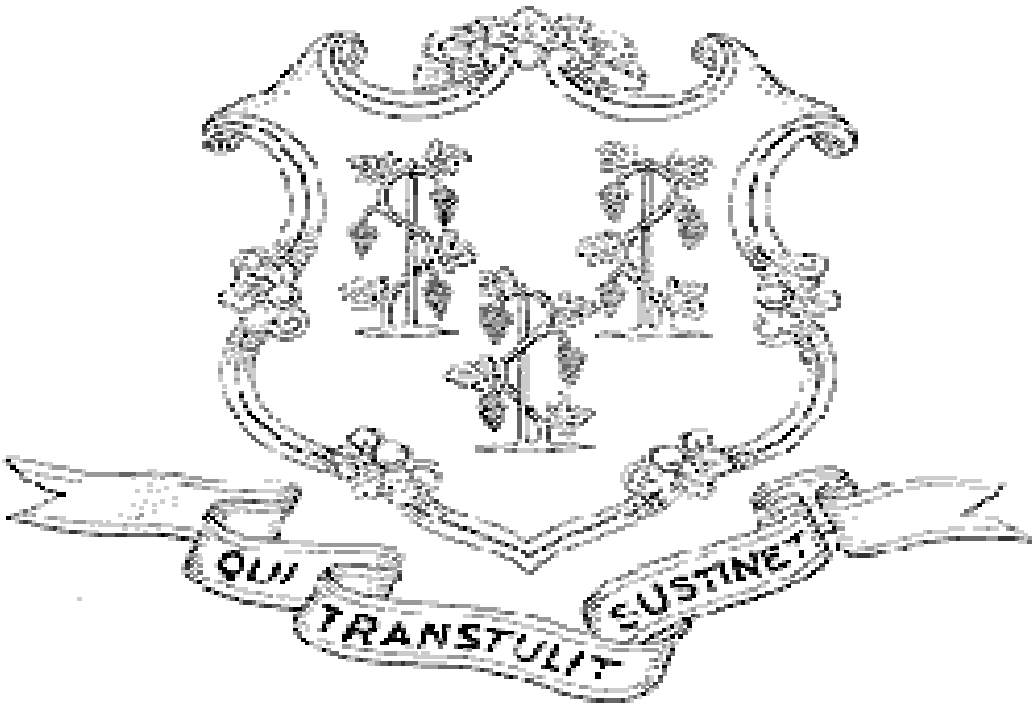
STATE OF CONNECTICUT
LONG RANGE STATE HOUSING PLAN
2005-2009



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I. EXECUTIVE SUMMARY

Section 8-37t of the Connecticut General Statutes requires that every five years, the Commissioner of Economic and Community Development together with the Connecticut Housing Finance Authority, prepare a long-range state housing plan, which conforms with and is subject to the plan of conservation and development for the state adopted by the General Assembly.

PREPARATION OF THE STATE LONG-RANGE HOUSING PLAN

Requirements of the State Long-Range Housing Plan

The state long-range housing plan statute requires that the plan:

(1) Contain an assessment of the housing needs of households with incomes less than one hundred per cent of the average area median income, adjusted for family size, analyzed separately for households with incomes:

(A) less than twenty-five per cent of the area median income,
(B) more than twenty-five per cent but not more than fifty per cent of the area median income,
(C) more than fifty per cent but not more than eighty per cent of the area median income, and
(D) more than eighty per cent but not more than one hundred per cent of the area median income;

(2) analyze the households served by the housing construction, substantial rehabilitation, purchase and rental assistance programs, including the number of households served by each program, the total amount of financial assistance provided to such households and the race of households served under such programs;

(3) provide information on affirmative fair housing marketing activities and programs and an analysis of occupancy results of affirmative fair housing marketing plans and shall include data on the racial composition of the occupants and persons on the waiting list of each housing project which is assisted under any housing program established by the general statutes or special act or which is supervised by the commissioner or the Connecticut Housing Finance Authority;

(4) set specific measurable goals for meeting identified housing needs;

(5) outline strategies for meeting those goals; and

(6) identify state, federal and private sector resources for affordable housing programs. The provisions of this section shall not be construed to require an occupant or applicant to disclose the race of such occupant or applicant on an application or survey form. The long-range plan shall be updated annually by an action plan that assesses the state's progress toward meeting housing needs contained in the long-range plan and recommends revised strategies, if deemed necessary. In preparing the long-range plan and subsequent action plans, the commissioner shall consult with representatives of those who use or benefit from state housing programs.

Planning Process
The 2005-2009 State Long-Range Housing Plan was developed in tandem with the Connecticut 2005-2009 Consolidated Plan for Housing and Community Development. The Consolidated Plan focuses on the state's administration of four federal housing and community development block grant programs whereas the State Long-Range Housing Plan focuses on the administration of state funded housing development and subsidy programs.

DECD engaged the services of the Center for Research, Survey and Analysis (CRSA), Department of Public Policy (DPP) at the University of Connecticut (UCONN) to prepare a Housing Needs Assessment and Market Analysis to be used in the development of both plans.

Based on the Housing Needs Assessment and Market Analysis, most recent Connecticut Housing Production & Permit Authorized Construction and State Tenant Demographics reports as well as a review of the current economic picture and future economic outlook and in consultation with the Connecticut Housing Finance Authority, the DECD prepared a strategic plan and goals, objective and priorities for the five year period beginning July 1, 2005.

In aggregate the aforementioned parts formed the draft State Long-Range Housing Plan which was presented to the public for comment from November 18, 2004 to December 18, 2004. Two public hearings were held during this period. The draft plan was also submitted to housing advocates, the state agencies that assisted in the development of the plan, the state's regional planning organizations and members of the legislatures P&D Housing sub-committee.

State Long-Range Housing Plan
The following document represents Connecticut's 2005-2009 State Long-Range Housing Plan. In accordance with the aforementioned statute and statutory requirements it includes an overview of the state's economic and demographic characteristics, discusses procedures undertaken to obtain public input, assesses housing needs, analyzes the current housing market, and outlines a strategic plan that addresses issues such as affordable housing, homelessness, and lead-based paint hazards.

This plan integrates economic, environmental, human, and physical development in a coordinated fashion to respond to the holistic needs of Connecticut's communities. The creation of the plan has followed an inclusive and participatory process. The strategies developed through this planning process represent an approach to providing decent housing to the state's population, and establishing and maintaining a suitable living environment for all citizens.

THE CONNECTICUT HOUSING ENVIRONMENT

Connecticut
Located in southern New England, Connecticut is geographically a relatively small but densely populated state. Connecticut also has divergent socio-economic groups and housing needs. Overall, the housing market is robust with, for example, solid numbers of housing starts. However, housing prices are high compared to the nation as a whole. As a result, affordability particularly for those with low and moderate income is a significant issue.

Economic Outlook
Although the consensus is that the U.S. and Connecticut economies are enjoying a slow economic recovery, the question, entering 2005, remains, "Where are the jobs?" One of the most hotly debated issues in the presidential race was the pace of U.S. job growth. Data from the U.S. Bureau of Labor Statistics show that from December 2000, just before Bush took office, to

December 2003, the U.S. lost 2,406,000 jobs. However, the same source also shows that just before the election, the U.S. had regained 1,982,000 jobs from December 2003 level.

Connecticut's job picture seesawed between gains of more than 4,000 jobs in both April and May 2004 to losses of the same magnitude in both June and July 2004. When the final data are in for 2004, it is likely Connecticut's employment in 2004 will barely have changed at all from 2003's estimated level of 1,644,000, leaving Connecticut employment still below the pre-2001 recession level. Even though overall Connecticut employment has stabilized, employment growth continues to elude most industry sectors here in the state. Productivity, Connecticut's leading competitive advantage, cuts both ways. While it increases the output of employed workers, employers can produce more with the same or fewer workers. This phenomenon will persist in the year ahead and continue the trend of slow job growth even as the economy expands. Further exacerbating the employment problem is the slow growth in the Connecticut labor force – worsened when discouraged workers leave the pool of eligible job seekers. Connecticut's employment probably won't surpass the 2000 high of 1.693 million until 2006.

Continued lackluster job growth isn't our only worry for 2005 as the specter of inflation is once again lurking in the periphery. Higher producer prices, especially coupled with increasing energy costs, portend higher consumer prices down the road. In terms of housing, the rapidly rising cost of lumber, steel and concrete will have a major impact on the cost of housing in Connecticut. Rising energy prices will also have a significant impact on both the construction and occupancy side of the housing market. Higher prices at the pump with increase the cost of transporting materials to the construction site and raise the cost of operating heavy machinery. Higher heating and electricity costs will place an increased burden on homeowners and renters ability to cover housing costs. Both factors portend higher unit costs, which will make the provision of affordable housing more difficult while at the same time heightening its urgency.

The Fed, however, has already begun raising interest rates and will likely continue to do so in increments of 25 basis points at each Federal Open Market Committee meeting, hopefully holding inflation at bay until neutral rates are achieved. Rising interest rates and construction costs should begin to dampen the U.S. and Connecticut housing markets; however Connecticut's housing market should continue show strong results. At last report, year-to-date data for housing permits were up an impressive 21.0 percent to 8,797 units, on track to surpass 2003's high of 10,435 units. However, construction contracts, a standard measure of building activity, were down on a year-over-year basis by 8.8 percent. Despite higher interest rates, we should expect another solid year of housing growth in Connecticut in 2005 because housing demand is also driven by prices, incomes, and growth of households (household formation) that are currently favorable to new housing demand.

Higher interest rates will also have negative implications for consumer spending. Rising consumer debt and higher interest rates will constrain future consumer spending, the single most important component of Gross Domestic Product in the national income accounts. Indicators of consumer activity in Connecticut in 2004 point to a weakening in consumer spending. Year-to-date Connecticut auto registrations, a proxy for new car sales, were down 3.2 percent. Visitors at major Connecticut tourism attractions year-to-date were down 1.4 percent. Both the New England and the U.S. consumer confidence indices were down by 18.6 and 12.2 percent of their respective highs since the 2001 recession.

Unfortunately, the dampening effect of rising interest rates on consumer spending, housing, construction, and business investment in both the U.S. and Connecticut will forestall rapid expansion of either economy next year. Despite this fact, Connecticut's long-term growth rate of

5 percent in the Gross State Product is expect to be maintained as the state's high productivity and decade-long economic diversification continue to pay dividends.

Longer-term, most analysts believe that as supply catches up with demand the inflation of building material of the costs will subside to a more manageable 3.5% per year by the end of 2005, however the price gains of the past year will likely remain mostly intact. Longer-term, as the economies of the developing world gain strength (especially China, India and most of South America) demand for building materials will be heavy keeping upward pressure on prices and subjecting the market to increased price volatility.

Housing Needs Assessment

Connecticut is a densely populated state compared to the nation and to other northeastern states. Connecticut consists of 4,845 square miles and has a population of 3,425,074. According to US Census estimates, population density was 719 people per square mile in 2003 compared to the national figure of about 82 people per square mile and 336 people per square mile in the northeast.

Connecticut's population is growing albeit significantly slower than the national average. Between 1990 and 2000, Connecticut's population grew 3.6 percent; the national population increased 12.8 percent in the same period. The highest growth rates occur in Connecticut's smaller rural and semi-rural towns. The areas with population declines primarily occur in the state's urban areas such as New Haven and the capital, Hartford.

One pattern of particular note is that the elderly are increasing in number and the non-elderly are decreasing. The young and very young remain a relatively stable portion of the total.

Among ethnic groups, the percentage of whites is decreasing while the number of African Americans and Hispanics is increasing. Whites made up 92 percent of Connecticut's population in 1980 and 83.5 percent in 2000. In contrast, the Hispanic population increased from 4.1 percent in 1980 to 9.4 percent in 2000.

Median household income was $59,697 in the State of Connecticut in 2000, significantly higher than the national household median of $42,148 and representing a new high for the state, even when adjusted for inflation. Incomes are consistently higher in Fairfield County located in the southwestern section of the state near New York City.

Connecticut's employment picture has been better than the nation as a whole. Seasonally adjusted figures from the Connecticut Department of Labor place the statewide unemployment rate at 4.1 percent compared to 5.6 percent for the entire U.S. But unemployment is not distributed evenly across the state, and some cities and towns have unemployment rates above the national average. For example, unemployment rates in Bridgeport, Hartford, and Waterbury are greater than the national average. Persistent high unemployment rates raise questions about possible long-term economic responses such as population loss as workers relocate to regions with more employment opportunities.

Homelessness remains a problem in the state. It is estimated that there are between 3,000 and 5,000 homeless individuals on any given night. In 2002, people were turned away from shelters an estimated 27,114 times.

Housing Market Analysis
During fiscal year 2003, the national housing market continued its strong performance largely because of record low interest rates, easy lending standards, and a tight housing supply. Overall, housing starts in the U.S. rose 5.3 percent with more than 1.7 million starts being recorded nationally during fiscal year 2003.

In Connecticut, starts for new dwelling units increased in fiscal year 2003 to an annual rate of 9,490 units, slightly below the 10-year average of 9,650 units. While housing activity in Connecticut is expected to weaken in the near term, any decline should be limited. Low mortgage rates and the lack of any significant overbuilding anywhere in Connecticut places a solid floor under the market. Therefore, the severe real estate downturn of the early 1990s is unlikely to repeat itself.

In 1998-99, Connecticut issued a record number of housing permits. The state has experienced a substantial slowdown since 1998 but the number of permits is nevertheless robust. In fiscal year 1998-99, there were approximately 11,500 housing starts compared to 9,500 in 2002-03.

However, affordability remains a significant issue. The median price of a home in Connecticut remains well above the national average, and rents are also high. For example, more than a third of those who rent spend more than 30 percent of their income on rent.

Housing Production
According to housing data from the U.S. Bureau of the Census, Connecticut authorized 10,435 new units in 2003; the highest permit production since 2000, the third highest since 1990. Please refer to Chart 1 on the next page. The total production increased 7.2 percent from 9,731 a year ago, 12.3 percent from 2001, and 11.3 percent from 2000.

Demographics of State Supported Housing
5,757 (55.8 percent) of households occupying units assisted through DECD programs earned 25 percent or less of AMI for the area in which the units are located, while 3,490 (33.8 percent) of households reported their earned income to be between 25-50 percent of the AMI. The majority (89.6 percent) of residents in household units funded by DECD earned less than 50 percent of AMI. In addition, another 8.8 percent of those households earned less than 80 percent of AMI. Totally, 98.4 percent of residents being served earned a household income of less than 80% of AMI.

Almost one-third (31.7 percent) or 3,267 of total residents served through DECD's housing programs fall under the Elderly Housing program and have earned income of less than 25 percent of the AMI. Residents served by the Moderate Rental program in the same category represented 17.2 percent. Residents served by the Moderate Rental Program and the Elderly Housing Program with earned income of 25-50 percent of the AMI represent 28.5 percent of the total. Combined with the aforementioned Elderly Housing and Moderate Rental program residents, this accounts for 77.4 percent of the total residents served by DECD housing programs. In other words, the Department served the target population as intended.

Fair Housing
In compliance with State and Federal laws promulgated to ensure that its funded programs provide equal opportunities in employment, contracting and the provision of services and benefits, the Department of Economic and Community Development has institutionalized requirements and guidelines pertaining to affirmative action, racial and economic integration and economic development opportunities for small, minority-and women-owned businesses.

Department of Economic and Community Development Programs are administered in a nondiscriminatory manner, in accordance with equal opportunity, affirmative action and fair housing requirements.

Accordingly, recipients of state funds, in compliance with their certification to affirmatively further fair housing, are required to submit to DECD for review and approval, a Fair Housing Action Plan.

The Department has recently contract with a consultant to complete an update to the statewide Analysis of Impediment (AI) to Fair Housing Choice and provide training in Fair Housing and Civil Rights.

LONG-RANGE HOUSING STRATIES, GOALS, OBJECTIVES AND PRIORITIES

Strategic Plan

The following strategic goals are of equal importance and form the basis of Connecticut's strategy:

I. Encouraging Homeownership –

- Improve the ability of low- and moderate-income residents to access homeownership opportunities.

II. Expanding the Supply of Quality Affordable Housing –

- Preserve and increase the supply of quality affordable housing available to all low- and moderate-income households, and help identify and develop available resources to assist in the development of housing.
- Improve the ability of low- and moderate-income residents to access rental housing opportunities.
- Assist in addressing the shelter, housing, and service needs of the homeless poor and others with special needs.

To the fullest extent possible, the Connecticut 2005-2009 Consolidated Plan for Housing and Community Development reflects and is consistent with the state's recommended Conservation and Development Policies Plan for Connecticut 2004-2009.

Goals and Priorities

Prioritization Of Funding And Need

This plan recognizes that the housing needs of the state are many while the resources to address these issues are limited. As such, this plan attempts to maximize all available state resources by focusing the state's efforts.

There are 6 goals outlined in this document. These goals are listed in alphabetical order. Their position within this list does not denote a specific ranking. Only the supporting objectives have been prioritized. There are 26 supporting objectives. These have been prioritized from 1 (highest

priority) to 26 (lowest priority). Supporting objectives appear in the next section of this plan. The Plans goals are as follows:

- **Homelessness -** Address the shelter, housing and service needs of the homeless poor and others with special needs.

- **Home Ownership -** Improve the ability of low- and moderate-income residents to access home ownership opportunities.

- **Rental Housing Supply -** Preserve and increase the supply of quality affordable housing available to low- and moderate-income households.

- **Lead Paint And Hazardous Materials -** Support the removal of lead-based paint and other hazardous materials in existing housing.

- **Special Needs** - Address the housing and service needs of those populations defined as having special needs:

    - Elderly And Frail Elderly
    - Persons With Disabilities
    - Persons With HIV/Aids And Their Families
    - Persons With Substance Abuse Issues
    - Persons Recently De-Incarcerated

- **Supportive Housing -** Develop and implement strategies and solutions to address the problem of homelessness through the utilization of supportive housing.

Priorities and Objectives

	OBJECTIVES	CATEGORY
1	Provide rent subsidies or operating subsidies to increase housing affordability (DSS RAP).	HOMELESSNESS
2	Invest in the maintenance and preservation of existing state-assisted rental housing stock to preserve it as a long-term resource.	RENTAL HOUSING SUPPLY
3	Promote and support home ownership and mixed-income developments in areas that currently under-serve low and moderate-income households.	HOME OWNERSHIP
4	Increase the supply of new quality affordable congregate housing for the frail elderly	SPECIAL NEEDS
5	Support the moderate rehabilitation of existing single-family homes (a single family home is defined as a 1 to 4 unit owner occupied residential structure).	HOME OWNERSHIP

6	Preserve federally assisted housing. CHFA is working to keep privately owned, federally assisted housing developments, which are eligible to prepay their mortgages low-income housing, so those very low-income households do not become homeless.	**RENTAL HOUSING SUPPLY**
7	Expand homeless prevention services, follow-up services and increase transitional services throughout the system.	**HOMELESSNESS**
8	Increase the number of permanent supportive housing opportunities available to homeless households or those at risk of becoming homeless, particularly those with special needs by providing financing for renovation of existing buildings.	**SUPPORTIVE HOUSING**
9	Continue to provide for accessibility modifications.	**SPECIAL NEEDS**
10	Promote and support mixed-income developments in areas that currently under-serve low and moderate-income households.	**RENTAL HOUSING SUPPLY**
11	Support the removal of lead-based paint and other hazardous materials in existing housing through paint testing and risk assessments in accordance with the final lead safe housing rule - Title X of the Lead-based Paint Hazard Reduction Act of 1992 (24 CFR Pt 35).	**LEAD PAINT AND HAZARDOUS MATERIALS**
12	Target investment to address the "affordability" of existing housing stock for renters and homeowners with disabilities;	**SPECIAL NEEDS**
13	Continue using CHFA's mortgage programs for the promotion of homeownership opportunities in targeted areas where homeownership rates lag far behind.	**HOME OWNERSHIP**
14	CHFA/DECD programs will support local efforts to develop appropriate urban infill housing to make better use of limited urban land.	**HOME OWNERSHIP**
15	Maintain the registry of accessible housing units.	**SPECIAL NEEDS**

16	Coordinate the efforts of all the various state agencies and quasi-public entities involved in housing and the provision of social services to focus the state's resources on this issue of supportive housing in an efficient and effective manner.	**SUPPORTIVE HOUSING**
17	The Connecticut Department of Correction (DOC) will work with other state agencies to maximize the use of various funding streams to assist persons to reintegrate into their communities after release from DOC facilities.	**SPECIAL NEEDS**
18	Provide a range of services to elderly and frail elderly residents to ensure successful independent living, including support services, transportation, etc.	**SPECIAL NEEDS**
19	Provide a range of services to disabled residents to ensure successful independent living including support services, transportation, employment training, etc.	**SPECIAL NEEDS**
20	Continue to fund existing HIV/AIDS programs.	**SPECIAL NEEDS**
21	Continue existing substance abuse programs at levels permitted by funding availability. Link employment services, housing subsidies and long term supportive care to meet the needs of each beneficiary, by adapting services which anticipate and deal with changes in age, health, income and other circumstances. These actions will influence long term stability.	**SPECIAL NEEDS**
22	Provide favorable loan terms and/or loan guarantees for multifamily housing and mixed-use properties.	**RENTAL HOUSING SUPPLY**
23	Support adaptive re-use of historic structures for use as residential housing.	**RENTAL HOUSING SUPPLY**
24	Support the implementation of the Lead Action for Medicaid Primary Prevention (LAMPP) program.	**LEAD PAINT AND HAZARDOUS MATERIALS**
25	Provide a range of services to recently de-incarcerated residents to ensure successful independent living, including support services, transportation, employment training, etc.	**SPECIAL NEEDS**

26	Support and promote the coordination of multiple agency resources and inter-agency cooperation.	**SPECIAL NEEDS**

II. INTRODUCTION

This plan has been prepared in accordance with Section 8-37t of the Connecticut General Statutes by the Connecticut Department of Economic and Community Development in consultation with the Connecticut Housing Finance Authority.

In accordance with state statute, it provides the policy framework for the development of affordable housing in the state for the next five years. Also presented in this plan is the basis used for the setting of the policies, strategies, goals and objectives that appear in the plan.

The availability of quality affordable housing is an important issue in Connecticut. The state recognizes that a realistic and comprehensive housing strategy is vital to the future economic prosperity of Connecticut and that serious housing challenges continue to be present that must be addressed. They include in no particular order:

- **Rental housing subsidies/Rental assistance**
- **Mortgage assistance/Downpayment assistance**
- **Redevelopment, Rehabilitation and/or Preservation of existing State-assisted rental housing**
- **Support services for targeted populations**
- **Preservation of federally-assisted rental housing stock**
- **Rehabilitation of existing Non–State affordable and moderate rental housing stock**
- **Construction of new and replacement affordable and moderate rental housing stock**

Housing needs in the state are great, however the resources available to address these needs are finite. This plan attempts to establish the framework for which the efficient allocation of state financial and administrative resources, in the areas of affordable housing development and preservation and the delivery housing related services, can occur.

Part 1 of this plan presents a variety of statistical and demographic information about the state, its economy, and population. It includes an assessment of Connecticut's housing needs over the next five years, data on the Connecticut Housing Market, (including data concerning supply, demand, cost, affordability and the condition of Connecticut's housing stock), information on housing construction in the state and tenant demographic information regarding the residents of state funded housing Part 1 of this plan provides a context for Part 2 of the this plan.

Part 2 of this plan identifies a number of strategies for addressing Connecticut's housing needs. It also includes the state's affordable housing goals, objectives priorities and performance measurements.

Preparation of the Plan
The Department of Economic and Community Development prepares two five year strategic plans related to housing in Connecticut: The Connecticut State Long-Range Housing Plan and the Connecticut Consolidated Plan for Housing and Community Development. The latter plan, required by the US Department of Housing and Urban Development, governs the state's administration of four federal block grant programs – HOME Investment Partnership Program, Small Cities CDBG Program, Emergency Shelter Grant Program, Housing for Persons With AIDS Program – while the State Long-Range Housing Plan governs the administration of state funded housing programs.

Housing Needs Assessment and Market Analysis
The DECD engaged the services of the Center for Research, Survey and Analysis (CRSA), Department of Public Planning (DPP) at the University of Connecticut (UCONN) to assist in the development of the State's Consolidated Plan for Housing and Community Development (Consolidated Plan).

Under the direction of DECD, CSRA prepared a Housing Needs Assessment and Housing Market Analysis that formed the basis for both the Consolidated Plan and the State Long-Range Housing Plan.

Upon completion of the Housing Needs Assessment, Housing Market Analysis and the Strategic Plan portions of the draft Consolidated Plan, they were made available to the Committees of Agencies on March 25, 2004 for review and comment.

