

# TRAINING, EDUCATION AND MANPOWER, INC.

~ TEAM, INC. ~

## COMMUNITY ACTION PLAN

2008 - 2009

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Service Delivery Area (SDA):  
Ansonia, Beacon Falls, Bethany, Derby, Milford, Orange, Oxford,  
Seymour, Shelton, Woodbridge

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## **Overview of TEAM Inc.: a Community Action Agency**

TEAM, Inc. is an acronym for Training, Education and Manpower Inc., a private non-profit corporation which was founded in 1965 in Milford, Connecticut as a Community Action Agency. Dedicated to “connecting individuals and families with solutions that lead to well being, self sufficiency and full participation in the community”, TEAM focuses its advocacy and social services on a ten town region in South central Connecticut. Six cities and towns in the Lower Naugatuck Valley of Connecticut (Ansonia, Beacon Falls, Derby, Oxford, Seymour, and Shelton) enjoy a majority of services. Four neighboring communities (Bethany, Woodbridge, Orange, and Milford) receive primarily Head Start and CEAP program assistance. The availability of services in each of the ten communities varies in conformity with state plans. The majority of TEAM programs have income eligibility requirements, therein targeting the neediest families – those with incomes ranging from below 100% to 150% of the federal poverty line.

Comprehensive programming includes:

- Early Education – offering quality child development, nutrition and day care programs, specifically Head Start, School Readiness and State-subsidized Child Day Care at preschool centers in Ansonia, Seymour, Shelton and Milford.
- Elderly Services – Helping seniors to live independently and safely in their homes through nutrition, transportation, and homemaking program assistance.
- Energy Assistance – Providing financial assistance with winter heating costs to low-income families so they can stay warm during the winter cold.
- Housing Crisis Intervention – Offering counseling and support to resolve landlord-tenant disputes, prevent homelessness, and foster safe, stable housing.
- Asset Building – Managing an Individual Development Account program that helps clients save to purchase major assets and a VITA tax assistance center for low-income residents
- Valley Toys for Tots campaign – Collecting toys for local economically disadvantaged children every holiday season.

In 2007, over 8,000 people received support through a TEAM program that ultimately helped them to help themselves. A budget of approximately \$6.7 million facilitated the agency’s work, which is governed by a 20-member Board of Directors whose composition is legislatively mandated to ensure that it reflects the Agency’s constituency. Local chief officials currently select one-third of board members; another third represents social service agencies and businesses for whom community action is a priority; and the final third of the Board is composed of members who are elected by the consumers. An 80+ member staff, under the leadership of the President/CEO, carries out the daily operations of the agency.

Volunteers play a major role in delivering many valuable services. They currently number about 150 and their participation ranges from assisting in Head Start classrooms; serving meals at congregate meal sites for the elderly; coordinating annual toys for tots drive and agency fund raising events.

## Community Needs Assessment

In 2007, TEAM utilized graduates students of the John F. Welch College of Business, Sacred Heart University to develop and conduct a comprehensive 10 town Community Needs Assessment. Research methods employed to derive the necessary information required for compiling the needs assessment included face to face interviews at TEAM, Inc., utilizing internet research databases, contacting/questioning relevant sources via telephone and e-mail as well as analyzing, interpreting and reporting results. The in-depth results obtained covered every aspect of the 10 towns being assessed and were broken down into nine individual sections: Demographics, Head Start Eligible Children and Families, Education, Health, Nutrition, Housing, Child Care Needs/Demand, Transportation, and Employment Trends

Action Priority by Community Need	Ranking
Affordable Housing (Rents)	1
Employment Opportunities	2
Transportation	3
Prescription Costs and Affordable Dental Costs	4
Information on Community Resources	5
Parenting Education / Drop Out Prevention	6
Affordable Purchasing of Homes	7
Preschool Care	8
Social Services Assistance (Seniors)	9
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### Top Ten Community Needs – A Discussion

#### *1. Affordable Housing (Rents)*

The high and rapidly increasing housing costs and high cost of living within the Naugatuck Valley and Milford area has created a lack of affordable housing for those living in the area. Providing an adequate amount of affordable housing has become a top priority in many cities throughout Connecticut and the Naugatuck Valley and Milford area are no exception. Between 2000 and 2005, housing prices have risen by close to 64 percent statewide, while wages in this area have only risen by slightly over 18%. The housing condition of the Valley and Milford show that many current housing participants find it difficult to obtain affordable housing. Major reasons for the difficulty include:

1. Expenses – Rents fall within state Fair Market Rent guideline, however lower income individuals do not secure enough monthly income to maintain an apartment without subsidized assistance, or paying well over 50% of their monthly income.
2. Utilities – The rising cost of utilities is a major factor why some individuals cannot secure housing. Some individuals cannot secure State Energy Assistance because of a delinquent account. This account cannot be reopened until their account is paid in full.
3. Location – The location of affordable housing for low income individuals is often in the derelict area, with substandard funding for home repairs, leaving low income families and individuals to live in dilapidated homes and apartments.

Affordable housing is a solution, but faces public opposition because of historical implications of large-scale HUD projects that warehoused the poor. Also, many communities feel affordable housing doesn't 'pay its way' because local services for residents exceed what they pay in property taxes (*CT Metropatterns*, March 2003).

## **2. Employment Opportunities**

Connecticut's employment growth has consistently lagged behind the nation since 1988. Over year ending May 2007, the U.S. employment growth average was 0.12%, while Connecticut's employment growth averaged 0.09%. However, several state employers expect to create jobs in the near future.

The Connecticut Department of Labor projects that overall employment growth in Southwestern Connecticut between 2002 and 2012 will be 9.0% (34,070 jobs), bringing the region's employment total to 413,210.

Data from the CT Department of Labor states the top 5 fastest growing jobs in the state are office administrative support, sales and related occupations, business and financial operations, management and food preparation and serving related occupations. (State of Connecticut Department of Labor Occupational Projections) The growth occupations reflect the continued shift in the economy from manufacturing to financial services, corporate administration, and service occupations.

In all of the top five occupational categories (except for food preparation) the Southwest is projected to grow at a faster rate than the state as a whole.

Fifty-six percent of all projected openings in the Valley and Milford will require only moderate or short-term job training, the same as the statewide rate. Twenty-six percent of projected Southwest openings are projected to require a BA or above, compared to 23% in the rest of Connecticut. (The Workplace, Inc. 2007 Community Audit and Needs Assessment Report).

The TEAM communities are rebounding from the dismal economic climate of the past few years but much more is needed. The towns of Ansonia, Derby and Seymour have the highest numbers of single mothers in the most populated communities served by TEAM. Single mothers with children under the age of 18 are the largest concern of the community, as the average median income for single mothers with children under the age of 18 are significantly less than average median income for families with children under the age of 18.

Ansonia and Derby, with the highest population, also have high drop out rates and show the most need for educational training and mentoring needs.

## **3. Transportation**

The overburdened transportation infrastructure of the Naugatuck Valley and Milford area is a serious and growing concern for the region's economy and workforce. Currently there are four transit systems that traverse the Valley: The Greater Bridgeport Transit Authority and Connecticut Transit running fixed route buses, Valley Transit providing on-demand transport and Metro North Rail.

Improvements have been made in past years through advocacy of nonprofits and the Valley Council of Governments. Bus service from Bridgeport to Derby was implemented and the Derby train station has become a regional hub. Valley Transit continues to operate as a dial-a-ride service at affordable rates although timing and availability remain issues and Metro North Rail extended hours of service to the Derby Train Station.

A report from The Workplace, *Everyone Rides* (2005), finds that riders with disabilities have more problems locating transportation available to them than actually using it. Buses in the Valley do not come frequently enough, have shorter hours and fewer pickup/drop-off points than

disabled riders want. Nonprofits that provide transportation for the disabled have especial difficulty bringing that population to and from work at the various employers of those disabled persons.

According to a recent study, “Linking Low-Income Workers with Transportation in the Lower Naugatuck Valley”, the most frequent reason to access public transportation in the Valley is for employment, followed by medical appointments. About one-quarter of transit riders traveling for work reasons say buses do not run on schedules that coincide with their work schedules, do not run frequently enough (most run hourly), and reduce service on weekends. This inconveniences many workers who must put in overtime during the weekends. Riders requested that 1) more routes should be added earlier in the morning, 2) later in the evenings, and 3) on weekends.

Transportation is a major issue for the older adults in the Valley as well. While there are several transportation options available to the older adults throughout the Valley, service providers and focus groups with older adults identified some shortfalls. In a recent Senior Needs Assessment conducted by the United Way Community Results Center the report states that while there are various transportation services available to older adults in the Valley, there were several areas of need identified. Older adults and providers suggested that service is needed on evenings and weekends that all services need to accommodate wheelchairs, that personal assistance needs to be available to assist passengers from their homes, and that the length of wait time for return trips needs to be shortened.

#### ***4. Affordable Dental Care & Prescriptions***

Accessing dental care eludes many of Connecticut’s poorest children. Connecticut ranks among the bottom 5 states providing significant levels of dental care to Medicaid eligible children (see [www.ctappleseed.org/projects/dental.org](http://www.ctappleseed.org/projects/dental.org)). For more than a decade, poor parents across Connecticut have complained about frustrating searches for dentists willing to take their cases, while their children cried in pain from rotten or broken teeth. Few dentists have been willing to serve children on the state’s HUSKY medical insurance, and many have cut services to children covered through Medicaid because of low reimbursement rates. (*Elements of Effective Action to Improve Oral Health & Access to Dental Care for CT’s Children and Families*, CT Health Foundation). As it stands now, 71% of children in Connecticut’s Medicaid program do not receive any dental care and nearly 1 in 3 children/adolescents in the state on HUSKY have increasing trouble obtaining the same (CT Health Foundation). A survey conducted by the CT State Dental Association found that more than 350 dentists not currently contracted with the HUSKY program would contract if reimbursement rates were raised to the 70th percentile. This number is credible, because other states which have raised their reimbursement rates have seen this kind of dramatic increase in contracted dentists. On April 1, 2008, the state of CT. agreed to a court settlement that will dramatically increase state payments to dentists and remove some of the red tape that dentists say have made them reluctant to treat the poor. To address the need in the Lower Naugatuck Valley TEAM pursued plans to create a modern dental clinic in Derby to serve those currently not able to find dental care. On June 10, 2008, the Richard O. Belden Dental Clinic operated by Hill Health Corporation was dedicated.

Prescription costs have challenged lower-income people hoping to maintain their health. In NEADA’s National Energy Assistance Survey Report, 25% of elderly who receive energy assistance, a low-income group by definition, go without medicine at some time to meet their energy bills (NEADA, September 2005). Over 36% of non-elderly receiving energy aid reported the same.

## **5. Information on Community Resources**

More people in the community are seeking help for problems without knowing which specific resources to access or even how they can be helped. As a sign of this, Infoline 2-1-1, the free phone service that connects people to community resources, recorded 5,915 calls year end 2006 for community resources requests for information. At year end 2007 the number of requests rose to 8,268. [www.infoline.org/professionals/Statistics/Default.asp](http://www.infoline.org/professionals/Statistics/Default.asp))

## **6. Parenting Education/ Drop Out Prevention**

Extremes of violence among Connecticut families are a new warning that many parents could benefit from guidance and instruction in raising their children. From 1990 to 2003, reported child abuse cases in Connecticut rose 130% (Institute for Innovation in Social Policy, *Social State of Connecticut 2005*). Last year, over 5% of all children in the state were referred for help because of abuse. However leaders in the family therapy field acknowledge that “child abuse can be prevented with intervention and education [besides] child protective services.” (*Social State*).

Additionally, many local children are growing up in dysfunctional families. Without early parental supports, many of these children will be left to develop into dysfunctional adults. The possible effects are too obvious even for children at an early age. In local daycare centers and elementary schools, more young children are becoming aggressive and having difficulty cooperating with peers. School social workers in Ansonia and Derby report that the number of troubled children they see is rising dramatically.

High school students will be the future work force. But dropouts will face higher unemployment rates than graduates and those with more education. In Connecticut, close to 12% of those lacking a high school degree were unemployed, compared to just 2% of those with a bachelor’s degree or more – a six-fold difference. Connecticut unemployment rates for those who have not finished high school appear to have been climbing over the past quarter century, while unemployment rates for all other educational categories have remained relatively flat.

Connecticut workers who have not finished high school also show pronounced volatility in unemployment rates, which over the years has ranged between 5% in 1988 to over 16% in 1996. These trends reinforce the education-unemployment association and demonstrate the increasing challenges high school dropouts face in trying to find steady employment.

Education is a strong predictor of wages in Connecticut. The 2006 median wage of workers with a bachelor’s degree or higher (\$26.39 per hour) was more than double the wage paid to workers lacking a high school education (\$9.79 per hour). Data from 1979 show that the difference among the median wages of workers with varying levels of education has been enlarging. In real dollars, the median wage of the highest educated has grown from \$20 per hour to around \$27 per hour, but for the least educated, wages have fallen from \$12.50 to about \$10.00. It appears that the economic value of a college education in Connecticut has steadily risen since 1979, while the cost of *not* attaining a high school degree also has increased markedly

Unfortunately, the communities of Ansonia, Derby, Milford, Shelton and Seymour has dropout rates higher than the state average in 2006. (*State Dept. of Education*) Without intervention this trend will only feed the literacy, educational and unemployment data in the future.

## **7. Affordable Housing (Purchasing)**

(See information at #1 above.) A significant amount of over 55 housing is being constructed in Oxford and Seymour (1500 units). Also, there is considerable Brownfields conversion taking place along the Shelton waterfront that will add some 500 units (condos and apartments). Also, Derby is attempting to garner private financing to add some 400+ units along its waterfront. What impact this will have on housing prices remains to be seen. Currently, the housing market has stagnated and prices have dropped approximately 10 – 15% from twelve to eighteen months

ago. Meanwhile, TEAM has established a grant-financed program to assist first-time homebuyers to save and increase their savings to purchase homes and other assets.

### **8. *Preschool Care***

Up to 25% of the state's five year olds enter kindergarten without the language, cognitive, and behavioral skills for early learning success (CT Voices for Children, *Investing in the Early Years*). These unready children are kept back in kindergarten and first grade at much higher rates than ready children, and require higher levels of special education.

Childhood experts emphasize families are children's first teachers. But many families work full time and cannot be there for their children always. Instead, they rely on others to provide early care and education for their children. Early care costs for infants and toddlers range from \$7,000 to \$15,000 per child; preschool education can range from \$6,800 to \$10,000 per year. As such, between 15,000 and 18,000 at-risk preschoolers wait for slots in quality school readiness programs (CT Voices for Children).

### **9. *Social Services Elderly***

Nationally, the population of those 65 and older is expected to double over the next 25 years due mainly to increases in longevity and to the aging of the baby boomers. Currently, those ages 65 and older comprise close to 13 percent of the population. It is estimated that by 2030, those 65 and older will comprise 20 percent of the population. In 2000, there were 13,680 residents in the Valley who were 65 years of age and older, representing 14.6 percent of the total population. This age group increased six percent between 1999 and 2000, higher than the 3.6 percent rate of growth of the state level.

Nationally, 9.9 percent of individuals 65 years of age and older live at or below the federal poverty level, while in the Valley 5.2 percent of those in that age group live at or below the poverty level.

In September 2007, the Valley Senior Services Council and the Valley United Way commissioned the United Way Community Results Center to conduct a needs assessment to help determine the top needs of older adults in the towns of Ansonia, Derby, Seymour, Oxford and Shelton. The report identified major issues brought to light by discussions with residents and service providers. One major issue being the lack of a centralized social service support in town, the lack of services available to isolated older adults, and the need to inform older adults where to find services. Providers stressed the need for a social service professional that could provide outreach and direct services to older adults in the Valley.

