managing money, taking prescribed medication), and functioning in a social, family, vocational and/or educational contexts.

According to the NCH, 20% to 25% of the single adult homeless population suffers from some form of severe mental illness.<sup>22</sup> NCH reports that the mentally ill remain homeless for longer periods and have less contact with family and friends. They also encounter more barriers to employment, tend to be in poorer physical health, and have more contact with the legal system than homeless people who do not suffer from mental illness. The NCH also reports that a federal task force on homelessness and severe mental illness estimates that only 5% to 7% of homeless persons with mental illness need to be institutionalize; most others can live in the community with appropriate supportive housing. According to Orange County's most recent application to HUD for Homeless Assistance Grant funds, there are 2,218 homeless individuals with mental illness in the Orange County region. This figure represents 21.1% of Orange County's 10,500 "single adult" homeless, which is within the estimate of the NCH.

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<sup>22</sup> "*Mental Illness and Homelessness*," *NCH Fact Sheet #5*. Published by the National Coalition for the Homeless, April 1999.

### **ALCOHOL AND SUBSTANCE ADDICTED**

Alcohol and substance addiction is defined as an individual with serious and persistent alcohol or substance addiction that significantly limits his/her ability to live independently. Homeless surveys conducted in the 1980's found consistently high rates of addiction, particularly among single men; however, according to the NCH, more recent studies have questioned the high prevalence rates cited by these studies, arguing early studies over-represented long-term shelter users and single men. While there is no generally accepted "magic number," the NCH concedes that a 30% prevalence rate is more or less within reason.<sup>23</sup> The County of Orange H&CS Department estimates that there are 6,328 persons with substance addiction among the region's homeless population - 18.1% of the region's total homeless population.

### **DUALLY DIAGNOSED**

Dually diagnosed is defined as an individual that suffers both severe mental illness and substance abuse problems. According to the U.S. Department of Health and Human Services (HHS), adults with a substance use disorders are almost three times as likely to have serious mental illness. HHS also estimates that 50% of homeless adults with mental illness also have a substance use problem.<sup>24</sup> The County of Orange has not conducted a specific analysis of dually diagnosed homeless; however, it may be worth noting that that OC-H&CS's latest homeless population analysis did identify 2,218 severely mentally and 6,328 chronic substance abusers among the region's homeless – no doubt some co-occurrence is present among these populations.

### **VICTIM OF DOMESTIC VIOLENCE**

According to the NCH, when a woman leaves an abusive relationship she often has nowhere to go. The lack of affordable housing and long waiting lists for assisted

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<sup>23</sup> "Addiction Disorders and Homelessness," *NCH Fact Sheet #6*. Published by the National Coalition for the Homeless, April 1999.

<sup>24</sup> "Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and Co-Occurring Substance Use Disorders, Chapter 2, National Mental Health Information Center, SMA04-3870 1/2004

housing often means that women must choose between abuse at home and the streets. Recent studies estimate that 22% to 46% of homeless women are victims of domestic violence.<sup>25</sup> The Orange County H&CS Department estimates there are 6,988 homeless victims of domestic violence in the region at any point in time.

### ***HOMELESS YOUTH***

The NCH defines homeless youth as an individual under the age of eighteen who lacks parental, foster, or institutional care. The NCH estimates that within urban centers, 3% of the homeless are unaccompanied youth. Homelessness among youth is typically a result of physical/sexual abuse and/or parental neglect, or family economic problems such as the lack of sufficient income to afford housing. Another prevalent factor is residential instability, i.e., a history of foster care. One national study reports that one in five youth who arrived at shelters come directly from foster care or had been in foster care in the previous year.<sup>26</sup> The Orange County H&CS Department estimates there are 306 homeless youth in the region at any point in time.

### ***PERSONS LIVING WITH AIDS***

The NCH reports that the lack of affordable housing is a critical problem facing a growing number of people living with HIV and AIDS. Those persons living with HIV/AIDS that are fortunate enough to reside in affordable housing often find themselves in a tenuous financial situation. They may lose their job because of discrimination, fatigue and periodic hospitalization caused by related illnesses. They also run the risk of an income drain caused by the cost of medical treatment. The NCH estimates an HIV prevalence rate of 3% to 20% among homeless people. The NCH also reports that 36% of people with AIDS have been homeless at least once

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<sup>25</sup> "Domestic Violence and Homelessness," *NCH Fact Sheet #8*. Published by the National Coalition for the Homeless, April 1999.

<sup>26</sup> "Homeless Youth," *NCH Fact Sheet #11*. Published by the National Coalition for the Homeless, April 1999.

since learning that they had HIV/AIDS.<sup>27</sup> The County's most recent analysis of the region's homeless population estimates that 2,029 (5.8%) of Orange County's homeless are living with HIV/AIDS – the City's 2005 HIV/AIDS Housing Plan estimates 1,435 homeless individuals are living with HIV/AIDS.