The draft Housing Needs Assessment and Market Analysis were submitted to various housing advocacy groups for review. DECD decided that the best course of action was to invite only those organizations that represented a broad base of housing, community development and human services organizations, in other words DECD chose to invite "umbrella" organizations. This was done for three reasons, (1) recognition that an attempt to invite everyone would ultimately lead to leaving some organizations out by accident, (2) recognition that a meeting with every advocate and funding organization would be to large to be effective and (3) meetings of the size necessary to accommodate all advocacy groups and funding organizations would be logistically, near impossible and prohibitively expensive.

The Advocates were sent, electronically, a copy of the draft Housing Needs Assessment, Housing Market Analysis. They were asked to review the documents and provide written comments to DECD by May 17th, 2004.

Development of the State Long-Range Housing Plan
Based on the Housing Needs Assessment and Market Analysis and in consultation with the Connecticut Housing Finance Authority, DECD drafted the Strategic Plan and Goals and Objectives sections of the State Long-Range Housing Plan.

DECD prepared an issue prioritization spreadsheet for the advocates and state agencies to complete, in an effort to obtain their input. It was sent to them on 10/18/04. A very, very limited response was received. DECD then prepared the priorities that appear in this plan.

The prepared draft was sent for review and comments/edits to the same state agencies that participated in the Consolidated Plan process.

Based on their feedback the draft was prepared for public commentary. The Public commentary period was from November 18, 2004 to December 18, 2004. Two public hearings were held (one in Hamden, on November 19, 2004 and the second on December 18, 2004 in Rocky Hill). The public notice appeared in 10 newspapers and on the front page of our website approximately two weeks before the comment period began.

The draft plan was also sent to the advocates, the state agencies, the regional planning organizations and the members of the legislatures P&D Housing sub-committee.

III. Connecticut Economic Outlook

The Department of Economic and Community Development is a member of New England Economic Partnership (NEEP), a member-supported, non-profit organization dedicated to providing objective economic analyses and forecasts.

Summary

Connecticut's economy is expected to have a mild yet sustained recovery in 2005. After reaching a four-year low for employment (1,638,100) in July of 2004, the NEEP forecast expects the State to add 21,000 jobs in 2005. Increases are anticipated in the service and government sectors, with manufacturing continuing to lose jobs at a slowing pace. Gross State Product (GSP) is estimated to grow by 4.1% this year. These higher than expected gains may be motivated by national trends, and have prompted a more conservative forecast of 3.6% growth for 2005. After turning the corner in 2003, real personal income growth is expected to reach 1.1% this year and continue into 2005. Housing starts are up to 8,764 through September predicting a strong housing market, dampening slightly in 2005.

Employment

Consistent with trends from past recessions, Connecticut's has been more severe (-3.57% employment) and lasted longer (7/00-7/04) than the U.S. as a whole. NEEP predicts that Connecticut will add 21,000 jobs in 2005 bringing non-agricultural employment to 1,665,000, with a slowing pace bringing 2008 employment to 1,718,000. These are largely dependent on continued growth at the national level, and avoiding key risks to local businesses (see Local Business Risk).

This year's job creation occurred mostly in the government (3,100), Finance (400), Professional and Business Services (400) and Construction (200) sectors. It should be noted that growth in low value-added service and government sectors calls into question the quality of the jobs being created in Connecticut. Future sources of job growth are expected from Education and Health services, reflecting the State (and Country's) aging population, and Leisure and Hospitality services, reflecting the continuing trend of rising income in the State. Manufacturing, which lost 11,700 jobs in 2003 is expected to continue that trend, albeit at a slower pace, going forward.

Gross State Product

Shrinking employment didn't stop what is expected to be a 4.1% growth in GSP (up to 167.1 billion). Gross State Product will grow to 173.1 billion in 2005, and then slow to a 3.0% growth rate, reaching 193.6 billion in 2008. These levels of growth combined with increasing wages highlight the State's labor productivity. In an increasingly competitive environment, productivity remains the Connecticut economy's key advantage, something that should be cautiously watched as the State becomes more dependent on service and government sectors for job growth.

Labor Market

All ten of the labor market regions in the State reported both decreasing employment, and decreasing unemployment rates. Instead of being a mixed signal, this shows the shrinking participation rate in Connecticut, whose labor force has shrunk by 22,800 since 1st quarter 2003. This trend is expected to change in 2005 as increased employment opportunity and higher wages will lure people back to the work force, increasing the labor force to 1,809,000. The labor force is expected to grow approximately .5% annually to 1,854,000 in 2008.

Housing Market
In spite of a mixed economic environment, the housing market continued its strong trend in 2004, most likely boosted by a favorable borrowing environment. Housing permits increased by more than 10% up to 11,500. In response to Federal Reserve policies, mortgage rates should increase in 2005, eating away at demand, and restraining, but not stopping, growth in housing prices.

In addition to increased borrowing costs, the housing market will continue to be impacted by increasing construction costs. A hot housing market combined with China's seemingly insatiable demand for raw materials have sent the cost of construction soaring – with steel, lumber and cement leading the way. The industry, which saw modest, cost increases of approximately 2.6% annually just a year ago (enr.com Fourth Quarter Cost Report – 12/20/04) is now faced with an increase of 8.7% through last October (enr.com Fourth Quarter Cost Report – 12/20/04). Looking ahead, most analysts believe that as supply catches up with demand the inflation of building material of the costs will subside to a more manageable 3.5% per year by the end of 2005, however the price gains of the past year will likely remain mostly intact. Longer-term, as the economies of the developing world gain strength (especially China, India and most of South America) demand for building materials will be heavy keeping upward pressure on prices and subjecting the market to increased price volatility.

Rising interest rates and construction costs should begin to dampen the U.S. and Connecticut housing markets; however Connecticut's housing market should continue show strong results. Rising energy prices will also have a significant impact on both the construction and occupancy side of the housing market. Higher prices at the pump with increase the cost of transporting materials to the construction site and raise the cost of operating heavy machinery. Higher heating and electricity costs will place an increased burden on homeowners and renters ability to cover housing costs. Both factors portend higher unit costs, which will make the provision of affordable housing more difficult while at the same time heightening its urgency.

Local Business Risk
Key players in the State economy, IBM, Pratt & Whitney, Travelers Insurance, Sikorsky Aircraft, Oxford Health, and Hartford Financial Services have been added to NEEP's Watch List, which monitors firms that are undergoing, or are likely to undergo job cuts. Connecticut's two casinos have experienced heavy growth in the last year, but new legislation in New York may impose on the Mohegan Sun and Foxwoods monopoly of NE gambling.

National Risk
The expectation that China will raise the value of its currency, purports increases to U.S. retail exporters, and reduces the amount of imports from China. This should mitigate an increasing trade deficit, and, combined with acceptable levels of inflation, increase real income and spur domestic spending. Oil prices are down to mid-$40's per barrel. Bush's recently released plan calls for fiscal discipline. All of these should create an

environment of business expansion that should be felt by local firms. The counter to this is that international friction; another spike in energy prices, or expanding government deficits could have strong negative effects on Connecticut's budding recovery.

IV. HOUSING NEEDS ASSESSMENT

A. GENERAL HOUSING NEEDS

Components of Population Change

The population of Connecticut is growing, although at a relatively slower rate than other parts of the United States. According to the U.S. Census Bureau the statewide growth in population from 1990 to 2000 was 118,449 persons from 3,287,116 million to 3,405,565 million persons, a growth rate of 3.6%. Population growth is not evenly distributed across the state. (See Tables 1 and 2)

Table 1
State of Connecticut
10 Fastest Growing Cities/Towns

	2000	1990	Population Change
Sherman	3,827	2,809	36.20%
Colchester	14,551	10,980	32.50%
Sterling	3,099	2,357	31.50%
Scotland	1,556	1,215	28.10%
East Hampton	13,352	10,428	28.00%
Killingworth	6,018	4,814	25.00%
East Haddam	8,333	6,676	24.80%
Eastford	1,618	1,314	23.10%
Pomfret	3,798	3,102	22.40%
Hebron	8,610	7,079	21.60%

Source: U.S. Bureau of Census

Table 2
State of Connecticut
10 Fastest Shrinking Cities/Towns

	2000	1990	Population Change
Norfolk	1,660	2,060	-19.40%
Groton	39,907	45,144	-11.60%
Hartford	124,121	139,739	-11.20%
New London	25,671	28,540	-10.10%
Washington	3,596	3,905	-7.90%
Winchester	10,664	11,524	-7.50%
Preston	4,688	5,006	-6.40%
Vernon	28,063	29,841	-6.00%
New Britain	71,538	75,491	-5.20%
New Haven	123,626	130,474	-5.20%

Source: U.S. Bureau of Census

When looking at the ten fastest growing and fastest shrinking jurisdictions based on proportional changes in population, the highest rates of growth occur in Connecticut's smaller rural and semi-rural towns. The top ten population declines occur in seven urban areas including New Haven and Hartford, Connecticut's second and third most populous cities. The decline in the three small communities are generally linked to idiosyncratic shifts such as the emigration of a religious organization from Norfolk. In general, population growth has been marked by the construction of new housing stock. Patterns of housing starts are similar to those of population increase. The specific result has been the increase in urban sprawl and growth pressure on the fast growing communities and difficulty in maintaining services and the tax base in communities with declining populations.

Table 3
State of Connecticut
10 Largest Cities/Towns by 2000 Population

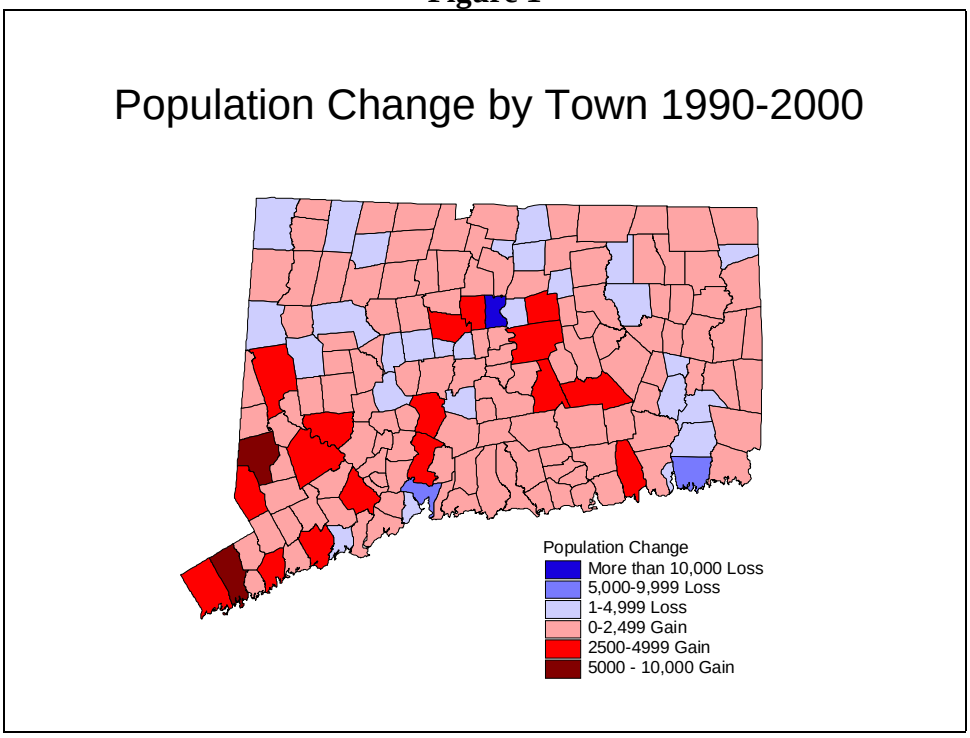
	2000	1900	Percent Change	Population Change
Bridgeport	139,529	141,686	-1.50%	-2,157
Hartford	124,121	139,739	-11.20%	-15,618
New Haven	123,626	130,474	-5.20%	-6,848
Stamford	117,083	108,056	8.40%	9,027
Waterbury	107,271	108,961	-1.60%	-1,690
Norwalk	82,951	78,331	5.90%	4,620
Danbury	74,848	65,585	14.10%	9,263
New Britain	71,538	75,491	-5.20%	-3,953
Greenwich	61,101	58,441	4.60%	2,660
West Hartford	61,046	60,110	1.60%	936

Source: U.S. Bureau of Census

When looking at this from the perspective of gross population change, several places contribute disproportionately to these patterns. When looking at growth, for instance, 13.6% of total statewide population growth came from just three places; Danbury, Norwalk and Stamford. Fully 55.7% of all statewide population decline resulted from population losses in Groton, Hartford and New Haven (31.4 % from Hartford alone) for the same 1990-2000 period.

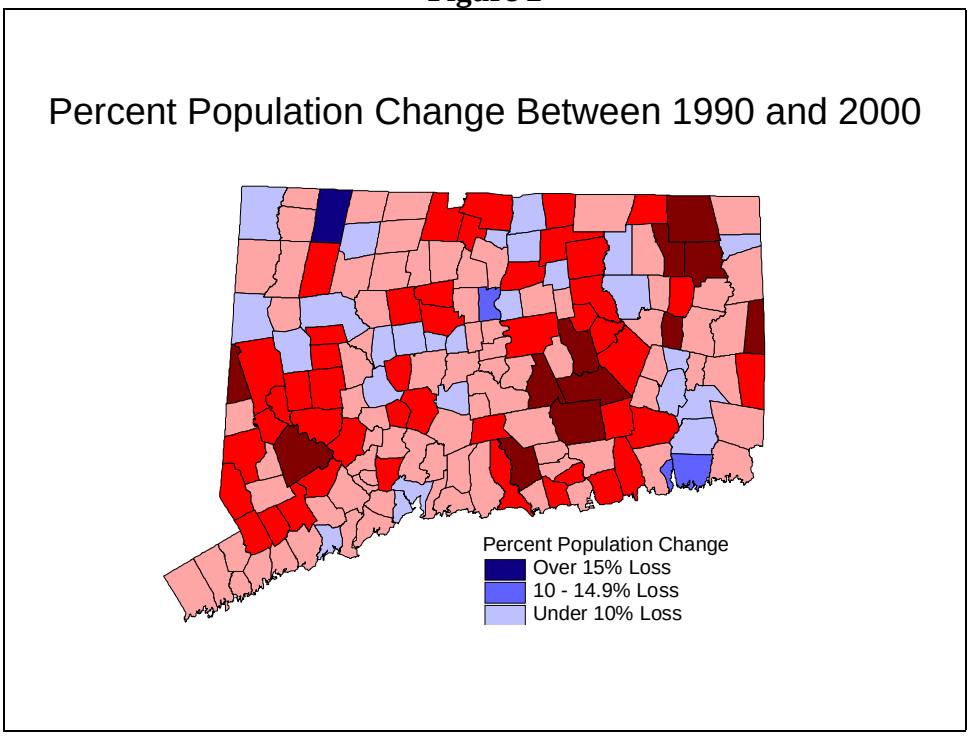
The data in Table 3 present the population changes for Connecticut's largest 10 cities and towns (by 2000 population). Here the population figures present a specific geographic distinction. Major Fairfield County population centers primarily show growth, with Bridgeport showing a modest decline. The reverse is true for the remaining large cities; all except West Hartford (+1.60%) show declines. (See Figures 1 and 2 on the next page)

Figure 1



Source: *Dr. Robert G. Cromley, Professor of Geography, Director, University of Connecticut Center for Geographic Information and Analysis*

Figure 2



Source: *Dr. Robert G. Cromley, Professor of Geography, Director, University of Connecticut Center for Geographic Information and Analysis*

As previously mentioned, according to the U.S. Census, the growth rate for Connecticut from 1990 to 2000 was 3.6 percent. During this time frame, the national growth rate was more than 3.5 times that of Connecticut's at 12.8 percent. Comparisons of Connecticut's urban and rural population change are not available, due to the elimination of this breakdown in the 2000 census. (See Table 4)

Table 4
Connecticut Population Change

	1990	2000	# Change	% Change
United States	249,464,396	281,421,906	31,957,510	12.8
Connecticut	3,287,116	3,405,565	118,449	3.6
CT Urban	2,601,534	n/a	n/a	n/a
CT Rural	685,582	n/a	n/a	n/a

Source: U.S. Bureau of Census

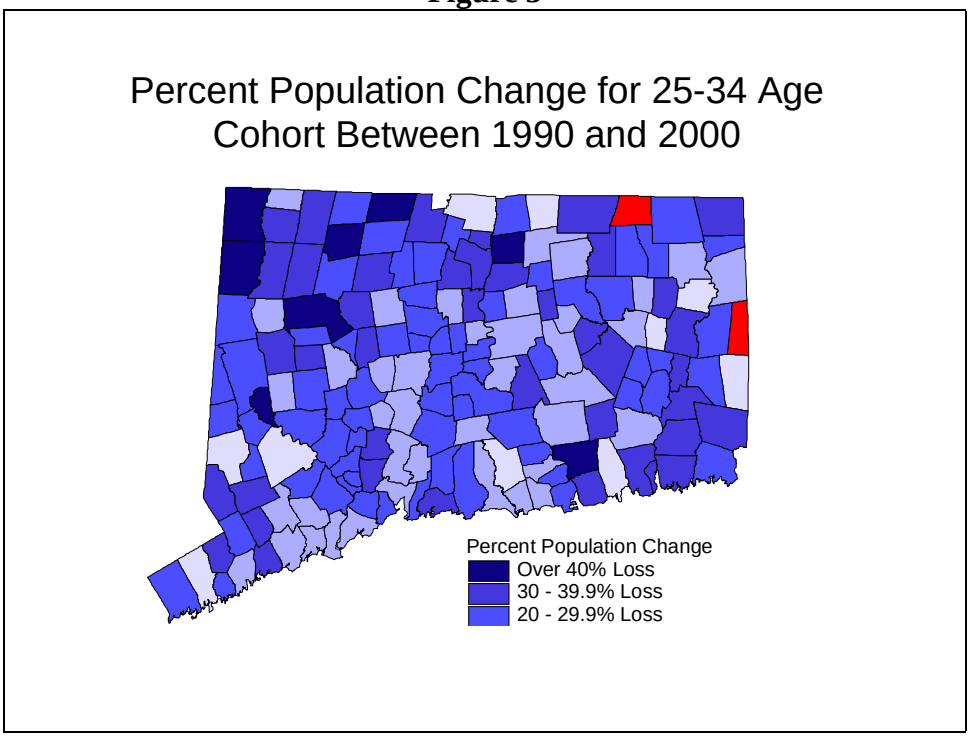
Population change is generally considered to be the product of four forces; births, deaths, in-migration and out-migration. The data described here, and in all of these tables, represent the net effects of these combined factors. (See Table 5 and Figure 3)

Table 5
Change by Age Cohorts

Age Cohort	2000	1990	Change	%Change
0-4	223,344	228,356	-5,012	-2.2
5-14	485,731	403,377	82,354	20.4%
15-24	404,198	463,281	-59,083	-12.8%
25-34	451,640	583,882	-132,242	-22.6%
35-44	581,049	510,996	70,053	13.7%
45-54	480,807	356,042	124,765	35.0%
55-64	308,613	295,275	13,338	4.5%
65-74	231,565	256,237	-24,672	-9.6%
75-84	174,345	142,677	31,668	22.2%
85+	64,273	46,993	17,280	36.8%

Source: *Dr. Robert G. Cromley, Professor of Geography, Director, University of Connecticut Center for Geographic Information and Analysis*

Figure 3



Source: *Dr. Robert G. Cromley, Professor of Geography, Director, University of Connecticut Center for Geographic Information and Analysis*

Net Migration (NM) is calculated as:

$$NM = POP_{2000} - POP_{1900} - BIRTHS + DEATHS.$$

BIRTHS and DEATHS were totaled as those births and deaths respectively that occurred between April 2, 1990 and April 1, 2000 for the State of Connecticut. Births were assigned to the town of residence of the mother and deaths to the town of residence of the deceased. The State of Connecticut had an estimated out-migration of population between 1990 and 2000 of 47,549 for a rate of 1.4%. The population gain from 3,287,116 in 1990 to 3,405,565 in 2000 was due to natural increase of 165,998 people - 455,625 births during the decade against only 289,627 deaths.

At the town level, the three largest towns in Connecticut experienced the highest levels of out-migration. Hartford (31,914)*, New Haven (15,040), Bridgeport (13,144) each had over 10,000 in deficits. The mid-sized town of Groton (10,006) was the only other town having an out-migration of more than 10,000.

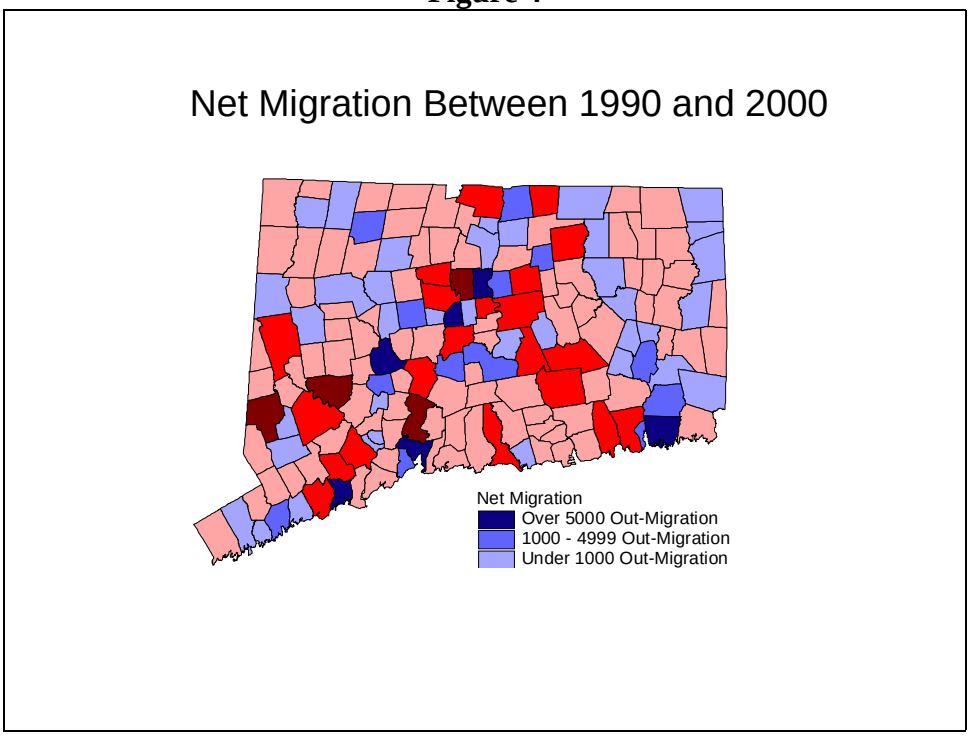
With respect to in-migration, no town had over a 5,000 net in-migration. West Hartford (4,448)*, Hamden (3,994), Southbury (3,860), and Danbury (3,408) had the highest levels.

* *The net out-migration for Hartford and net in-migration for West Hartford is probably*

inflated by approximately 2,500 people due to a Census miscount between these two towns.

Overall, 56 towns experienced out-migration and 113 towns experienced net in-migration. (See Figures 4 and 5) New London County had the highest relative share of towns experiencing out-migration (9 out of 21 towns) followed by Hartford County (11 out of 29 towns).