### **10. *Preventative Healthcare Elderly***

For older adults there are many statistics that magnify the Importance of disease prevention and early detection. Among them is that the cost of health care for someone over 65 is five times greater than it is for someone under 65 and that 95 percent of health costs for older adults are for chronic illnesses. As the population of older adults continues to increase, the promotion of programs that support the health and well-being of older adults becomes more critical.

Screenings and preventive health services are critical since they can help older residents stay healthy and live independently longer. In 2002, in the United States, the top three causes of death of those ages 65 and older were heart disease (32 percent), cancer (22 percent) and stroke (8 percent). According to the Centers for Disease Control (CDC), these leading causes of death are often preventable. The CDC points to three behaviors, smoking, poor diet and physical inactivity, as root causes of 35 percent of U.S. deaths in 2000. Programs that encourage older

adults to adopt healthier behaviors, while getting regular health screenings, may reduce a person's risk for many chronic diseases.

In a recent Senior Needs Assessment conducted by the United Way Community Results Center residents and providers discussed the need for continued health screenings and educational programs for older adults in the Valley.

The Naugatuck Valley Health Dept serves the towns of Ansonia, Derby, Seymour, and Shelton and offers flu shots at the senior centers and flu shots to the homebound. The District also offers blood pressure, cholesterol and stroke screenings, as well as mammograms. A challenge noted by the health department is the reluctance of people to cross borders to attend health screenings or flu shots. This requires activities to be held in each town separately, which can stretch resources. Several providers have attempted to hold educational programs on health issues at the senior centers, but many older adults see the senior centers as places for recreation and travel and not education.

## **Additional Community Information**

### Child Care Capacity Study

The Early Childhood Committee of the Valley Council for Health & Human Services completed a study of the Valley's childcare capacity in 2006, which indicates several areas of concern as well as a positive connection between preschool and educational achievement scores. Preschool rates vary in the region with only 45% of children, ages 3-5, in Ansonia and 53% in Derby have any such experience. Moreover, only 1% of toddlers (children ages 18-35 months) in the Valley receive care from early education providers. The study authors stated "the Valley has very few locations for caring for toddlers."

### The Derby Discovery Project

In 2005, TEAM became the fiduciary of a grant from the Wm. Caspar Graustein Foundation to "discover" how to improve municipal early education systems. The low preschool attendance statistic was of particular concern to the educators, community providers and parents convened as the Derby Discovery Committee. To understand its root cause, a survey was conducted which among other factors indicated that many parents could not afford preschool, did not know about affordable options, and had little information in general about resources. They did understand the value of preschool, however. The Discovery group has set out to improve awareness of preschool resources in the city and region.

### Senior Needs Assessment

The Valley Senior Services Council of the Valley Council for Health & Human Services and the Valley United Way completed a study of the Valley senior needs in 2007 which focused on unmet needs of the elderly community. The report identified several areas of need for older adults:

**Transportation** -While there are various transportation services available to older adults in the Valley, there were several areas of need identified. Older adults and providers suggested that service is needed on evenings and weekends that all services need to accommodate wheelchairs, that personal assistance needs to be available to assist passengers from their homes, and that the length of wait time for return trips needs to be shortened.

**Social Service Support** -Service providers for older adults say that there is a lack of centralized social service support in each town. They also cite the lack of social service support at housing facilities. Providers stressed the need for a social service professional that could provide outreach and direct services to older adults in the Valley. Discussions with residents also

focused on their need to understand where to find the resources. Older adults specifically concentrated on the help they need finding assistance for medical and insurance issues, in-home care, and household maintenance.

**Housing** -While older adults express a strong desire to remain in their homes as long as possible, many suggested there are challenges to fulfilling that desire. Older adults wanting to remain in their present housing often find it difficult to maintain their home or modify it to support changes in their physical mobility. They also say it can be challenging to find reliable and affordable assistance with household chores and yard work. Older adults also say if they do want to move to senior housing, there are long waiting lists. And they suggest that since much of the senior housing in the Valley consists of efficiency apartments, the units are often not adequate for their needs. The presence of young adult disabled residents in housing that had been dedicated to older adults was also mentioned as a safety concern for older adults.

**Healthcare** - For older adults there are many statistics that magnify the importance of disease prevention and early detection. Among them is that the cost of health care for someone over 65 is five times greater than it is for someone under 65, and that 95 percent of health costs for older adults are for chronic illnesses. As the population of older adults continues to increase, the promotion of programs that support the health and well-being of older adults becomes more critical. Residents and providers discussed the need for continued health screenings and educational programs for older adults.

These additional studies reinforce the conclusions of TEAM's assessment. Although the ten top priority needs which were enumerated by the TEAM survey may appear in a somewhat different order in these other documents, they consistently rate as the key social issues in the region, particularly for families of limited economic resources.

## **Description of Service Delivery System**

### **Profile of Service Delivery Area**

TEAM service area encompasses 6 towns/cities that compose the lower Naugatuck Valley area – Ansonia, Beacon Falls, Derby, Oxford, Seymour, and Shelton—and 4 towns/cities along its periphery – Bethany, Milford, Orange, and Woodbridge.

The ten towns in the service delivery area (SDA) are located in New Haven County, except Shelton, which is in Fairfield County. Although there are no major Connecticut cities in the ten-town SDA, the towns and cities are bordered by three major metropolitan areas: Waterbury to the north, New Haven to the east, and Bridgeport to the south.

The region was once the most prosperous part of Connecticut in the early days of industrialization. However, after the fall of the industrial era during the mid 1970's, the region lost most of its manufacturing base resulting in high unemployment and poverty throughout the region. Since the 1990's, the region has seen a decline in unemployment rates and an overall improvement in the economy of the region due to sprawl effects of commuter towns with residents working in lower Fairfield county and New York City.

Ansonia and Derby have the largest minority population in the Temporary Assistance for Needy Families ("TANF") program, which comprises 54% and 41% of the families enrolled in TANF, respectively. The Caucasian population consumes a large portion of TANF resources regarding families served. The TEAM communities are rebounding from the dismal economic climate of the past few years but much more is needed. The towns which show the highest numbers of single mothers in the most populated communities served by TEAM are Ansonia, Derby and Seymour. Single mothers with children under the age of 18 are the largest concern of the community, as the average median income for single mothers with children under the age of 18 are significantly less than average median income for families with children under the age of 18. The median income level is low in the larger communities, such as Ansonia and Derby. Employment remains a key concern in the area, as outsourcing of manufacturing jobs and lower costs of labor in other parts of the country make the Naugatuck Valley a difficult place to live. In 2000, the number of children living below poverty was the highest in the towns of Ansonia, Beacon Falls, and Derby with 13%, 10%, and 10% of children under the age of 18 below the federal poverty line, respectively.

From research obtained, it was apparent that the smaller communities with a higher median income and lower level of unemployment showed higher education levels. Ansonia and Derby showed the most need for educational training and mentoring needs. Drop out rates are higher for the larger communities in the valley. Ansonia and Derby, with the highest population, also have high drop out rates. From the data collected, it was evident that the communities with higher drop out rates also had higher unemployment rates and a greater amount of children living in poverty.

The towns of Ansonia, Derby, Milford, Seymour and Shelton are the most at risk for health problems. These towns were near or above the state average for low birth weight babies and teenage pregnancy rates in 2004. In addition, these towns have a large concentration of participants receiving food stamps and participants in the WIC program.

## Population

Lower Naugatuck population was the fastest growing sub-region in the state from 1990 through 2000 primarily driven by young couples moving to more affordable area of living to purchase their first homes. In 2000, the U.S. Census recorded population of nearly 100,000, growth of about 7 percent from 1990 in Lower Naugatuck Valley.

As the housing market has slowed, Lower Naugatuck Valley expected growth over the next 5 years will be more inline with overall growth of states population. According to Connecticut Economic Research Center, New Haven County as a whole is expected to increase in population by 0.6% by 2011, which is directly in line with the overall expected state growth of 0.6% by 2011. Below is a table of 2006 population of the towns and the expected population in 2011.

*Table 1*

**2006 Population and 5 year projection  
(by town)**

Town	2006 pop.	2011 pop. (projected)	Growth as % of 2006 pop.
Ansonia	18896	19191	0.3
Beacon Falls	5347	5437	0.3
Bethany	5349	5596	0.9
Derby	12799	13139	0.5
Milford	53887	55223	0.5
Orange	13644	13994	0.5
Oxford	10674	11364	1.3
Seymour	15711	15937	0.6
Shelton	38955	39629	0.6
Woodbridge	9276	9523	0.6

SOURCE: [www.cerc.com](http://www.cerc.com). Town Profiles 2007.

## Racial and Ethnic

Lower Naugatuck Valley region and the town of Milford is predominantly white, with approximately 90 percent of the community was identified as white in 2006. Over the past ten years, Naugatuck Valley's immigrant population, especially the Hispanic population, has grown dramatically. The Hispanic population of the Valley is highly concentrated in the towns of Ansonia, Derby, Milford, and Shelton.

A fair percentage of the Hispanic population does not speak English well enough to access the health care system as effectively as their English-speaking peers. To address this problem, the Naugatuck Valley Project (NVP), a community-based organization of religious congregations,

neighborhood organizations, labor unions, housing cooperatives, and small businesses, began the NVP Health Care Interpretation Project.<sup>1</sup>

The below table is a breakdown of the region's ethnic groups as a percentage of the total population.

**Table 2**

**Race/Ethnic Breakdown**  
(% of 2006 town population)

Town	White	Black	Asian	Native Am	Other/Multi-Race	Hispanic (any race)
Ansonia	82.9%	9.2%	1.9%	0.2%	5.9%	9.5%
Beacon Falls	93.7%	2.2%	1.7%	0.1%	2.3%	3.0%
Bethany	92.0%	3.3%	2.3%	0.2%	2.3%	2.8%
Derby	87.0%	4.8%	2.5%	0.1%	5.6%	9.6%
Milford	90.3%	3.2%	3.2%	0.1%	3.1%	4.5%
Orange	90.5%	2.2%	5.1%	0.1%	2.2%	2.1%
Oxford	94.5%	2.1%	1.2%	0.1%	2.1%	2.6%
Seymour	91.5%	2.8%	2.5%	0.1%	3.1%	4.1%
Shelton	91.1%	2.4%	3.1%	0.1%	3.4%	4.6%
Woodbridge	87.5%	2.8%	6.6%	0.0%	3.1%	2.3%

SOURCE: www.cerc.com. Town Profiles 2007.

The minority population in the SDA varies from a high of 26% in Ansonia to a low of 8% in Oxford. The many new residents of the area represent a huge diversity of cultural backgrounds. Valley Regional Adult Education reports serving immigrants from 128 different countries.

**Gender/Ages**

The total population of Lower Naugatuck Valley and Milford region is 185 thousand people, which accounts for approximately 5 percent of total state's population of 3.5 million. There are approximately 42,200 children under the age of 19 in Lower Naugatuck Valley and Milford Region, comprising of 23 percent of the population. Children under the age of 5 comprise 6 percent of the population.

The below tables are a breakdown of the regions age and gender population by town and household composition.

<sup>1</sup> <http://www.naugatuckvalleyproject.org/>

**Age and Gender Distribution by town (by % of 2006 town popln)**

Town (p=2006 town pop.)		AGES					
		0-4	5 - 17	18-24	25-49	50-64	65+
Ansonia (p=18896)	male	3	8	4	17	8	6
	female	3	8	5	18	9	9
Beacon Falls (p=5347)	male	3	9	4	20	9	5
	female	3	9	3	20	10	5
Bethany (p=5349)	male	3	10	3	18	11	6
	female	3	9	3	19	10	6
Derby (p=12799)	male	3	8	4	19	8	6
	female	3	7	4	18	10	10
Milford (p=53887)	male	3	8	4	18	10	6
	female	3	8	3	19	11	8
Orange (p=13644)	male	3	9	3	16	10	8
	female	3	9	2	16	11	11
Oxford (p=10674)	male	3	10	4	19	10	4
	female	3	9	3	20	10	5
Seymour (p=15711)	male	3	9	4	19	9	6
	female	3	9	4	19	9	8
Shelton (p=38955)	male	3	9	4	17	10	6
	female	3	8	3	17	11	9
Woodbridge (p=9276)	male	3	10	3	15	11	7
	female	3	10	2	16	11	9

SOURCE: WWW.CERC.COM. Town Profiles 2007.

**HOUSEHOLD COMPOSITION  
(as % of total town households in 2000)**

Town	Married couple w/ children 18 y.o. or less	Single mother, children 18 y.o. or less	Householder 65 y.o.+ no children in home	Family households-total	Non-family households-total
Ansonia	20.3	9.2	12.3	66.3	33.7
Beacon Falls	27.9	4.6	6.3	71.4	28.6
Bethany	35.4	3.6	5.5	82.6	17.4
Derby	17.8	7.3	11.4	61.8	38.2
Milford	23.4	4.4	10.3	67.3	32.7
Orange	31.7	2.6	10	82.2	17.8
Oxford	35.6	3.6	5.3	83.7	16.3
Seymour	25.2	5.2	10.8	68.4	31.6
Shelton	27.8	4.1	9.2	74.3	25.7
Woodbridge	36.5	2.8	9.8	82.3	17.7

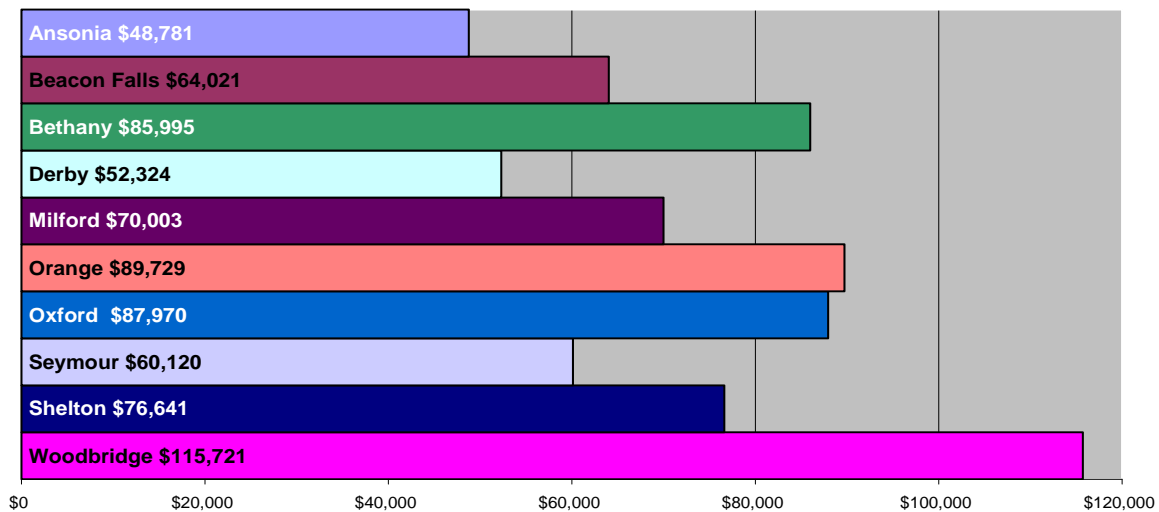
SOURCE: U.S. Census 2000.

**Median Household Income**

Median household income for New Haven County and Connecticut are \$55,411 and \$61,879, respectively. The Lower Naugatuck Valley and Milford has three towns, Ansonia, Derby, and Seymour that region median household income is lower than the state average. On the other hand, the communities of Lower Naugatuck Valley and Milford have a majority of the towns well above the state average of household income. Derby had the highest percentage of low-income families in 2000, although the rate (8.3%) is relatively low in comparison to neighboring urban areas of Bridgeport and New Haven. Because of their poverty levels, both Ansonia and Derby are identified as “distressed communities” by the federal government.