### **VETERANS**

It is estimated that 23% of the homeless population (and 33% of homeless men) are veterans. The National Coalition for Homeless Veterans estimates that on any given night, 299,320 veterans are homeless and over 500,000 experience homelessness over the course of a year. The NCH and the U.S. Department of Veterans Affairs (VA) cite the primary reasons for homelessness among veterans are a shortage of affordable housing, a lack of jobs providing a livable income, and access to health care. A large number of displaced and at-risk veterans also live with the affects of Post Traumatic Stress Disorder.<sup>28</sup> The OC-H&CS estimates there are 471 homeless veterans in Orange County.

To complete **Table 13: HUD Table 1A: Continuum of Care: Housing Gap Analysis Chart** (page 32), data from the Housing Market Analysis has been utilized to determine the "Current Inventory". "Unmet Need/Gap" is determined by utilizing data from the 2004 regional Housing Gap Analysis Chart and multiplying corresponding data fields by the City's proportional share of the region's homeless – 5.15%.<sup>29</sup>

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<sup>27</sup> "HIV/AIDS and Homelessness," NCH Fact Sheet #9. Published by the National Coalition for the Homeless, April 1999.

<sup>28</sup> "Homeless Veterans," NCH Fact Sheet #9. Published by the National Coalition for the Homeless, January 2004.

<sup>29</sup> 5.15% is determined utilizing the following formula: Santa Ana homeless estimate (1,804), divided by Orange County homeless estimate (34,999), multiplied by 100, equals 5.15%

TABLE 13: HUD Table 1A  
Homeless and Special Needs Populations

**Continuum of Care: Housing Gap Analysis Chart (Required)**

		Current Inventory	Under Development	Unmet Need/ Gap
<b>Individuals</b>				
<b>Example</b>	<b>Emergency Shelter</b>	<b>100</b>	<b>40</b>	<b>26</b>
<b>Beds</b>	Emergency Shelter	131 <sup>1</sup>	0	264
	Transitional Housing	279	0	171
	Permanent Supportive Housing	10	0	573
	<b>Total</b>	<b>420</b>	<b>0</b>	<b>1,008</b>
<b>Persons in Families with Children</b>				
<b>Beds</b>	Emergency Shelter	117	0	493
	Transitional Housing	20	0	678
	Permanent Supportive Housing	0	3	4,933
	<b>Total</b>	<b>137</b>	<b>3</b>	<b>6,104</b>

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

<b>Part 1: Homeless Population</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
	<i>Emergency</i>	<i>Transitional</i>		
<b>Example:</b>	<b>75</b>	<b>125</b>	<b>105</b>	<b>305</b>
1. Homeless Individuals	131 <sup>1</sup>	279	132	542
2. Homeless Families with Children <sup>3</sup>	47	8	450	505
2a. Persons in Homeless Families with Children	117	20	1,125	1,262
<b>Total (lines 1 + 2a)</b>	<b>248</b>	<b>299</b>	<b>1,273</b>	<b>1,804</b>
<b>Part 2: Homeless Subpopulations</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
1. Chronically Homeless	49			
2. Seriously Mentally Ill	3			
3. Chronic Substance Abuse	52			
4. Veterans	0			
5. Persons with HIV/AIDS	2			
6. Victims of Domestic Violence	19			
7. Youth	4			

1. Does not include 250 seasonal emergency shelter beds provided by Winter Armory program.
2. Assumes 2.5 persons per homeless families with children.

HUD requires that if practical, the City evaluate the needs of the homeless by race and ethnicity. In light of the difficulty of obtaining information on the homeless in general, the City has not attempted to determine race/ethnicity of the community's homeless. It may be reasonable to assume that race/ethnicity of Santa Ana's homeless population is consistent with the findings of the O. C. Partnership survey that was outlined previously.

### **C. HOUSING NEEDS OF SPECIAL NEED POPULATIONS**

As required, the City has undertaken the review of relevant data regarding the housing needs of persons that require special supportive housing, but who are not homeless. These special need populations include the following:

- Elderly
- Frail elderly
- Persons with physical, developmental and mental disabilities
- Persons with alcohol and/or drug addiction
- Persons and families living with HIV/AIDS
- Public/Assisted housing residents
- Large Families

#### ***ELDERLY PERSONS***

The housing needs of the elderly (i.e., individuals 65 and older) pose special challenges for the City of Santa Ana since many elderly persons are likely to be on fixed incomes and typically require low cost housing. The problem is also exacerbated by the special housing needs of the elderly such as ramps, handrails, lower cupboards and counters to allow greater access and mobility. Due to limited mobility, many senior citizens also need housing near public facilities (i.e., medical and shopping centers) and public transit facilities.