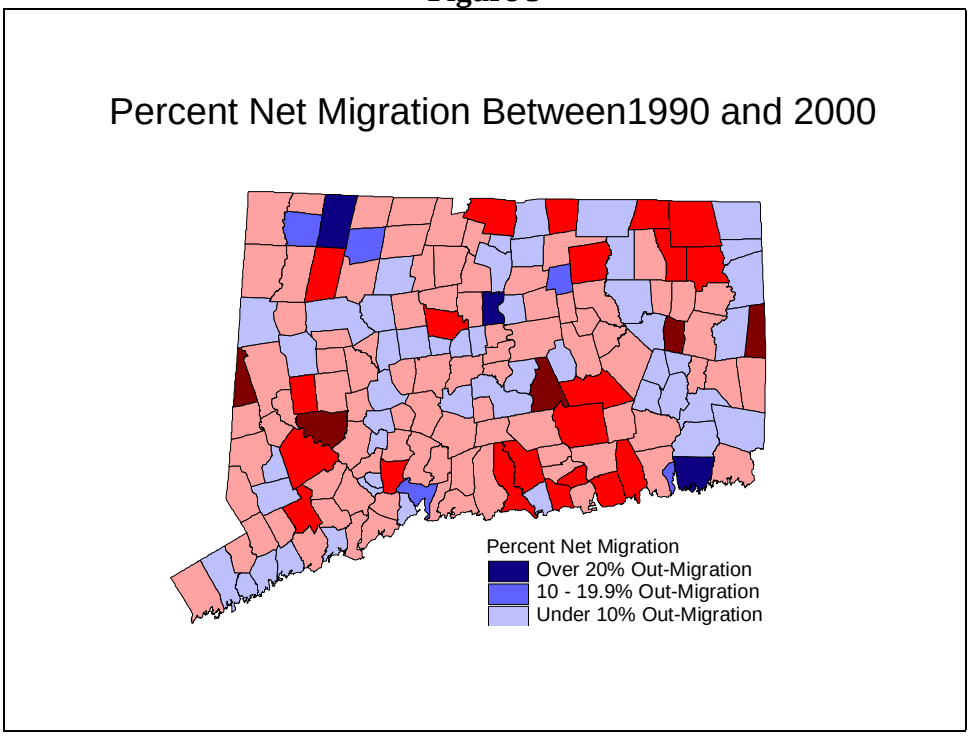
Figure 4



Source: *Dr. Robert G. Cromley, Professor of Geography, Director, University of Connecticut Center for Geographic Information and Analysis*

In percentage terms, the town of Norfolk in Litchfield County had the highest relative share of net out-migration with 24.6% followed by Hartford (22.8%) and Groton (22.2%). With respect to net in-migration, five towns had over 20% net in-migration: Sherman (30.7%), Southbury (24.4%), Scotland (21.2%), Sterling (20.6%), and East Hampton (20.3%).

Figure 5



Source: *Dr. Robert G. Cromley, Professor of Geography, Director, University of Connecticut Center for Geographic Information and Analysis*

Table 6
Connecticut Population by Age

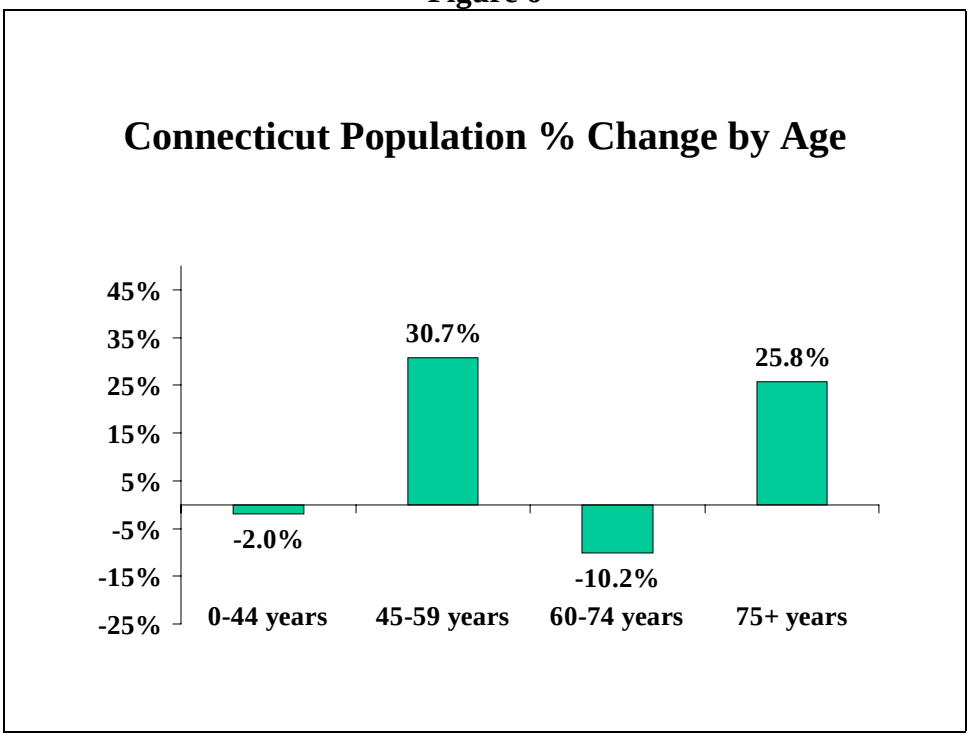
Age 1990	1990	Age 2000	2000	# Change	% Change
0-4	228,356	**0-4**	223,344	-5,012	-2.2
5-24	866,658	**5-24**	889,929	23,271	2.7
25-44	1,094,878	**25-44**	1,032,689	-62,189	-5.7
45-54	356,042	**45-54**	480,807	124,765	35.0
55-59	147,022	**55-59**	176,961	29,939	20.4
60-64	148,253	**60-64**	131,652	-16,601	-11.2
65-74	256,237	**65-74**	231,565	-24,672	-9.6
75-84	142,677	**75-84**	174,345	31,668	22.2
85 and over	46,993	**85 and over**	64,273	17,280	36.8
*******					
5-17	521,225			n/a	n/a
18-20	145,274			n/a	n/a
21-24	200,159			n/a	n/a
		5-9	244,144	n/a	n/a
		10-14	241,587	n/a	n/a
		15-19	216,627	n/a	n/a
		20-24	187,571	n/a	n/a

Source: U.S. Bureau of Census

These population changes are consistent with analysis of the major forces impacting Connecticut's demographics. Connecticut continues to have difficulty retaining young adults, including recent college graduates and early career stage individuals, accounting for slower growth in 5-24 category and the net outflow in the 25-44 category. The aging of the baby boom and its echo can be seen in the rate growth of the 45-59 category. Net outflow, particularly retirees and early retirees, can be seen in the 60-74 category and the high percentage increases in the 74 and older categories is consistent with changes in life expectancy over time.

Comparison of 5-24 year olds, as opposed to smaller delineations, was a result of Census Bureau changes in standard age groupings from the 1990 Census to the 2000 Census. The percentage of the Connecticut population of 5-24 year olds increased 2.7% from 1990 to 2000. The largest percentage decrease of citizens at –11.2% occurred in the age group of 60-64 year olds, this was followed closely by a –9.6% decrease in the age group of 65-74 year olds. The largest percentage increase of citizens at 36.8% occurred in the age group 85 and over, this was followed closely by a 35.0% increase in the age group of 45-54 year olds. (See Table 6 and Figure 6)

Figure 6



Source: U.S. Bureau of Census

Table 7
Connecticut Households by Age

Age	1990	2000	# Change	% Change
15-24	48,057	44,780	-3,277	-6.8
25-34	259,370	205,984	-53,386	-20.6
35-44	269,872	306,974	37,102	13.7
45-54	204,037	270,950	66,913	32.8
55-64	171,072	181,787	10,715	6.3
65 and over	277,835	291,195	13,360	4.8
TOTAL Households	1,230,243	1,301,670	71,427	5.8
TOTAL Housing Units	1,230,479	1,385,975	155,496	12.6
Persons Per Household	2.59	2.53	-.08	-3.1

Source: U.S. Bureau of Census

The total number of households increased from 1990 to 2000 by 5.8%. However, the actual number of housing units during this time frame increased at a rate of more than double (12.6%) the rate of increase of actual households. The largest increase in an age group of householders occurred in 45-54 year olds at 32.8%. This large increase is in line with the large increase in population for this age group. The largest decrease in an age group of householders occurred in the 25-34 year old group at –20.6%. These changes in household composition have also fueled the growth in non-urban population and housing starts. (See Table 7)

Table 8
Connecticut Population by Race/Ethnicity

	1990	2000	# Change	%Change
NON-HISPANIC				
White	2,754,184	2,638,845	-115,339	-4.2
Black*	260,840	294,571	34,731	13.3
American Indian**	5,950	7,267	1,317	22.1
Asian	48,616	81,564	32,948	67.8
Native Hawaiian and other Pacific Islander	498	958	460	92.4
Some Other Race	3,912	8,141	4,229	108.1
HISPANIC***	213,116	320,323	107,207	50.3
TOTAL	3,287,116	3,351,669	18,449	3.6

*Black or African American
**American Indian and Alaska Native
***Hispanic or Latino (of any race)
2000 data shown as one race. 74,848 (2.2%) individuals classified themselves in two or more races, 4,375 in three or more. Example, 295,571 are single race black, 318,619 are black in combination with other race(s) and includes Hispanic black or African American.

Source: U.S. Bureau of Census

The population of all non-white groups as defined by the Census Bureau increased from 1990 to 2000. Census-defined, white population decreased by 115,339 persons or –4.2%. The largest percentage increases were seen among people included in the "some other race" category (108.1%), though a significant portion of this increase is likely definitional. Strong growth was seen in Native Hawaiian and other Pacific Islander (92.4%), and Asian (67.8%) populations. Black (13.3%) and American Indian (22.1) populations also saw increases. The biggest increase in actual numbers occurred among the Hispanic population, which increased by over 50% with a gain of 107,207 persons. (See Table 8)

Table 9a
Distribution of Households by Household Type

	2000 Number	2000 Percent	1990 Number	1990 Percent	Percent Change
Total Households	1,301,670		1,230,479		
Family Households (families)	881,170	67.7%	864,493	70.3%	-2.6%
With own children under 18 years	419,285	32.2%			
Married-Couple Family	676,467	52.0%	684,660	55.6%	-3.7%
With own children under 18 years	307,126	23.6%			
Female Householder, no husband present	157,411	12.1%	140,385	11.4%	0.7%
With own children under 18 years	91,114	7.0%			
Nonfamily Households	420,500	32.3%	365,986	29.7%	2.6%
Householder living alone	344,224	26.4%	297,161	24.2%	2.3%
Householder 65 years and over	132,061	10.1%	121,918	9.9%	0.2%

Source: U.S. Bureau of Census

Table 9b
Distribution of Households by Household Type

Household Type	2000 Households	2000 Households in Poverty	2000 Percent of Total Households in Poverty	1990 Households	1990 Households in Poverty	1990 Percent of Total Households	Percent Change
Married Couple Families	686,713	15,881	2.3%	872,211	43,965	5.0%	-2.7%
Families with female householder, no husband present	152,331	29,897	19.6%	136,381	29,634	21.7%	-2.1%
Nonfamily Householder	416,840	53,595	12.9%				

Source: U.S. Bureau of Census

Households defined as families with female householders, no husband present, are the most likely to find themselves in poverty. Nearly 20% of this type of household is in poverty in Connecticut. This is in comparison to just under 13% of nonfamily

households that are in poverty and only 2.3% of married-couple families that are in poverty. (See Tables 9a and 9b)

Income

When analyzing income and the demand for housing and housing programs in Connecticut, current and relative income is more important than change over time. In other words, the ability of residents to pay for housing and other costs relative to their neighbors in the state is a critical unit of analysis. Indicators of the location of the lowest income populations and the income to housing cost ratio are sought. Household income is compared to housing costs in a later section of this report.

The common measure used in this report is median household income. This represents the income in the middle of the distribution of incomes from lowest to highest in each jurisdiction. Household income is selected since most of those persons making decisions about housing needs are making them at the household, not the individual, level. The data is related within the state because of the variance of both income and cost by region.

Table 10
Median Family Income 1996-2000

	1996	2000	# Change	% Change
United States	41,600	50,200	8,600	20.7
Metropolitan Areas	44,600	53,900	9,300	20.9
Non-Metropolitan Areas	31,400	37,400	6,000	19.1
Connecticut	57,300	66,000	8,700	15.2
Metropolitan Areas	57,700	67,200	9,500	16.5
Non-Metropolitan Areas	50,000	55,200	5,200	10.4

Source: U.S. Bureau of Census

The median family income increased at a slower percentage rate in Connecticut than the country as a whole from 1996 to 2000. The median family income in the United States increased 20.7% during this time period, while the median family income in Connecticut increased 15.2%. However, the median family income in Connecticut remained nearly $16,000 higher than that of the median for the entire United States ($66,000 for CT versus $50,200 for U.S.). (See Table 10)

Table 11a
Median Family Income for CT MSAs

MSA	1996	2000	# Change	% Change
Bridgeport	57,000	67,700	10,700	18.8
Danbury	71,400	87,400	16,000	22.4
Hartford	55,600	61,300	5,700	10.3
New Haven - Meriden	54,300	60,600	6,300	11.6
New London - Norwich	48,700	54,500	5,800	11.9
Stamford - Norwalk	82,900	102,400	19,500	23.5
Waterbury	52,000	58,000	6,000	11.5
Worcester, MA - CT	47,900	54,400	6,500	13.6

Source: U.S. Bureau of Census

All metropolitan statistical areas (MSAs) in Connecticut saw an increase in the median family income from 1996 to 2000. The MSA that had the largest increase in median family income was Stamford-Norwalk; the income level increased $19,500 (23.6%). Stamford-Norwalk was followed closely by Danbury, which had an increase of $16,000 (22.4%). The MSA with the smallest increase in median income was Hartford; the income level increased there by $5,700 (10.3%). Hartford was followed closely by the modest increases in New London-Norwich of $5,800 (11.9%), Waterbury of $6,000 (11.5%), and New Haven-Meriden of $6,300 (11.6%). (See Table 11a)

The Median Family Income pattern follows the population growth pattern closely. The largest increases are in Fairfield County at a rate of nearly 2 to 1 ratio to non-Fairfield County areas.

Table 11b
Median Family Income for CT Non-Metropolitan Counties

Non-Metropolitan County	1996	2000	# Change	% Change
Hartford	57,100	63,200	6,100	10.7
Litchfield	50,000	56,400	6,400	12.8
Middlesex	57,900	64,800	6,900	11.9
New London	52,200	59,000	6,800	13.0
Tolland	51,800	52,000	200	0.4
Windham	45,500	49,200	3,700	8.1

Source: U.S. Bureau of Census

All of the non-metropolitan counties in Connecticut saw an increase in the median family income from 1996 to 2000. The 3 counties that had the largest increase in median family income were Middlesex, New London, and Litchfield; the income level increased in these three counties by $6,900 (11.9%), $6,800 (13.0%), and $6,400 (12.8%) respectively. The county with by far the smallest increase in median income was Tolland; the income level increased there by a mere $200 (0.4%). (See Table 11b)

Table 11c

STATE:CONNECTICUT		INCOME LIMITS							
	PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Bridgeport, CT PMSA									
FY 2004 MFI: 75800	30% OF MEDIAN	15900	18200	20450	22750	24550	26400	28200	30000
	VERY LOW INCOME	26550	30300	34100	37900	40950	43950	47000	50050
	LOW-INCOME	40250	46000	51750	57500	62100	66700	71300	75900
Danbury, CT PMSA									
FY 2004 MFI: 96500	30% OF MEDIAN	19300	22100	24850	27600	29800	32000	34200	36450
	VERY LOW INCOME	32200	36800	41400	46000	49700	53350	57050	60700
	LOW-INCOME	40250	46000	51750	57500	62100	66700	71300	75900
Hartford, CT MSA									
FY 2004 MFI: 73900	30% OF MEDIAN	15500	17750	19950	22150	23950	25700	27500	29250
	VERY LOW INCOME	25850	29550	33250	36950	39900	42850	45800	48750
	LOW-INCOME	40250	46000	51750	57500	62100	66700	71300	75900
New Haven--Meriden, CT PMSA									
FY 2004 MFI: 71600	30% OF MEDIAN	15050	17200	19350	21500	23200	24900	26650	28350
	VERY LOW INCOME	25050	28650	32200	35800	38650	41550	44400	47250
	LOW-INCOME	40100	45800	51550	57300	61850	66450	71050	75600
New London--Norwich, CT--RI MSA									
FY 2004 MFI: 66700	30% OF MEDIAN	14650	16750	18800	20900	22600	24250	25950	27600
	VERY LOW INCOME	24400	27900	31350	34850	37650	40450	43200	46000
	LOW-INCOME	39050	44600	50200	55750	60200	64700	69150	73600
Stamford--Norwalk, CT PMSA									
FY 2004 MFI: 111600	30% OF MEDIAN	23450	26800	30150	33500	36150	38850	41500	44200
	VERY LOW INCOME	39050	44650	50200	55800	60250	64750	69200	73650
	LOW-INCOME	48700	55700	62650	69600	75150	80750	86300	91850
Waterbury, CT PMSA									
FY 2004 MFI: 64900	30% OF MEDIAN	14650	16750	18800	20900	22600	24250	25950	27600
	VERY LOW INCOME	24400	27900	31350	34850	37650	40450	43200	46000
	LOW-INCOME	39050	44600	50200	55750	60200	64700	69150	73600
Worcester, MA--CT PMSA									
FY 2004 MFI: 69300	30% OF MEDIAN	14550	16650	18700	20800	22450	24100	25800	27450
	VERY LOW INCOME	24250	27700	31200	34650	37400	40200	42950	45750
	LOW-INCOME	38800	44350	49900	55450	59900	64300	68750	73200
Hartford County									
FY 2004 MFI: 77600	30% OF MEDIAN	16300	18600	20950	23300	25150	27000	28850	30750
	VERY LOW INCOME	27150	31050	34900	38800	41900	45000	48100	51200
	LOW-INCOME	40250	46000	51750	57500	62100	66700	71300	75900
Litchfield County									
FY 2004 MFI: 67700	30% OF MEDIAN	14650	16750	18800	20900	22600	24250	25950	27600
	VERY LOW INCOME	24400	27900	31350	34850	37650	40450	43200	46000
	LOW-INCOME	39050	44600	50200	55750	60200	64700	69150	73600
Middlesex County									
FY 2004 MFI: 87700	30% OF MEDIAN	18400	21050	23700	26300	28400	30500	32600	34750
	VERY LOW INCOME	30700	35100	39450	43850	47350	50850	54350	57900
	LOW-INCOME	40250	46000	51750	57500	62100	66700	71300	75900
New London County									
FY 2004 MFI: 79200	30% OF MEDIAN	16650	19000	21400	23750	25650	27550	29450	31350
	VERY LOW INCOME	27700	31700	35650	39600	42750	45950	49100	52250
	LOW-INCOME	40250	46000	51750	57500	62100	66700	71300	75900
Tolland County									
FY 2004 MFI: 76000	30% OF MEDIAN	15950	18250	20500	22800	24600	26450	28250	30100
	VERY LOW INCOME	26600	30400	34200	38000	41050	44100	47100	50150
	LOW-INCOME	40250	46000	51750	57500	62100	66700	71300	75900
Windham County									
FY 2004 MFI: 66100	30% OF MEDIAN	14650	16750	18800	20900	22600	24250	25950	27600
	VERY LOW INCOME	24400	27900	31350	34850	37650	40450	43200	46000
	LOW-INCOME	39050	44600	50200	55750	60200	64700	69150	73600

Table 12
Median Incomes for a 3-person household, CT MSAs

MSA	Income Level	1996	2000	# Change	% Change
Bridgeport	Very Low	25,650	30,450	4,800	18.7
Bridgeport	Low	37,450	45,200	7,750	20.7
Danbury	Very Low	32,150	39,350	7,200	19.2
Danbury	Low	37.450	45,200	7,750	20.7
Hartford	Very Low	25,000	27,600	2,600	10.4
Hartford	Low	37,450	44,150	6,700	17.9
New Haven	Very Low	24,450	27,250	2,800	11.5
New Haven	Low	37,450	43,650	6,200	16.6
New London	Very Low	22,500	24,850	2,350	10.4
New London	Low	36,000	39,750	3,750	10.4
Stamford	Very Low	37,300	46,100	8,800	23.6
Stamford	Low	37,450	47,900	10,450	27.9
Waterbury	Very Low	23,400	26,100	2,700	11.5
Waterbury	Low	37,450	41,750	4,300	11.5
Worcester, MA – CT	Very Low	21,550	24,500	2,950	13.7
Worcester, MA - CT	Low	34,500	39,150	4,650	13.5

Source: U.S. Bureau of Census

Data looking at median family incomes in the very low and low categories for MSAs shows similar patterns to that of overall median family income. All of the MSAs in Connecticut saw an increase in the median family income for a three-person household in the very low and low-income levels from 1996 to 2000. The MSA that had the largest increase in these median income categories was Stamford; the very low-income level increased $8,800 (23.6%) and the low-income level increased $10,450 (27.9%). The MSA with the smallest increase in median income was New London; the very low-income level increased $2,350 (10.4%) and the low-income level increased $3,750 (10.4%). (See Table 12)

The geographic pattern for the very low and low-income families is nearly identical to the overall income growth pattern, with Fairfield County seeing significantly larger income growth than the rest of the state.

Table 13
Median Incomes for a 3-person household, CT Non-MSAs

Non-Metropolitan County	Income Level	1996	2000	# Change	% Change
Hartford	Very Low	25,700	28,450	2,750	10.7
Hartford	Low	37,450	45,200	7,750	20.7
Litchfield	Very Low	22,500	25,400	2,900	12.9
Litchfield	Low	36,000	40,600	4,600	12.8
Middlesex	Very Low	26,050	29,150	3,100	11.9
Middlesex	Low	37,450	45,200	7,750	20.7
New London	Very Low	23,500	26,550	3,050	13.0
New London	Low	37,450	42,500	5,050	13.5
Tolland	Very Low	23,300	24,850	1,550	6.7
Tolland	Low	37,300	39,750	2,450	6.6
Windham	Very Low	22,500	24,850	2,350	10.4
Windham	Low	36,000	39,750	3,750	10.4

Source: U.S. Bureau of Census

Data looking at median family incomes in the very low and low categories for non-metropolitan counties show similar data to that of overall median family income. All of the non-metropolitan counties in Connecticut saw an increase in the median family income for a three-person household in the very low and low-income levels from 1996 to 2000. The county that had the largest increase in these median income categories was Middlesex; the very low-income level increased $3,100 (11.9%) and the low-income level increased $7,750 (20.7%). The low-income level in Hartford also increased $7,750 (20.7%). The county with the smallest increase in these median incomes was Tolland; the very low-income level increased $1,150 (6.7%) and the low-income level increased $2,450 (6.6%). (See Table 13)

Median household income was $59,697 in the State of Connecticut in 2000, significantly higher than the national household median of $42,148 and representing a new high for the state, even when adjusted for inflation (median income for all of Connecticut's cities and towns are in the appendix to this report). Table 14 reports the median household income for the ten highest income communities in the state. Most of these are small to moderately sized towns in the southwestern part of the state. Higher income households are not concentrated solely in communities in this part of the state. There are thirty-seven communities from all parts of the state that have median incomes at least 25% greater than the state median.