The graph below reflects the median household income by community.

**Median Household Income (2006)**



Tables 1&2 below are a breakout of sources of personal income by town.

**Claimed sources of personal income  
(as % of town households in 1999)**

Town (h=# of households, 1999)	Earnings	Soc Sec	Sup Sec	Pub Assinz	Retirnt Income
Ansonia (h=7520)	77.5	31.2	3.6	5.2	17.5
Beacon Falls (h=2039)	87.3	23.9	2.2	1.4	18
Bethany (h=1755)	90	25.1	1.8	1.3	18.4
Derby (h=5258)	78.8	28	3.1	5	19
Milford (h=20909)	82.6	28.3	2.5	2.1	19.6
Orange (h=4751)	81.1	34.2	2	1.5	23
Oxford (h=3342)	89.7	22.2	2.3	1.6	14.3
Seymour (h=6165)	81.5	28.8	2.7	3.1	18.6
Shelton (h=14180)	83.4	27.9	2.2	1.9	19.5
Woodbridge (h=3113)	85.2	30.1	2.1	1.1	17.7

SOURCE: U.S. Census 2000 data

**Principal source of household income for year 2000**

Town	Married couple with children under 18	Single Mother with children under 18	Single Father with children under 18	Total Families and Average Median Income
<b>Ansonia</b>	<b>1669</b>	<b>687</b>	<b>106</b>	<b>2462</b>
<b>Median Income</b>	<b>\$61,381</b>	<b>\$20,693</b>	<b>\$36,667</b>	<b>\$51,156</b>
<b>Beacon Falls</b>	<b>631</b>	<b>74</b>	<b>10</b>	<b>715</b>
<b>Median Income</b>	<b>\$66,020</b>	<b>\$37,500</b>	<b>\$90,957</b>	<b>\$65,428</b>
<b>Bethany</b>	<b>599</b>	<b>100</b>	<b>18</b>	<b>1412</b>
<b>Median Income</b>	<b>\$88,163</b>	<b>\$35,500</b>	<b>\$43,214</b>	<b>\$50,225</b>

<b>Derby</b>	<b>932</b>	<b>390</b>	<b>90</b>	<b>717</b>
<b>Median Income</b>	<b>\$61,351</b>	<b>\$26,979</b>	<b>\$42,955</b>	<b>\$81,617</b>
<b>Milford</b>	<b>4991</b>	<b>873</b>	<b>318</b>	<b>6182</b>
<b>Median Income</b>	<b>\$81,125</b>	<b>\$36,835</b>	<b>\$44,239</b>	<b>\$72,192</b>
<b>Orange</b>	<b>1523</b>	<b>110</b>	<b>33</b>	<b>1666</b>
<b>Median Income</b>	<b>\$98,224</b>	<b>\$38,500</b>	<b>\$53,750</b>	<b>\$92,693</b>
<b>Oxford</b>	<b>1182</b>	<b>94</b>	<b>45</b>	<b>1321</b>
<b>Median Income</b>	<b>\$85,433</b>	<b>\$40,132</b>	<b>\$70,938</b>	<b>\$82,035</b>
<b>Seymour</b>	<b>1618</b>	<b>296</b>	<b>92</b>	<b>2006</b>
<b>Median Income</b>	<b>\$71,263</b>	<b>\$25,700</b>	<b>\$46,500</b>	<b>\$65,439</b>
<b>Shelton</b>	<b>3878</b>	<b>524</b>	<b>124</b>	<b>4526</b>
<b>Median Income</b>	<b>\$83,675</b>	<b>\$33,141</b>	<b>\$43,158</b>	<b>\$77,480</b>
<b>Woodbridge</b>	<b>1213</b>	<b>74</b>	<b>21</b>	<b>1308</b>
<b>Median Income</b>	<b>\$114,371</b>	<b>\$75,955</b>	<b>\$108,416</b>	<b>\$111,550</b>

Families with single mothers are the primary source of income and are challenged to supply appropriate emotional and financial support. Single mothers also have to deal with a lower pay scale than their male counterparts. Single mothers also have to deal with limited time to guide family values.

## **Poverty**

### **Number Below Poverty Level**

According to the 2000 Census, 6.1% of families residing in the ten-town area live in poverty. The percentage of families living in poverty in the State of Connecticut is 7.9%. Lower income families tend to reside where the housing stock is oldest and least expensive – the center city areas of Ansonia and Derby, Shelton and Seymour. These communities – in that order – also have the highest rates of rental housing. It is here that one sees an influx of new families from Bridgeport and New Haven who are searching for safer communities and better schools than they found in the cities. These families are often ethnically diverse, often speaking another language at home. Derby has seen a sizable community of Bosnian families develop. The table

**POVERTY NUMBERS**  
(as real # and % of town's 1999 population)

Town	# of poor families	# of poor individuals	poor families as % of town pop.	poor individuals as % of town pop.
Ansonia	313	1394	6.2	7.6
Beacon Falls	61	309	4.2	5.9
Bethany	22	129	1.5	2.6
Derby	225	1014	6.9	8.3
Milford	333	1936	2.4	3.7
Orange	84	332	2.1	2.5
Oxford	44	206	1.6	2.1
Seymour	152	106	3.6	3.7
Shelton	259	1208	2.5	3.2
Woodbridge	37	204	1.4	2.3

SOURCE: U.S. Census 2000.

### Number of Children Living Below Poverty

Town	Children Under 18 Below Federal Poverty Level (FPL),2000	Children Under 5 below FPL,2000	Children Under 18 below 200% of FPL,2000	Children Under 18 With All Parents Working,2000
Ansonia	13%	14%	33%	69%
Beacon Falls	10%	6%	16%	76%
Bethany	4%	1%	13%	78%
Derby	10%	6%	21%	75%
Milford	4%	3%	12%	74%
Orange	2%	0%	5%	65%
Oxford	3%	1%	9%	73%
Seymour	6%	10%	17%	79%
Shelton	3%	4%	11%	75%
Woodbridge	3%	1%	9%	69%

Ansonia and Derby have the highest number of children below poverty.

Source Ct. Voices for Children

### Number of Older Adults Living In Poverty

	Valley	Ansonia	Derby	Oxford	Seymour	Shelton
Total number in poverty and percent of that population	4,395 (4.7%)	1,394 (7.5%)	1,014 (8.3%)	206 (2.1%)	573 (3.7%)	1,208 (3.2%)
Number of those ages 65+ in poverty and percent of population age 65+	655 (5.2%)	147 (5.3%)	146 (7.8%)	12 (1.4%)	74 (3.5%)	276 (5.5%)
Percent of those ages 65 and older in poverty who are women	68.8%	70.1%	74.0%	0.0%	77.0%	66.3%

Source U.S. Census

### Number of Public Assistance Recipients

Town	Food Stamp Recipients	Temporary Family Assistance Recipients	State Supplement	Total Medicaid	State Administered General Assistance
<b>Ansonia</b>	<b>1624</b>	<b>431</b>	<b>57</b>	<b>3,249</b>	<b>211</b>
<b>Beacon Falls</b>	<b>67</b>	<b>19</b>	<b>9</b>	<b>277</b>	<b>29</b>
<b>Bethany</b>	<b>19</b>	<b>5</b>	<b>10</b>	<b>127</b>	<b>13</b>
<b>Derby</b>	<b>804</b>	<b>180</b>	<b>25</b>	<b>1788</b>	<b>146</b>
<b>Milford</b>	<b>1091</b>	<b>245</b>	<b>104</b>	<b>3,303</b>	<b>271</b>
<b>Orange</b>	<b>62</b>	<b>8</b>	<b>21</b>	<b>371</b>	<b>29</b>
<b>Oxford</b>	<b>102</b>	<b>17</b>	<b>16</b>	<b>489</b>	<b>24</b>
<b>Seymour</b>	<b>425</b>	<b>83</b>	<b>35</b>	<b>1235</b>	<b>89</b>
<b>Shelton</b>	<b>560</b>	<b>138</b>	<b>73</b>	<b>2234</b>	<b>145</b>
<b>Woodbridge</b>	<b>47</b>	<b>8</b>	<b>15</b>	<b>230</b>	<b>12</b>

Source: Department of Social Services

Ansonia has the largest number of public assistance recipients. Milford also has a large number of public assistance recipients but they also have a larger population to offset the data.

## Unemployment

The unemployment rate of the Lower Naugatuck Valley and Milford Region ranges by town from 2.9% to 5.7% as of January 2007. The lower unemployment rates of the region reside in the towns of Woodbridge (2.9%), Bethany (3.5%), Orange (3.5%), and Oxford (3.9%). These towns are well below the New Haven County unemployment rate of 5.3% and state unemployment rate of 5.0%. On the other hand, the towns of Ansonia and Derby have unemployment's rate of 5.7% and 5.6%, respectively which are both well above the county and state unemployment rates. Refer to table for unemployment rates in descending order from highest to lowest for the towns in this community assessment.

TOWNS	Unemployment Rate, January 2007
Ansonia	5.7%
Derby	5.6%
Seymour	4.9%
Beacon Falls	4.4%
Shelton	4.2%
Milford	4.2%
Oxford	3.9%
Orange	3.5%
Bethany	3.5%
Woodbridge	2.9%
<b>Connecticut</b>	<b>5%</b>
Sources	CT Dept. of Labor 2

## EDUCATION

### Adult Education Attainment

**Adult Educational Attainment-highest level  
(by percent of population 25 year old or more)**

Town (a=# of persons 25 y.o. +)	Less than High School Grad	High School Graduate	Some College	Bachelors or more
Ansonia (a=12535)	17.8	42.2	19.8	15
Beacon Falls (a=3607)	13.2	29.8	22	27.1
Bethany (a=3424)	4.2	23	16.8	48
Derby (a=8762)	21.4	34.9	19.9	17.8
Milford (a=37480)	11.5	31	20.9	29.3
Orange (a=9434)	7.4	21.4	18	45.6
Oxford (a=6563)	7.7	31.6	20.8	32.2
Seymour (a=10811)	15	34.3	23.3	19.5
Shelton (a=27013)	12.7	29.2	20.2	29.9
Woodbridge (a=6139)	5.6	15.9	12.9	60.9

Adult education is below average in Ansonia and Derby. A greater focus is needed motivation and support to adult learners

<sup>2</sup> CT Dept. of Labor. <http://www.ctdol.state.ct.us/>

## Drop-Out Rates

### High School Drop Out Rates for Class of 2005

Town	Drop Out Rate
Ansonia	11.80%
Derby	3.60%
Milford	6.20%
Region 5 (inc. Bethany, Orange, and Woodbridge)	1.50%
Region 16 (inc. Beacon Falls)	6.80%
Seymour (inc. Oxford students)	8.20%
Shelton	5.10%

SOURCE: CT Dept of Education. Strategic School Profiles 2005-6.

## Languages Spoken

Language Spoken at Home  
(by percent of population 5 years and older)

Town (p=population 5 y.o.+)	English only	Spanish	Spanish-poor English speakers	Other European languages	European-poor English speaker	Asian languages	Asian-poor English speakers
Ansonia (p=17303)	82	5.9	2.4	11.2	4.4	0.5	0.3
Beacon Falls (p=4897)	87.6	1	0.5	9.5	4.9	1.4	0.6
Bethany (p=4713)	89.2	2	0.6	6.2	3.1	2	0.8
Derby (p=11708)	78.9	6.5	3.4	11.9	5.5	2	0.4
Milford (p=49254)	89.3	3	0.9	5.1	1.6	1.8	0.8
Orange (p=12488)	90	1.8	0.6	5.7	1.5	1.7	0.7
Oxford (p=9182)	93.6	1.7	0.1	4.1	1.5	0.2	0.1
Seymour (p=14493)	88.7	2.3	0.8	7.3	2.5	1.1	0.5
Shelton (p=35749)	85.3	3.1	1.1	9.9	3	1.3	0.9
Woodbridge (a=8493)	84.4	2.2	0.6	9	2.4	3.6	0.9

SOURCE: U.S. Census 2000

Language spoken by percentage is consistent with towns of equal populations. More emphasis is needed in Ansonia and Derby to make English the primary language in the minority community.

## HEALTH

### Incidence of Child Abuse and Neglect

As the children of Lower Naugatuck Valley and the town of Milford are the future of the region, we analyzed the current issues of child abuse and neglect in the region. Connecticut's Department of Children and Families ("DCF") reported the "Number of Accepted Reports and Allegations to DCF" for the state's fiscal year of 2006. In the below table is the number of total allegations received by the DCF compared to the number of substantiated reports by town. Allegations represent all individual allegations of abuse and/or neglect contained in an accepted report that meets the criteria of abuse and/or neglect. Substantiated allegations are all individual allegations of abuse and/or neglect where the investigation resulted in a finding of reasonable cause to believe that neglect and/or abuse has occurred.

Please note that not all communities are included in the table due to confidentiality reasons withheld by the DCF. Data for towns with 10 or less children substantiates as abuse and/or neglect have not been report, however the data is reflected in the overall states information.

Towns	Allegations	Substantiated	Substantiated Rate
Ansonia	864	172	20%
Derby	285	46	16%
Seymour	288	20	7%
Shelton	462	70	15%
Milford	670	156	23%
<b>Connecticut</b>	<b>81,277</b>	<b>19,903</b>	<b>24%</b>

A majority of the allegations and substantiated allegations were due claims regarding emotional neglect and physical neglect. Below is graph of the allegations by area (i.e. Physical Abuse, Educational Neglect, Emotional Neglect, etc) as a percentage of total allegations.

### Number of Low Birth Weight Babies

The percentages of low birth weight babies to total births for approximately half of the communities in this assessment are higher than the state's percentage of 7.8% in 2004 for low birth weight. Refer to the below table for a breakout of the low birth weight births in each of the towns in this assessment.

Town	TOTAL BIRTHS	2004 LOW BIRTHWEIGHT BIRTHS			
		Very Low BWT <sup>c</sup>		Low BWT <sup>d</sup>	
		No.	%	No.	%
Ansonia	254	6	2.4	24	9.4
Beacon Falls	70	1	a	6	8.6
Bethany	46	-	a	2	a
Derby	166	5	3.0	9	5.4
Milford	551	7	1.3	45	8.2
Orange	128	1	a	9	7.0
Oxford	143	6	4.2	14	9.8
Seymour	183	1	a	7	3.8
Shelton	423	8	1.9	31	7.3
Woodbridge	54	1	a	4	a
<b>Connecticut</b>	<b>42,005</b>	<b>660</b>	<b>1.6</b>	<b>3,270</b>	<b>7.8</b>

## Teen Pregnancy Rates

The teenage birth rate is the highest in the town of Ansonia, Derby, and Shelton. In the below table is a breakout of the births to teenagers in 2004 divided into three age categories, 15 and younger, 18 and younger, and 20 and younger.

Town	2004 BIRTHS TO TEENAGERS							
	TOTAL BIRTHS	<15 yrs		<18 yrs		<20 yrs		
		No.	%	No.	%	No.	%	
Ansonia	254	-	a	9	3.5	26	10.2	
Beacon Falls	70	-	a	2	a	3	a	
Bethany	46	-	a	-	a	-	a	
Derby	166	-	a	2	a	11	6.6	
Milford	551	1	a	5	0.9	15	2.7	
Orange	128	-	a	-	a	-	a	
Oxford	143	-	a	-	a	1	a	
Seymour	183	-	a	1	a	5	2.7	
Shelton	423	1	a	5	1.2	13	3.1	
Woodbridge	54	-	a	-	a	-	a	
<b>Connecticut</b>	<b>42,005</b>	<b>40</b>	<b>0.1</b>	<b>957</b>	<b>2.3</b>	<b>2,909</b>	<b>6.9</b>	

<sup>a</sup> Percentages were not calculated for less than five events, because of the high degree of variability associated with small numbers. Denominators used for calculating percentages exclude records with missing data (i.e., denominator = total births minus unknowns).