According to HUD's 2000 CHAS data, 56.9% of all elderly households in Santa Ana are housing cost burdened, that is, 1,253 out of 2,201 elderly Santa Ana households are paying more than 30% of their income for housing (39.7% are paying more than 50% of their income for housing.) Based on recent estimates, there are 936 senior housing units in the City and the Santa Ana Housing Authority reports 1,064 elderly households are currently receiving rental assistance (i.e., 39% of current program participants). The Housing Authority also reports 1,634 elderly households are on the wait list for Section 8 vouchers. Based on this information, it is estimated that 1,200 to 1,600 senior households are in need of affordable housing opportunities (see **Table 17: HUD Table 1B - Special Needs (Non-Homeless) Populations**, page 44).

### ***FRAIL ELDERLY***

The Public Policy Institute estimates that over 20% of persons 65 and older have difficulty with self-care or mobility, i.e. they are frail elderly.<sup>30</sup> The 2000 Census reports that 18,565 of the City's residents are elderly (over the age of 65). Based on this scenario, there are an estimated 3,713 frail elderly Santa Ana residents. HUD's 2000 CHAS data estimates that 1,147 senior households with "mobility and self-care limitations" are experiencing some type of housing problem, including paying more than 30% of their income for housing costs. Based on information provided in consultation with Council On Aging of Orange County (a community based nonprofit agency) there are 12 skilled nursing facilities in Santa Ana providing 1,735 beds. Additionally, there are 14 resident care facilities providing housing and supportive services for another 88 frail elderly. Despite what appears to be an ample number of skilled nursing/care facilities in the City, a very limited number of these beds are available to non-ambulatory seniors. Furthermore, even if it is assumed all skilled nursing/care facility beds are available to Santa Ana frail elderly,

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<sup>30</sup> "*Disability: Federal Survey Definitions, Measurements, and Estimates*," AARP Public Policy Institute, Data Digest Number 98, August 2004

there still remains a gap of 1,890 beds (see **Table 17: HUD Table 1B - Special Needs (Non-Homeless) Populations**, page 44).

### ***PERSONS WITH PHYSICAL AND DEVELOPMENTAL DISABILITIES***

Disabilities are typically defined as conditions that limit a person's ability to perform everyday life activities. The Americans with Disabilities Act of 1990 (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities. Major life activities generally refer to seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself, and working. Physically disabled persons typically require specially designed dwellings to permit access within the unit, as well as to and from the site. California Administrative Code Title 24 sets forth access and adaptability requirements for the physically challenged. These regulations apply to public buildings such as motels, employee housing, factory-built housing, and privately funded newly constructed apartment complexes containing five or more dwelling units. Regulations also require that ramp ways, larger door widths, restroom modifications, etc., be designed to enable free access for the handicapped.

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination because of disability in any program or activity that receives financial assistance from any federal agency including HUD. For federally assisted new construction housing projects, Section 504 requires 5% of dwelling units, or at least one unit, to be accessible to persons with mobility disabilities. An additional 2% of the dwelling units, or at least one unit, must be accessible for persons with hearing or visual disabilities. If a HUD-funded housing rehab project has 15 or more units, and the cost of the alterations is 75% or more of the replacement cost of the completed facility, a minimum of 5% of the dwelling units, or at least one unit, must be made accessible to persons with mobility disabilities. Additionally, 2% of the dwelling units, or at least one unit, must be made accessible to persons with hearing or visual disabilities. Finally, if a project involves fewer than 15 units or the cost of rehab is

less than 75% of the replacement cost of the completed facility, and the recipient (i.e., the City) has not made 5% of its units in the development accessible to individuals with disabilities, alterations to dwelling units must, to the maximum extent feasible, be made accessible to individuals with disabilities. The City must ensure compliance with Section 504 as it evaluates housing projects.

Two surveys conducted in 2002 estimate that 2.9% to 5.4% of Americans, regardless of age groups, live with some type of self-care and/or mobility issue.<sup>31</sup> Based on these percentages 10,125 to 18,853 Santa Ana residents have a disability. HUD's 2000 CHAS data estimates that 7,517 non-senior households with mobility and self-care limitations are experiencing a housing problem, (i.e., pay more than 30% of their income for housing or live in substandard/overcrowded housing). The Santa Ana Housing Authority is currently providing rental assistance to 1,071 disabled households, and reports 2,434 disabled households are on its waitlist. The short-term nature of some disabilities make it increasingly difficult to estimate the housing needs of this special needs subpopulation; however, it appears reasonable that 2,400 to 7,500 households with some type of disability reside in Santa Ana and are in need of affordable housing.