Table 14
Table of Median Incomes for a 4-person household, CT MSAs

MSA	Income Level	1996	2000	# Change	% Change
Bridgeport	Very Low	28,500	33,850	5,350	18.8
Bridgeport	Low	41,600	50,200	8,600	20.7
Danbury	Very Low	35,700	43,700	8,000	22.4
Danbury	Low	41,600	50,200	8,600	20.7
Hartford	Very Low	27,800	30,650	2,850	10.3
Hartford	Low	41,600	49,050	7,450	17.9
New Haven	Very Low	27,150	30,300	3,150	11.6
New Haven	Low	41,600	48,500	6,900	16.6
New London	Very Low	25,000	27,600	2,600	10.4
New London	Low	40,000	44,150	4,150	10.4
Stamford	Very Low	41,450	51,200	9,750	23.5
Stamford	Low	41,600	53,200	11,600	27.9
Waterbury	Very Low	26,000	29,000	3,000	11.5
Waterbury	Low	41,600	46,400	4,800	11.5
Worcester, MA - CT	Very Low	23,950	27,200	3,250	13.6
Worcester, MA - CT	Low	38,300	43,500	5,200	13.6

Source: U.S. Bureau of Census

Data patterns on median family incomes in the very low and low categories for four-person households are very similar to these categories for three-person households. Like three-person households, all of the MSAs in Connecticut saw an increase in the median family income from 1996 to 2000. The MSA with the largest increase in the very low and low-income categories was again Stamford; the very low-income level increased $9,750 (23.5%) and the low-income level increased $11,600 (27.9%). Again the MSA with the smallest increase in median family income was New London; the very low-income level increased $2,600 (10.4%) and the low-income level increased $4,150 (10.4%). There is, however, an anomaly that occurs in the data. The percent increases for three-person and four-person median income are almost exactly the same for all MSAs except in one instance. In Danbury, the very low-income level increased by 22.4% for a four-person household from 1996 to 2000, but this same income bracket for a three-person household only increased by 19.2% during the same time frame. (See Table 14)

Table 15
Table of Median Incomes for a 4-person household, CT Non-MSAs

Non-Metropolitan County	Income Level	1996	2000	# Change	% Change
Hartford	Very Low	28,550	31,600	3,050	10.7
Hartford	Low	41,600	50,200	8,600	20.7
Litchfield	Very Low	25,000	28,200	3,200	12.8
Litchfield	Low	40,000	45,100	5,100	12.8
Middlesex	Very Low	28,950	32,400	3,450	11.9
Middlesex	Low	41,600	50,200	8,600	20.7
New London	Very Low	26,100	29,500	3,400	13.0
New London	Low	41,600	47,200	5,600	13.5
Tolland	Very Low	25,900	27,600	1,700	6.6
Tolland	Low	41,450	44,150	2,700	6.5
Windham	Very Low	25,000	27,600	2,600	10.4
Windham	Low	40,000	44,150	4,150	10.4

Source: U.S. Bureau of Census

The data for four-person households living in non-MSAs continue to follow the trends seen previously. Like three-person households, all of the non-MSAs in Connecticut saw an increase in the median family income from 1996 to 2000. Again, the non-MSA with the largest increase in the very low and low-income categories was Middlesex; the very low-income level increased $3,450 (11.9%) and the low-income level increased $8,600 (20.7%). The low-income level in Hartford also increased $8,600 (20.7%). The non-MSA with the smallest increase in median family income was again Tolland; the very low-income level increased $1,700 (6.6%) and the low-income level increased $2,700 (6.5%). (See Table 15)

Table 16
State of Connecticut Income, 2000
Median Household Income
10 Highest Income Cities/Towns

	Median Household Income, $	% of State Median
Weston	194,989	326.6%
Darien	168,837	282.8%
New Canaan	161,464	270.5%
Wilton	154,284	258.4%
Westport	151,681	254.1%
Redding	140,815	235.9%
Ridgefield	136,600	228.8%
Easton	134,592	225.5%
Sherman	111,913	187.5%
Greenwich	109,214	182.9%

Source: U.S. Bureau of Census, 2000

Table 17
State of Connecticut Income, 2000
Median Household Income
10 Lowest Income Cities/Towns

	Median Household Income, $	% of State Median
Hartford	28,234	47.3%
New Haven	34,968	58.6%
Putnam	35,043	58.7%
New London	35,420	59.3%
Windham	37,252	62.4%
New Britain	39,553	66.3%
Killingly	41,097	68.8%
Norwich	41,215	69.0%
Waterbury	41,258	69.1%
Voluntown	42,134	70.6%

Source: U.S. Bureau of Census

When thinking about the ability to pay for housing, the communities with the least income are typically of interest. We can see in Tables 16 and 17, the 10 cities and towns with the highest and lowest median household income. The lowest median income list contains far more urban locations. Leading the list is Hartford with the lowest median household income in the state, at $28,234 or just 47.3% of the state median. This list also includes New Haven, Norwich and Waterbury, none of which reaches even 70% of the state median household income. When it comes to the inability to pay for housing, the greatest outliers for Connecticut appear to lie in key urban areas. In addition to housing costs, other costs tend to be higher in urban areas. These costs have a significant impact on individuals' ability to afford quality housing. The charts below detail the rising consumer price index for the United States and northeast urban areas. (See Table 21 and Figure 7)

Census statistics on specific income levels identify where the population pockets are that may require the most assistance. Combining income figures from the 2000 Census into a category counting all households with incomes of less than $25,000 yields a category that represents Connecticut households in roughly the lower fifth of the income distribution.[1] (See Tables 18 and 19) According to the U.S. Bureau of the Census, 439,389 households had incomes below $25,000 in 1999 (the last year for which data is complete). After sorting communities based on low-income populations, just thirteen Connecticut communities currently house half of the low-income population in the entire state (Table 20). In the vast majority of these communities, this population accounts for over one third of all of the households in the jurisdiction. Many of these jurisdictions are among the largest cities in Connecticut.

[1] Using a lower cut-off for income (e.g. selecting households with less than $15,000 of annual income) produces a nearly identical set of communities and proportional poverty concentrations.

Table 18
State of Connecticut
Household Income

	Number	Percent
Less than $10,000	91,721	7.0%
$10,000-$14,999	64,895	5.0%
$15,000-$24,000	126,157	9.7$

Total Number of Households = 1,302,227
Median Household Income = $53,935
Source: U.S. Census Bureau

Table 19
State of Connecticut
Household Income

	Number of Households	<$10,000	$10,000-$14,999	$15,000-$24,999
Fairfield County	324,403	19,717	13,103	25,495
Hartford County	335,184	26,637	17,737	34,323
Litchfield County	71,594	3,484	3,419	6,820
Middlesex County	61,288	2,710	2,673	5,324
New Haven County	319,309	27,431	18,769	34,675
New London County	99,864	6,096	4,616	10,551
Tolland County	49,444	2,426	2,005	3,915
Connecticut Total	1,302,227	91,721	64,895	126,157
% CT Households	100	7.0	5.0	9.7

Source: U.S. Bureau of Census

Table 20
State of Connecticut Low Income Households, 1999
Cities/Towns with the Largest Low Income Populations

	Households with income <$25,000	% of Town Population	% of CT Households with income <$25,000	Cumulative Percent
Hartford	37,717	83.75%	8.58%	8.58%
New Haven	34,605	73.33%	7.88%	16.46%
Bridgeport	30,218	60.07%	6.88%	23.34%
Waterbury	25,489	59.76%	5.80%	29.14%
New Britain	16,002	55.96%	3.64%	32.78%
Stamford	14,424	31.73%	3.28%	36.06%
Meriden	9,958	43.38%	2.27%	38.33%
West Haven	8,923	42.28%	2.03%	40.36%
Bristol	8,893	35.73%	2.02%	42.38%
Norwalk	8,729	26,69%	1.99%	44.37%
East Hartford	8,623	42.64%	1.96%	46.33%
Danbury	8,383	30.82%	1.91%	48.24%
Hamden	7,933	35.46%	1.81%	50.05%

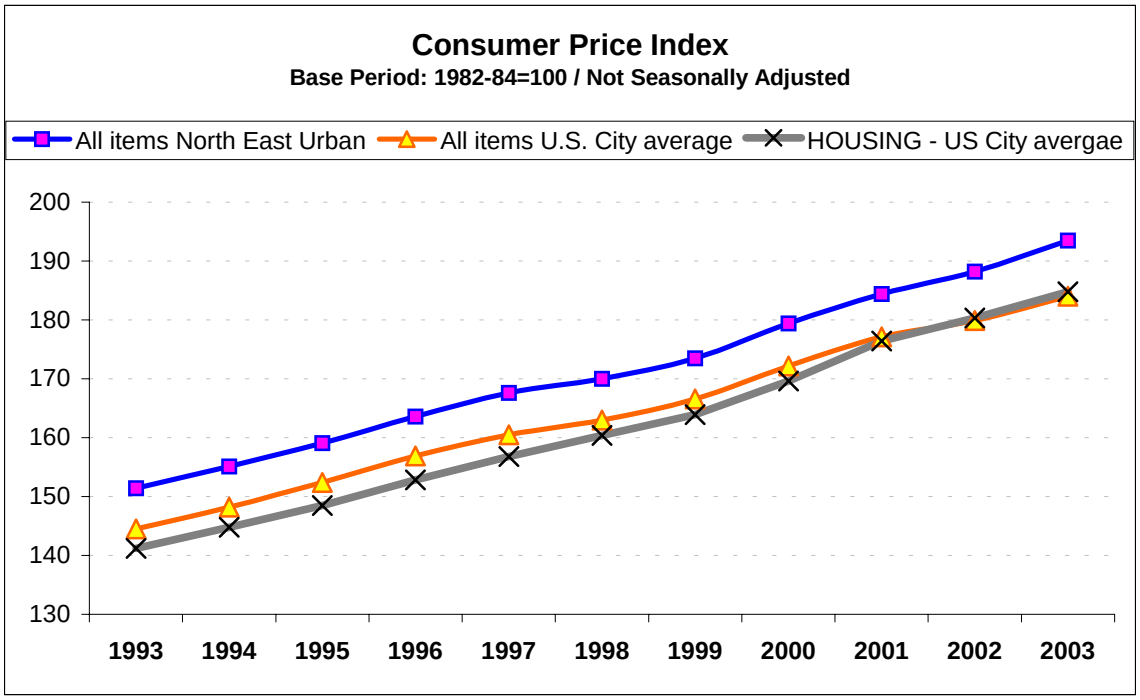
Source: U.S. Census Bureau

Table 21
Consumer Price Index for the United States and North East Urban Areas

Year	All Items North East Urban	All Items U.S. City average	Housing U.S. City Average
1993	**151.4**	**144.5**	**141.2**
1994	**155.1**	**148.2**	**144.8**
1995	**159.1**	**152.4**	**148.5**
1996	**163.6**	**156.9**	**152.8**
1997	**167.6**	**160.5**	**156.8**
1998	**170**	**163**	**160.4**
1999	**173.5**	**166.6**	**163.9**
2000	**179.4**	**172.2**	**169.6**
2001	**184.4**	**177.1**	**176.4**
2002	**188.2**	**179.9**	**180.3**
2003	**193.5**	**184**	**184.8**

Source: Bureau of Labor Statistics, U.S. Department of Labor

Figure 7



Source: Bureau of Labor Statistics, U.S. Department of Labor

Education and income are often highly correlated, meaning that levels of education and levels of income are typically very similar in individuals and in different regions. In Connecticut's case there are two important links between income and education. First, areas in Connecticut, specifically its largest cities have lower levels of income and lower levels of education. Second, areas with lower levels of income are often unable to support the local tax burden necessary to create school systems that are strong enough to overcome the socio-economic barriers students face. Education levels and their impact are discussed below.

EDUCATION

SPENDING AND MASTERY TEST RESULTS

In each annual ranking of such spending by the 50 states and the District of Columbia since 1998, Connecticut has been among the top four. Table 22 below shows Connecticut's per-pupil expenditure and rank for each of the last five years, as well as the states that ranked above Connecticut in each year.

Table 22
State of Connecticut's Annual Per-Pupil Education Spending Rankings 1998-2003

Year	CT. Per-Pupil Spending	CT. Rank	States Ranking Higher Than CT.
1998-99	$ 10,748	4	New Jersey (1), New York (2), D. C. (3)
1999-00	11,196	3	D. C. (1) New Jersey (2)
2000-01	10,258	4	D. C. (1) New Jersey (2) New York (3)
2001-02	11,048	2	D. C. (1)
2002-03	11,378	3	D. C. (1) New York (2)

Sources: 1998-99 and 1999-00, National Center for Education Statistics; 2000-01 through 2002-03, National Education Association

The earliest data for per-pupil spending in Connecticut currently available is from the 1979-80 school year. In that year, the net current expenditure per-pupil[1] (NCEP) was $ 2,091. The latest NCEP data for the 2002-03 school year shows per-pupil spending at $ 9,826. The change is a 369% increase over that period. Over that same period, the change in consumer prices (inflation) was 135%. If per-pupil spending had increased at the same rate as inflation, per-pupil spending would now be $ 4,913.

Correlation between Per-Pupil Spending and Connecticut Mastery Test Results in Each School District and for the State as a Whole

Statistically, there is no correlation between per-pupil spending and student performance on the mastery exams. Utilizing data from the 1999-2000 school year and a simple regression analysis the Office of Legislative Research found less than 5% of the variation in test scores across school districts is explained by per-pupil spending. Student performance is more accurately predicted by factors outside the school system.

Specifically, the best predictors of student performance are the educational attainment of the parents and whether the child comes from a single parent family or not. Nearly 80% of the variation in test results across districts can be explained using these data elements. Thus, one would theorize that towns that have higher educational attainment among parents and a lower percentage of single-parent families have better mastery exam results.

Table 23 shows per-pupil spending and mastery exam results along with associated ranks for the 1999-2000 school year.

Table 23
Connecticut
District Per-Pupil Spending And Mastery Exam Results
1999-2000

Town	Grant Mastery Percentage (1999/2000/01)	Rank	NCEP 2000	Rank
Andover	7. 06%	98	7,543	135
Ansonia	16. 30%	155	7,501	136
Ashford	10. 88%	133	8,204	78
Avon	1. 52%	1	8,166	83
Barkhamsted	4. 63%	50	8,278	71
Beacon Falls	5. 12%	61	7,091	160
Berlin	4. 66%	52	7,552	134
Bethany	5. 73%	73	7,864	107
Bethel	6. 03%	81	8,278	72
Bethlehem	5. 67%	71	8,032	93
Bloomfield	17. 70%	159	9,091	37
Bolton	3. 11%	19	8,101	86
Bozrah	7. 64%	107	8,460	64
Branford	4. 64%	51	7,960	100
Bridgeport	29. 52%	166	8,431	66
Bridgewater	3. 10%	17	10,118	11
Bristol	13. 83%	149	7,775	114
Brookfield	5. 71%	72	7,148	155
Brooklyn	10. 92%	134	7,858	108
Burlington	3. 70%	31	7,867	105
Canaan	5. 17%	63	11,246	2
Canterbury	10. 29%	131	8,132	84
Canton	4. 66%	53	7,632	125
Chaplin	14. 47%	150	9,011	40
Cheshire	2. 95%	13	8,079	88
Chester	3. 84%	35	8,873	44
Clinton	8. 01%	111	8,811	45
Colchester	7. 28%	100	6,669	169
Colebrook	10. 41%	132	8,678	52

Columbia	7. 73%	108	7,376	147
Cornwall	6. 76%	93	9,303	29
Coventry	8. 87%	121	7,041	163
Cromwell	5. 66%	70	8,043	91
Danbury	16. 95%	156	8,336	69
Darien	2. 80%	9	9,839	18
Deep River	6. 65%	92	8,176	81
Derby	15. 73%	154	7,474	137
Durham	3. 19%	20	8,726	47
East Granby	7. 57%	104	8,487	61
East Haddam	8. 20%	113	8,100	87
East Hampton	5. 91%	78	7,742	117
East Hartford	20. 88%	162	7,993	96
East Haven	12. 75%	141	7,656	123
East Lyme	4. 72%	56	7,974	99
East Windsor	9. 92%	128	7,745	116
Eastford	10. 09%	130	8,926	42
Easton	2. 74%	8	9,122	35
Ellington	3. 77%	32	7,438	142
Enfield	6. 82%	94	8,117	85
Essex	4. 00%	38	8,056	90
Fairfield	3. 79%	33	9,683	20
Farmington	3. 11%	18	7,654	124
Franklin	8. 54%	117	9,015	39
Glastonbury	2. 87%	11	7,456	139
Goshen	2. 45%	6	9,290	30
Granby	4. 22%	43	7,782	113
Greenwich	4. 67%	54	11,648	1
Griswold	12. 89%	143	8,468	63
Groton	11. 11%	135	9,097	36
Guilford	3. 56%	29	8,191	79
Haddam	6. 03%	82	8,561	57
Hamden	15. 71%	153	9,320	28
Hampton	7. 76%	109	9,484	22
Hartford	27. 42%	164	11,035	5
Hartland	6. 14%	87	7,579	131
Harwinton	3. 55%	28	7,867	106

Hebron	3. 43%	25	7,404	144
Kent	4. 60%	49	8,913	43
Killingly	11. 93%	138	7,611	127
Killingworth	4. 20%	42	8,561	58
Lebanon	7. 30%	102	7,585	130
Ledyard	7. 94%	110	7,181	154
Lisbon	5. 15%	62	7,392	146
Litchfield	4. 34%	45	7,789	111
Lyme	5. 32%	65	9,347	26
Madison	3. 03%	15	7,371	148
Manchester	13. 12%	144	8,183	80
Mansfield	6. 11%	86	9,466	25
Marlborough	4. 67%	55	7,444	141
Meriden	18. 28%	161	8,207	77
Middlebury	4. 05%	39	7,670	121
Middlefield	5. 37%	67	8,726	48
Middletown	13. 20%	145	9,239	33
Milford	6. 06%	84	8,593	55
Monroe	3. 97%	36	7,607	128
Montville	8. 95%	122	8,175	82
Morris	3. 99%	37	9,290	31
Naugatuck	14. 98%	152	6,927	165
New Britain	27. 20%	163	8,377	67
New Canaan	3. 23%	21	10,394	7
New Fairfield	4. 85%	58	7,705	118
New Hartford	5. 28%	64	8,478	62
New Haven	33. 66%	169	10,801	6
New London	30. 63%	167	10,176	9
New Milford	7. 55%	103	7,133	157
Newington	6. 43%	89	8,230	75
Newtown	3. 35%	23	7,126	158
Norfolk	8. 71%	118	10,002	15
North Branford	4. 87%	59	7,305	151
North Canaan	7. 01%	96	9,469	24
North Haven	4. 06%	40	7,941	103

North Stonington	7. 29%	101	8,369	68
Norwalk	17. 34%	157	9,916	16
Norwich	11. 84%	137	8,809	46
Old Lyme	3. 53%	27	9,347	27
Old Saybrook	6. 00%	80	8,035	92
Orange	3. 59%	30	8,717	49
Oxford	6. 91%	95	7,957	101
Plainfield	13. 50%	147	7,830	109
Plainville	7. 15%	99	8,265	73
Plymouth	9. 39%	123	7,696	119
Pomfret	5. 95%	79	6,817	167
Portland	4. 58%	48	7,942	102
Preston	8. 11%	112	9,217	34
Prospect	5. 77%	76	7,091	161
Putnam	17. 48%	158	8,536	59
Redding	3. 48%	26	9,889	17
Ridgefield	2. 37%	5	8,611	54
Rocky Hill	4. 34%	44	8,435	65
Roxbury	5. 76%	75	10,118	12
Salem	7. 59%	105	7,572	133
Salisbury	2. 83%	10	9,584	21
Scotland	13. 51%	148	8,929	41
Seymour	6. 52%	91	7,470	138
Sharon	5. 61%	69	10,047	14
Shelton	6. 49%	90	7,769	115
Sherman	3. 04%	16	7,184	153
Simsbury	1. 63%	2	7,632	126
Somers	5. 33%	66	7,900	104
South Windsor	4. 92%	60	7,398	145
Southbury	2. 53%	7	7,670	122
Southington	6. 07%	85	7,791	110
Sprague	12. 76%	142	7,192	152
Stafford	8. 21%	115	8,002	95
Stamford	17. 82%	160	10,179	8
Sterling	11. 49%	136	7,573	132
Stonington	8. 32%	116	8,209	76

Stratford	9. 54%	124	7,989	97
Suffield	4. 54%	47	6,902	166
Thomaston	8. 83%	120	7,114	159
Thompson	12. 13%	139	7,422	143
Tolland	4. 46%	46	6,931	164
Torrington	9. 89%	127	7,591	129
Trumbull	3. 35%	24	7,785	112
Union	2. 95%	14	7,357	149
Vernon	8. 81%	119	8,563	56
Voluntown	9. 98%	129	7,357	150
Wallingford	5. 54%	68	7,673	120
Warren	2. 28%	4	9,290	32
Washington	9. 88%	126	10,118	13
Waterbury	27. 50%	165	9,071	38
Waterford	4. 16%	41	9,721	19
Watertown	4. 84%	57	7,134	156
West Hartford	6. 04%	83	8,488	60
West Haven	13. 28%	146	8,248	74
Westbrook	5. 74%	74	7,979	98
Weston	3. 31%	22	11,065	4
Westport	2. 87%	12	11,144	3
Wethersfield	5. 81%	77	8,281	70
Willington	8. 21%	114	8,704	50
Wilton	1. 79%	3	8,624	53
Winchester	12. 52%	140	9,480	23
Windham	31. 71%	168	10,162	10
Windsor	14. 57%	151	8,079	89
Windsor Locks	9. 70%	125	7,451	140
Wolcott	7. 63%	106	6,678	168
Woodbridge	3. 80%	34	8,700	51
Woodbury	6. 28%	88	8,032	94
Woodstock	7. 05%	97	7,049	162

Source: Alan Shepard, Principal Budget Analyst and Judith Lohman, Chief Analyst, OLR Research Report, January 16, 2004.

[1] Net current expenditures per-pupil differ from total expenditures per-pupil by not counting expenditures for school transportation, capital equipment or tuition receipts for out-of-district students.

2001 – 2002 Priority School District Information

In 1983, the State Board of Education requested $2 million for a new state grant for school districts with the greatest academic need. The new grant became known as the Priority School District Program (PSD). Within the context of the need for increased educational equity and excellence, the narrative explanation of the proposal stated:

"Although it is impossible to measure all outcomes of schooling, student achievement is viewed by many to be the critical determinant of the success of an educational program. Certain elements can enhance a district's educational program and thereby contribute to the improvement of student achievement. The purpose of this grant is to allocate additional resources to districts needing assistance to allow them to include these elements in their educational programs."

Table 24
Connecticut Priority School District Program Per Pupil Expenditures

County	District	Financial: Expenditures, District Total Per Pupil	Community: 1998 Per Capita Income
FAIRFIELD	Bridgeport School District	$8,915	17,698
FAIRFIELD	Danbury School District	$8,836	27,373
FAIRFIELD	Norwalk School District	$10,304	32,479
FAIRFIELD	Stamford School District	$10,669	38,481
HARTFORD	Bloomfield School District	$10,460	29,235
HARTFORD	Bristol School District	$7,989	21,174
HARTFORD	Hartford School District	$12,106	13,271
HARTFORD	East Hartford School District	$8,630	20,443
HARTFORD	New Britain School District	$9,198	18,110
NEW HAVEN	Ansonia School District	$7,428	18,891
NEW HAVEN	Meriden School District	$8,726	19,862
NEW HAVEN	New Haven School District	$11,377	16,777
NEW HAVEN	Waterbury School District	$10,300	18,388
NEW HAVEN	West Haven School District	$9,004	20,273
NEW LONDON	New London School District	$11,543	17,387

WINDHAM	Putnam School District	$9,757	18,936
WINDHAM	Windham School District	$10,703	16,822

Source: CT State Department of Education
http://www.csde.state.ct.us/public/der/psd/priority/psd_info.htm

Table 25
Connecticut Educational Attainment – Population 25 Years or Older

	Less Than High School	High School Graduate (incl. Equivalency)	Some College or Associate Degree	Bachelor's Degree	Master's Degree or Higher
Fairfield County	93,235 15.6%	140,262 23.5%	125,200 21.0%	137,383 23.0%	100,291 16.8%
Hartford County	102,302 17.6%	165,890 28.6%	139,996 24.1%	101,865 17.6%	69,786 12.0%
Litchfield County	17,963 14.1%	39,949 31.4%	34,428 27.0%	20,901 16.4%	14,064 11.0%
Middlesex County	12,184 11.3%	30,873 28.6%	28,504 26.4%	21,745 20.1%	14,800 13.7%
New Haven County	93,737 17.0%	169,936 30.8%	135,536 24.6%	84,217 15.3%	68,216 12.4%
New London County	24,276 14.0%	55,719 32.0%	48,299 27.8%	26,426 15.2%	19,190 11.0%
Tolland County	9,424 10.8%	25,251 29.0%	23,929 27.4%	16,241 18.6%	12,357 14.2%
Windham County	14,535 20.4%	25,420 35.7%	17,775 25.0%	7,973 11.2%	5,539 7.8%
Connecticut Total	367,656 16.0%	653,300 28.5%	553,667 24.1%	416,751 18.2%	304,243 13.3%

Source: US Census Bureau

Employment Conditions and Patterns

Employment patterns reveal the kinds of employment in the state and where employers in different industries are located. The housing needs of the state are in part a function of demand for workers. Consequently, identifying locations with higher and lower employment rates and the types of employment represented is necessary for strategic planning.

Unemployment Patterns

Connecticut's employment picture has been better than the nation's as a whole. Seasonally adjusted figures from the Connecticut Department of Labor place the statewide unemployment rate at 4.1% compared with 5.6% for the entire United States. But unemployment is not evenly distributed across Connecticut, and some cities and towns have unemployment rates above the 2002 national average.

Table 26 presents the locations in the state where unemployment rates are the highest. Hartford, Bridgeport and Waterbury lead this list, each with unemployment rates greater than the national average. All of the locations on the list report large increases in this rate over that in the year 2000.

Table 26
State of Connecticut Unemployment
Towns with Highest Unemployment Rates in 2002*

	2002* Count	Unemployment Rate (%)	2000 Count	Unemployment Rate (%)
Hartford	3,694	7.2	2,561	4.8
Bridgeport	3,813	6.5	2,565	4.2
Waterbury	3,150	6.1	1,910	3.7
Ansonia	467	5.6	293	3.4
East Hartford	1,389	5.6	764	3
New Britain	1,841	5.6	1,330	3.9
Killingly	455	5.2	365	4.2
Voluntown	68	4.9	44	3.2
New Haven	2,734	4.8	1,897	3.3
Winchester	275	4.8	145	2.5
Derby	275	4.5	217	3.4
Meriden	1,353	4.5	950	3.1
New London	617	4.5	432	3.3
Torrington	833	4.5	435	2.4

* Average Unemployment through September, 2002
Source: Connecticut Department of Labor

Persistent rates of this magnitude raise questions about possible long-term economic responses, such as population loss, as workers relocate to regions with more numerous opportunities.