## Immunization Levels Among School Children

Immunization helps to stop the spread of diseases that are vaccine preventable; therefore it is important to have a higher percentage of students vaccinated in the public school systems. The below table illustrates the number of students enrolled in the Lower Naugatuck Valley and Milford school district and the percent of immunization levels amount these students. The immunization includes DTP, IPV, Meas. Rub. and Mumps.

TOWNS	Enrolled in Public School	Immunization %
Ansonia	792	100%
Beacon Falls	125	100%
Bethany	312	100%
Derby	276	100%
Milford	1371	99%
Orange	500	100%
Oxford	244	100%
Seymour	413	100%
Shelton	707	99%
Woodbridge	249	100%

Source: Naugatuck Valley Health District

## Prevalent Health Problems

### Ansonia

- Small increasing trend in influenza incidences
- Increasing trend in Chlamydia incidence from 1993-2002
- Decreasing trend in heart disease mortality

### Beacon Falls

- Small increasing trend in influenza incidences

### Derby

- Small increasing trend in influenza incidences
- Decreasing trend in breast cancer mortality

### Oxford

- Small increasing trend in influenza incidences
- Increasing trend in all-cause mortality
- Increasing trend in malignant neoplasm incidents

### Seymour

- Decreasing trend in heart disease mortality
- Small decreasing trend in colorectal incidence
- Small decreasing trend in prostate cancer mortality

### Shelton

- Slightly decreasing trend in AIDS incidences
- Increasing trend in breast cancer incidences

## Number of Children with Disabilities, Types and Resources

The below table has the number of children with disabilities by town for 3 and 4 year old children.

Town	# Children with Disabilities	
	3 yrs old	4 yrs old
Ansonia	13	11
Beacon Falls	6	21
Bethany	3	6
Derby	5	4
Milford	23	33
Orange	9	8
Oxford	10	12
Seymour	8	9
Shelton	16	28
Woodbridge	2	4

Source: CT Department of Education. Strategic School Profiles 2005-2006.

The below table has the number of children with disabilities between the ages of 5 to 15, and the type of disability.

Disability of Noninstitutionalized Children Ages 5 to 15										
	Ansonia	Beacon Falls	Bethany	Derby	Milford	Orange	Oxford	Seymour	Shelton	Woodbridge
<b>Noninstitutionalized children ages 5 to 15</b>	2,797	800	887	1,817	7,493	2,139	1,735	2,296	5,614	1,753
Children with no disability	2,484	743	837	1,736	7,156	2,075	1,625	2,161	5,391	1,688
Children with disability	277	46	37	63	263	64	110	127	203	40
<b>Percentage of children with disability</b>	<b>9.9%</b>	<b>5.8%</b>	<b>4.2%</b>	<b>3.5%</b>	<b>3.5%</b>	<b>3.0%</b>	<b>6.3%</b>	<b>5.5%</b>	<b>3.6%</b>	<b>2.3%</b>
<b>Type of disability</b>										
Sensory disability	6	0	0	0	31	7	17	10	31	0
Physical disability	0	0	0	0	16	17	0	27	9	8
Mental disability	266	46	37	63	216	40	93	90	163	32
Self-care disability	5	0	0	0	0	0	0	0	0	0

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2000

## Nutrition

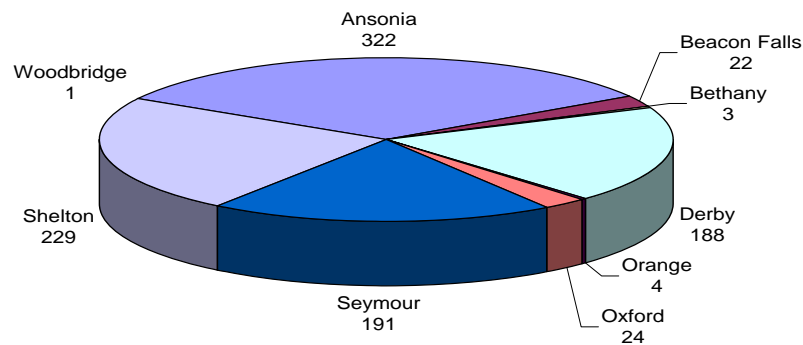
### Food Stamp Recipients

The Food Stamp program helps people to buy and eat nutritious food. The modern Food Stamp program was set up in 1971. The federal government pays most of the costs of the Food Stamp program. Each state operates a Food stamp program following rules from the U.S. Department of Agriculture. The following table to the right is the number of food stamp recipients in Lower Naugatuck Valley region.

Town	Food Stamp Recipients
Ansonia	1,624
Beacon Falls	67
Bethany	19
Derby	804
Milford	1,091
Orange	62
Oxford	102
Seymour	425
Shelton	560
Woodbridge	47
<b>Total for Team Community</b>	<b>4,801</b>

## WIC Program Participants

WIC provides specific nutritious foods and nutrition education to eligible pregnant women, postpartum women up to six months regardless of how pregnancy ends, breastfeeding women up to one year after delivery, and infants and children up to their fifth birthday. The below pie chart is number of WIC participants by town. Please note that Milford info was not available for the below table.



## HOUSING

The high and rapidly increasing housing costs and high cost of living within the Naugatuck Valley and Milford area has created a lack of affordable housing for those living in the area. Providing an adequate amount of affordable housing has become a top priority in many cities throughout Connecticut and the Naugatuck Valley and Milford area are no exception. Between 2000 and 2005, housing prices have risen by close to 64 percent statewide, while wages in this area have only risen by slightly over 18%. The housing condition of the Valley and Milford show that many current housing participants find it difficult to obtain affordable housing. Major reasons for the difficulty include:

4. Expenses – Rents fall within state Fair Market Rent guideline, however lower income individuals do not secure enough monthly income to maintain an apartment without subsidized assistance, or paying well over 50% of their monthly income.
5. Utilities – The rising cost of utilities is a major factor why some individuals cannot secure housing. Some individuals cannot secure State Energy Assistance because of a delinquent account. This account cannot be reopened until their account is paid in full.
6. Location – The location of affordable housing for low income individuals is often in the derelict area, with substandard funding for home repairs. Leaving low income families and individuals to live in dilapidated homes and apartments.<sup>7</sup>

## Overcrowding/Availability

Data based on the 2000 Census Report – percentage is taken from the total number of individuals not living alone or with family members and divided by the total number of households.

<b>Overcrowding/Availability in the Naugatuck Valley and 10 Town Catchments</b>						
Town	# of Non-Relatives Living in Family Households	# of Non-Relatives Living in Non-Family Households	# of Individuals Living in Group Quarters (Non Institutionalized)	Total # of Individuals Not Living Alone or with Family Members	Total Number of Households	Percent %
Ansonia	254	376	28	658	18,438	4%
Beacon Falls	47	135	0	182	5,239	4%
Bethany	82	86	0	168	5,040	3%
Derby	195	329	22	546	12,160	4%
Milford	628	1,509	117	546	51,767	3%
Orange	91	130	24	245	13,120	2%
Oxford	83	163	0	246	9,821	3%
Seymour	220	256	7	483	15,320	3%
Shelton	425	623	11	1,059	37,537	3%
Woodbridge	65	40	12	117	8,821	1%

## Affordability

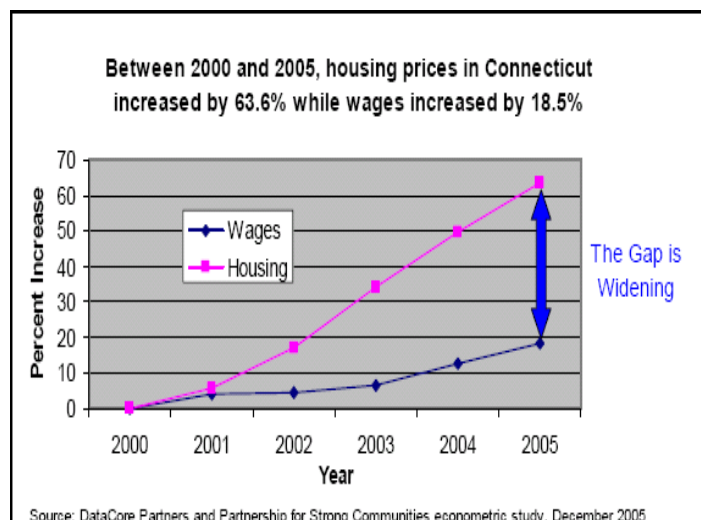
The strain on low- to moderate-wage workers trying to secure affordable housing in the Valley area has become increasingly difficult as housing prices continue to increase at a much faster rate than that of the state's wages. As a result, the lack of affordable housing in the Valley and 10 Town Catchments has created an increased demand for housing.

<b>Affordability of Rent</b>		
Type of Housing	Utilities Included	Utilities Not Included
Studio	\$722	\$550 - 600
One Bedroom	\$838	\$650 - \$725
Two Bedroom	\$937	\$850 - \$900
Three Bedroom	\$1,193	\$975 - \$1,050
Four Bedroom	\$1,310	\$1,100 - \$1,250
Five Bedroom	\$1,413	\$1,200 - \$1,300

Source: Ansonia Housing Authority

## Housing Conditions

The corresponding table to the right clearly illustrates how recent wage growth throughout Connecticut is lagging well behind the state's increasing housing costs. As a result many of the low- to moderate-wage workers have been experiencing the threat of becoming unable to sustain residency in the communities where they work. The situation in the Southwestern region of Connecticut is even more extreme than in the rest of the state and the gap is widening.



### ***Expenses***

Rents fall within state Fair Market Rent guideline, however lower income individuals do not secure enough monthly income to maintain an apartment without subsidized assistance, or paying well over 50% of their monthly income.

### ***Utilities***

The rising cost of utilities is a major factor why some individuals cannot secure housing. Some individuals cannot secure State Energy Assistance because of a delinquent account. This account cannot be reopened until their account is paid in full.

### ***Location***

The location of affordable housing for low income individuals is often in the derelict area, with substandard funding for home repairs. This leaves low income families and individuals to live in dilapidated homes and apartments.

### **HUD Projects in the Valley and 10 Town Catchments**

<b><u>Town</u></b>	<b>HUD Projects in the Valley and 10 Town Catchments</b>
Ansonia – 4	<ol style="list-style-type: none"><li>1. Renaissance Management Company, Inc. – Capital Apartments – Elderly – 1 bedroom</li><li>2. Highland Management – Liberty Park I – Family – 2 &amp; 3 bedrooms</li><li>3. Highland Management – Liberty Park II – Family – 2 bedrooms</li><li>4. Ansonia Housing Authority – Family, Elderly and Disabled</li></ol>
Derby – 2	<ol style="list-style-type: none"><li>1. Elderly Housing Management, Inc. – Hallock’s Landing – Elderly – 1 bedroom</li><li>2. Derby Housing Authority – Family, Elderly and Disabled</li></ol>
Milford – 3	<ol style="list-style-type: none"><li>1. Elderly Housing Management, Inc. – River Park – Elderly – 1 bedroom</li><li>2. Sara Nor – Elderly – 1 bedroom</li><li>3. Milford Housing Authority – Family, Elderly and Disabled</li></ol>
Oxford - 1	<ol style="list-style-type: none"><li>1. Oxford Housing Authority – Elderly and Disabled</li></ol>
Seymour – 1	<ol style="list-style-type: none"><li>1. Seymour Housing Authority – Elderly and Disabled</li></ol>
Shelton – 1	<ol style="list-style-type: none"><li>1. Shelton Housing Authority</li></ol>

### **CHILD CARE**

#### **Number of early care and education programs, for profit/non-profit**

	<b># of Private Early Care and Education Programs</b>	
<b>Town</b>	<b>For-Profit</b>	<b>Non-Profit</b>
Ansonia	28	5
Beacon Falls	16	0
Bethany	15	0
Derby	30	2
Milford	148	5
Orange	28	3
Oxford	22	2
Seymour	38	6
Shelton	87	1
Woodbridge	11	4

## Number of Infant / Toddler Programs

# of Infant/Toddler Programs (by town in 2006 and 2007)

Town	# of Infant Programs	# of Toddler Programs
Ansonia	13	1
Beacon Falls	8	0
Bethany	5	2
Derby	14	2
Milford	63	9
Orange	10	6
Oxford	10	1
Seymour	19	1
Shelton	33	13
Woodbridge	4	3

Infant Programs=# of home and center based programs  
 Toddler Programs= # of home and center based programs

SOURCE: Early Childcare Capacity Study . United Way. March 2006; www.211infoline.org

## Costs/Affordability

The average cost of child care in the Naugatuck Valley is consistent with other towns in the state. The average cost is prohibitive to people on public assistance.

### AVERAGE COST OF CHILDCARE

	Service Type (# reporting)	Average Cost	Lowest Cost	Highest Cost
<b>Statewide</b> (as of 8/16/05)	Infant/Toddler Center	\$206/wk	\$107/wk	\$444/wk
	Infant/Toddler Home	\$158/wk	\$80/wk	\$350/wk
	Preschool Center	\$166/wk	\$70/wk	\$350/wk
	Preschool Home	\$151/wk	\$75/wk	\$350/wk
<b>South Central Region</b> (as of 8/16/05)	Infant/Toddler Center	\$206/wk	\$107/wk	\$295/wk
	Infant/Toddler Home	\$155/wk	\$85/wk	\$250/wk
	Preschool Center	\$165/wk	\$70/wk	\$277/wk
	Preschool Home	\$150/wk	\$85/wk	\$250/wk
<b>Ansonia</b> (as of 2/28/06)	Infant/Toddler Center (1)	\$225/wk	\$225/wk	\$225/wk
	Infant/Toddler Home (8)	\$150/wk	\$125/wk	\$175/wk
	Preschool Center (2)	\$169/wk	\$150/wk	\$188/wk
	Preschool Home (8)	\$147/wk	\$125/wk	\$175/wk
<b>Beacon Falls</b> (as of 2/28/06)	Infant/Toddler Center			
	Infant/Toddler Home (5)	\$160/wk	\$130/wk	\$190/wk
	Preschool Center (1)			
	Preschool Home (6)	\$160/wk	\$130/wk	\$190/wk
<b>Derby</b> (as of 2/28/06)	Infant/Toddler Center (2)	\$195/wk	\$170/wk	\$220/wk
	Infant/Toddler Home (9)	\$153/wk	\$125/wk	\$175/wk
	Preschool Center (2)	\$150/wk	\$140/wk	\$160/wk
	Preschool Home (9)	\$150/wk	\$125/wk	\$175/wk
<b>Oxford</b> (as of 2/28/06)	Infant/Toddler Center (1)	\$215/wk	\$215/wk	\$215/wk
	Infant/Toddler Home (8)	\$161/wk	\$150/wk	\$180/wk
	Preschool Center (1)	\$176/wk	\$176/wk	\$176/wk
	Preschool Home (8)	\$153/wk	\$130/wk	\$180/wk
<b>Seymour</b> (as of 2/28/06)	Infant/Toddler Center (1)	\$161/wk	\$161/wk	\$161/wk
	Infant/Toddler Home (18)	\$152/wk	\$140/wk	\$160/wk
	Preschool Center (2)	\$133/wk	\$125/wk	\$141/wk
	Preschool Home (18)	\$152/wk	\$140/wk	\$160/wk
<b>Shelton</b> (as of 2/28/06)	Infant/Toddler Center (9)	\$235/wk	\$175/wk	\$295/wk
	Infant/Toddler Home (15)	\$193/wk	\$165/wk	\$250/wk
	Preschool Center (10)	\$176/wk	\$145/wk	\$214/wk
	Preschool Home (16)	\$194/wk	\$165/wk	\$250/wk

Source: Childcare Infoline/United Way of Connecticut

## **TRANSPORTATION**

The overburdened transportation infrastructure of the Naugatuck Valley and Milford area is a serious and growing concern for the region's economy and workforce. Currently, there are four transit systems that traverse the Valley:

1. The Greater Bridgeport Transit Authority (GBTA)
  - Services are provided throughout Bridgeport, Fairfield, Stratford and Trumbull with Route 15 service extending to Shelton and Derby and the Coastal Link (CL) bus operating along Route 1 from Milford to Norwalk.
2. Connecticut Transit (CT Transit)
  - CTTRANSIT New Haven operates 7 days a week over 22 local routes, connecting with other state-owned or subsidized bus services in Meriden, Wallingford, Milford, and the Lower Naugatuck Valley areas, as well as with the New Haven Line and Shore Line East rail services.
3. Valley Transit - Paratransit Service
  - Dial-A-Ride provides transportation for people who are not able to use our fixed route service and those 70 years of age and older.
  - Dial-A-Ride vehicles are lift-equipped and drivers are trained to assist you. Rides must be scheduled from one to 14 days before service is needed.
  - Valley Transit operates from 6:15 a.m. to 5:50 p.m. Monday through Friday providing on-demand transport and paratransit services.
4. MetroNorth Rail
  - a. Metro-North Railroad operates its New Haven Commuter Line from Union Station, to Grand Central Terminal in New York City. The service is well patronized by commuters, despite the travel time of nearly two hours.