Developmental disabilities are a group of severe chronic conditions caused by mental and/or physical impairments that begin anytime during a person's development up to the age of 22, and usually last for a person's lifetime. Examples of developmental disabilities include autism, cerebral palsy, hearing loss, mental retardation, and vision impairment. The State of California estimates that approximately 0.3% (or 9,052 individuals) of Orange County's general population had some form of developmental disability – a portion of these individuals are from Santa Ana.<sup>32</sup> The State reports that more developmentally disabled individuals are

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<sup>31</sup> "*Disability: Federal Survey Definitions, Measurements, and Estimates*," AARP Public Policy Institute, Data Digest Number 98, August 2004.

<sup>32</sup> This estimate is based on individuals that utilize the Orange County Regional Center for the Developmentally Disabled.

living at home with parents or in independent/supported living settings, with a trend away from community care or developmental centers. The housing needs of persons with development disabilities are included in the figures above.

### ***PERSONS WITH MENTAL ILLNESS***

According to the National Mental Health Association, 54 million Americans (18.3%) are affected by one or more mental disorders such as depression, eating disorders, attention deficit disorders, or anxiety. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that up to 9.2% of adults affected by mental illness suffered from severe mental illness. (Severe mental disorders include autism, cognitive disorders, bipolar, and schizophrenia.) Based on these national trends, approximately 63,890 Santa Ana residents suffer from some form of mental illness – 5,878 suffer from severe mental illness.

SAMHSA reports persons with severe mental illness have one of the lowest employment rates of any disabled group – only 1 in 3 is employed. Persons with mental illness typically rely on public benefits (e.g., SSI) as their primary source of income. In 2000, persons receiving SSI paid, on average, 98% of their SSI benefit to rent a modest one-bedroom unit at fair market rent.<sup>33</sup> Based on the scenario above it is reasonable to assume 5,700 Santa Ana residents living with severe mental illness are in need of housing (see ***Table 17: HUD Table 1B - Special Needs (Non-Homeless) Populations***, page 44).

### ***PERSONS WITH ALCOHOL AND DRUG ADDICTION***

SAMHSA reports that in 2003, 8.2% of Americans age 12 and older used an illicit drug. Illicit drug use was highest among American Indians/Alaska Natives (12.1%)

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<sup>33</sup> “*Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and Co-Occurring Substance Use Disorders*,” Chapter 2, National Mental Health Information Center, SMA04-3870 1/2004

and lowest among Asians (3.8%). Over half (50.1%) of Americans age 12 and older are current drinkers of alcohol - 6.8% were reported to be heavy drinkers. SAMHSA also reports that 9.1% of Americans 12 years of age and older were classified as substance dependent or a substance abuser - over 68.5% of these individuals were dependent on or abused alcohol, 17.6% were dependent on or abused illicit drugs, and 14.4% abused or were dependent on both alcohol and illicit drugs.<sup>34</sup>

Based on these national trends, it can be estimated that 20,926 Santa Ana residents 12 years of age and older have used illicit drugs and 127,852 use alcohol. An estimated 23,223 Santa Ana residents are substance addicted or abusers, with the majority abusing alcohol (15,908) and 3,344 persons abusing both alcohol and illicit drugs. Based on Orange County's 2004 homeless shelter inventory, 266 "rehabilitation" emergency and transitional shelters beds are located in Santa Ana. The Census Bureau reports 279 individuals were living in "group quarters" at the time the 2000 Census was undertaken. The City's Planning Department reports there are 248 Drug and Alcohol recovery beds licensed to operate in Santa Ana. These figures suggest there is a gap of approximately 3,000 substance addiction recovery beds in the City versus the potential need (**Table 17: HUD - Table 1B: Special Needs (Non-Homeless) Populations**, page 44).

### **INDIVIDUALS WITH HIV/AIDS**

As the most populous city in Orange County, Santa Ana has received and administered the federal Housing Opportunities for Persons with AIDS (HOPWA) funds since 1993. As the recipient of HOPWA funds, Santa Ana is primarily responsible for undertaking a comprehensive **regional** housing and service needs analysis for individuals and families living with HIV and AIDS. Several data sources are available to undertake this analysis including applications for federal health care resources written by the County of Orange Health Care Agency (OC-HCA), and a

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<sup>34</sup> "Overview of Findings from the 2003 National Survey on Drug Use and Health," U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies (NSDUH Series H-24, DHHS Publication No. SMA 04-3963), September 2004.

housing plan by AIDS Housing of Washington (AHW) commissioned by the City of Santa Ana. (AHW is a Seattle-based nonprofit agency that has developed similar studies nationwide.) The HIV/AIDS Housing Plan was completed in March 2005, and is the most current data source for the County's HIV/AIDS housing and service needs. AHW utilized a community-based process to develop the HIV/AIDS Housing Plan. The plan was developed in consultation with interested community members including people living with HIV/AIDS, the families of persons living with HIV/AIDS, local HIV/AIDS service and housing agencies, members of local governmental agencies, and community advocates. Data sources utilized by AHW included the County's most recent Homeless Continuum of Care grant application to HUD, OC-HCA data, and survey data obtained from individuals diagnosed with HIV/AIDS and service providers.