Many of the places with the highest rates of unemployment represent relatively small unemployed populations living in locations with small populations (for example, Voluntown has just 68 unemployed persons). In order to capture the overall magnitude of unemployment in Connecticut, one ought to look at the unemployed in the state's most populous jurisdictions. In Table 27, there is a list of cities and towns sorted by overall population and unemployment. When described in this fashion, most of the largest population centers in the state appear to contribute significantly to the ranks of the unemployed. Bristol, Danbury, Norwalk and Stamford all have unemployed populations in excess of one thousand persons, even though they are below the state and national averages on a proportional basis.

It is also important to point out that the standard definition of the unemployed does not include individuals who have ceased looking for a job. In general, areas with higher unemployment rates include higher rates of those who have exited the labor market. These high concentrations of structural unemployment yield high demand for government services and subsidized housing.

Table 27
State of Connecticut Unemployment
Largest Cities/Towns

	2002* Count	Unemployment Rate (%)	2000 Count	Unemployment Rate (%)
Bridgeport	3,813	6.5	2,565	4.2
Hartford	3,694	7.2	2,561	4.8
New Haven	2,734	4.8	1,897	3.3
Stamford	1,930	3	1,161	1.7
Waterbury	3,150	6.1	1,910	3.7
Norwalk	1,422	3	850	1.7
Danbury	1,164	3.3	657	1.8
New Britain	1,841	5.6	1,330	3.9
Greenwich	575	1.9	325	1
West Hartford	751	2.7	473	1.7
Bristol	1,281	4.1	764	2.4
Meriden	1,353	4.5	950	3.1
Fairfield	774	3	409	1.5
Hamden	910	3.1	580	1.9
Manchester	1,041	3.8	613	2.1

*Average Unemployment through September, 2002
Source: Connecticut Department of Labor

Labor Surplus Areas

Areas with average unemployment rates, at least 20% above the average unemployment rate for all states during the previous two calendar years, are designated by the U.S. Department of Labor, Employment and Training Administration as Labor Surplus Areas. In years past, many of Connecticut's cities and towns have received such a designation (21 cities and towns were classified as Labor Surplus Areas in 1997 and 1998). Connecticut has made much progress on this measure in more recent years. In fact, in 2001 none of the state's localities received such a classification. Table 28 presents this progress in tabular form. In this table, the locations that received the designation of Labor Surplus Areas in a given year are designated with an "X."

Current unemployment levels do not appear to be heading the state back towards the volume of Labor Surplus designations seen in 1998. Based on current unemployment rates, only Hartford would presently meet the Department of Labor's classification standard with an unemployment rate 26.3% greater than the national average. Even with the growth in state unemployment in recent months, the remainder of the state's cities and towns has not seen increases out of proportion with national trends.

Table 28
Labor Surplus Areas in Connecticut, 1998-2001

	2001	2000	1999	1998
Ansonia			X	X
Bridgeport	X	X		X
Derby				X
East Hartford				X
East Haven				X
Hartford	X	X	X	X
Killingly	X	X	X	X
Meriden				X
Middletown				X
New Britain			X	X
New Haven				X
New London			X	X
Norwich				X
Plainfield			X	X
Putnam			X	X
Sprague			X	X
Sterling			X	X
Voluntown	X	X	X	X
Waterbury			X	X
Winchester				X
Windham				X

Source: Connecticut Department of Labor

Employment Projections

The Connecticut Department of Labor's Office of Research created employment projections across industries for the decade 1998-2008. These projections extrapolate from state and national trends in employment and economic growth to estimate the employment levels in a variety of areas. Across this period of time, the projections suggest a net increase in employment of about 171,000 jobs. Driving the job growth are jobs in three broad industry categories listed below:

- Services (health, business, education, etc.)
- Retail trade
- Finance, Insurance and Real Estate

In fact, these three combined categories comprise roughly 157,000 of the projected new jobs.

One way to think about the potential for growth in Connecticut's communities would be to look at the employment characteristics of the cities and towns and observe the current patterns of employment. It may be reasonable to expect increased growth (and increased demand for housing) in places already carrying large relative employment levels in these three key areas.

A statewide snapshot of the distribution of employment in these key sectors is presented in Table 29 at the county level. This table was constructed using the existing employment in 2000 for each sector and seeing how that employment is distributed. In all three cases, three counties, Fairfield, Hartford, and New Haven capture the bulk of the jobs in these important areas. Consequently, these may be the counties to look towards when anticipating further employment growth in the same areas.

Table 29
State of Connecticut, 2000
Distribution of Employment in Key Sectors

	Retail Sales	Finance Insurance Real Estate	Services
Fairfield County	25.30%	31.00%	25.77%
Hartford County	23.59%	34.23%	23.33%
Litchfield County	6.08%	4.29%	5.35%
Middlesex County	4.84%	4.47%	4.83%
New Haven County	24.23%	16.38%	24.67%
New London County	7.76%	3.30%	8.31%
Tolland County	4.46%	4.77%	4.41%
Windham County	3.74%	1.57%	3.32%
Totals	100.00%	100.00%	100.00%

Source: U.S. Bureau of Census

Further context to the projected growth in these fields comes from the local level data. In Table 30, we see the proportional distribution of employment in the same key identified sectors for the largest places in the state. The table is sorted by population. In this presentation, we can see the actual count of employment adjacent to the percentage that each represents of the statewide employment in that sector for each of the largest cities and towns. What is revealed here is how much of this employment appears to lie outside of the largest places in the state. When comparing the towns in Table 30 with the counties in which they belong in Table 29, it appears that much of this employment lies outside of the boundaries of the largest cities and towns and in the neighboring communities comprising the rest of the county.

The service sector was identified as the fastest growing area according to the Connecticut Department of Labor projections, providing the best prospect for employment growth for the state. One indicator of where such growth may occur geographically could come from the presence of existing concentrations of service sector employment. In order to identify locations where such concentrations exist, we can look at the employment characteristics of Connecticut cities and towns and measure the proportion of employment that exists currently in the service sector. Sorting the jurisdictions by this measure reveals a set of cities and towns in which service sector employment dominates more than in other locations (Table 31).

Table 30
State of Connecticut, 2000
Distribution of Employment in Key Sectors
Largest Cities/Towns

	Retail		**Finance, Insurance Real Estate**		**Services**	
	Count	**% of Statewide Sector**	**Count**	**% of Statewide Sector**	**Count**	**% of Statewide Sector**
Bridgeport	7,337	3.95%	4,095	2.50%	24,392	3.38%
Hartford	4,194	2.26%	4,345	2.66%	20,302	2.82%
New Haven	4,658	2.51%	1,881	1.15%	28,242	3.92%
Stamford	6,209	3.34%	8,039	4.91%	28,076	3.89%
Waterbury	5,481	2.95%	2,775	1.70%	18,444	2.56%
Norwalk	5,482	2,95%	4,392	2.69%	19,721	2.74%
Danbury	5,039	2.71%	2,529	1.55%	16,494	2.29%
New Britain	3,808	2.05%	2,462	1.51%	13,087	1.82%
Greenwich	2,293	1.24%	6,041	3.69%	12,434	1.72%
West Hartford	2,281	1.23%	4,817	2.94%	14,575	2.02%
Bristol	3,405	1.83%	3,362	2.06%	11,320	1.57%
Meriden	3,251	1.75%	2,005	1.23%	10,930	1.52%
Fairfield	2,876	1.55%	3,716	2.27%	12,310	1.71%
Hamden	3,028	1.63%	2,142	1.31%	14,342	1.99%
Manchester	4,024	2.17%	4,301	2.63%	11,713	1.62%
Totals		13.45%		17.64%		13.97%

Source: U.S. Bureau of Census

Table 31
State of Connecticut, 2000
Highest Concentrations of Service Employment

	Count	% of Jurisdiction Labor Force
Mansfield	7,078	62.83%
Woodbridge	2,646	58.10%
Salisbury	1,142	56.79%
Norwich	9,610	51.59%
Cornwall	411	51.38%
Ashford	1,198	51.33%
Chaplin	658	50.85%
Bethany	1,371	50.67%
Ledyard	3,775	50.03%
Redding	2,101	50.00%
New Haven	28,248	49.33%
New London	6,076	49.07%
Easton	1,728	48.94%
Guilford	5,799	48.81%
Branford	7,962	48.72%
Weston	2,226	48.29%
Hamden	14,342	47.91%
Preston	1,170	47.25%
Old Lyme	1,778	47.22%
Groton	8,208	46.99%

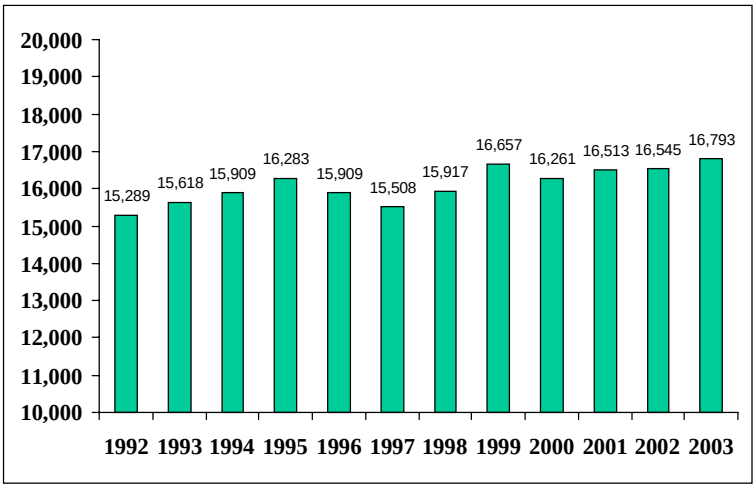
Source: U.S. Bureau of Census

Table 31 reveals that the location with the highest concentration of service sector employment in 2000 was Mansfield, the rural town that hosts the University of Connecticut. Most of the locations in the table are not large places, instead representing cities or towns that are adjacent to or suburbs of locations with education and research institutions (e.g. Yale University, Pfizer).

B. Homelessness

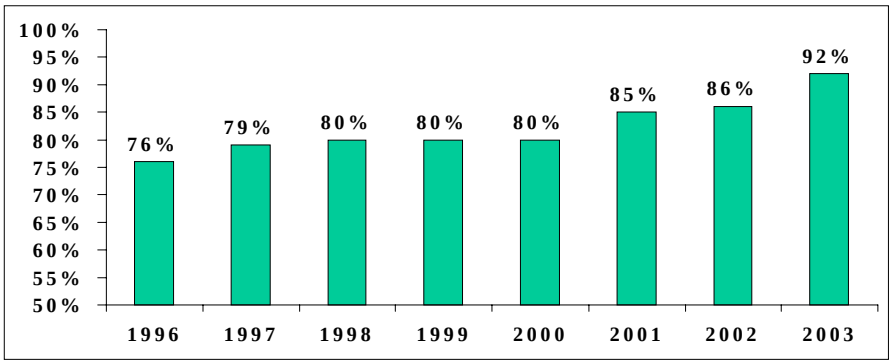
People are homeless due to a variety of reasons ranging from poverty to mental illness. Other reasons include eroding work opportunities including stagnant and declining wages, a decline in public assistance, lack of affordable housing, lack of affordable health care, domestic violence, and addiction disorders. This section examines homelessness at the national level among children and veterans, as well as the state of homelessness in Connecticut.

Homeless Shelter Clients
Figure 8



Source: DSS ANNUAL HOMELESS SHELTER DEMOGRAPHIC REPORT FFY 2003 (OCT. 2002 – SEP. 2003)

Homeless Shelter Utilization
Figure 9



Source: DSS ANNUAL HOMELESS SHELTER DEMOGRAPHIC REPORT FFY 2003 (OCT. 2002 – SEP. 2003)

Table 32
Annual Homeless Shelter Demographic Report
FFY 2002 (Oct. 2001 – Sep. 2002)
Contributing Factors to Homelessness (Adults Only)

	Factors* Reported	Substance Abuse	Unemployed	New to Area	Family Abuse	Mental Illness	Expenses Exceed Income	Physical Illness	Divorced/ Separated	Other
TOTAL FACTORS* REPORTED STATEWIDE	18,056	5,083	3,917	1,771	588	1,890	3,469	431	470	437
% OF TOTAL	100.0%	28.2%	21.7%	9.8%	3.3%	10.5%	19.2%	2.4%	2.6%	2.4%

Table 33
Annual Homeless Shelter Demographic Report
FFY 2002 (Oct. 2001 – Sep. 2002)
Family Composition

NUMBER OF FAMILIES						NUMBER OF SINGLE ADULTS				
	Total Families	Minor Parent (Under 18)	One Parent (18+)		Two-Parent (18+)	Total Singles	Male	Female	Emancipated Males (Under 18)	Emancipated Females (Under 18)
			Female	Male						
TOTAL FACTORS* REPORTED STATEWIDE	1,505	4	1,259		168	11,251	8,705	2,545		1
% OF TOTAL	100.0%	0.3%	83.7%		11.2%	100.0%	77.4%	22.6%		*

* Less Than 0.05%

(For additional statistics see Appendix A)

Homeless Children

The number of children and youth experiencing homelessness is increasing.

- The number of children and youth in homeless situations (PreK-12) identified by State Departments of Education increased from approximately 841,700 in 1997 to 930,200 in 2000 (U.S. Department of Education, 2000).
- The Urban Institute estimates that 1.35 million children will experience homelessness over the course of a year (Urban Institute, 2000).
- Preschool and elementary age children comprise the largest numbers of children experiencing homelessness reported by the State Departments of Education (U.S. Department of Education, 2000).

Children and youth experiencing homelessness face barriers to school enrollment, attendance, and success.

- Transportation to and from school, as well as to and from before- and after-school activities, remains the biggest barrier for children and youth in homeless situations (U.S. Department of Education, 2000).

- Children and youth experiencing homelessness often do not have the documents ordinarily required for school enrollment. Domestic violence, natural disasters, evictions and unstable living situations can make it impossible for parents to retain documents. As a result, many districts still turn away children and youth from a new school until these issues are resolved (U.S. Department of Education, 2000).

- Many children and youth experiencing homelessness are unable to participate in federal and state programs due to challenges created by high mobility (U.S. Department of Education, 2000).

- Only 15% of preschool children identified as homeless by State Departments of Education were enrolled in preschool programs in 2000 (U.S. Department of Education, 2000). In comparison, 57% of low-income preschool children participated in preschool in 1999 (National Center for Education Statistics, 1999).

Federal legislation protecting the educational rights of children and youth experiencing homelessness was greatly strengthened in 2001, but Congress has not adequately funded state and local efforts to implement the legislation.

- The recently reauthorized McKinney-Vento Act requires school districts to stabilize children in their original schools, including providing transportation so they can continue their education without disruption; it also requires that children experiencing homelessness be immediately enrolled in school if they are moving to a new school.

- The McKinney-Vento Act's Education for Homeless Children and Youth (EHCY) program provides financial grant assistance to states and local school districts to implement provisions guaranteeing school access and stability. Funds are used to help schools provide and coordinate critical services such as identification, enrollment assistance, school supplies, and transportation.

- Congress appropriated $55 million for the EHCY program in FY2003; this number is $15 million less than the current authorized amount of $70 million.

Education prevents homelessness by helping people obtain jobs with higher wages and benefits.

- A woman with a high school degree earns barely over the poverty line for a family of three. This is, on average, half as much as a woman with a bachelor's degree (National Urban League Report, June 2002).

Homeless Veterans

Approximately 33% of homeless men are veterans, although veterans comprise only 23% of the general adult male population. The National Coalition for Homeless Veterans (NCHV) estimates that on any given night, 299,321 veterans are homeless (National Coalition for Homeless Veterans, 2003). Despite the overrepresentation of veterans in the homeless population, homelessness among veterans is not clearly related to combat military experience. Rather, studies show that homeless veterans appear less likely to have served in combat than housed veterans (Rosenheck, 1996). Similarly, despite the widespread perception that Vietnam-era veterans constitute the majority of homeless veterans, research indicates that the veterans who are at greatest risk of homelessness are those who served during the late Vietnam and post-Vietnam era (Rosenheck, 1996). According to NCHV, 47% served during the Vietnam era and 17% served post Vietnam. These veterans had little exposure to combat, but appear to have increased rates of mental illness and addiction disorders, possibly due to recruitment patterns. Faced with a lack of affordable housing, declining job opportunities, and stagnating wages (see "Why are People Homeless?" NCHV Fact Sheet #1), people with these disabilities are more vulnerable to homelessness.

Homeless veterans are more likely to be white (46% are white males, compared to 34% non-veterans), better educated, (85% completed high school/GED, compared to 55% non-veterans), and previously or currently married than homeless nonveterans (Rosenheck, 1996 and NCHV, 2003). Female homeless veterans represent an estimated 2% of homeless veterans. They are more likely than male homeless veterans to be married and to suffer serious psychiatric illness, but less likely to be employed and to suffer from addiction disorders. Comparisons of homeless female veterans and other homeless women have found no differences in rates of mental illness or addictions.

Minorities are overrepresented among homeless veterans, just as they are among the homeless population in general. However, there is some evidence that veteran status reduces vulnerability to homelessness among Black Americans. Black nonveterans are 2.9 times more likely to be homeless than white nonveterans; Black veterans, on the other hand, are 1.4 times more likely to be homeless than white veterans (Rosenheck, 1996). The reduced risk of homelessness among Black veterans is most likely the result of educational and other benefits to which veterans are entitled, and thereby provides indirect evidence of the ability of government assistance to reduce homelessness.

Table 34
U.S. Demographics of Homeless Veterans

	Homeless Veterans	**Homeless Non-veterans**
White males	46%	34%
High school/GED	85%	55%

Programs and Policy Issues

The U.S. Department of Veterans Affairs (VA) administers two special programs for homeless veterans: the Domiciliary Care for Homeless Veterans program (DCHV) and the Health Care for Homeless Veterans program (HCHV). Both programs provide outreach, psychosocial assessments, referrals, residential treatments, and follow-up case management to homeless veterans. Recent evaluations have found that these programs significantly improve homeless veterans' housing, psychiatric status, employment, and access to health services (Friesman et al., 1996; U.S. Department of Veterans Affairs, 1995). In addition, the VA has initiated several new programs for homeless veterans and has expanded partnerships with public, private, and non-profit organizations to expand the range of services for homeless veterans (U.S. Department of Veterans Affairs, 1997).

In 1995, the VA conducted a national survey of VA homeless programs and community organizations to identify needs of homeless veterans. The survey found that long-term permanent housing, dental care, eye care, and childcare were the greatest unmet needs of homeless veterans (U.S. Department of Veterans Affairs, 1995). Similarly, participants in a National Summit on Homelessness Among Veterans sponsored by the VA identified the top priority areas as jobs, preventing homelessness, housing, and substance abuse/mental health treatment (U.S. Department of Veterans Affairs, 1997).

In general, the needs of homeless veterans do not differ from those of other homeless people. However, there is some evidence that programs that recognize and acknowledge veteran experience may be more successful in helping homeless veterans transition into stable housing. Until serious efforts are made to address the underlying causes of homelessness, including inadequate wages, lack of affordable housing, and lack of accessible, affordable health care, the tragedy of homelessness among both veterans and nonveterans will continue to plague American communities.

Homeless Needs in Connecticut

Although it is difficult to obtain an accurate count of all persons who are homeless, it has been estimated that in Connecticut there are between 3,000 and 5,000 homeless individuals on any given night. This number includes people who receive assistance, as well as those who do not seek available assistance (2000 consolidated plan). The estimate represents a potential need for shelter beds each night well in excess of the approximately 2,000 available. According to the Connecticut Coalition to End Homelessness, between October 2001 and September 2002, 16,545 people used shelters in Connecticut.

Below are facts about the homeless people who used these shelters:

- Nearly 18% (2,978) of those who used the shelters were children
- 13,598 adults used the shelters
- 1,559 families with 2,947 children

- Of the 1,559 families;
  83.7% a single female parent
  11.2% two parents
  4.8% a single male parent
  0.3% minor parents (under 18)

Race or ethnicity of those who used the shelters:

- 38.6% African-American
- 34.6% White
- 24.9% Hispanic
- 1.9% Asian, American Indian, or of some other race/ethnicity

Source of income of those who used the shelters:

- 51.7% don't have an income
- 17.1% were employed
- 15.0% Social Security/SSI
- 5.2% State Administered General Assistance (SAGA)
- 5.1% Temporary Family Assistance (TFA)
- 3.2% Unemployment
- 1.3% Other
- 0.7% Veterans
- 0.7% Child Support

According to the Connecticut Coalition to End Homelessness, there is also an unknown rate of people living "doubled up" with friends or relatives in overcrowded conditions. Other homeless individuals are living on the streets, under bridges, in cars, or in abandoned buildings. Anecdotal reports from street outreach workers indicate the number of people living outside is increasing.

Table 35
Number of times people were turned away due to lack of space

Year	Count
2002	27,114
2001	20,335
2000	11,241
1999	9,953
1998	8,556
1997	10,671
1996	12,919
1995	13,819

Source: Department of Social Services

Table 35 shows the number of times in a year that the emergency shelters had to say no because of lack of space. This is not the same as the unduplicated number of people turned away. These are not presented as exact counts but rather as numbers that indicate trends in the need to turn people away.

According to the CT Department of Social Services Homeless Statistical Report for Federal Fiscal Year 2003, the client population was 73.6% single adults (clients without children in the shelter) and 8.9% persons in families (parents and children). Individuals under 18 made up 16.5% of the total number of clients. (See Table 36)

Table 36
Table of Clients Served FFY 2003 in DSS Funded Homeless Shelters

Number of Singles	12,371
Number of Adults in Families	1,638
Number of Children	2,784
Total	**16,793**

Source: Department of Social Services Homeless Statistical Report for Federal Fiscal Year October 2002 – September 2003

Demographics of Unsheltered Population

There has been no equivalent study of this population since 1994. The following information noted below is from the 2000 Consolidated Housing Plan.

In 1994, Connecticut mental health outreach teams reported that, for every shelter guest enrolled in their program, there was one person who was unsheltered. Many individuals who are homeless for any length of time most likely use shelters and live on the streets over the course of a year for a variety of reasons. Thus the high range estimated may be duplicative. Nonetheless, it would appear conservative, given the broad parameters of the McKinney Act definition of homeless which includes persons living in streets, abandoned buildings, cars and substandard housing, to estimate that for every sheltered guest (approximately 15,000 per year) there is an equal number of unsheltered homeless persons.

Please note: The data presented here reflects people served by the network of state-funded emergency shelters. The data follows HUD estimate procedures for the homeless. Other organizations use a broader definition of homeless and thus arrive at a higher overall estimate. "A Guide for Expanding Supportive Housing in Connecticut" by CSH along with the Connecticut Coalition to End Homelessness and other members of the Reaching Home Steering Committee, estimates the number of homeless at 32,291. This includes the unsheltered population as well as families living "doubled up" in overcrowded conditions with relatives or acquaintances with no permanent address. At any point in time, the guide estimates that 6,978 people are homeless. In the McKinney programs, HUD does not count these doubled-up families as literally homeless, yet the unsheltered population is important to discuss to understand the full scope of homelessness in Connecticut.

C. Populations with Special Needs other than Homeless

Persons with Severe and Persistent Mental Illness

According to the National Mental Health Information Center, in 2000 there were an estimated 138,121 persons with serious mental illness, age 18 and older living in Connecticut. This number does not include persons who are homeless or are institutionalized. (See Table 37)

Table 37
State of Connecticut, 2000
Adults with Serious Mental Illness

State	Estimated numbers	Lower limit	Upper limit
Connecticut	138,121	94,639	181,603

Source: National Mental Health Information Center.

There were 466 beds for inpatients at publicly funded psychiatric hospitals in the state at the end of 2000. According to State and County Psychiatric Hospitals, Inpatient Census, at the end of 2000 there were 476 inpatients for the year. (See Table 38)

Table 38
State of Connecticut, 2000

State	Number of Beds
Connecticut	466

Source: State and County Psychiatric Hospitals, Inpatient Census.

Mental Health Block Grant (MHBG) 2002
State Mental Health Agency (SMHA)

The dollar amount received by the state from the federal government through the Mental Health Block Grant program in 2002 was $4,626,918.

The State Mental Health Agency, Mental Health Actual Dollar & Per Capita Expenditures reported for 2001 was $324,059,826. The FY'01 per capita was $99.14 and the per capita rank was third in the country.

Persons with Developmental Disabilities

Recent studies indicate that approximately 1% of the general population has mental retardation. Over 16,000 people from across all age categories receive support and services from the Connecticut Department of Mental Retardation.