## **Aspects of Public Transportation Systems**

TEAM's community needs assessment examined the different aspects of the public transportation systems within the Lower Naugatuck Valley. These aspects include the isolation, cost availability, schedules, and access to transportation.

### ***Isolation***

Valley bus riders recommended expanding routes to drop off/pick up closer to sites where workers are employed.

### ***Schedules***

According to a recent study, "Linking Low-Income Workers with Transportation in the Lower Naugatuck Valley", the most frequent reason to access public transportation in the Valley is for employment, followed by medical appointments. About one-quarter of transit riders traveling for work reasons say buses do not run on schedules that coincide with their work schedules, do not run frequently enough (most run hourly), and reduce service on weekends. This inconveniences many workers who must put in overtime during the weekends. Riders requested that 1) more routes should be added earlier in the morning, 2) later in the evenings, and 3) on weekends.

About 25% of the study respondents said they could not get to work without the bus; another 25% said they would have to walk.

Employers responding to the survey said that one-third of their hourly workers (typically low-income persons) use public transit to get to and from work.

**Costs**

Workers relying on buses commented that they had to pay for taxis if they worked late because they could not get a bus home. In addition, workers that do not meet the Dial-A-Ride eligibility criteria may be unable to utilize this specialized form of transportation. To be eligible for use of the Valley’s Dial-A-Ride Transportation Service you must be 1) at least 60 years of age OR 2) a person with a disability, AND 3) a resident in one of the sponsored towns.

This has presented a cost burden for some people as many workers must pay approximately \$8-\$10 per day for their transportation needs.

**Employment**

Connecticut’s employment growth has consistently lagged the nations since 1988. Over year ending May 2007, the U.S. employment growth average was 0.12%, while Connecticut’s employment growth averaged 0.09%.

Decelerating job growth over the year ending April 2007 indicates slowing but positive economic growth for Connecticut in the near term. In addition, Connecticut can expect to gain approximately 11,000 more jobs over the next 4 years.

In the past the residents of “the Valley” were considered to be blue-collar workers. Although the perception remains the same, with the decline of manufacturing in the area, in reality the workers in “the Valley” are no longer blue collar. In fact, service industries mark the locale, where such workers now far outweigh the number of workers in goods producing industries. In recent years, the Valley has seen an influx of retail stores. Two new department stores have opened and two more will open this year in Ansonia and Derby. The new jobs these retailers bring will alleviate some of the persistent unemployment in the area. But the transition from an industry focus to a services focus will keep the strain on the Valley community

<b>TEAM Service Area Employment Rates (May 2007)</b>				
<b>TOWNS</b>	<b>LABOR FORCE</b>	<b>EMPLOYED</b>	<b>UNEMPLOYED</b>	<b>RATE</b>
Ansonia	10,102	9,585	517	5.1
Beacon Falls	3,293	3,161	132	4
Bethany	3,104	3,007	97	3.1
Derby	6,954	6,637	317	4.6
Milford	32,073	30,837	1,236	3.9
Orange	7,405	7,155	250	3.4
Oxford	7,006	6,773	233	3.3
Seymour	9,330	8,905	425	4.6
Shelton	22,899	22,064	835	3.6
Woodbridge	4,995	4,838	157	3.1
<i>Area Totals</i>	<i>107,161</i>	<i>102,962</i>	<i>4,199</i>	<i>3.9%</i>

- Eurospeed USA – the motorcycle components manufacturer has already started work in Ansonia, promising to bring 1,000 jobs to the state.
- Lowe’s Home Improvement Store – a Derby store is scheduled to open in 2008 creating 120 new jobs to the Valley.
- Yale-New Haven Hospital - will build a new cancer center, creating 400 jobs

## **Community System of Services**

The area that TEAM serves has an active group of social and human service organizations that help residents in various ways. TEAM refers many people in need to these groups as part of its H.S.I. effort. These organizations are named and described below; they are grouped by CSBG-IS Service Categories. Town names refer to locations of organizations' principal offices.

### ***Employment***

*CT Works* (Derby) offers job seekers career counseling, job search assistance and referral.

*The Workplace, Inc.* (Bridgeport) coordinates job training and education programs in Valley.

### ***Education***

*Derby Day Care Center* (Derby) – affordable Preschool program.

*Julia Day Nursery* (Ansonia) - Non-profit preschool, kindergarten for ages 3-8.

*Junior Achievement of Western CT* (Bridgeport) – Volunteers from businesses teach youth about free enterprise system, financial literacy, promote workforce readiness.

*Seymour-Oxford Nursery & Child Care Association* (Seymour and Oxford) provides affordable child care in six locations before and after school and during summer recess.

*Valley Even Start* (Shelton) – Early childhood education, adult education, parent education.

*Valley Regional Adult Education* (Shelton) provides basic adult education, GED and ESL classes, workforce and technology training.

### ***Health***

*Birmingham Group Health Services* (Ansonia) offers mental health care, HIV/AIDS outreach and education, domestic violence services, substance abuse prevention and education.

*Christian Counseling and Family Life Center* (Shelton) offers family counseling, anger management counseling.

*Hill Health Community Health Connection* (Ansonia) is the Valley region's federal walk-in clinic and offers affordable geriatric, ob/gyn care and community outreach.

*Griffin Hospital* (Derby) - 160 bed, acute care hospital that runs on a patient-centered model of care.

*Hill Health Center, Dental Department* (Derby) supplies affordable dental care to Valley residents.

*Liberty Center* (Ansonia) offers substance abuse & mental health services through outpatient and case management.

*Naugatuck Valley Health District* (Seymour) - Local public health department that provides programs in community health and environmental health.

Psychiatrist evaluates and medicates children; and parent training and support.

*Parent Child Resource Center* (Derby) treats children with emotional, behavioral, or school problems;

*Planned Parenthood* (branch office in Shelton) - Birth control education.

*Valley Parish Nurses* (Derby) - Nurses who educate their church parishes on health issues, give health screenings, lead discussion groups, partner in the Safe Kids Coalition

*VNA of South Central CT* (New Haven) - Home health care in 35 towns including the Valley.

*Yale-Griffin Prevention Research Center* (Derby) conducts health research studies and projects.

### ***Housing***

*Ansonia Housing Authority* (Ansonia) oversees 165 units of HUD low-income housing, 148 units of senior housing, and the Section 8 program for Ansonia, Derby, Seymour, Shelton, and Milford.

*Area Congregations Together* (Derby) runs homeless shelter and maintains food bank network.

*Mutual Housing Association of South Central CT, Inc.* (New Haven) oversees an affordable home ownership project in Ansonia.

*New Samaritans* (Shelton, Derby) developed 68 units of HUD "202" housing for low-income seniors at the Ripton and Hallock's Landing in 2003 and 2005.

*Derby Housing Authority* (Derby) oversees 106 senior housing units.

*Milford Redevelopment & Housing Partnership* (Milford) manages 400+ units of mixed development housing (i.e. elderly and non-elderly disabled residents) and 62 units of family housing.

*Shelton Housing Authority* (Shelton) maintains 200+ units of senior housing.

*Seymour Housing Authority* (Seymour) maintains 100 units of senior housing and 86 units for low-to-moderate income families; and recently constructed a 56 bed assisted living facility.

### ***Emergency Services***

*American Red Cross, Valley Chapter* (Ansonia) provides Valley-wide disaster relief, blood products, CPR training.

*Seymour Ambulance Association* (Seymour) is an EMS provider, and lead organization behind New Haven County Safe Kids Coalition.

*Community Crisis Team* (Valley-wide) is a coalition of health & human service agencies on call to respond to a crisis which is coordinated by Birmingham Group Health Services.

### ***Linkages***

*Infoline/United Way of Connecticut* (New Haven) offers free help-by-phone for service referral and crisis intervention from anywhere in Connecticut by dialing 2-1-1.

*Valley Needs & Opportunities* (Ansonia) assists community organizations in identifying needs and opportunities.

*Valley Women's Health Access* (Derby) connects uninsured/underinsured women in Valley with free or low cost healthcare and human services.

### ***Self-Sufficiency***

*Bureau of Rehabilitation Services* (Ansonia) aids people with significant physical or mental disabilities to prepare for, find, or keep a job.

*Valley Association for Retarded Children and Adults* (Derby) offers workshop for mentally retarded adults and children.

### ***Transportation***

*Valley Transit District* (Derby) provides transportation to senior centers, doctors' visits.

*CT Transit* (Connecticut) Hourly rides from New Haven to Seymour.

*Bridgeport Transit*. (Bridgeport) Daily/hourly rides from Bridgeport to Derby.

*New Haven Transit*. (New Haven) Bus rides from Valley area to New Haven.

*ConnRail*. (Connecticut) Four trains from local area to Bridgeport and New York City.

*Milford Transit*. (Milford) Subsidized transit in Milford.

*Towns of Oxford, Seymour, and Shelton*. Transport seniors on vans that towns own.

### ***Other***

*Ansonia Community Action Center* (Ansonia) provides after-school, community activities.

*Big Brothers, Big Sisters* (Bridgeport) matches children from single parent families and children with special needs with trained volunteers who foster children's healthy development.

*Boy Scouts—Housatonic Council* (Derby) prepares young men with the help of people of all ages to make ethical choices over their lifetime.

*Boys & Girls' Club* (Shelton) provides after school care, recreation, educational programs to Valley children ages 6 to 18.

*Boys and Girls Village* (Milford) - Shelter for children from abusive homes.

*Catholic Family Services* (branch offices in Ansonia and Shelton) provides affordable personal counseling, adoption and pregnancy services, Hispanic outreach, employment assistance..

*Girls Scouts—CT Trails Council* (Waterbury offices, but many troops in Valley) - Largest voluntary organization for girls in state.

*Valley Interfaith Caregivers* (Shelton) - Volunteer aid to disabled or elderly in the Valley for friendly visiting, shopping, medical transportation, and light housekeeping.

*International Institute of Connecticut* (Bridgeport) aids immigrants, refugees, and their families through counseling, advocacy, and translation.

*New Haven Legal Assistance* (New Haven, but offices in Ansonia and Derby) - Free legal aid unable to obtain it because of limited income, disability, discrimination.

*Rape Crisis Center of Milford* (Milford) - Counseling for sex assault victims and their families, and prevention education.

*Salvation Army* (Ansonia) - Food collection, church.

*Shelton Youth Service Bureau* (Shelton) - After school education programs, community service projects for youth in Shelton.

*Valley Council of Governments* (Derby) - Association of elected officials of towns of Ansonia, Derby, Shelton, and Seymour.

*Valley United Way* (Ansonia) - Financial assistance to local community agencies, community leadership. Oversees Corporate Volunteer Council.

*Valley YMCA*. (Ansonia) Fitness center, child care, sports clinics, single room only housing for homeless.

## **TEAM System of Services**

TEAM provides financial support, information, and services to primarily low-income families who: a) cannot afford basic necessities, and are homeless, in danger of eviction, or facing an emergency; b) are elderly and in need of in-home assistance (i.e. nutrition services, homemaking, or demand transportation) to remain independent; c) need affordable child care for their 3 to 4 year old; and d) need job search assistance and training. TEAM facilities also provide space for several community services, Even Start, Healthy Families– VNA, and the CT One-Stop Center, which lets our clients access them more easily.

### **FAMILY SUPPORT**

#### *Elderly Services*

The percentage of residents over 60 is quickly approaching 20% of the population in several communities in the SDA. A significant portion of these elderly are attempting to remain in their homes with little to no family support into their late 80's and 90's, often with health issues frequently causing self-neglect and unsafe conditions. These scenarios have led to a significant increase in referrals to TEAM's Eldercare programs. TEAM assists the low-income elderly population (i.e. limited, fixed income) through Meals-on-Wheels, communal meal programs, demand transportation (for medical appointment, day care programs, and communal meal sites), and homemaking/chore assistance. Outreach and support services help to increase awareness of area elderly services and benefits, and provide presentations at special events and home visits.

#### *Employment*

Directing economically disadvantaged families toward a more self-sufficient life often means preparing them for employment. TEAM refers individuals to employment training opportunities through its Human Service Infrastructure family assessment and case management systems, and coordinates the Summer Youth Employment program in the region.

#### *Asset Building*

To assist individuals and families in achieving economic independence, TEAM provides individuals and families the opportunity to save through an Individual Development Account savings program. The IDA program is designed to reward the monthly savings of working-poor families who are trying to buy their first home, save for a security deposit, pay for post-

secondary education or purchase an automobile. The account holders receive economic literacy training, qualified expense-specific training and services, case management, counseling and crisis intervention services. TEAM has the capacity to serve 36 low-income working individuals or families through IDA. The program provides a 2:1 savings match.

#### *Tax Preparation Assistance*

TEAM's Volunteer Income Tax Assistance (VITA) clinic assists lower-income residents in completing their federal income tax returns and gaining refunds like Earned Income Tax Credit, designed to help low income people who work. The aid with tax preparation is at no cost to those families who meet income guidelines. Opened just this year, the VITA center helped nearly 90 individuals file tax returns this tax season.

#### *Energy Assistance*

TEAM annually serves over 2,900 families in the Valley, Bethany, Orange, Woodbridge, and Milford who need assistance with their winter heating bills. State and Federal funds are made available to low-income families who qualify to meet a portion of their winter heating costs.

#### *Housing*

TEAM mediates, through its Housing Program, potential evictions and helps to resolve landlord-tenant disputes in order to stabilize families and prevent homelessness. It also assists families in crisis to find alternative housing. The IDA program assists clients with saving for a security deposit. Our Beyond Shelter Initiative assists individuals in moving from temporary, transitional shelters to permanent housing.

#### *Valley Toys for Tots*

Each December holiday season, an appeal is made to the community to contribute to and support TEAM's Valley Toys for Tots drive. The toys and cash donated by individuals and businesses aid over 1000 children from over 400 economically disadvantaged families. The generosity of local schools, organizations, businesses, and individuals makes this program a success year after year.