AIDS was first reported in Orange County in 1981. From 1981 through December 2003, 6,827 AIDS case have been reported in Orange County representing approximately 5% of California's AIDS cases. It is estimated that as of December 31, 2003, 3,102 Orange County residents were aware they were living with AIDS and 3,725 were aware they were living with HIV (not AIDS). It is also estimated that 1,230 county residents are living with HIV or AIDS who are not aware of their status. Combined, it is estimated that 8,057 Orange County residents are living with HIV/AIDS.<sup>35</sup>

Based on 2001 data, the OC-HCA reported that the majority of persons living with AIDS resided in Santa Ana; however, the City of Laguna Beach had the highest concentration of persons living with AIDS (1,096 per 100,000 population vs. Santa Ana's 171 per 100,000 population). **Table 14** provides the most current listing of AIDS cases by Orange County city based on 2001 OC-HCA data.

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<sup>35</sup> "Orange County HIV/AIDS Housing Plan" March 2005.

**TABLE 14: AIDS CASES BY ORANGE COUNTY CITY (2001)**

CITY OF RESIDENCE	CUMULATIVE CASES		2001 REPORTED CASES		PERSONS LIVING WITH AIDS	
	CASES	% OF COUNTY	CASES	% OF COUNTY	CASES	% OF COUNTY
Anaheim	689	11.5%	36	14.5%	353	12.4%
Brea	38	0.6%	3	1.2%	14	0.5%
Buena Park	128	2.1%	4	1.6%	73	2.6%
Costa Mesa	357	6.0%	15	6.0%	173	6.1%
Cypress	77	1.3%	3	1.2%	29	1.0%
Dana Point	122	2.0%	*	--	67	2.4%
Fountain Valley	74	1.2%	*	--	29	1.0%
Fullerton	208	3.5%	9	3.6%	99	3.5%
Garden Grove	361	6.0%	11	4.4%	163	5.7%
Huntington Beach	343	5.7%	11	4.4%	148	5.2%
Irvine	151	2.5%	6	2.4%	68	2.4%
Laguna Beach	592	9.9%	17	6.8%	252	8.8%
Laguna Hills (Includes Laguna Woods)	113	1.9%	*	--	55	1.9%
Laguna Niguel (Includes Aliso Viejo)	183	3.1%	8	3.2%	87	3.1%
La Habra	73	1.2%	5	2.0%	30	1.1%
Lake Forest	78	1.3%	4	1.6%	41	1.4%
La Palma	24	0.4%	*	--	9	0.3%
Los Alamitos	27	0.5%	6	2.4%	14	0.5%
Mission Viejo	97	1.6%	6	2.4%	48	1.7%
Newport Beach	229	3.8%	5	2.0%	103	3.6%
Orange	273	4.6%	12	4.8%	121	4.2%
Placentia	61	1.0%	*	--	28	1.0%
Rancho Santa Margarita	21	0.4%	*	--	15	0.5%
San Clemente	94	1.6%	*	--	48	1.7%
San Juan Capistrano	58	1.0%	4	1.6%	24	0.8%
Santa Ana	948	15.9%	42	16.9%	519	18.2%
Seal Beach	41	0.7%	*	--	15	0.5%
Stanton	89	1.5%	3	1.2%	40	1.4%
Tustin	125	2.1%	10	4.0%	59	2.1%

CITY OF RESIDENCE	CUMULATIVE CASES		2001 REPORTED CASES		PERSONS LIVING WITH AIDS	
Villa Park	7	0.1%	*	--	3	0.1%
Westminster	156	2.6%	10	4.0%	65	2.3%
Yorba Linda	46	0.8%	4	1.6%	24	0.8%
Other OC Cities & Unincorporated OC	87	1.5%	15	6.0%	35	1.2%
<b>TOTAL</b>	<b>5,970</b>	<b>--</b>	<b>249</b>	<b>--</b>	<b>2,851</b>	<b>--</b>

Source: "Comprehensive HIV Service Plan 2003-2006," County of Orange HIV Planning Council, 12/31/01.