Persons with Physical Disabilities

Disability status of the civilian non-institutionalized population is illustrated in Table 39 below.

Table 39
State of Connecticut, 2000
Disability Status of the Civilian Non-institutionalized Population

	Count	%
Population 5-20 years	735,594	100.0
Population 5-20 years with disability	56,185	7.6
Population 21-64 years	1,945,424	100.0
Population 21-64 years with disability	327,697	16.8
percent employed	63.1	(x)
Population 21-64 years No disability	1,617,727	83.2
percent employed	80.3	(x)
Population over 65 years and over	439,935	100.0
Population over 65 years and over with disability	162,931	37.0

Source: U.S. Census Bureau

Persons receiving federally administered SSI and social security benefits

Table 40
Cross Program Payments, Number of persons receiving federally administered SSI and social security (Old-Age, Survivors and Disability Insurance) benefits, by category and age, December 2000.

	Total	Category			Age			SS benefits only
		Aged	Blind	Disabled	Under18	18-64	65 and older	
Nat'l	2,383,275	762,410	27,060	1,593,805	61,268	1,133,537	1,188,470	1,988,460
CT	14,937	3,160	127	11,650	435	8,759	5,743	12,237

Source: Revised Management Information Counts System (REMICS) Social Security Administration.

Table 41
Number of persons receiving federally administered SSI payments, category and age, December 2000.

	Total	Category			Age		
		Aged	Blind	Disabled	Under18	18-64	65 and older
National	6,601,686	1,289,339	78,511	5,233,836	846,784	3,744,022	2,010,880
Connecticut	48,731	7,115	510	41,106	5,531	31,083	12,117

Source: Revised Management Information Counts System (REMICS) Social Security Administration

Table 42
Federally Administered Payments: Recipients by eligibility category and age, 2002.

	Total	Category			Age		
		Aged	Blind	Disabled	Under18	18-64	65 and older
National	6,787,857	1,251,528	77,658	5,458,671	914,821	3,877,752	1,995,284
Connecticut	50,368	6,960	494	42,914	6,058	31,967	12,343

Source: Federal Social Security Administration, SORD file.

Table 43
State-Administered Supplementation: by eligibility, December 2002

	Number				Total Payments (thousands of dollars)				Average monthly payments			
	Total	Aged	Blind	Disabl.	Total	Aged	Blind	Disabl.	Total	Aged	Blind	Disabl.
All states	**552,567**	**138,851**	**4,527**	**332,044**	**70,241**	**23,361**	**742**	**41,110**	**127.12**	**168.24**	**163.91**	**123.81**
CT	**18,485**	**5,557**	**109**	**12,819**	**6,903**	**2,482**	**47**	**4,374**	**373.46**	**446.67**	**435.15**	**341.20**

Persons with Alcohol or Other Drug Addictions

Overall, percentages reporting past year dependence or abuse for drugs and alcohol in Connecticut are higher than national estimates. Reported percentages for past year dependence and/or abuse for any illicit drug or alcohol are 8.46 for Connecticut and 6.97 in the United States. This finding is valid across age groups, as 9.9% report dependence and/or abuse in Connecticut, compared with 7.8% nationwide for those 12-17 years of age. The biggest gap is for the 18-25 age group: 21.86% for Connecticut and 16.93% for the United States. For those 26 years or older, 6.41% in Connecticut report past year dependence and/or abuse for any illicit drug or alcohol, compared with 5.15% in the U.S. (See Table 44)

Table 44
Percentages Reporting Past Year *Dependence or Abuse for Any Illicit Drug and/or Alcohol*, by Age Group and State: Annual Averages Based on 2000 and 2001 NHSDAs

State	Total		AGE GROUP (Years)					
			12–17		18–25		26 or Older	
	Estimate	Prediction Interval	Estimate	Prediction Interval	Estimate	Prediction Interval	Estimate	Prediction Interval
Total[1]	6.97		7.80		16.93		5.16	
Connecticut	8.46	(7.12 – 9.96)	9.90	(7.96 – 12.12)	21.86	(18.58 – 25.44)	6.41	(4.93 – 8.17)

Concerning only alcohol dependence or abuse, the reported percentages are 6.5 for Connecticut and 5.74 nationwide. Similar figures are reported for the 12-17 age group (5.20% CT, 6.43% U.S). For those 18-25 years, 16.25% report alcohol dependence or abuse in Connecticut, and 13.8% in all states. Less people age 26 or older report

dependence or abuse in both Connecticut (5.14%) and the United Sates (4.45%) than in other age groups. (See Table 45)

Table 45
Percentages Reporting Past Year Alcohol Dependence or Abuse, by Age Group and State: Annual Averages Based on 2000 and 2001 NHSDAs

State	Total					AGE GROUP (Years)													
						12–17					18–25					26 or Older			
	Estimate	Prediction Interval				Estimate	Prediction Interval				Estimate	Prediction Interval				Estimate	Prediction Interval		
Total[1]	5.74					5.20					13.80					4.45			
Connecticut	6.50	(5.35	–	7.81)		6.43	(5.01	–	8.11)		16.25	(13.51	–	19.30)		5.14	(3.88	–	6.67)

Slightly more report past year dependence or abuse of any illicit drug in Connecticut (2.74%) than nationwide (2.25%). Connecticut percentages are higher across all age groups. For those 12-17 years, 6.53% report abuse or dependence of any illicit drug in Connecticut compared with 4.62% in the United States. 8% of those 18-25 years of age in Connecticut report past year dependence or abuse, while 6.34% report dependence or abuse in the United States. As with alcohol dependence or abuse, less people in the 26 or older age group report any illicit drug dependence or abuse in Connecticut (1.53%) and nationwide (1.23%). (See Table 46)

Table 46
Percentages Reporting Past Year Any Illicit Drug Dependence or Abuse, by Age Group and State: Annual Averages Based on 2000 and 2001 NHSDAs

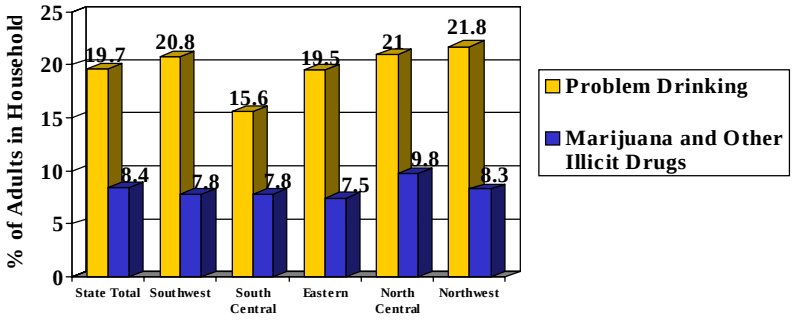
State	Total					AGE GROUP (Years)													
						12–17					18–25					26 or Older			
	Estimate	Prediction Interval				Estimate	Prediction Interval				Estimate	Prediction Interval				Estimate	Prediction Interval		
Total[1]	2.25					4.62					6.34					1.23			
Connecticut	2.74	(2.04	–	3.58)		6.53	(4.98	–	8.39)		8.00	(6.03	–	10.35)		1.53	(0.87	–	2.50)

NOTE: Dependence and Abuse are based on definitions found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).
[1] This estimate is the weighted average of the hierarchical Bayes estimates across all states and the District of Columbia and typically is not equal to the direct sample-weighted estimate for the nation.
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Figure 10 shows the prevalence of risky drinking and illicit drug use, including substance abuse and dependence, among adults 18 years of age and older in the state and in each of the planning regions. The data shows that current risky drinking and illicit drug use are found in significant proportions of the adult population statewide and in each of the regions. The figure shows that, in Connecticut, the rate of risky drinking, including those with dependence, (19.7%) is more than twice the rate of illicit drug use (8.4%). The highest rates of risky drinking are found in the Southwest, Northwest and North Central regions, although the differences overall between regions are small. The prevalence of illicit drug use ranges from a high of 9.8% in the North Central region to a low of 7.5% in the Eastern part of the state.

Figure 10

Problem Drinking and Illicit Drug Use* among Adults Age 18 and Older: Statewide and by Region



Source: Connecticut Substance Abuse Needs Assessment Project: 1996 Connecticut Adult Household Survey, April 8, 1999. *Based on reported past 18 month substance use.

Table 47 shows that less than half (48.7%) of women who are pregnant or report responsibilities for dependent children currently drink, compared to 59.2% of women without childcare responsibilities. Likewise, pregnant and parenting women are less likely to report current use of illicit and prescription drugs. The prevalence of abuse and dependence among women with and without children was consistent with their patterns of use. While 8.4% of women with no childcare responsibilities meet criteria for current abuse or dependence, only 4.8% of women who are pregnant or have dependent children meet the treatment need criteria, primarily for alcohol abuse and dependence.

Table 47
Current Substance Use Among
By Child

Substance	Not Pregnant and No Dependent Children	Pregnant or Dependent Children
Alcohol	59.2%	48.7%
Marijuana	4.5	1.8
Cocaine	0.3	0.1
Hallucinogens	0.1	0.0
Heroin	0.0	0.0
Analgesics	0.6	0.0
Amphetamines	0.5	0.1
Barbiturates	0.4	0.1

Source: Connecticut Substance Abuse Needs Assessment Project:1996 Connecticut Adult Household Survey, April 8, 1999.

As Table 48 shows, the demographic profile of clients (clients in all state licensed substance abuse treatment facilities in Connecticut) varies according to their primary problem substance. There are disproportionately more women (42.4%) found among primary cocaine abusers in treatment compared to other types of alcohol and drug abuse. Marijuana abusers in treatment are more likely to be male and younger than other substance abuse clients; 78.5% are men and their average age is 23.8 years. The majority (68.2%) of alcoholics in treatment are white. Hispanics account for one-third (33.2%) of the primary heroin addicts in treatment, and blacks are overrepresented among primary cocaine abusers (45.0%). Among primary marijuana abusers, 39.4% are white, 37.8% are black and 19.4% are Hispanic. The percentage of admissions that are currently employed ranges from a low of 17% among heroin addicts to a high of 30.8% among those with a primary marijuana problem. Clients admitted with a primary heroin addiction are most likely to be dependent upon public funding for their treatment.

Table 48
Profiles of Substance Abuse Clients by Problem Substance: Admissions Statewide, 2000

	Alcohol	Heroin	Cocaine	Marijuana
Female (%)	24.9	28.6	42.4	21.5
Mean Age (yrs.)	38.2	34.3	34.2	23.8
Ethnicity (%)				
White	68.2	49.1	40.4	39.4
Black	19.7	16.4	45.0	37.8
Hispanic	9.6	33.2	12.3	19.4
Other	1.2	0.7	1.4	2.6
Employed (%)	28.2	17	20.1	30.8
Public Insurance (%)	54.7	64.8	57.1	31.9

Source: DMHAS Client Information Collection System, December 2000

The data in Table 49 shows that there are a few differences in the demographic characteristics of clients residing in each of the five regions of the state. The proportion of women served from each region ranges from 26.7% in the Southwest area to 31.3% in the Northwest. While there is little regional variation by age, there are differences according to the racial/ethnic background of clients. The Southwest, South Central and North Central regions have the highest proportions of black clients, and the Southwest and North Central regions have disproportionately more Hispanic clients than other areas. The Eastern region has the highest percentage of whites (73.8%). The highest percentage of clients who are employed at admission live in the Northwest area (30.4%), and similarly residents of that region are least likely to depend upon public support for their substance abuse treatment.

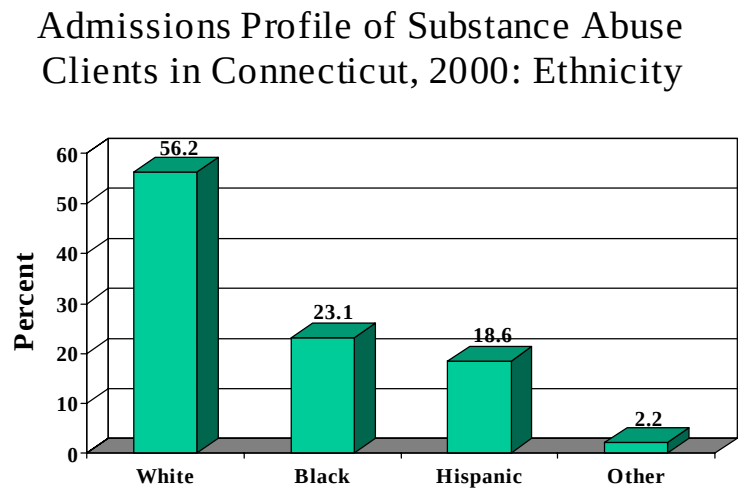
Table 49
Characteristics of Substance Abuse Treatment Clients
By Region in Which They Live
Admissions Statewide, 2000

	Southwest	South Central	Eastern	North Central	Northwest
Female (%)	26.7	28.9	28.2	27.4	31.3
Mean Age (yrs.)	35.0	35.4	35.0	35.5	35.5
Ethnicity (%)					
White	42.9	58.0	73.8	47.4	68.3
Black	29.8	27.2	11.8	24.9	16.4
Hispanic	25.4	13.4	9.2	26.3	13.5
Other	1.5	1.4	5.2	1.4	1.8
Employed (%)	23.2	21.6	26.4	21.3	30.4
No Insurance or Entitlement (%)	89.3	87.8	85.0	88.2	83.9

Source: DMHAS Client Information Collection System, December 2000

In 2000, the majority (56.2%) of admissions to the treatment system included persons with Caucasian backgrounds. Blacks and Hispanics accounted for 23.1% and 18.6% respectively of substance abuse treatment admissions. According to the 2000 Census population estimates, 9.8% of Connecticut's adult population is of African American heritage and 9.4% are Hispanic, primarily of Puerto Rican heritage (Figure 11).

Figure 11

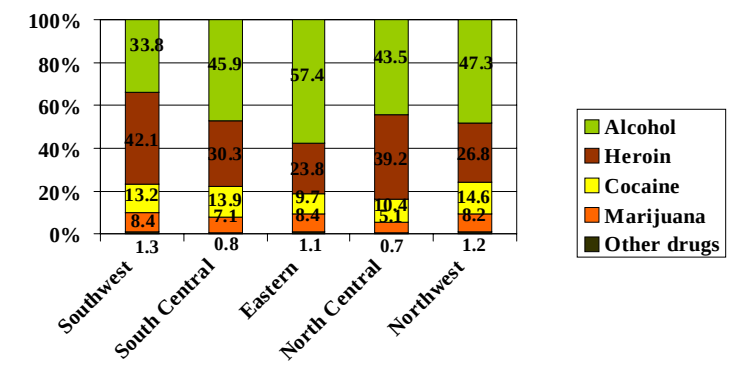


Source: DMHAS Client Information Collection System, December 2000.

There are differences in the types of drugs reported by residents of the five service regions at time of admission (Figure 12). Heroin accounts for the largest proportion of

admissions (42.1%) among residents of the Southwest, while alcohol accounts for most admissions among residents of the other areas of the state, especially in the Eastern region where 57.4% of all admissions are due to a primary alcohol problem. The Eastern and Northwest areas of Connecticut have the smallest proportion of heroin admissions (23.8% and 26.8% respectively). Cocaine admissions are highest among residents of Northwest Connecticut (14.6%) and lowest among residents of the Eastern area (9.7%). Marijuana admissions are most common in the South Central region (9.8%) and least likely among North Central (5.6%) residents receiving treatment.

Figure 12



Source: DMHAS Client Information Collection System, December 2000.

Figure 13 on the following page, shows the treatment experience of those individuals identified as having a substance abuse treatment need (i.e., alcohol or other drug abuse or dependence) in the 1995-1996 Adult Household Survey. The majority (62%) of individuals found to have a current substance use disorder never received any help with their problem, professional or otherwise. 18% of those who were currently diagnosed with substance abuse or dependence had received help in the past, either through formal residential or outpatient treatment services or through informal sources. Less than one in five (17%) substance abusers and addicts were receiving help with their current problem at the time of the survey. Those currently receiving services obtained help either through a formal substance abuse treatment program, or mental health facility, a self-help group (e.g., Alcoholics Anonymous or Narcotics Anonymous), or a private physician. Few individuals (3%) said they would go for professional help if it were available.

Figure 13

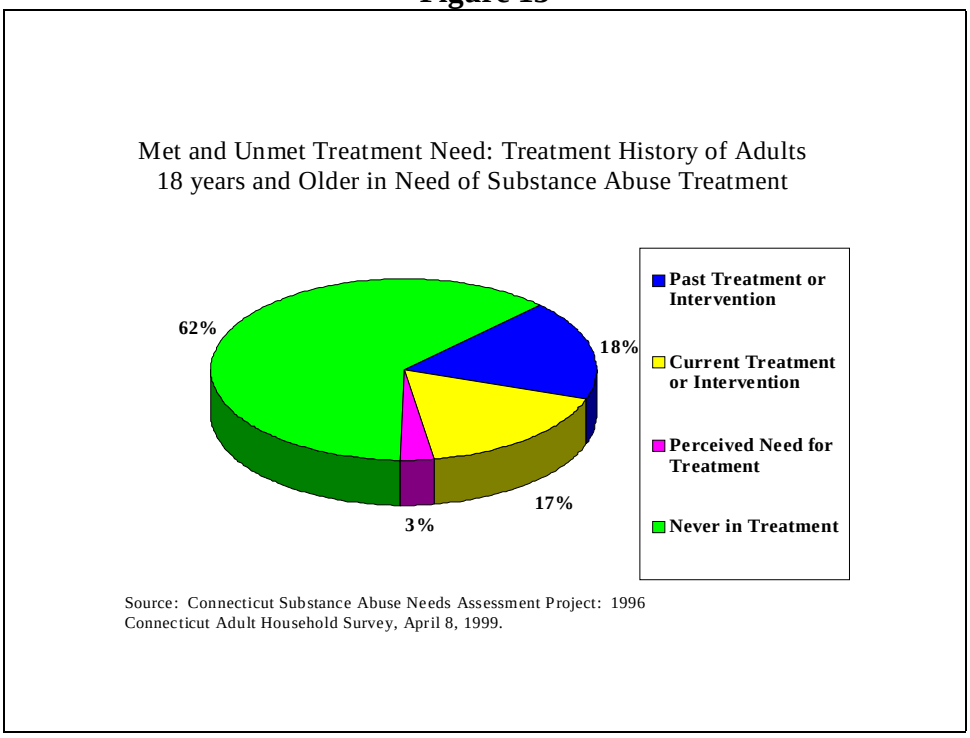
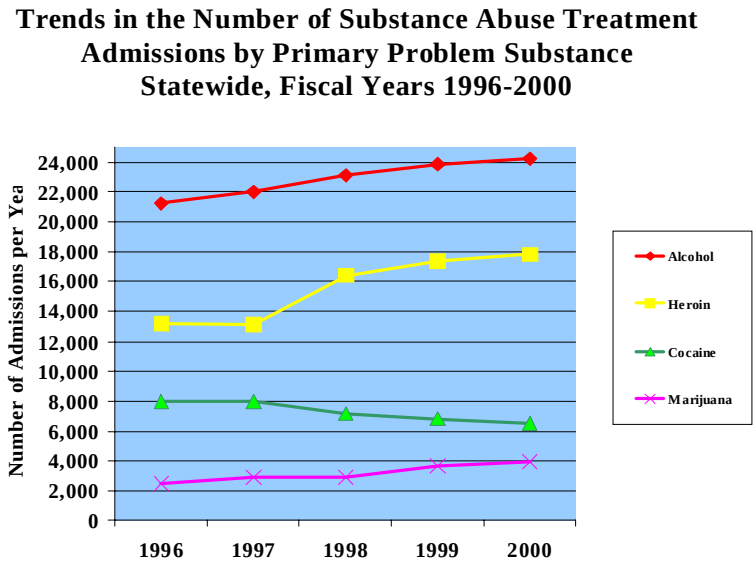


Figure 14 on the following page, shows the five-year trends in the number of admissions per year according to the client's primary problem substance. The most striking trend was the increase in heroin admissions after 1997 when the number of admissions jumped from 13,127 to 16,451 in 1998, continuing to a high of 17,833 heroin admissions in 2000. Although alcohol admissions, as a percentage of all admissions, appeared to be relatively stable over time in the previous figure, there has actually been a steady increase in alcohol admissions over this time span (21,217 in 1996 to 24,214 in 2000). Marijuana admissions have also been growing, from 2,456 in 1996 to 3,944 in 2000. In contrast, there has been a gradual decline in cocaine admissions since 1996 when there were 7,996 admissions with a primary cocaine problem to 6,528 cocaine admissions in 2000.

Figure 14



Source: DMHAS Client Information Collection System, December 2000.

The term ***abuse*** refers to drinking or drug use that is already causing problems, whereas ***dependence*** is a syndrome of physical (e.g., tolerance, withdrawal), psychological (craving, preoccupation with substances) and behavioral (e.g., inability to abstain, impaired control over substance use) symptoms that reduce control over the amount and frequency of drinking or drug use.

Persons Diagnosed with AIDS and Related Diseases

While the federal government's investment in treatment and research is helping people with HIV/AIDS live longer and more productive lives, HIV continues to spread at a staggering national rate of 40,000 new infections per year. As of December 31, 2002, 12,783 Connecticut residents have been diagnosed with AIDS, according to the Connecticut Department of Public Health, AIDS Surveillance Report. The following data represents the total reported AIDS cases in Connecticut through year-end 2002.

Table 50
Total reported AIDS Cases in Connecticut through year–end 2003

Year	1998	1999	2000	2001	2002	2003
Living with AIDS	5,263	5,490	5,846	6,123	6,498	6,476
Cumulative cases	10,404	11,001	11,571	12,148	12,783	17,000

Source: Connecticut Department of Public Health. AIDS Surveillance Report.

The data below represents the HIV cases that were confirmed through testing and reporting. It does not reflect the demography and size of the HIV positive population that has not yet been tested or reported.

Table 51
Total reported AIDS Cases by Gender, 2002

	N	%
Female	3,402	27%
Male	9,381	73%

Source: Connecticut Department of Public Health. AIDS Surveillance Report

Of all AIDS cases reported in 2002, 73% are men and 27% are women.

Table 52
Total reported AIDS Cases by Race/Ethnicity, 2002

	N	%
White, Not Hispanic	4,710	37%
Black, Not Hispanic	4,848	38%
Hispanic	3,165	25%
Other	60	<1%

Source: Connecticut Department of Public Health. AIDS Surveillance Report

37% of reported AIDS cases are people of white, non- Hispanic origin. 38% of reported AIDS cases are of black, non- Hispanic and 25% are of Hispanic race/ethnicity.

Table 53
Total Reported AIDS Cases by Major Cities, 2002

	Total cases
Hartford	2,719
New Haven	2,238
Bridgeport	1,295
Stamford	723
Waterbury	707
Norwalk	441
New Britain	373
Danbury	257
New London	275
West Haven	225

Source: Connecticut Department of Public Health. AIDS Surveillance Report

Housing Opportunities for Persons with AIDS

The Department of Housing and Urban Development (HUD) provided Connecticut with $2,839,000 in formula grants under the Housing Opportunities for Persons with AIDS (HOPWA) program in 2002. (See Table 43)

(2002 HOPWA formula allocations. Housing opportunities for people living with AIDS. http://www.hud.gov/offices/cpd/aidshousing/programs/formula/grants/2002.pdf)

HOPWA provides housing assistance and related supportive services for low-income persons with HIV/AIDS and their families. 90% of funding is provided through "formula grants" to qualified states with the largest number of AIDS cases, and the remaining 10% is provided on a competitive basis to projects that are of potential national significance. Connecticut received $0 in competitive funding for 2002.

FY2002 HOPOWA competitive grants.
http://www.hud.gov/offices/cpd/aidshousing/programs/competitive/grants/fy02/index.cfm)

On October 31, 2002, HUD announced additional competitive funding to support existing programs in 13 states that address permanent housing and service challenges for persons with HIV/AIDS and their families. Connecticut received $0 in permanent renewal grants in 2002.

FY2002 HOPOWA competitive grants.
http://www.hud.gov/offices/cpd/aidshousing/programs/competitive/grants/fy02/index.cfm)

Table 54
HOPWA Grant Type and Amount

HOPWA Grant Type	Funding amount
Formula	$2,839,000
Competitive-Project of National Significance	$0
Competitive-Permanent Housing	$0

Source: Connecticut Department of Public Health. AIDS Surveillance Report

Table 55
Comparisons of HIV and AIDS Cases by Select Demographics and Risk/Mode of Transmission Characteristics
Percentages of cases reported. Data through December 31,2003.