### EARLY EDUCATION

#### *Head Start*

The goal of TEAM's Early Care & Education Department is to provide quality child development opportunities and support child nutrition for economically disadvantaged families in order to promote healthy family growth and positive learning. Typically, private day care is financially out of reach for many low-income families. TEAM offers developmental and day care opportunities to preschool children of economically disadvantaged families. The TEAM Head Start program is funded for 160 slots for the SDA (e.g., the Head Start catchments area). The program is center-based, allowing parents to accept a job or enroll in an approved activity with the knowledge that Head Start is meeting their child care needs for a minimum of 4 hours a day, and for those in the extended day program up to 10 hours. TEAM's Head Start centers are located in the towns of Ansonia (7 classrooms), Seymour (1 classroom), and Milford (2 classrooms).

#### *Day Care*

Day Care provides full day, quality childcare services and is located in Ansonia, the same location as TEAM's Valley Head Start. A sliding scale makes child care costs readily accessible for low-income families. Parents who cannot afford traditional private childcare are able to

afford these services. State subsidies are also accepted. The program currently has the capacity for 30 children.

*Derby Day Care (Delegate Agency)*

The Derby Day Care Center, Inc. is a non-profit center located in the United Methodist Church in downtown Derby. The center provides affordable, quality preschool, full-day childcare. An agreement with TEAM provides operating funds, supplemented by fees. The center has 45 slots for children.

*School Readiness*

A contract with the Ansonia, Seymour and Derby Public Schools provides full day instruction to 45 pre-school children of Ansonia and Derby families. Fees are affordable and follow a sliding fee scale.

*Child and Adult Care Food Program*

A program of the national School Lunch Program legislation, the Child/Adult Care Food Program encourages healthy meals in the region's licensed home day cares. Child/Adult Care Food Program helps monitor qualifying home day care programs so children attending them are assured the same quality nutrition standards as in public schools. This is one of the few programs that service communities outside the ten-town area typical to TEAM services. Sixty providers in a 19- town/city region participate in the program.

*Information and Referral*

All direct-service staff members provide information and referral activities. TEAM managers and directors are very well connected to the Valley/Milford human service network. TEAM also provides space to the Latino-Hispanic Resource Committee for the provision of translation services.

## **Human Service Infrastructure (H.S.I.)**

TEAM implemented a client assessment and referral system in 2005 which analyzes the needs of agency customers and determines how best to assist with their needs. Applications for State assistance, when appropriate, are facilitated. The HSI system aims to support DSS with the prescreening, preparation, and “readiness of clients” to receive identified services from DSS and other programs and agencies.

### **Key points of the H.S.I. model include:**

- Eliminating program silos within the agency for addressing client needs and services.
- All clients will experience a common intake procedure.
- Employing two screening tools: all clients will have a *Pre-assessment* conducted at initial intake at the agency; a *Full Assessment* will only be conducted with the clients’ consent; only be required for those clients whose pre-assessment indicates a vulnerable and/or in-crisis level; will assist in the creation of a family/client service plan and guide case management activity
- KEYWARE software will be utilized for intake and case management, and will collect client data needed for accountability and reporting purposes.

### **Intake and Assessment**

A central, common intake process is the key to the H.S.I. model. All clients are pre-screened and assessed for needs. Based on this information, the client is informed of and referred to available services. When a referral to DSS (HSI W248) or an internal program is appropriate, TEAM staff provides the client with information about the services and assist the client with the pre-application process, gathering necessary documentation the service provider needs. This allows for the client to be better prepared for their appointment with a DSS or TEAM program staff person when applying for services. It also shortens the process time that staff spends in securing services that clients need. If the client is in need of additional services that are not offered at TEAM or through DSS, TEAM contacts community resources and the 211 Infoline system to find resources to assist the client. In addition, TEAM receives Safety Net client referrals from CAFCA and provides the same intake and pre-assessment services to those clients, in addition to providing them with vouchers and/or direct pay assistance. TEAM is located on the public transportation route and is handicapped accessible.

### **Implementation Plan**

A new support position - Community Resource Specialist - was created in 2004. A manual pre-assessment screen was implemented and became automated with CTFACS in 2005-6.

In July of 2008, TEAM will implement a new data collection software named KEYWARE. The KEYWARE software is based on the principles of ROMA implementation, and will let TEAM address the needs of each of its clients and measure their progress toward self-sufficiency.

### **Case Management**

Through the intake and pre-assessment process, TEAM staff identifies those clients who may benefit from intensive case management. A baseline on clients is developed using a matrix scale designed in the ROMA implementation process. This baseline is a guide in the case management process to create and monitor a self-sufficiency plan.

### **Collaborations**

TEAM collaborates with many local agencies and each municipality it serves. TEAM has a memo of understanding (MOU) with each of the ten public school systems in the region and additional agreements with Ansonia and Derby to provide School Readiness. Referral MOUs or collaborations exist with Local Senior Centers, CT Light & Power/Northeast Utilities, Callahan Senior Housing, CT One Stop, ACT Food Bank, Spooner House, Interfaith Volunteer Caregivers of the Lower Naugatuck Valley, Griffin

Hospital, Housing Division of the Judicial Branch of Superior Court, Parent Child Resource Center, Ansonia Library, Derby Neck Library, Derby Day Care and the Department of Social Services. Formal agreements are in place with Webster Bank and Naugatuck Valley Savings and Loan to cooperate in our IDA program. These formalized processes help to insure better service to our clients as they either participate in our services or are referred. In addition, TEAM maintains formal and informal partnerships and collaborations with another 63 community agencies. TEAM’s CEO, Richard Knoll, is a founder of the Valley Council for Health & Human Services, a coalition of over 45 non-profit groups working in the Lower Naugatuck Valley, and sits on its executive committee.

*See the HSI service delivery diagrams at pages 21-23 for more detail.*

Noteworthy is the fact that Milford (HRD), Orange and Woodbridge have strong municipal social service offices with which TEAM interacts. The Valley communities lack these resources and TEAM has become the de facto social service provider in these cities as a result – particularly since the closing of municipal welfare offices during the SAGA restructuring in 2000.

### **Identifying and Meeting Community Needs**

The following chart lists needs identified in our needs assessment plan and TEAM, Inc.’s response to those needs.

Identified Need	Action(s) to be Taken
<p><b>Affordable Housing</b> <b>Affordable Rents</b></p> <p>Community Need - 1, 7</p>	<ol style="list-style-type: none"> <li>1. Maintain federal/state resources for an eviction prevention and housing crisis intervention staff to assist clients avoid homelessness.</li> <li>2. Maintain an active list of landlords and affordable rentals, while publicizing openings for Section 8, RAP and other subsidized housing programs; and assist area residents to complete Section 8 applications.</li> <li>3. Provide family budget development and management classes for clients; offer first-time homebuyer and credit reclamation seminars;</li> <li>4. Provide information to municipalities on State funding and Smart Growth housing strategies that improve housing affordability and access in the region for first-time homebuyers.</li> <li>5. Advocate the need for affordable housing to local leaders, and connect local developers with opportunities for public funding.</li> <li>6. Assist clients to acquire the financial resources to purchase a home through the co-funding of Individual Development Accounts (IDA).</li> <li>7. Assist clients to acquire the financial resources through an Individual Development Account (IDA) for the security deposit to a more appropriate apartment or home rental.</li> <li>8. Assist individuals to transition successfully from temporary, transitional shelters to permanent housing.</li> <li>9. Identify additional resources to assist families transitioning from homeless shelters.</li> <li>10. Assist families with heating costs to supplement financial resources during the winter months and to promote family health and safety as a by-product.</li> </ol>
<p><b>Employment</b></p>	<ol style="list-style-type: none"> <li>1. Maintain linkages with area employers and business groups to</li> </ol>

<p><b>Opportunities</b></p> <p>Community Need – 2</p>	<p>assist clients to meet employment goals and improve self-sufficiency.</p> <ol style="list-style-type: none"> <li>2. Host the regional One Stop Center to promote access to employment services for Valley residents.</li> <li>3. Link low-income clients to Job Readiness training including resume writing, interviewing, and job retention skills.</li> <li>4. Host a Department of Labor Veteran’s staff person to improve resident’s access to employment services.</li> <li>5. Assist clients to acquire the financial resources – through an Individual Development Account (IDA) – to obtain post-secondary education leading to advancement in employment position and earnings.</li> <li>6. Participate in the Valley School to Career Task Force and assist the cities of Ansonia and Derby to create more robust work-study program.</li> <li>7. Manage the development and implementation of a State-funded summer employment program for lower-income youth in the towns of Derby, Seymour, Shelton and Beacon Falls.</li> </ol>
<p><b>Transportation</b></p> <p>Community Need – 3</p>	<ol style="list-style-type: none"> <li>1. Advocate for modifications and additions to public transportation routes that address client needs relative to employment, child care and senior needs...</li> <li>2. Link clients to vanpool networks (i.e. Rideshare) to address client needs relative to employment.</li> <li>3. Assist clients to acquire the financial resources – by creating an Individual Development Account (IDA) – to purchase an automobile.</li> <li>4. Subcontract with the Valley Transit District to provide medical rides for elderly clients.</li> </ol>
<p><b>Low Cost Medical Services</b></p> <p>Community Need – 4</p>	<ol style="list-style-type: none"> <li>1. Promote the benefits of and make referrals to the Valley Women’s Health Center, Griffin Hospital Community Access Network, and the local community based health center operated by Hill Health – the Community Health Connection – to promote the use of community health resources.</li> <li>2. Educate the clients and area residents on the services, rights and entitlements of Title 19, ConnPace, SAGA Medical, and Medicare Part D for prescription drug assistance and assist with the completion of the applications.</li> <li>3. Maintain membership in the Valley Council Health Sub-Committee and identify means to fill gaps in medical services to low-income residents.</li> <li>4. Advocate for improvements in HUSKY dental benefit rates and the participation of more area physicians.</li> <li>5. Act as convener of the Valley Dental Advisory Coalition to improve access to dental care through the full-service federal dental clinic in Derby.</li> <li>6. Advocate for and publicize State Medicaid and Medicare insurance as a resource for low-income parents; assist parents with the application process; and arrange for the DSS mobile van visits to the region.</li> </ol>

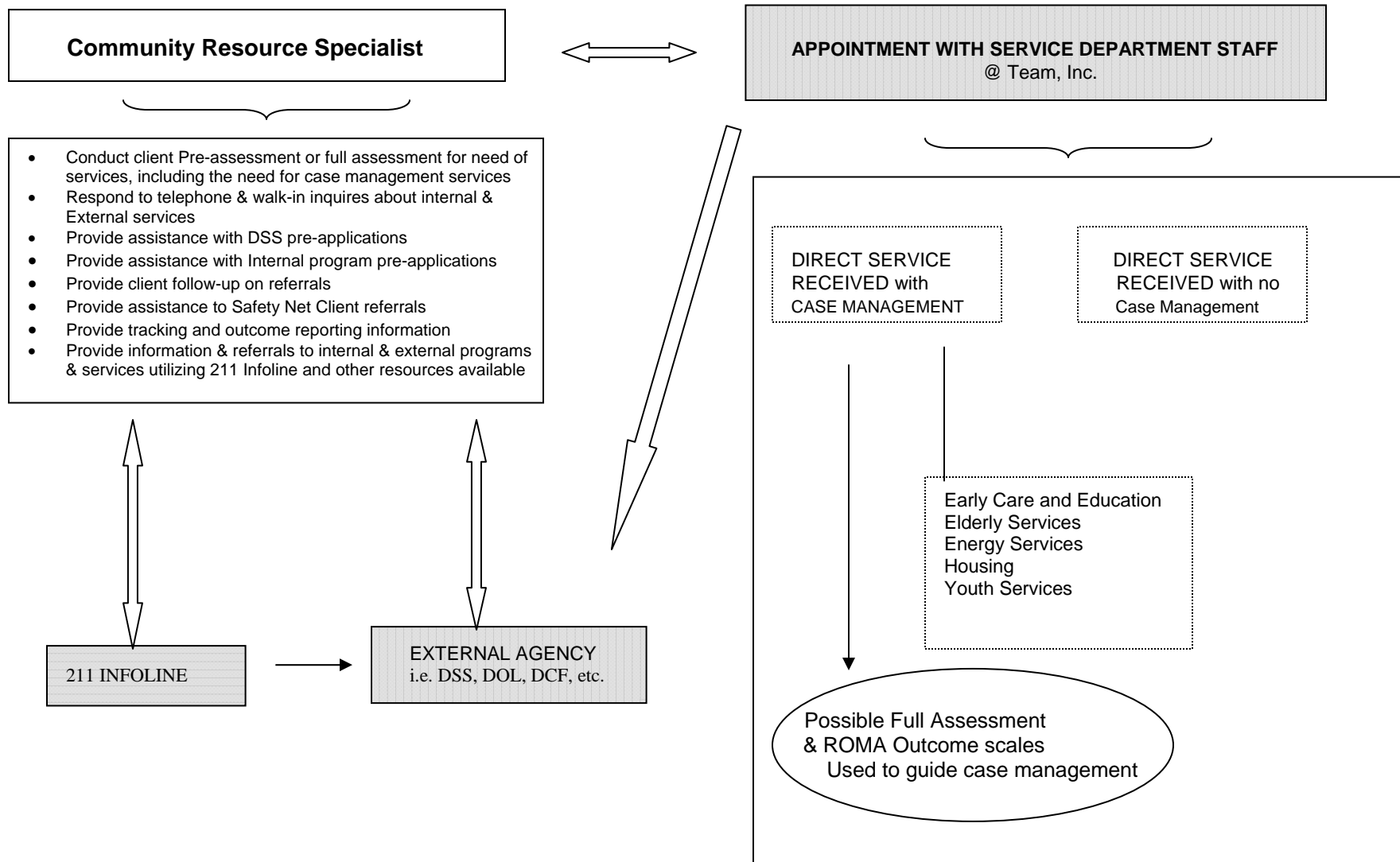
<p><b>Information Referral</b></p> <p>Community Need – 5</p>	<ol style="list-style-type: none"> <li>1. Provide pre and full assessments for area residents seeking services via H.S.I. process.</li> <li>2. Assist area residents with preparing and interpreting of application and supportive documents required for DSS services.</li> <li>3. Provide clients with information and referrals to TEAM’s programs and those of other agencies.</li> <li>3. Provide office space for Spanish-speaking volunteers to assist area Latinos and Hispanics to link to translation services.</li> <li>4. Provide space to New Haven Legal Assistance to improve access to legal services.</li> <li>5. Provide office space for the Visiting Nurse Association of South Central Connecticut to simplify access to Valley residents.</li> <li>6. Provide information and referrals through community events, media, and other vehicles.</li> </ol>
<p><b>Parenting Education / Dropout Prevention -</b></p> <p>Community Need - 6</p>	<ol style="list-style-type: none"> <li>1. Act as fiduciary and convener of Graustein Memorial Foundation Derby Discovery Project to improve the rate of pre-school attendance in the City.</li> <li>2. Advocate for and publicize the CARE 4 Kids subsidy program as a means to make day care affordable, improve TEAM program revenue; and assist parents with the application process.</li> <li>3. Improve parent participation in the governance of the programs and the learning of their children.</li> <li>4. Manage a Family Resource Center program that helps parents understand their child’s needs and be their first educator, and maintain funding from the Community Foundation.</li> <li>5. TEAM in partnership with the towns of Derby, Shelton, Seymour and Beacon Falls provides summer employment opportunities for low income youth.</li> <li>6. Participate on Derby juvenile justice review board</li> <li>7 Participate with the Youth Service Bureaus Ansonia and Derby to create a drop out prevention program.</li> </ol>
<p><b>Child Care</b></p> <p>Community Need -8</p>	<ol style="list-style-type: none"> <li>1. Maintain and develop the capacity to contract for School Readiness slots to support local Boards of Education in Ansonia, Derby, Seymour and Shelton.</li> <li>2. Collaborate with the VRAE Valley Even Start program to promote life skills, parenting education, GED and ESL for fifteen client parents.</li> <li>3. Maintain funding for quality early childhood programming, specifically State-subsidized day care pre-school slots and Head Start pre-school slots.</li> <li>4. Maintain State Department of Education support for wrap-around (full-day) preschool education services for Head Start children.</li> <li>5. Provide support, guidance and reimbursement for meals to home daycare providers in the region through the CACFP.</li> <li>6. Maintain CAFCP funding for a center-based nutrition program.</li> <li>7. Support the efforts of PCRC to continue the Prevention by Early Intervention program which serves preschool children identified as having significant social and emotional needs and assist teachers to</li> </ol>