\* Less than three cases reported.

Data that is more current is available regarding certain characteristic of Orange County residents living with HIV and AIDS (see **Table 15**).

**TABLE 15: DEMOGRAPHICS OF PEOPLE LIVING WITH AIDS AND HIV AS OF DECEMBER 31, 2003**

	PEOPLE LIVING WITH AIDS		PEOPLE LIVING WITH HIV	
<b>TOTAL</b>	3,102	100%	3,725	100%
<b>Gender</b>				
Male	2748	89%	3214	86%
Female	354	11%	511	14%
<b>Age at Diagnosis</b>				
Younger than 13	15	<1%	22	<1%
13 – 19	7	<1%	40	1%
20 – 44	1,773	57%	2,951	79%
45 and Older	1,305	42%	712	19%
<b>Race/Ethnicity</b>				
White, not Hispanic	1,699	55%	1552	42%
Black, not Hispanic	181	6%	233	6%
Hispanic	1,126	36%	1748	47%
Asian/Pacific Islander	76	3%	147	4%
Native American/Alaskan	10	<1%	7	<1%
Unknown	10	<1%	38	1%

Source: Orange County Health Care Agency, Ryan White CARE Act Title 1 Application, November 2004

As part of the analysis process for preparing the Orange County HIV/AIDS Housing Plan, AHW evaluated several regional housing market trends. Critical factors affecting housing opportunities for persons living with HIV/AIDS included the following:

- Rents for all sized apartments averaged \$1,329 per month as of January 2005, among the highest in Southern California and the United States.<sup>36</sup>
- A person earning minimum wage can only afford to pay \$351 for rent.<sup>37</sup>
- An individual earning minimum wage would have to work 112 hours/week to afford the rent for a modest 1-bedroom apartment.<sup>38</sup>
- In California, individuals living with HIV/AIDS, who depend on Supplemental Security Income (SSI) benefits, receive no more than \$778 per month.<sup>39</sup>
- OC-HCA estimates 4.1% of individual with HIV have been homeless.<sup>40</sup>

AHW also conducted meetings and surveys of various consumer focus groups. The input of these groups was critical to the development of the regional housing plan. Key issues identified by focus groups included the following:

- There remains a lack of knowledge regarding available HIV/AIDS resources among minority populations.
- HIV/AIDS housing opportunities need a “strengthened support services system” to ensure long-term housing stability.
- There is a need for the HIV/AIDS advocacy community to improve coordination with other community planning processes for the use of HIV/AIDS resources. Increased involvement and collaboration in these planning processes will increase housing stability amount persons living with HIV/AIDS.
- Most affordable housing is typically in areas where drugs are prevalent creating a precarious situation for people in recovery.
- Women with HIV/AIDS, who have children, report that it is difficult to obtain decent, affordable and conveniently located housing near schools or in safe neighborhoods.
- There is a group of hard to house people living with HIV/AIDS that require appropriate housing. This group includes people with histories of incarceration,

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<sup>36</sup> RealFacts, January 2005

<sup>37</sup> 2004 Community Indicators, Orange County, March 2004.

<sup>38</sup> Ibid.

<sup>39</sup> “Orange County HIV/AIDS Housing Plan,” March 2005.

<sup>40</sup> OC-HCA 2005 Ryan White Title I grant application.

undocumented immigrants, and people with poor credit history; however, it appears that existing HIV/AIDS housing resources meet the current need.

- There is a gap of approximately 100 beds in the housing continuum for people with HIV/AIDS that also suffer from mental illness and/or substance abuse. Identifying sites to develop supportive transitional and permanent housing opportunities for this population is extremely difficult.

Currently, there are approximately 620 supportive housing beds/units in Orange County dedicated to meeting the needs of persons and families living with HIV/AIDS. As stated above, the housing needs of most persons living with HIV/AIDS is adequately met by these resources; however approximately 100 mentally ill/substance addicted individuals are in need of appropriate housing and supportive services. **Table 16** is an inventory of current supportive housing for persons living HIV and AIDS in Orange County.

**TABLE 16: HIV/AIDS DEDICATED HOUSING RESOURCES**

PROJECT NAME	NUMBER OF UNITS/PERSONS LIVING WITH AIDS SERVED ANNUALLY
Emergency Shelters <sup>1</sup>	0 Beds
Transitional Housing Shelters	
Emmanuel House	21 Beds
Gerry House West	6 Beds
START House	6 Beds
Permanent Housing Assistance	
Case Alegre	23 Units
Hagan Place	24 Units
San Miguel	5 Beds
<b>TOTAL</b>	<b>85 Beds/Units</b>
Other HIV/AIDS Housing Resources	
Emergency Housing Program	500 Persons
Transitional Housing Program	75 Persons
Rental Assistance Program (RAP)	53 Persons
<b>TOTAL</b>	<b>628 Persons</b>

Source: Orange County Housing and Community Services Department and City of Santa Ana CDA  
 1. There is no emergency shelter dedicated solely for persons with HIV/AIDS, but the Emergency Housing Program ensures no one with HIV/AIDS is without emergency shelter options.