Characteristics	2003 HIV (1,2)	Total HIV (1,2)	2003 AIDS	Total AIDS
Male	67.2	62.2	66.2	73.0
Female	32.8	37.8	33.8	27.0
White	35.4	33.2	35.1	36.7
Black	26.5	27.4	25.7	37.3
Hispanic	37.8	38.8	38.9	25.5
Other race/ethnicity (3)	0.3	0.7	0.3	0.5
0-12 years (4)	0.3	0.3	0.4	1.3
13-19	0	0.1	0	0.4
20-29	20.1	22.5	7.8	13.2
30-39	35.2	35.8	32.9	44.1
40-49	29.1	29.4	37.4	29.4
50 and over	15.3	11.8	21.5	11.5
MSM	13.8	12.4	12.9	21.9
IDU	23.3	27.2	40.3	48.5
MSM/IDU	0.3	0.6	1.2	3.3
Hetero	10.6	10.8	13.6	16.7
Other/risk not reported	51.6	48.8	31.5	7.1
Number of reported cases	**378**	**720**	**727**	**13,494**

Source: Connecticut Department of Public Health. AIDS Surveillance Report
(1)—A person with HIV infection who has not developed AIDS
(2)---HIV infection became a reportable disease in Connecticut on January 1, 2002
(3) –"Other" race combines the Asian, American Indian, Other and Unknown race categories.
(4) Age when the case was reported to DPH

Frail Elderly Persons

The 2000 Census shows that persons age 65 and over totaled 470,183 or 13.8% of the state's population. Connecticut's elderly population (those 65+) grew slightly (0.2%) from the 1990 Census while the total population in Connecticut (3,287,116 in 1990) expanded 3.6% to 3,405,565 in 2000. In 1990, Connecticut's largest municipalities; Bridgeport, Hartford, New Haven, Stamford, and Waterbury were home to the largest numbers of elderly persons.

The 1990 Census shows that persons age 65 and over totaled 445,664 or 13.6% of the state's population. Connecticut's elderly population dropped slightly (less than 0.1%) from the 1990 Census while the total population in Connecticut (3,287,116 in 1990) expanded only 0.2% to 3,294,272 in 1997. Again, in 1990, Connecticut's largest municipalities, Bridgeport, Hartford, New Haven, Stamford, and Waterbury were home to the largest numbers of elderly persons.

According to 1998 Census data estimates, a total of 32,394 persons, or 12% of all persons age 65 and over, lived in poverty. Best estimates indicate that Bridgeport, Hartford, New Britain, New Haven, and Waterbury contain the largest numbers of elderly below poverty. In 1997, there were an estimated 463,438 elderly households in Connecticut. Projections through 2002 anticipate that the population over age 65 will be in the neighborhood of 498,488 persons, and is expected to grow to 514,318 by 2007. These are 7.6% and 11.0% increases respectively.

The 1990 Census demonstrated that, of the 209,410 elderly households that occupied owner units, 105,886 or 50.6% classified as low income. These households had incomes at or below 80% of the Area Median Income (AMI). Of all low-income elderly homeowner households, 39.3% or 41,625 paid shelter costs, which equaled 30% or more of their total household income. A total of 18,279 or 17.3% of all elderly households had homeowner paid shelter costs that equaled 50% or more of their total household income.

Of the 82,577 elderly households that occupied renter units, 67,327 or 81.5% were classified as low income. Of the low income elderly renter households, 55.7% or 37,509 were shown to experience cost burden, while 27.3% or 18,396 where shown to experience severe cost burden.

An analysis of data concerning elderly households by tenure and income level reveals several general facts regarding the state's elderly population. Connecticut's elderly households overwhelmingly (71.7%) reside in owner-occupied housing. There was only one elderly income group that had a greater percentage of renter households, which was the extremely low-income bracket. This group was comprised of 54.3% renter households and 45.7% owner households. With increased income, the level of homeownership rose substantially. The elderly very low-income group was made up of 67.8% owner households and 32.2% renter households. The elderly low-income group was composed of 77.9% owners and 22.1% renters. Elderly households that do reside in owner units are more secure financially than elderly households, which reside in renter

units. While 56.6% elderly owner households were considered low income, 81.5% elderly renter households fell into the low-income category. Low-income elderly owner households expended less household income on shelter costs than low-income elderly renter households. Of all elderly owner households, 39.3% faced cost burden compared to 55.7% elderly renter households. Elderly owner households, which experienced severe cost burden, were 17.3% versus 27.3 percent for elderly renter households.

The following tables present data on Connecticut's extremely low, very low, and low-income elderly households.

Table 56
Extremely Low Income (0% to 30% AMI) Elderly Households

Number of Households in this Category 1990	# of households that own their home	% of households that own their home	# of renter households	% of renter households	**% of renter households paying > 30% of household income on shelter costs**	**% of renter households paying > 50% of household income on shelter costs**
72,529	33,182	45.8%	39,347	54.3%	59%	35%

Table 57
Very Low Income (31% to 50% AMI) Elderly Households

Number of Households in this Category 1990	# of households that own their home	% of households that own their home	# of renter households	% of renter households
56,948	38,623	67.8%	18,325	32.2%

Table 58
Low Income (51%to 80% AMI) Elderly Households

Number of Households in this Category 1990	# of households that own their home	% of households that own their home	# of renter households	% of renter households
43,736	34,081	77.9%	9,655	22.1%

- Of the 33,182 households that own their home, 75% experienced cost burden, while 43% experienced severe cost burden.

- Very low-income renter households experienced a greater cost burden than elderly owner households in this income group.

- 56% of very low-income elderly renter households experienced cost burden compared to 33% of the 38,623 very low-income elderly owner households.

- 22% of the elderly renter households experienced a serve cost burden compared to only 8% of the elderly owner very low-income households.

- Of the low-income elderly renter households, 42% experienced cost burden and 5% experienced severe cost burden. This compares to 12% low-income elderly owner households, which experienced cost burden and 3% that experienced severe burden.

As Connecticut's elderly population continues to grow, there will be a need for increased attention to the special housing circumstances and needs of the elderly. The state's elderly population is tremendously diverse in its housing preferences, financial characteristics, and health status. What census data shows is that the elderly who are most in need of housing assistance are the low-income renter households. Elderly renters, many of whom are on fixed incomes, find that they cannot keep pace with the escalating rental rates. This results in an increasing cost burden, which reduces disposable income that could be targeted towards other necessary living expenses. These households are concentrated in the state's larger urban areas. Low-income elderly persons are drawn to more developed areas of the state as opposed to more rural settings for several reasons. These areas contain more accessible services such as medical care, pharmacies, food stores, and public transportation systems.

De-incarcerated Persons

During calendar year 2003, the Department of Correction released 15,978 sentenced offenders. 1,563 were released on parole; 1,134 were released to special parole; 1,573 were released to halfway houses; 2,835 were released on transitional supervision; and 8,640 were released directly from facilities.

Table 59
Incarcerated Population
Connecticut

	2002	2003	2004
Total	17,999	19,216	18,523
Male	16,760	17,786	17,150
Female	1,239	1,430	1,373
Black	8,221	8,618	8,134
White	4,867	5,409	5,208
Hispanic	4,792	5,060	5,017
Other	119	129	164
Sentenced	14,226	15,220	14,336
Accused	3,459	3,628	3,633
Federal Charges	314	368	554
Below 16	11	14	24
16-18	739	752	639
19-20	1,295	1,301	1,151
21	770	816	703
22-24	2,324	2,485	2,370
25-27	1,897	2,144	2,189
28-30	1,813	1,804	1,807
31-35	3,032	3,172	2,963
36-45	4,441	4,848	4,698
46-60	1,511	1,710	1,803
Above 60	166	170	176

Table 60
Incarcerated Sentenced Population
Top Ten Offenses
Connecticut

	2002	2003	2004
Violation of Probation or Conditional Discharge	2,147	2,346	2,080
Sale of Hallucinogen/Narcotic Substance	2,158	2,207	1,960
Possession of Narcotics	744	804	765
Robbery, First Degree	578	611	660
Burglary, Third Degree	484	544	512
Murder	482	494	502
Conspiracy	437	487	449
Assault, First Degree	422	432	436
Sexual Assault, First Degree	410	415	430
Criminal Attempt	366	*(was not a top ten)	422

Table 61
Community Population
Connecticut

	2002	2003	2004
Total	1,466	1,815	4,130
Halfway House	735	759	680
Transitional Supervision	705	1,012	1,060
Parole	*no data	*no data	2,343
Re-Entry Furlough	26	44	47

D. Lead-based Paint Hazards

Childhood lead poisoning is one of the most common and preventable public health problems in the United States. According to the Connecticut Department of Public Health Childhood Lead Poisoning Prevention Program, there has been a significant reduction in the rate of children with elevated blood lead levels (≥ 10 µg/dL) from 1997 (4.3%) to 2002 (2.5%). The rate of improvement has been incremental and the State of Connecticut should continue efforts to substantially decrease the rate of childhood lead poisoning (Table 62).

Table 62
Blood Lead Test Results from 1997 to 2002

Year	Number of children under 6y screened	Children with valid elevated blood lead levels			
		≥ 10 µg/dL		≥ 20 µg/dL	
		Number	Percent	Number	Percent
1997	64,828	2,795	4.3	690	1.1
1998	59,023	2,522	4.6	598	1.1
1999	65,034	1,983	3.1	418	0.7
2000	63,955	2,233	3.5	418	0.7
2001	66,574	1,866	2.8	276	0.4
2002	69,715	1,720	2.5	300	0.4

In calendar year 2002, 26% (N= 69,715) of children under the age of six were screened for lead poisoning. Among children with valid blood lead tests[2], 2.5% had blood lead levels greater or equal to 10 µg/dL, down from 2.8% in 2001. The percentage of children with at least 20 µg/dL remained at 0.4% in 2002 (Table 62).

Of cities in Connecticut with at least 50 children tested for lead poisoning in calendar year 2002, New Haven had the highest percentage of children with 10 µg/dL of lead or more at 8.8%, followed by Bridgeport at 6.1%, Torrington at 5.9%, Manchester at 4.4%, and Thompson at 4.1% (Table 63).

Table 63
2002 Blood Lead Test Results

2002	Number of children under 6y screened	Children with valid elevated blood lead levels			
		≥ 10 µg/dL		≥ 20 µg/dL	
		Number	Percent	Number	Percent
CT Total	69,715	1,720	2.5	300	0.4
New Haven	4,631	412	8.8	82	1.8
Bridgeport	5,809	363	6.1	50	0.8
Torrington	152	9	5.9	4	2.6
Manchester	482	21	4.4	3	0.6
Thompson	126	5	4.1	3	2.4

[2] Valid blood lead test: venous sample, fingerstick < 10 µg/dL, or fingerstick > 10 µg/dL followed by another test within 90 days.

Table 64
2001 Blood Lead Test Results

2001	Number of children under 6y screened	Children with valid elevated blood lead levels			
		≥ 10 µg/dL		≥ 20 µg/dL	
		Number	Percent	Number	Percent
CT Total	66,574	1,866	2.8	276	0.4
Winchester	58	8	12.9	1	1.6
New Haven	4,328	343	7.9	50	1.1
Bridgeport	6,203	455	7.2	58	0.9
Ansonia	508	26	5.1	1	0.2
Norwich	841	37	4.4	3	0.4

Of cities in Connecticut with at least 50 children tested for lead poisoning in calendar year 2001, Winchester had the highest percentage of children with 10 µg/dL of lead or more at 12.9%, followed by New Haven at 7.9%, Bridgeport at 7.2%, Ansonia at 5.1%, and Norwich at 4.4% (Table 64).

The following tables show for calendar years 2000 back to 1997 (Tables 65 through 68): the number of children screened that year; the number and percentage of elevated blood lead levels of 10 µg/dL or greater; and the number and percentage of elevated blood lead levels of 20 µg/dL or greater for cities in Connecticut with at least 50 children tested for lead poisoning.

Table 65
2000 Blood Lead Test Results

2000	Number of children under 6y screened	Children with valid elevated blood lead levels			
		≥ 10 µg/dL		≥ 20 µg/dL	
		Number	Percent	Number	Percent
CT Total	63,955	2,233	3.5	418	0.7
Winchester	55	6	10.7	2	3.6
New Haven	4,502	430	9.6	83	1.9
Bridgeport	5,765	550	9.4	94	1.6
Torrington	180	12	6.6	1	0.6
Hartford	6,217	342	5.5	59	0.9

Table 66
1999 Blood Lead Test Results

1999	Number of children under 6y screened	Children with valid elevated blood lead levels			
		≥ 10 µg/dL		≥ 20 µg/dL	
		Number	Percent	Number	Percent
CT Total	65,034	1,983	3.1	418	0.7
Winchester	57	6	11.1	0	0
Bridgeport	5,758	594	10.7	110	2.0
New Haven	4,671	395	9.1	105	2.4
Norwich	782	42	5.6	8	1.1
Griswold	134	7	5.3	1	0.8

Table 67
1998 Blood Lead Test Results

1998	Number of children under 6y screened	Children with valid elevated blood lead levels			
		≥ 10 µg/dL		≥ 20 µg/dL	
		Number	Percent	Number	Percent
CT Total	59,023	2,522	4.6	598	1.1
Bridgeport	4,171	670	17.5	160	4.2
New Haven	4,737	547	14.8	148	4.0
Norwich	731	47	7.0	9	1.3
Putnam	236	14	6.7	3	1.4
Hartford	6,594	389	6.4	85	1.4

Table 68
1997 Blood Lead Test Results

1997	Number of children under 6y screened	Children with valid elevated blood lead levels			
		≥ 10 µg/dL		≥ 20 µg/dL	
		Number	Percent	Number	Percent
CT Total	64,828	2,795	4.3	690	1.1
Bridgeport	4,039	812	18.6	186	4.3
New Haven	4,460	592	14.2	168	4.0
Hartford	6,920	498	6.9	103	1.4
Torrington	90	6	6.6	3	3.3
Meriden	1,524	97	6.4	30	2.0

Per state regulation local health departments are required to report aggregate data regarding lead abatement and lead inspection activities in residential structures to the Department of Public Health (DPH). For example, for the period July 1, 2002 through June 30, 2003 local health departments reported that 930 lead inspections were conducted and 366 lead abatement projects were completed.

Although these data provide some insight into the issue of residential lead abatements and the elimination of lead-based paint hazards in the Connecticut housing stock, there are important limitations. Notably, the data does not support a comprehensive evaluation of the overall status of lead hazards in Connecticut's housing stock and should not be used to develop such an evaluation. Among the limiting factors in this regard are the following.

1. Reporting from local health departments has improved, however, complete reporting has not yet been attained. For the year July 1, 2002 through June 30, 2003 390 (99.5%) reports were received out of a possible 392.

2. The database is not designed to capture lead hazard remediation that has occurred in the residential housing stock during renovation and remodeling activities. Renovation and remodeling projects that are properly conducted will impact many more homes in a positive manner than are addressed during formal lead abatement projects. In fact, lead-safe renovation, remodeling and repainting is considered to be the most significant

opportunity to improve the status of the lead-safe housing stock and implement primary prevention activities relative to childhood lead poisoning.

3. Most communities have not established a Registry of Lead-Safe Housing. Such registries would provide an overview of the availability of lead-safe pre-1978 housing in Connecticut.

4. Even lead abatement projects that are conducted in compliance with state regulation do not require the complete removal of lead-based paint. Many surfaces that contain intact lead-based paint are allowed to remain and two acceptable abatement techniques (encapsulation and enclosure) do not eliminate lead-based paint. It is required that such surfaces be placed within a lead management plan and monitored so that any deterioration in condition is identified and addressed. If this management system is not properly implemented and maintained, lead hazards may recur in those properties.

Perhaps more revealing is the fact that per the 2000 U.S. Census there were 1,083,491 (78.2%) pre-1980 dwelling units and 667,938 (48.2%) pre-1960 dwelling units in Connecticut (note: Although lead-based paint was available for use in residential housing until 1978, lead-based paint was used more extensively in pre-1950 housing and the lead-based paint that was used generally contained a higher concentration of lead. Additionally, older housing is more likely to be deteriorated and therefore contain lead-based paint hazards.). Per U.S. Department of Housing and Urban Development nationwide projections, approximately 74% of pre-1978 housing will contain lead-based paint and approximately 26% of pre-1978 housing will contain lead-based paint hazards. This translates into 801,783 pre-1978 dwelling units that are projected to contain some lead-based paint and 281,708 pre-1978 dwelling units that are projected to contain lead-based paint hazards in Connecticut. Children under six years of age reside in many of these dwelling units while families with children may inhabit the remainder at various times in the future. The magnitude of these projections indicates that much more remains to be done in Connecticut to eliminate lead-based hazards in these dwellings and to identify and address new hazards when they occur.

V. HOUSING MARKET ANALYSIS

A. General Characteristics

New Housing Permits

During fiscal year 2003, the national housing market continued its strong performance largely because of record low interest rates, easy lending standards, and a tight housing supply. Overall, housing starts in the U.S. rose 5.3% with more than 1.7 million starts being recorded nationally during fiscal year 2003.

In Connecticut, starts for new dwelling units increased in fiscal year 2003 to an annual rate of 9,490 units, slightly below the ten-year average of 9,650 units. While housing activity in Connecticut is expected to weaken in the near term, any decline should be limited. Low mortgage rates and the lack of any significant overbuilding anywhere in Connecticut places a solid floor under the market. Therefore, the severe real estate downturn of the early 1990s is unlikely to repeat itself.

In 1998-99, Connecticut issued a record number of housing permits. The state has experienced a substantial slowdown since 1998 but the number of permits is nevertheless robust. In fiscal year 1998-99, there were approximately 11,500 housing starts compared to 9,500 in 2002-03. (See Table 69)

Table 69
Housing Starts

Fiscal Year	Total (000's)	%Change	Single Units (000's)	Multi-Units (000's)
1993-94	9.0	6.3	8.2	0.8
1994-95	10.1	12.2	8.5	1.6
1995-96	8.6	(14.3)	8.1	0.5
1996-97	9.4	8.7	8.2	1.2
1997-98	10.8	15.6	9.0	1.8
1998-99	11.5	5.6	10.1	1.4
1999-00	10.3	(10.5)	9.0	1.3
2000-01	9.4	(8.3)	8.0	1.4
2001-02	9.2	(1.9)	8.2	1.0
2002-03	9.5	2.9	7.9	1.6

Source: Census Bureau, Connecticut Office of the Governor

The following table provides an overview of housing permit activity by county.

Table 70
Permit Activity by County in 2002

County	Total Authorized Units	Percent of Total	Growth Rate
Fairfield	1,879	19.3	(15.36)
Hartford	2,284	23.5	12.73
Litchfield	807	8.3	5.63
Middlesex	820	8.4	2.63
New Haven	1,701	17.5	7.25
New London	956	9.8	22.25
Tolland	752	7.6	9.28
Windham	542	5.6	24.88
Total	9,731	100	

Source: Connecticut State Department of Economic and Community Development, Connecticut Office of the Governor

Demolitions

Residential demolition permits issued during calendar year 2002 totaled 1,461. Bridgeport issued the most demolition permits with 310, followed by Hartford and New Haven. These three cities accounted for 37% of all demolition permits**.** As a result, the net gain to Connecticut's housing inventory totaled 8,270 units in calendar year 2002. This was an increase of 9.4% from the 2001 net gain of 7,557 units. At the end of 2002, an estimated 1,401,802 housing units existed in Connecticut. Table 71 shows changes in Connecticut's housing unit inventory on a calendar year basis from 2001 to 2002.

Housing Supply

Connecticut's housing inventory has remained steady since 1998. At the end of 2000, Connecticut had an estimated housing unit inventory of 1,385,975 compared to 1,383,597 units in 1998, an increase of less than 1 percent. Among those units, 88% are in urbanized areas and 12% are in rural areas, according to the US Census.

The state's housing unit inventory includes the following:

Table 71
Connecticut Unit Inventory

	2001	2002	Net Gain	Growth Rate
One Unit	894,964	903,448	8,484	0.9%
Two Units	119,567	119,757	190	0.2%
Three and Four units	126,953	127,012	59	0%
Five or more Units	239,854	240,852	998	0.4%
Other Units	12,194	12,194	0	0%
Demolitions	0	(1,461)	(1,461)	NA
Total Inventory	1,393,532	1,401,802	8,270	0.6%

Source: Connecticut State Department of Economic and Community Development, Connecticut Office of the Governor
Housing units range in size with the median number of rooms at 5.6.

Table 72
Size of Housing Units

Rooms	Percent
1-3 rooms	14%
4-5 rooms	34%
6-7 rooms	32%
8 rooms or more	20%

Source: U.S. Census Bureau

As the table below indicates, Fairfield, Hartford, and New Haven counties have the most housing units.

Table 73
Population and Housing Units by County in 2000

County	Population	Housing Units
Fairfield	882,567	339,466
Hartford	857,183	353,022
Litchfield	182,193	79,267
Middlesex	155,071	67,285
New Haven	824,008	340,732
New London	259,088	110,674
Tolland	136,364	51,570
Windham	109,091	43,959
Total State	3,405,565	1,385,975

Source: U.S. Census Bureau

Table 74 shows the communities with the fastest growing housing stock. Note that five of the ten communities are in the Hartford area, including four of the top five. Conversely, Table 75 shows the ten communities with the fastest shrinking housing stock over this same period.

Table 74
State of Connecticut
10 Towns/Cities Fastest Growing Housing Stock, 1993-2000

	1993	2000	Percent Change
East Hartford	4,351	21,273	388.9
East Granby	636	1,903	199.2
East Haddam	1,759	4,015	128.3
Southington	8,400	15,557	85.2
South Windsor	7,125	9,080	27.4
Salem	1,304	1,655	26.9
East Hampton	3,484	4,412	26.6

Newington	9,733	12,264	26.0
Sterling	953	1,193	25.2
Scotland	484	577	19.2
Total State	1,335,478	1,385,975	3.8

Source: U.S. Census Bureau

The communities with the fastest shrinkage of housing stock include Bridgeport and Hartford, the largest population centers in the state. Two of the top three, East Haven and Southbury, are in the New Haven vicinity, while the remaining communities are scattered around the state.

Table 75
State of Connecticut
10 Towns/Cities Fastest Shrinking Housing Stock, 1993-2000

	1993	2000	Percent Change
Eastford	2,278	705	-69.1
Southbury	14,611	7,799	-46.6
East Haven	21,357	11,698	-45.2
Easton	4,151	2,511	-39.5
East Windsor	7,049	4,356	-38.2
East Lyme	10,846	7,459	-31.2
New Milford	11,962	10,710	-10.5
Hartford	56,081	50,644	-9.7
Washington	1,883	1,764	-6.3
Bridgeport	56,930	54,367	-4.5
Total State	1,335,478	1,385,975	3.8

Source: U.S. Census Bureau

Vacancy Rates

Overall, vacancy rates are low. Fully 94% of housing units are occupied which leaves a vacancy rate of 5.6%; the nationwide vacancy rate is 9.3%. Among those occupied units, about two-thirds (67%) are owner-occupied and a third (33%) are renter-occupied. (See Table 76)

Table 76
Vacancy Rates

Occupancy	Number	Percent
Occupied Housing Units	1,301,670	94
Vacant Housing Units	84,305	6
Owner Occupied	869,729	67
Renter Occupied	431,941	33
Vacancy Status		
For rent	25,575	30
For sale only	9,305	11
Rented or sold, not occupied		

	6,320	8
Seasonal, Recreational, etc	23,379	28
For migratory workers	138	*
Other vacant	19,588	23

*indicates less than 0.5%
Source: U.S. Census Bureau

Vacancy rates vary substantially among cities and towns. At 10.4%, Brooklyn's rate is the state's highest. Scotland's rate is lowest at zero. (See Table 77)

Table 77
Connecticut Cities and Towns with the Highest Vacancy Rates

Town	Vacant Housing Units % for Rent	Rental Vacancy Rate
Brooklyn		10.4%
New London		9.8%
Hartford		9.2%
East Windsor		8.9%
Ridgefield		8.7%
Avon		8.4%
Canaan		8.4%
New Fairfield		8.4%
Burlington		8.2%
Bridgewater		7.9%

Source: U.S. Census Bureau

Table 78 below shows the communities with the lowest percentage of the housing stock (rent or own) that is occupied.

Table 78
Connecticut Cities and Towns with the Lowest Rental Vacancy Rates

Town	Vacant Housing Units % for Rent	Rental Vacancy Rate
Scotland		0%
Willington		0.6%
Lisbon		1.1%
Norfolk		1.1%
Voluntown		1.1%
Canterbury		1.2%
Oxford		1.3%
Bethany		1.4%
Brookfield		1.4%
North Branford		1.5%

Source: U.S. Census Bureau

The communities with high percentages of occupied units are in the Hartford or New Haven areas, and in Fairfield County. These communities also tend to have the highest percentage of renters. Not surprisingly, this list contains the state's largest communities by population. Hartford has the highest population of renters, followed closely by New Haven. Bridgeport, New London, Waterbury, and Windham also have a high percentage of renters compared to the state average.