	<p>acquire new coping skills.</p> <p>8. Maintain involvement in local School Readiness Councils, Discovery Committees, the Valley Council for Health &amp; Human Service’s Early Child Care and Education Committee, Systems of Care, and the Milford Social Services Council.</p> <p>10. Obtain affordable, long-term (lease) commitments for Milford, Seymour and ACA classrooms to affect greater stability.</p> <p>11. Ensure program monitoring systems are in place that measures the quantitative and qualitative improvements in young children’s socialization and cognitive skills.</p> <p>12. Maintain private resources for the Computer Tots literacy program.</p> <p>13. Implement an infant/toddler program to increase the program care options available to our clients.</p>
<p><b>Social Services</b> (Elderly)</p> <p>Community Need - 9</p>	<ol style="list-style-type: none"> <li>1. Hire a social worker to provide social support services to elders in the community.</li> <li>2. Provide information and referral services to elders and their natural support systems (family, friend &amp; neighbors) to assist them in finding needed services and resources.</li> <li>3. Outreach services will be developed to assist isolated older adults in the community to prevent depression, self-harm, and other behavioral health issues.</li> <li>4. Explore strategies to expand attendance at senior café sites particularly into under-served areas in the region.</li> <li>5. Maintain resources for and provide meals to homebound elderly clients.</li> <li>6. Maintain funding for and provide at congregate sites.</li> <li>7. Maintain funding for and provide homemaking services</li> <li>8. Maintain membership on the Valley Council of Health and Human Service’s Senior Council and Elder Response Team, the Area Agency on Aging’s Advisory Council and other senior networks in the region.</li> </ol>
<p><b>Preventative Healthcare</b> <b>(Elderly)</b></p> <p>Community Need- 10</p>	<ol style="list-style-type: none"> <li>1. Outreach services will be provided to ensure TEAM older adult clients have access to screenings, preventive and educational health services.</li> <li>2. Affordable health care services including prescription medications will be available to TEAM older adult clients.</li> <li>3. Affordable in home care medical services will be available to TEAM older adult clients</li> <li>4. Elderly nutrition will be provided to elders through home delivered meals for homebound frail, elderly, community based café meal sites for senior center participants and alternative senior meal option programs in community restaurants</li> </ol>



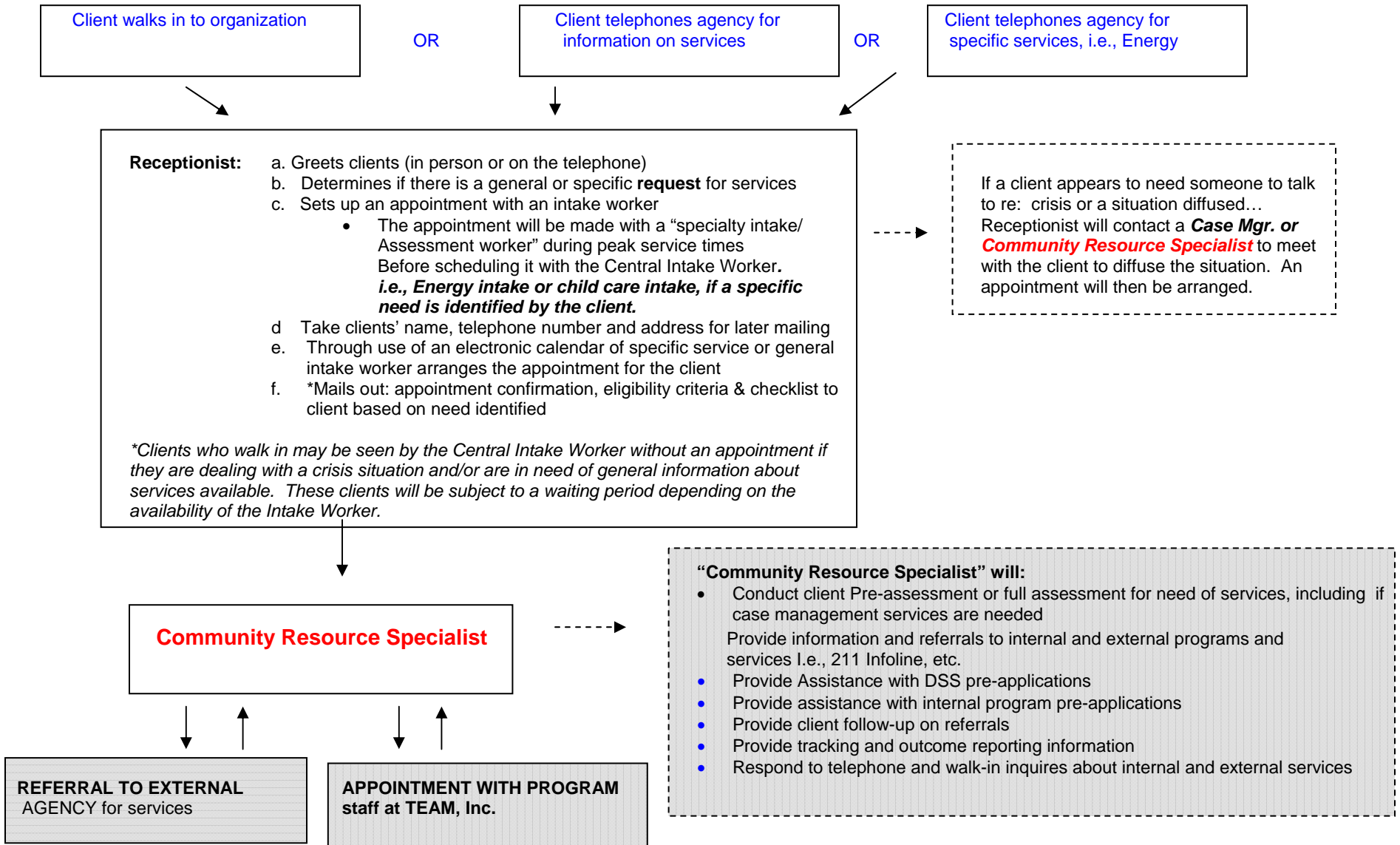
# HUMAN SERVICE INFRASTRUCTURE SERVICE DELIVERY MODEL

## OVERVIEW



## Detailed H.S.I. Service Delivery Model

### Client Entrance to Organization



**Community Resource Specialist**

**Energy” Intake Worker will:**

- Respond to Energy appointments arranged by receptionist
- Complete the Intake & Pre-Assessment for the client
- Complete & submit energy application materials
- Submit energy application materials to the certifier
- If worker identifies other needs or services available to
  - a. Inform the client of other services
  - b. Provide client with information on other eligible services, documents needed and permission for referral
  - c. Refer to intake worker for follow-up on specific will:program application completion and/or full assessment by Community Resource Specialist

**Child Care Intake Worker will:**

*An identified Child Service worker will complete intake with clients that indicate a need for Child Care Services during peak enrollment periods and other times identified as needed*

Respond to “Child Care Service” appointments pre-arranged by the receptionist.

Complete the intake & pre-assessment with the client

Determines Child Care eligibility and completes a CC application

Submits CC application to Family Service Coordinator

Conducts follow-up with the client on incomplete information

If worker identifies other needs or services available to the client, Worker

- a. Provide client with information on of other eligible services, documents needed and permission to refer
- b. Refer to “Central Intake Worker” for follow-up on full assessment of needs.
- c. If client is eligible and interested in Energy Assistance and it is Energy season, the intake worker will take all required information, complete the Energy application with the client and submit application to the Certifier for processing.

**Certifier will:**

1. Review intake & energy application materials received by Energy Intake Worker and/or other referrals from internal program staff
2. Notify client of status of application
3. If more information is needed to process the clients application, the Certifier will give written documentation of what’s needed and by when and will send notification or give notification to the client.

**Family Service Coordinator will:**

1. Review file and process for child services
- 2a. If accepted, assign a Family Advocate to work with the family
- 2b. If denied or placed on waitlist, will refer back to Central intake

**Family Advocate will:**

1. Notify family of acceptance to child service program
2. Coordinate program orientation session
3. Develop family goals utilizing (Assessment tool and Outcome Scale matrix for those families who fell below the prevention line on the pre-assessment tool)
4. Provide on-going case management to family
5. Provide information and referral for identified needs
6. Provide assistance with pre-application for services, internal and external.

## Coordination of Funding

TEAM's comprehensive services are funded in a variety of ways. The Community Services Block Grant (CSBG) funds received by TEAM are allocated primarily toward its support and management functions. These funds support agency capacity to serve Valley/Milford-Amity area residents. The CSBG funds support the salaries of TEAM's President/CEO, Vice President of Business Administration, and other central administrative positions and costs. These funds make it possible for TEAM to maintain administrative capacities and operations in order to deliver the services represented under the TEAM mission.

CSBG funding is used to leverage other state and federal grants, which further the mission of the agency. Hence, a \$200,000 investment has come to generate \$6,000,000 annually. Along with CSBG funding, comes the federal designation of TEAM Inc. as the mandated anti-poverty agency in the lower-Valley region.

Categorical grants are restricted for the purposes prescribed. Hence, TEAM uses a cost allocation plan to distribute general and overhead costs across the agency. Expenditures are restricted for specific purposes and tracked accordingly. Many programs are interrelated and these have coordinated funding plans. In addition, the HSI system ensures that various program staff relate to each other regarding a mutual client's needs.

While CSBG and H.S.I. grants fund the agency's core capacity and senior management, TEAM utilizes corporate and private giving and foundation funds in support of specific programs. Meanwhile, municipal cash donations of approximately **\$50,000** support the agency's core capacity and programs as required. An additional **\$125,000** is received in noncash donations and services from municipalities also. Since federal funds require that nonfederal funds match their grants, it is vital for the agency to maintain these local and private sources of funding.

The matrix on the following page charts the distribution of TEAM's total expenditures by Service Delivery Category. Each category also shows the sources of the funding and the percentage of TEAM's overall budget.

<b>TEAM Programs and Service Delivery Categories</b>	<b>Grant Revenue FYE 2007</b>	<b>Source of Funding</b>	<b>% of Total</b>
<u>Education</u>			
Head Start	\$ 1,287,043	USHHS	41.91%
Child Day Care	\$ 454,896	CTDSS	
HS Extended Day / Enhancement	\$ 96,986	CTDOE	
School Readiness / Ansonia	\$ 112,350	CITY OF ANSONIA/SDE	
School Readiness / Derby	\$ 105,000	CITY OF DERBY/SDE	
School Redainess/Seymour	\$ 107,000	TOWN OF SEYMOUR/SDE	
Computer Tots	\$ 20,000	PITNEY BOWES	
Derby Discovery	\$ 40,260	WILLIAM CASPAR GRAUSTEIN	
Early Intervention	\$ 35,000	COMMUNITY FOUNDATION	
Sub-Total	\$ 2,365,535		
<u>Employment</u>			
Summer Youth Employment	\$ 61,000	CTDOL/WORKPLACE	1.08%
Sub-Total	\$ 61,000		
<u>Nutrition</u>			
Child - Adult Care Food Program	\$ 241,192	CTDSS	11.50%
Child Day Care - Central Food	\$ 120,000	CTDOE/USDA	
Nutrition - MOW	\$ 297,765	AASCC	
Nutrition - CONG	\$ 50,000	AASCC	
Sub-Total	\$ 648,957		
<u>Health</u>			
Medical Transportation	\$ 28,340	AASCC	0.50%
Sub-Total	\$ 28,340		
<u>Housing</u>			
Beyond Shelter	\$ 51,491	CTDSS	37.29%
Eviction Prevention	\$ 34,644	CTDSS	
Housing Crisis	\$ 17,974	CTDSS	
Energy Assistance	\$ 1,979,905	CTDSS	
Operation Fuel	\$ 21,000	USHUD	
Sub-Total	\$ 2,105,014		
<u>Income Management</u>			
IDA	\$ 45,000	CTDOL	0.80%
	\$ 45,000		
<u>Other</u>			
Crisis Aid	\$ 2,839	UNITED WAY	6.92%
Toys for Tots	\$ 12,000	PRIVATE DONATIONS	
Homemaking	\$ 46,800	AASCC	
SBG	\$ 30,780	CTDSS	
Various Programs	\$ 17,000	LOCAL DONATIONS	
Management & Support	\$ 340,334	CTDSS	
Management & Support	\$ 50,500	MUNICIPALITIES	
Sub-Total	\$ 390,834		
Grand Total:	\$ 5,644,680		

**Community Action Goal 1 (Family)**  
**Low-Income People Become More Self-Sufficient**

Outcomes	Indicators
Positive benefits and behaviors that result from a program or service intervention.	# and % of clients/units to achieve each outcome
1) <b>Obtained Employment/Self-Employment for Unemployed Persons.</b>	<ul style="list-style-type: none"> <li>a) 20 of 50 (40%) obtained <b>part-time</b> employment – less than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.), w/o health insurance benefits.</li> <li>b) 10 of 10 (100%) obtained <b>part-time</b> employment – equal to or greater than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.), w/o health insurance benefits.</li> <li>c) 5 of 10 (50%) obtained <b>full-time</b> employment – number of hours as defined by employer; at least minimum wage, without benefits.</li> <li>d) 20 of 25 (80%) obtained <b>full-time</b> employment – number of hours defined by employer, above minimum wage and could include benefits.</li> <li>e) 1 of 1 (100%) became <b>self-employed</b> – and earned the equivalent of at least part-time employment.</li> </ul>
2) <b>Obtained Employment/Self-Employment for Employed Persons.</b>	<ul style="list-style-type: none"> <li>a) 50 of 55 (90%) obtained <b>part-time</b> employment – less than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.), w/o health insurance benefits.</li> <li>b) 4 of 4 (100%) obtained <b>part-time</b> employment – equal to or greater than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.), w/o health insurance benefits.</li> <li>d) 19 of 25 (76%) obtained <b>full-time</b> employment – number of hours defined by employer, above minimum wage and could include benefits.</li> </ul>
3) <b>Maintained Employment for at Least 90 days.</b>	75 of 100(75%)
5) <b>Increased Total Household Resources from Non-Employment Sources.</b>	<ul style="list-style-type: none"> <li>a) 71 of 71 (100%) obtained Federal Earned Income Tax Credit. <ul style="list-style-type: none"> <li>1) Aggregated dollar amount of credits: \$95,000</li> </ul> </li> <li>b) 21 of 21 (100%) obtained Federal Child Tax Credit. <ul style="list-style-type: none"> <li>1) Aggregated dollar amount of credits: \$39,000</li> </ul> </li> </ul>

<p style="text-align: center;"><b>Outcomes</b></p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;"><b>Indicators</b></p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p><b>6) Increased Ability to Manage Income and Use Assets to Achieve Self-Sufficiency.</b></p>	<p>a) 27 of 44 (61%) demonstrated ability to complete and maintain a budget for over 90 days.</p> <p>b) 10 of 10 (100%) opened IDA or other savings account and increased savings.</p> <p>c) 16 of 16 (100%) decreased debt and maintained budget and savings plans for over one year.</p> <p>e) 3 of 3 (100%) began post-secondary education due to accumulated savings</p>
<p><b>7) Obtained Adequate, Safe, Affordable, Unsubsidized, Permanent Housing</b></p>	<p>a) 2 of 2 (100%) purchased home, mobile home or condominium.</p> <p>b) 40 of 40 (100%) obtained permanent rental housing of choice.</p>
<p><b>8) Eliminated/Reduced Barriers to Employment and Self-Sufficiency</b></p>	<p>a) 33 of 36(91%) obtained work experience as a non-paid volunteer <b>and</b> developed measurable identified skill(s).</p> <p>b) 15 of 25 (60%) demonstrated a measurable increase in identified skills/competencies <b>required</b> for employment</p> <p>c) 5 of 13(38%) completed training program <b>and</b> received certificate or diploma <b>required</b> for employment.</p> <p>d) 5 of 10 (50%) completed ABE/GED <b>and</b> obtained certificate or diploma <b>in order to</b> acquire or maintain employment.</p> <p>e) 5 of 5 (100%) completed post-secondary education program, <b>and</b> obtained certificate or diploma <b>in order to</b> acquire or maintain employment.</p> <p>f) 25 of 25 (100%) enrolled children in “before/after” school program, <b>in order to</b> acquire/maintain employment.</p> <p>g) 135 of 160 (84%) obtained care for child or other dependant, <b>in order to</b> acquire/maintain employment. (Identify type of care, for example, center-based care, family day care, relative day care, childcare certificate, and others).</p> <p>h) 5 of 8 (63%) obtained reliable transportation and/or driver’s license <b>in order to</b> acquire/maintain employment.</p> <p>i) 45 of 60 (75%) moved toward self-sufficiency by “moving up” at least one step on an outcome scale. (Attach a copy of scale used.)</p> <p>j) 137 of 164 (84%) completed goals on their case management plan <b>in order to</b> move toward self-sufficiency.</p>

**Definitions:**

**Increased Total Household Resources from Non-Employment Sources** – this could refer to such things as: a move of a job to one closer to home which reduces travel costs; securing benefits such as tax credits, child support, SSI; or other increases which you may wish to define.