Orange County’s 2005 HIV/AIDS Housing Plan estimates that there are approximately 100 individuals with HIV/AIDS that also suffer from mental illness and/or substance addiction (see **Table 17: HUD Table 1B - Special Needs (Non-Homeless) Populations**).

**TABLE 17: HUD TABLE 1B - SPECIAL NEEDS (NON-HOMELESS) POPULATIONS**

SPECIAL NEEDS SUBPOPULATIONS	PRIORITY NEED LEVEL HIGH, MEDIUM, LOW, NO SUCH NEED	UNMET NEED	DOLLARS TO ADDRESS UNMET NEED	GOALS
Elderly	High	1,200 Units	--	50 Units
Frail Elderly	Medium	1,890 Beds	--	0
Severe Mental Illness	Medium	5,700 Units	--	0
Developmentally Disabled	Medium	2,400 Units	--	40 Units
Physically Disabled				
Persons w/ Alcohol/Other Drug Addictions	Medium	3,000 Beds	--	0
Persons w/HIV/AIDS	High	100 Beds	--	12 Beds
Other – Large Families	High	5,300 Units	--	25 Units
<b>TOTAL</b>		<b>14,600 Units 4,990 Beds</b>	--	<b>115 Units 12 Beds</b>

**PUBLIC/ASSISTED HOUSING RESIDENTS**

As stated previously, the Housing Authority of the City of Santa Ana (SAHA) provides rental assistance, and does not operate public housing. Nonetheless, the SAHA is always seeking new and innovative ways to assist Housing Choice Voucher (i.e., Section 8) program participants more effectively and efficiently. In consultation with the SAHA, the City has established the following housing needs of “assisted housing residents.”

The SAHA was established in 1972. Currently provides annual rental assistance valued at approximately \$29 million, and as of February 2005, provides rental assistance to 2,746 households. **Table 18** provides an overview of SAHA’s current Section 8 household characteristics.

**TABLE 18: SAHA HOUSING VOUCHER PARTICIPATING HOUSEHOLD CHARACTERISTICS**

	NO. OF FAMILIES	% OF TOTAL FAMILIES
Households Currently Receiving Rental Assistance	2,746	100%
Extremely Low-income (0% -30% AMI)	1,977	72%
Very Low-income (31% - 50% AMI)	659	24%
Low-income (51% - 80% AMI)	110	4%
Families with children	1,235	45%
Elderly families	1,064	39%
Families w/ Disabilities	1,071	39%
White (Non-Hispanic)	322	12%
White (Hispanic)	805	29%
Asian-Pacific Islander	1,210	44%
African American	93	3%
American Indian	13	<1%

Source: Housing Authority of the City of Santa Ana, February 2005.

The SAHA's current wait list for rental assistance was last opened in October 2001 and was closed in June 2004. As of December 2004 there were 9,673 individuals/families on the wait list. **Table 19** provides a demographic summary of the Housing Authority's current wait list.

**TABLE 19: CHARACTERISTICS OF HOUSEHOLDS ON SAHA WAIT LIST**

	NO. OF FAMILIES	% OF TOTAL FAMILIES
Waiting List Total	9,702	100%
Extremely Low-income (0% -30% AMI)	8,150	84%
Very Low-income (31% - 50% AMI)	1,552	16%
Low-income (51% - 80% AMI)	0	0%
Families with children	4,815	50%
Elderly families	1,643	17%
Families w/ Disabilities	2,434	25%
White (Non-Hispanic)	2,037	21%
White (Hispanic)	4,075	42%
Asian-Pacific Islander	2,910	30%
African American	602	6%
American Indian	78	1%

Source: Housing Authority of the City of Santa Ana, Annual Plan FY 2006

While the wait list is closed at this time, the SAHA may accept an application for housing assistance vouchers from the following referral sources (and if vouchers are available):

- Households participating in the Family Unification program
- Referrals from homeless housing programs (approximately 10 per year)
- Households relocated to/from a housing project initiated by the City's Community Development Agency.