**Completed goals on their case management plan in order to move toward self-sufficiency** – this should refer specifically to the individual/family movement toward employment and self sufficiency, and not to their increased potential or to strengthen supportive systems.

**Maintained independence** – this could refer to a range of outcomes for individuals of various ages, characteristics, or circumstances. Outcomes associated with participation in treatment programs, alternatives to incarceration or institutionalization, Family Care Giver programs or other programs that enable families/individuals to achieve a measure of self-sufficiency should be reported here. Provide outcome, indicator and description in narrative comments.

**Community Action Goal 6 (Family)**  
***Low-Income People Especially Vulnerable Populations, Achieve Their Potential  
 by Strengthening Family and Other Supportive Systems***

<b>Outcomes</b>	<b>Indicators</b>
Positive benefits and behaviors that result from a program or service intervention.	# and % of clients/units to achieve each outcome
<p><b>1) Increased Education and/or Skills.</b></p>	<p>a) 8 of 10 (80%) adults improve academic skills, and/or prepare to move on to other educational/training programs.</p> <p>b) 8 of 10 (80%) adults obtain ABE/GED certificate or diploma.</p> <p>c) 32 of 37 (86%) adults obtain or improve job skills.</p> <p>d) 55 of 55 (100%) youth obtain job skills.</p>

<p style="text-align: center;"><b>Outcomes</b></p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;"><b>Indicators</b></p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p><b>2) Increased Families' Skills and Strengthened Families.</b></p>	<ul style="list-style-type: none"> <li>a) 38 of 38 (100%) participants improve their behavior/family functioning as a result of counseling.</li> <li>b) 30 of 36 (83%) parents/caregivers improve family functioning as a result of classes or supportive services.</li> <li>c) 160 of 160(100%) participants maintain family stability by accessing affordable care of minor child or other dependent.</li> <li>d) 4 of 4 (100%) children) at-risk of DCF placement remain with family due to improved family functioning.</li> <li>e) 2 of 2 (100%) non-custodial fathers increase time spent with child.</li> <li>f) 1of 1 (100%) non-custodial fathers who are behind in child support payments make payments against new payment schedule.</li> <li>g) 103 of 103(100%) participants demonstrate increased knowledge of positive parenting skills and techniques.</li> </ul>
<p><b>3) Increased Ability to Manage Income.</b></p>	<ul style="list-style-type: none"> <li>a) 17 of 28 (61%) operate within established budget for at least 90 days.</li> <li>b) 33 of 33 (100%) households/individuals decrease energy usage due to Weatherization services.</li> <li>c) 24 of 44 (55%) participants demonstrate increased knowledge of skills to manage income and increase savings.</li> <li>d) 14 of 14 (100%) demonstrated increased knowledge of energy conservation</li> <li>e) 900 of 900 (100%) completed payment plan for matching payment program</li> <li>f) 17 of 17 (100%) completed payment plan for NUSTART Program</li> </ul>

<p style="text-align: center;"><b>Outcomes</b></p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;"><b>Indicators</b></p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p><b>4) Obtained, Maintained, or Improved Housing Arrangements.</b></p>	<ul style="list-style-type: none"> <li>a) 15 of 15 (100%) households/individuals in temporary or transitional housing arrangements obtain safe, stable housing.</li> <li>b) 70 of 73 (96%) households/individuals maintain safe/stable housing for at least 90 days.</li> <li>d) 5 of 5 (100%) Households improve home environmental safety thru installation of new heating and/or air conditioning system.</li> <li>e) 3 of 3(100%) households complete steps toward their first home purchase.</li> <li>g) 10 of 10 (100%) Households obtained safe/stable housing through payment of Security Deposit</li> </ul>
<p><b>5) Reduced or Eliminated an Emergency Need.</b></p>	<ul style="list-style-type: none"> <li>a) 150 of 150 (100%) receive emergency/supplemental food from food pantry. (Proxy)</li> <li>b) 143 of 143(100%) receive clothing. (Proxy)</li> <li>c) 5 of 5 (100%) receive emergency shelter.</li> <li>d) 2500 of 2500 (100%) avoid utility termination or fuel crisis through agency payment.</li> <li>e) 40 of 40 (100%) avoid eviction (due to rental non-payment or mortgage foreclosure) for at least 120 days through mediation.</li> <li>f) 24 of 35 (69%) avoid eviction (due to rental non-payment or mortgage foreclosure) through mediation for at least 360 days</li> <li>g) 85 of 90 (95%) obtain resolution of problem with fuel vendor</li> <li>h) 30 of 65(46%) avoid eviction through payment of rent</li> </ul>

<p style="text-align: center;"><b>Outcomes</b></p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;"><b>Indicators</b></p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p><b>6) Improved or Maintained Nutrition.</b></p>	<ul style="list-style-type: none"> <li>a) 180 of 180 (100%) participate in senior congregate meal programs. (Proxy)</li> <li>b) 425 of 425 (100%) participate in Meals on Wheels. (Proxy)</li> <li>c) 900 of 900 (100%) children participate in congregate meal programs. (Head Start, child care, after school, summer meal programs, etc.) (proxy)</li> </ul>
<p><b>7) Obtained Access or Links to Services.</b></p>	<ul style="list-style-type: none"> <li>15 of 15 (100%) obtained services/benefits due to translation assistance.</li> <li>30 of 30 (100%) report ability to access services independently.</li> <li>20 of 20 (100%) obtained or maintained necessary services with assistance.</li> <li>3,000 of 3,000 (100%) received referral to necessary services.</li> </ul>

<p style="text-align: center;"><b>Outcomes</b></p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;"><b>Indicators</b></p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p><b>8) Improved or Maintained Physical or Behavioral Health.</b></p>	<ul style="list-style-type: none"> <li>a) 300 of 300 (100%) obtained access to needed health care.</li> <li>b) 325 of 325 (100%) maintained health, independence and self-sufficiency by utilizing shared-ride transportation.</li> <li>c) 15 of 15 (100%) improved and/or maintained desired health status behavior for at least three months</li> <li>d) 3 of 3 (100%) remained drug and alcohol free for at least six months.</li> </ul>

<p style="text-align: center;"><b>Outcomes</b></p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;"><b>Indicators</b></p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p><b>9) Children and Youth Participate in Services that Support Their Growth and Development.</b></p>	<ul style="list-style-type: none"> <li>b) 238 of 238 (100%) children (ages 0-5) obtain age appropriate immunizations and medical care.</li> <li>c) 238 of 238 (100%) children (ages 0-5) obtain age appropriate dental care.</li> <li>d) 238 of 238 (100%) children (ages 0-5) participate in pre-school activities that develop school readiness skills.</li> <li>e) 238 of 238 (100%) children (ages 0-5) who participate in pre-school activities demonstrate improvement in school readiness skills.</li> <li>f) 20 of 20 (100%) children (ages 0-5) who participate in pre-school activities and diagnosed as needing special education/remedial services, receive appropriate services. (proxy).</li> </ul>

<b>Outcomes</b> Positive benefits and behaviors that result from a program or service intervention.	<b>Indicators</b> # and % of clients/units to achieve each outcome
<b>10) Seniors Participate in Services that Support Independent Living.</b>	180 of 180 (100%) senior citizens remain active in their communities by participating in community-oriented programs (include Senior Centers, RSVP, Senior Employment, Foster Grandparent etc.)  500 of 500 (100%) senior citizens maintain independent living status for 90 days through support services (including home delivered meals, home health or homemaker services, etc.).  1,000 of 1,000 (100%) Senior Citizens avoid institutionalization through support services for at least six months after receiving services.
<b>11) Increased Other Supports to Eliminate Causes of Poverty.</b>	

Narrative Comments: Please attach a separate sheet if necessary.

**Community Action Goal 2 (Community)**  
*The Conditions in Which Low-income People Live are Improved*

<b>Outcomes</b>	<b>Indicators</b>
<b>3) CAA Resources Expand Capacity of Other Agencies to Serve Low-Income People.</b>	a) CAA provides in-kind office space and other resources to agencies serving low-income people.
<b>4) The Quality of Life in Low-Income Neighborhoods is Improved.</b>	a) 2 Early Childhood and childcare centers that are available to low-income residents receive accreditation.

**Community Action Goal 3 (Community)**  
***Low-Income People Own a Stake in Their Community***

Outcomes	Indicators
<b>1) Low-Income People Participate in Formal Community Organizations, Government, Boards or Councils that Provide Input to Decision-Making and Policy Setting Through CAA Efforts.</b>	a) 10 of 110 (100%) of low-income people serve on Head Start Policy Councils.
<b>3) Low-Income People Participate in Social or Volunteer Activities.</b>	a) 13 low-income people volunteered their services to help others through community agencies or community-oriented activities.

**Community Action Goal 4 (Agency)**  
***Partnerships Among Supporters and Providers of Services to Low-Income People are Achieved***

<i>For Each Partnership, Write # of Efforts Maintained from Previous Reporting Period, Efforts New this Reporting Period and the Type of Partnership or Collaboration.</i>	
<b>1. Partnerships to Coordinate Service Delivery, Improve Program Efficiency, Streamline Administration and/or Eliminate the Duplication of Services are Achieved.</b>	a) 20 partnerships with non-profit orgs.  c) 17 partnerships with Local Government.  d) 2 partnerships with State Government Entities.  f) 4 partnerships with For-Profit Businesses or Corporations.  g) 13 partnerships with Coalitions or collaborative (3 or more groups).
<b>2. Partnerships to Improve Community Planning are Achieved.</b>	g) 6 partnerships with Coalitions or collaborative (3 or more groups).
<b>3. Partnerships to Accomplish Specific Family Outcomes are Achieved.</b>	a) 1 partnership with non-profit org.  c) 1 partnership with Local Government.  d) 3 partnerships with State Government Entities.
<b>4. Other Types of Partnerships or Collaborations.</b>	g) 10 partnerships with Coalitions or collaborative (3 or more groups).

**Community Action Goal 5 (Agency)**  
***Agencies Increase their Capacity to Achieve Results***

<b>Table 1: Agencies Leverage External Resources to Increase their Capacity to Serve Low-Income People.</b>	
	a) Amount of funding from CSBG: \$250,369 b) Amount of Federal Government (non-CSBG) funding: \$1,252,170 c) Amount of State Government funding (includes non-CSBG federal dollars passed through a state agency): \$3,806,753 d) Amount of Local Government entity funding: \$51,500 e) Amount of other local funding: \$124,612 f) Amount of private funding: \$287,663 g) Amount of funding from cash donors: \$158,689 h) Other: \$153,447

**Table 2: Agencies Leverage External In-Kind and Donated Resources to Increase their Capacity to Serve Low-Income People.**

<p><b>1. Volunteer or Donated Staff Hours</b></p>	<p>a) Number of volunteer hours from the <i>general public</i>: 4000</p> <p>b) Number of volunteer hours from agency <i>clients</i>: 600</p> <p>c) Number of volunteer hours from agency <i>board members</i>: 720</p> <p>d) Number of volunteer hours from <i>business community</i>: 300</p>
<p><b>2. Donated or In-Kind Space</b></p>	<p>a) The amount of donated or in-kind space in the community used for CAA supported programs, services or activities: \$165,000</p>
<p><b>3. Other Non-Cash Donations</b></p>	<p>a) The amount of donated materials and supplies: \$62,698</p> <p>b) The amount of donated food: \$6,000.</p>

**Table 3: Agency Organizes and Operates its Programs, Services, and Activities Toward Accomplishing Family and Community Outcomes.**

<p><b>1. Agency has the Capacity to Measure Client/Customer Progress Towards Self-Sufficiency.</b></p>	<p>a) CAAs are organized in different ways depending on their configuration of programs and services. Please identify the one statement below that best describes how your CAA is organized.</p> <p>1.1a A common in-take process and common ID# is used for <u>all</u> clients of the CAA.</p> <p>b) CAAs are organized in different ways depending on their configuration of programs and services. Please identify the one statement below that best describes how your CAA is organized.</p> <p>1.1b Agency utilizes a regional database for <u>all</u> clients of the agency for use in intake and assessment and provision of services.</p>
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**Table 4: Agency Organizes and Operates its Programs, Services, and Activities Toward Accomplishing Family and Community Outcomes.**

<p><b>1. Agency has the Capacity to Report Client/Customer Progress Towards Self-Sufficiency. (Choose all that apply.)</b></p>	<p>b) Agency utilizes outcome scales to measure customer movement toward self-sufficiency.</p> <p>c) Agency has capacity to derive unit cost statistics for efficiency: cost per service delivered or cost of service per client.</p> <p>d) Agency has capacity to derive unit cost statistics for effectiveness: cost per outcome delivered.</p>
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<b>2. Agency has Provided Results-Oriented Management and Accountability Training. (Choose all that apply.)</b>	<ul style="list-style-type: none"> <li>a) Agency Board has received Introduction to ROMA training.</li> <li>b) Agency management staff has received Introduction to ROMA training.</li> <li>c) Agency supervisory staff has received Introduction to ROMA training.</li> <li>d) Agency line staff has received Introduction to ROMA training.</li> </ul>
<b>3. Agency Programs Achieved Accreditation Demonstrating That Program Meets or Exceeds Nationally Recognized Standards.</b>	<ul style="list-style-type: none"> <li>a) 5 of 5 (100%) early childhood care and education sites that have NAEYC or other recognized form of accreditation.</li> </ul>

**Table 5: Agency Staff Obtained Credentials That Improve Their Capacity to Achieve Results.**

<b>1. Agency Staff Obtained Credentials That Improve Their Capacity to Achieve Results.</b>	<ul style="list-style-type: none"> <li>a) 1 staff who works with children obtains the Child Development Associate credential, or higher form of credential/degree.</li> <li>b) 1 staff who received Associates Degree.</li> </ul>
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