To meet the long-term needs of Housing Choice Voucher participants, the Housing Authority conducted a survey in the fall of 2004. In addition to program quality and customer satisfaction questions, the following "needs" issues were assessed by the survey:

- An overwhelming majority of program participants indicated that additional programs to promote self-sufficiency (e.g., job training, job placement, financial counseling) were needed.
- Only a small percentage of respondents indicated they had experienced some form of housing discrimination.
- Over 75% of respondents indicated they would support an Authority-sponsored homeownership program. Most respondents indicated up to \$5,000 in down payment assistance would be appropriate. A similarly large percentage of respondents indicated they would be interested in utilizing a portion of their rental assistance for this type of down payment assistance.

The City and SAHA will explore the appropriate means and resources that it may utilize to implement these and other programs to assist program participants.

### **LARGE FAMILIES**

Although not identified by HUD as a special needs population requiring a housing needs assessment, an evaluation of the housing needs of large families has been undertaken as part of this Housing Assessment.

HUD defines a family of five or more persons as “a large family.” Based on this definition, the 2000 Census reported there are 32,180 large family households in the City of Santa Ana. This number represented 44.1% of all Santa Ana households. The City has included large households in this special needs group analysis because they require dwellings with three or more bedrooms, a rare commodity in Orange County’s rental housing market. According to 2000 Census data, there are 27,210 housing units in Santa Ana with five or more rooms. Based on these figures, there is a need for 5,307 housing units with five or more rooms to meet the needs of Santa Ana’s large households. In addition to a gap in the number of housing units needed to house large households, a significant portion of the City’s large families are also experiencing some form of a housing cost burden. According to HUD’s 2000 CHAS data, 90.3% of all large renter-households with an income equal to or less than 30% of the County median, are paying more than 30% of their income for housing; 76.7% of owner-households are experiencing a similar housing burden. Even when income is not considered, over one-third of large renter- and owner-households are paying more than 30% of income for housing.

#### **D. LEAD-BASED PAINT HAZARDS**

Lead-paint hazards are typically found in buildings constructed prior to 1978 – the year lead based paint was removed from the U.S. consumer market. According to the Center for Disease Control and Prevention (CDC) approximately 434,000 (2.2%) U.S. children age 1-5 years have blood lead levels greater than the CDC recommended level of 10 micrograms of lead per deciliter of blood (mcg-dL). The importance of identifying and eliminating lead-based paint hazards as a HUD-housing issue relates to the fact that lead poisoning can affect nearly every system in the body leading to learning disabilities, behavioral problems, and at high levels, seizures, coma and even death. Young children (age zero to five) are at highest risk of lead-paint poisoning as they are most likely to be exposed to lead-paint through

two major pathways: by eating paint chips or indirectly by ingesting lead-containing house dust or soil through normal hand-to-mouth contact.

Recent studies regarding the prevalence of lead-based paint hazards estimate that 25% of the nation's housing stock had significant lead-based paint hazards in the form of deteriorated paint, dust lead, or bare soil lead.<sup>41</sup> This study found that the prevalence of lead-based paint hazards varied by geographic region, the age of the housing unit, and household income, for example:

- 15% of western United States housing units reported lead-based paint hazards.
- 68% of housing units built prior to 1940 had lead-paint hazards – conversely only 3% of units built between 1978 and 1998 reported lead-based paint hazards.
- 25% of all units housing households with children age zero to five were reported to contain a lead-based paint hazard.
- 35% of housing units occupied by low-income households had lead paint hazards – only 19% of middle- and upper-income household occupied housing units had such hazards.

Based on these national trends, it is estimated that 11,251 Santa Ana housing units have some level of lead-based paint hazard – including 3,155 housing unit constructed prior to 1940. Approximately 4,380 Santa Ana households with children age zero to 5, and 9,400 Low-Income families live in units with lead-paint hazards.

The County of Orange Health Care Agency collects statistics regarding the number of children age 16 and younger, with a blood lead level greater than or equal to 10 mcg/dL, i.e., the CDC “level of concern.” Reports of elevated blood lead levels are obtained from the State, local laboratories and health care providers; however, the County stipulates that this is not an all-inclusive list. County data also does not

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<sup>41</sup> “*The Prevalence of Lead-Based Paint Hazards in U.S. Housing*,” Environmental Health Perspectives, Volume 110, Number 10, October 2002.

identify the source of the lead poisoning. In addition to lead-based paint, other sources of lead contamination may include clay pottery and candy.

The following children with elevated blood lead levels information (**Table 20**) was provided for the City of Santa Ana in consultation with the County of Orange Health Care Agency:

**TABLE 20: CHILDREN WITH BLOOD LEAD LEVEL OF CONCERN**

YEAR	CHILDREN 16 YRS. OR LESS w/ BLOOD LEAD LEVEL > 10 mcg/dL
1999	93
2000	129
2001	109
2002	147
2003	81
2004 (as of 10/18/04)	47

Source: Orange County Health Care Agency October 29, 2004

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