Housing Stock Conditions

Connecticut has a large inventory of older housing. Overall, almost six of ten homes (58%) are 45 years old or older. Two of ten homes (22%) are at least 74 years old. Another 22% is relatively new having been built between 1980 and 2000.

Table 79
Year Structure Built

Year	Percent
1930 or earlier	22%
1940-1959	36%
1960-1979	30%
1980-2000	22%
Total	**100%**

Source: U.S. Census Bureau

Table 80
Towns with the Highest Percentage of Housing Built Before 1939

Town	Percent
Norfolk	57%
New London	48%
Sprague	46%
Norwich	45%
Cornwall	44%
Putnam	43%
Winchester	42%
Salisbury	42%
Sharon	40%
Washington	40%
State	**22%**

Source: U.S. Census Bureau

Table 81
Towns with Lowest Percentage of Housing Built Before 1939

Town	Percent
Avon	5%
Monroe	6%
North Branford	6%
Burlington	6%
South Windsor	6%
Tolland	7%
East Granby	7%
Prospect	7%
Bloomfield	7%
New Fairfield	8%

State	22%

Source: U.S. Census Bureau

Housing Costs

Housing prices continue to rise. Nationwide, housing prices appreciated an average of 7.4% during 2001. In Connecticut, according to the US Census, the median price of a home shot up to $166,900, a 23% increase from 135,700 in 1998 and an 11% increase from $149,900 in 1999. Around the state, the median value of homes in 2000 ranged from $288,900 in Fairfield County to $117,200 in Windham County. (See Table 82)

The total authorized construction activity was an estimated $1.44 billion during 2001. The average construction value (the cost of construction as recorded on the building permit) increased from $162,845 in 2000 to $170,924 in 2001.

Table 82
Median Housing Prices in Connecticut
Historical Trend
(in thousands $)

County	1994	1995	1996	1997	1998
Fairfield	195	200	206	220	224
Hartford	125	121	115	120	125
Litchfield	121	122	125	128	125
Middlesex	120	124	129	133	135
New Haven	120	115	112	118	123
New London	108	110	109	112	118
Tolland	117	120	118	115	125
Windham	92	86	89	90	102
Total Statewide	130	130	128	132	136

Source: U.S. Census Bureau

Table 83 shows existing (resale) single-family home sales (includes condominiums and co-ops). "Not seasonally adjusted" means the data has not been adjusted for seasonal trends. Thus, the figures in the table represent "actual" sales for the quarter.

Table 83
Unit Volume
Total Sales: single family, condo and co-ops/Connecticut counties

	CT	Fairfield	New Haven	New London	Middlesex	Litchfield	Hartford	Tolland	Windham
2002	51,578	15,721	6,926	6,130	5,031	2,150	13,128	1,970	512
2002 first three quarters	38,778	11,821	5,226	4,630	3,731	1,550	9,928	1,470	412
2003 first	35,100	10,600	4,700	4,400	3,100	1,400	9,000	1,500	300

three quarters									

Source: National Association of Realtors; CT: Home Sales Report

Table 84 shows percentage distribution of sales for Connecticut broken out by number of bedrooms.

Table 84
Unit Volume
Existing Single-Family Home Sales by Number of Bedrooms
Connecticut Percent Distribution

	2 or less	3 Bedrooms	4 or more	Median Price	Mean Price
2002	11.9	51.7	36.5	225,900	280,750
2002 first three quarters	11.7	51.2	37.2	224,033	279,567
2003 first three quarters	11.7	51.6	36.7	247,733	297,533

Source: CT: Home Sales Report

Table 85 shows median home prices of existing single family homes (NOT including condos/co-ops).

Table 85
Price of Existing Single-Family Home Sales
Connecticut and Counties

MEDIAN	CT	Fairfield	New Haven	New London	Middlesex	Litchfield	Hartford	Tolland	Windham
2002	227,100	417,200	192,400	174,900	248,000	169,100	178,200	186,200	134,200
2002 first three quarters	224,033	416,833	187,900	173,600	244,700	165,967	175,900	182,600	128,400
2003 first three quarters	247,733	453,167	218,100	199,533	267,700	175,533	200,833	198,200	155,133

MEAN	CT	Fairfield	New Haven	New London	Middlesex	Litchfield	Hartford	Tolland	Windham
2002	281,500	417,900	222,700	207,100	284,700	212,400	212,800	205,900	153,700
2002 first three quarters	279,567	416,067	218,300	205,733	282,533	208,233	210,467	200,867	147,000
2003 first three quarters	297,533	439,733	247,700	231,567	302,833	214,167	238,633	220,967	160,767

Source: CT: Home Sales Report

Table 86 shows median home prices for Connecticut broken out by bedroom size.

Table 86
Unit Volume
Median Sales Price of Existing Single-Family Home Sales
Connecticut by Number of Bedrooms

	2 or less	3 Bedrooms	4 or more
2002	144,200	196,700	355,400

2002 first three quarters	140,900	194000	351,667
2003 first three quarters	159,933	218,167	373,533

Source: CT: Home Sales Report

Table 87 (see next page) shows a comparison of the housing affordability between the U.S. and Connecticut. There are 6 variables used to calculate the composite affordability index: Median Priced Home, Mortgage Rate, Monthly P &I Payment, Payment as a % of Income, Median Family Income, and Qualifying Income.

The composite affordability index measures whether or not a typical family could qualify for a mortgage loan on a typical home. A typical home is defined as the national median-priced, existing single-family home as calculated by the National Association of Realtors (NAR). The typical family is defined as one earning the median family income as reported by the U.S. Bureau of the Census. The prevailing mortgage interest rate is the effective rate on loans closed on existing homes from the Federal Housing Finance Board. These components are used to determine if the median income family can qualify for a mortgage on a typical home.

To interpret the index, a value of 100 means that a family with the median income has exactly enough income to qualify for a mortgage on a median-priced home. An index above 100 signifies that a family earning the median income has more than enough income to qualify for a mortgage loan on a median-priced home, assuming a 20% down payment. For example, a composite HAI of 120.0 means a family earning the median family income has 120% of the income necessary to qualify for a conventional loan covering 80% of a median-priced existing single-family home. An increase in the HAI, then, shows that this family is more able to afford the median priced home.

The calculation assumes a down payment of 20% of the home price and it assumes a qualifying ratio of 25%. That means the monthly P&I payment cannot exceed 25% of the median family monthly income.

Table 87
Homebuyer Affordability Index
United States vs. Connecticut

UNITED STATES	Median Priced Home	Mortgage Rate	Monthly P&I Payment	Payment as a % of Income	Median Family Income	Qualifying Income	Composite Affordability Index
2002	158,300	7	805	18	53,037	38,640	137
2002 first three quarters	156,733	7	808	19	51,942	38,800	134
2003 first three quarters	168,867	6	785	18	53,285	37,680	142
CT	Median Priced Home	Mortgage Rate	Monthly P&I Payment	Payment as a % of Income	Median Family Income	Qualifying Income	Composite Affordability Index
2002	227,100	7	1,156	20	68,827	55,488	124
2002 first three quarters	224,033	7	1,159	20	68,179	55,632	123
2003 first three quarters	247,733	6	1,146	20	69,001	55,024	126

Source: CT: Home Sales Report

Median and Mean Prices

The median is the midpoint – half the homes sell for less, while half sell for more. Because of the nature of the distribution of home sales prices, the average (mean) is usually higher than the median price. NAR generally believes that median prices are the more accurate of the two, as it reduces the probability of an outlier heavily skewing the results. (See Table 88)

Movements in sales prices should not be interpreted as measuring changes in the cost of a standard home. Prices are influenced by changes in cost and changes in the characteristics and size of homes actually sold. There is a modest degree of seasonal variation in reported selling prices. Sales prices tend to reach a seasonal peak in July, and then decline moderately over the next three months before experiencing a seasonal upturn. However, sales prices are not seasonally adjusted.

Table 88
Top 10 Median and Mean Housing Sales Prices in 1998-2002

Median Housing Sales Price	**1988**	**1997**	**1998**	**2002**
New Canaan	$535,000	$599,000	$641,000	$900,000
Greenwich	460,750	545,000	592,000	795,000
Weston	470,000	515,000	680,000	751,000
Darien	403,250	485,000	539,000	735,000
Westport	425,000	461,250	505,000	742,500
Wilton	377,000	400,000	445,000	623,500
Easton	370,000	365,000	413,000	585,000
Redding	361,500	340,000	389,000	499,000
Ridgefield	312,500	338,750	342,000	532,000
Roxbury	340,000	300,000	312,000	370,000
State	**150,000**	**140,000**	**145,000**	**165,000**
Mean Housing Sales Price				
Greenwich	N/A	$900,625	$1,032,636	N/A
New Canaan	N/A	727,144	800,340	N/A
Weston	N/A	617,547	694,313	N/A
Darien	N/A	647,551	691,720	N/A
Westport	N/A	559,298	623,216	N/A
Wilton	N/A	461,472	499,277	N/A
Easton	N/A	413,824	440,222	N/A
Redding	N/A	379,582	432,855	N/A
Ridgefield	N/A	376,188	395,337	N/A
Washington	N/A	375,076	395,123	N/A
State		**$204,229**	**215,173**	

Source: U.S. Bureau of Census

The communities with the highest housing sales prices are overwhelmingly located in the southwestern part of the state, specifically in Fairfield County. This is true regardless of whether the median or mean is the metric used. Indeed, the mean sales price in Greenwich topped $1 million in 1998. (See Table 89)

Table 89
State of Connecticut
10 Fastest Growing Median Housing Sales Price, 1988-1998

	1988	1998	Percent Change
Norfolk	116,000	169,000	45.7%
Darien	403,250	539,000	33.7%
Greenwich	460,750	592,000	28.5%
Weston	470,000	580,000	23.4%
Pomfret	132,500	160,500	21.1%
New Canaan	535,000	641,000	19.8%
Westport	425,000	505,000	18.8%
Newtown	207,000	245,000	18.4%
Woodbury	151,500	179,000	18.2%
Wilton	377,000	445,000	18.0%
State	150,000	145,000	-3.3%

Source: U.S. Bureau of Census

Rental rates also vary a lot from region to region of the state, but the statewide median rent in 2000 was $681, down 11% from the 1990 Census inflation-adjusted figure of $764. Median rents were lowest in Putnam and the highest in Easton. (See Tables 90 and 91)

Table 90
Ten Cities and Towns with the Lowest Median Gross Rent in 2000

Town	Median Gross Rent
Putnam	$482
Thompson	507
Brooklyn	513
Sterling	521
Canterbury	522
Windham	534
Andover	544
Killingly	544
Hampton	552
Hartford	560

Source: U.S. Census Bureau

Table 91
Ten Cities and Towns with the Highest Median Gross Rent in 2000

Town	Median Gross Rent
Easton	$1,828
New Canaan	$1,379
Redding	$1,375
Greenwich	$1,322
Westport	$1,302
Darien	$1,281
Killingworth	$1,273
Wilton	$1,241
Trumbull	$1,164
Weston	$1,151

Source: U.S. Census Bureau

Affordability

Because of high costs, there is a lack of affordable housing. Connecticut residents spend a lot of their incomes on housing whether they rent or own. The median value of a home is $157,000 which typically requires a monthly mortgage payment of $1,265 (rate and term with percent of down payment cost ratio). Rural areas are also less affordable. Connecticut's combined non-metropolitan areas experienced the third highest rise in housing costs in the nation.

Table 92
Gross Rent as Percentage of Household Income 1999

Percentage of Income	Percent
Less than 20 percent	33
20-29 percent	24
30-34 percent	8
35 percent or more	29
NA	6

Source: U.S. Census Bureau

Table 93
Towns with Highest Percentage of Households that Own Homes with Selected Costs 35% of Monthly Household Income or Higher

Town	Percent
Stamford	30%
Bridgeport	25%
Greenwich	25%
Redding	25%
Hartford	24%
Kent	24%
East Haven	23%
West Haven	23%
Derby	23%
Washington	23%

Source: U.S. Census Bureau

Table 94
Towns with the Highest Percentage of Renting Households with Selected Costs 35% of Monthly Household Income or Higher

Town	Percent
Mansfield	46%
Orange	42%
Woodbridge	41%
Willington	41%
New Haven	38%
Southbury	37%
Hartford	37%
Bridgeport	36%
Redding	35%
North Branford	34%

Source: U.S. Census Bureau

Household Composition

The list and Tables 95-98 below highlight facts about the household population in Connecticut:

- The state had a 2001 population of 3,425,074 according to the US Census. The population increased 3.6% from 1990 to 2000 compared to 13.1% nationwide.
- The number of households in the state in 2000 was 1,301,670 with 2.53 persons per household.
- Median household income in 1999 was $53,935.

Table 95
Household Size

Size of household	Number	Percent
1-person	344,224	26
2-person	424,186	33
3-person	215,349	17
4-person	194,395	15
5-person	83,585	6
6-person	26,564	2
7 or more persons	13,367	1
Total	1,301,670	100

Source: U.S. Census Bureau

Table 96
Household Types

Type	Number	Percent
Married couple families	676,467	52
Female householder only	157,411	12
Living alone	344,224	26
Individuals under age 18	451,411	35
Individuals age 65 and over	326,743	25

Average household size: 2.53
Average household size of owner-occupied units: 2.67
Average household size of renter-occupied units: 2.25

Source: U.S. Census Bureau

Table 97
Race of Householders

Race	%
White	85
African American	8
Asian	2
Other	3
Two or more races	2
Total	100

Source: U.S. Census Bureau

Table 98
Age of Householders

Age	%
Under 35	19
35-44	24
45-54	21
55-64	14
65-74	11
75 and over	11

Total	100

Source: U.S. Census Bureau

B. Homeless Facilities

Estimating the population of the homeless is difficult simply because there is no way to know for certain how many people are homeless on any given day. However, 16,545 people used homeless shelters in the state between October 2001 and September 2002 including 1,559 families and 2,947 children.

There are 51 homeless shelters in Connecticut. They range in size from having the capacity to house 119 homeless persons to providing shelter for three households. Shelters accommodate only men, only women, only families, or a combination. The shelters report that they turned people away due to lack of space 27,114 times in 2002, a 141% increase since 2000. The number of available beds for selected towns can be seen in Table 99.

Table 99
Number of Beds in Shelters in Cities and Towns

Town	Number of Beds
Bridgeport	237
Bristol	25
Danbury	45
Danielson	60
Derby	36
East Hartford	30
Fairfield	35
Hartford	324
Manchester	40
Meriden	70
Middletown	72
Milford	25
New Britain	67
New Haven	296
New London	35
Norwich	45
Norwalk	91
Stamford	173
Torrington	25
Vernon	15
Wallingford	15
Waterbury	157
Westport	29
Willimantic	28

Total	1,975

Source: U.S. Census Bureau

C. Special Need Facility and Services

Elderly and Frail Elderly

As Connecticut's elderly population continues to grow, there will be a need for increased attention to the special housing circumstances and needs of the elderly. The state's elderly population is tremendously diverse in its housing preferences, financial characteristics, and health status. Elderly renters, many of whom are on fixed incomes, find that they cannot keep pace with the escalating rental rates. This results in an increasing cost burden, which reduces disposable income that could be targeted towards other necessary living expenses. These households are concentrated in the state's larger urban areas. Low-income elderly persons are drawn to more developed areas where services such as medical care, pharmacies, food stores, and public transportation systems are more available and accessible.

Senior living arrangements take a variety of forms. In 10% of America's households with an elderly member, the senior has moved in with a caregiver or a caregiver has moved in with him or her. Friends or family who already live in the home, or visit to provide help, support another 20%. Only about 7% get assistance from outside organizations or unrelated individuals. Regardless of the setting, though, the proportion receiving care increases with the age of the senior.

For senior citizen households with disabilities, only about 1 in 3 expresses the need for structural modifications to their homes to function safely and comfortably. And only about half of these households actually have the modifications they say they need. With the number of households headed by a person aged 65 or older rising by about 300,000 per year nationally, over the next decade, demand for such home modifications will clearly grow.

Although many elderly wish to remain in their present homes or apartments, as their condition deteriorates, they are forced to move from their owner-occupied units because they become inaccessible to them. Providing assistance in place of residence enables these persons to meet their household needs, accomplish daily chores, and is an arrangement that has been increasingly viewed as an alternative to more costly nursing home care.

Persons with Disabilities

Persons with disabilities are in the midst of an increasingly acute affordable housing crisis. In Connecticut, not one city/town where a person receiving federal Supplemental Security Income (SSI) and State Supplemental Income (AABD) benefits can meet the federal criteria for affordable housing and pay only 30% of their monthly income for rent.

Despite the fact that the State of Connecticut participates in a state funded Supplemental Income Program (AABD), the increase from $500 per month (federal benefit) to $747 per month is not sufficient to access affordable housing in a state with one of the highest cost of living indexes. There is a shift from reliance of income streams to rental assistance programs to fill the gap. Both federal and state entitlement/income streams have contributed to this disparity. Neither the federal Cost of Living Adjustments' (COLA) to the SSI benefit program nor the State Supplemental Income Program has kept pace with the rising cost of living. The vast majority of persons with disabilities in Connecticut has very little hope of obtaining decent housing in their communities, and faces the very real prospect of becoming homeless.

Persons with Mental Illness

Persons with mental illness are among the populations in the midst of an increasingly acute affordable housing crisis. Statewide, Connecticut has 612,767 adults age 18 and older with a form of mental illness. According to the Department of Mental Health and Addiction Services, there were an estimated 138,449 adults with serious mental illness and 66,661 adults with severe and persistent mental illness as of 1992. For incidence of mental illness for each town in Connecticut see Appendix B.

Persons with Alcohol or Other Drug Addictions

The diseases of alcoholism, addiction or mental illness characterize a growing segment of the state's Special Needs Population. Support service providers find that the three factors most cited as contributing to homelessness are substance abuse, unemployment, and the fact that expenses exceed income. Homelessness, or the risk of homelessness, promotes an environment to increase substance abuse, further exacerbating the struggles of persons with addiction-related illnesses. In addition, a lack of individualized, person-centered planning and follow-up community support services factors into Connecticut's homelessness equation.

Recovering substance abusers frequently complete treatment programs but lack a suitable living environment that will enhance their ability to remain free from their addictions. A fund has been established (in accordance with Public Law 100-690) to assist in establishing self-run, self-supported housing opportunities in order to avoid relapse. These homes are not formal treatment programs, but rather residences for recovering substance abusers. Loan funds provide seed money to foster the establishment of these homes.

Persons with AIDS/HIV

Persons living with HIV/AIDS and their families need a wide-range of housing options and an appropriate level of support services in the community to handle more complex life issues. Many of the AIDS housing programs in Connecticut serve only individuals. Many supportive housing programs do not accept persons with active substance abuse

problems and may require that the person be currently in treatment for chemical dependency. Connecticut also has a higher rate of women living with AIDS than is seen nationally. These factors reflect, collectively, a growing need to address the housing needs of all types of households, including individuals with dependencies, single parents, and families with children.

While the existing AIDS residential programs have increased the number of supportive housing units, there remains a significant gap between demand and available resources. During the first nine months of 1999, the 23 AIDS housing programs in the state, supporting 410+ slots, (Group Residences: 180 and Scattered Site: 230+) reported 867 requests for housing. Of the total requests, only 194 of them could be met and 673 or 77% of the requests were denied. Requests for housing were denied due to lack of space and lack of appropriate supportive services for residents. Connecticut AIDS Residence Coalition (CARC) members have looked to leverage existing Housing Opportunities for People with AIDS (HOPWA) funds with other federal funding streams such as Shelter Plus Care and Supportive Housing and with state funds provided by the State Department of Social Services.

Changing demographics and prevalence rates require modifications to the current models of care and services to include long-term support services for health care, substance abuse recovery, mental health support, basic needs, job training, life skills, and income assistance. Most persons living with HIV do not necessarily identify themselves in the context of their HIV diagnosis. This suggests new approaches be developed for supportive housing models that include a continuum of care. Although there is a continuing need to provide a model of housing with medical support for persons in the later stages of AIDS, new approaches that incorporate housing need economic, social, vocational, and medical support for persons with HIV/AIDS who are living longer and more productive lives.

Providers must develop mechanisms (e.g. consumer advisory groups) to include consumers in the planning and development of housing for persons living with HIV/AIDS. As persons have become more empowered and are learning to live with HIV/AIDS, there is an increased desire to be involved in the decisions regarding their lives. Consumer feedback suggests that many of the persons with HIV, in need of supportive housing services, are more concerned about social and economic issues than health issues associated with the disease. Consumers of supportive housing services for persons living with HIV/AIDS in Connecticut prefer independent living to any other option. Consumers did not dispute the need for social, economic, transportation, and medical support service. What has changed is the environment in which consumers would like to see these support services offered.

De-incarcerated Persons

Offenders often could benefit from a period of supervision in the community prior to sentence completion. An example of such efforts is the placement of offenders into

halfway houses. The Department of Corrections (DOC) currently (3/29/04) funds 825 halfway house beds. This is a limited number in comparison to the number of released offenders. Unfortunately, communities often do not support the expansion of housing for releasing offenders.

Offenders often find it difficult to find meaningful employment upon release following a period of incarceration. They often return to major urban areas but the jobs are frequently located elsewhere. Upon release, most offenders need public transportation, but existing bus routes often make it difficult to travel between work and home.

Offenders also often return to neighborhoods that have deteriorated housing, high rates of unemployment, and high rates of crime. Typical funding streams available to DOC do not address these fundamental needs. The DOC and other agencies involved with housing and economic development have historically not worked together.

D. Barriers to Affordable Housing

Demand

There is a significant demand in the Connecticut housing market for affordable, entry-level housing. A sizable down payment is needed to make monthly mortgage payments affordable even in a time of lower interest rates. It can be difficult for entry-level buyers, even families with two incomes, to accumulate sufficient funds. Without assistance, these buyers enjoy little chance of homeownership.

For example, in order to just make the monthly principal and interest payment on a median priced single-family home affordable in 1997, a household would have to have an income of $35,600 which is approximately 60% of the median household income for the state. This figure does not take into account P&I insurance or local property taxes that would also need to be paid.

The affordability of home purchases has improved since the 1990 census. However, despite the stabilization of residential sales prices and the reduction of mortgage interest rates, it is still difficult for low-income families to afford to own a home in many parts of Connecticut.

In some parts of the state, especially lower Fairfield County, there is an acute need for market rate housing stock, which, if not addressed, could constrain economic development.

Costs and affordability are an even bigger issue for those seeking rental housing. According to the 1998 National Housing Coalition, the median rent for 1 and 2 bedroom units in Connecticut was $691. The median rent figure includes the monthly contract rent plus the estimated average monthly costs of utilities and fuel, normally paid by the renters. This figure increased 15.6% from the 1990 gross rent cost of $598.

The demand for subsidized housing is large. According to the Partnership for Strong Communities, when the Department of Social Services rent subsidy wait list was opened for 10 days at the end of 2001, 34,000 persons applied for only 1,200 rental subsidies..

Long waiting lists for subsidized housing units have increased the number of low-income renter households who spend more than 30% of their income on housing. The percentage of renters who had monthly rent costs that were 30% or more of their household income stood at 40.5% in 1990. In 1998, the percentage was 35% for 1-bedroom units, and 43% for 2 bedroom units.

Although declining sales prices have increased housing affordability for homeowners, there remains a strong demand for and a need to provide, affordable housing options and opportunities in all areas of Connecticut. By all indications, the demand for affordable housing does not look to lessen in the foreseeable future.

A study conducted by the National Housing Coalition, entitled Out of Reach, underscores the need for more affordable housing. The findings include the following:

- The cost of renting a typical one-bedroom apartment is beyond the reach of 35% of all renter households in Connecticut. A two-bedroom apartment is unaffordable to 43% of the state's renter households.
- A Connecticut worker with a full-time job would have to earn $11.82 per hour to afford a one-bedroom apartment, more than double the state minimum wage of $5.65 per hour. A two-bedroom unit would require earnings of $14.74 per hour, almost three times the minimum wage.
- The situation is most severe for families who survive on Temporary Assistance for Needy Families (TANF). The typical rent for a two- bedroom apartment in the state ($767) is more than the entire maximum TANF grant for a three-person household ($543).

The rapid escalation of rental housing costs during the 1990s has made it more difficult for the working poor and other low income and moderate-income families to meet the down payment requirements for home purchases in some areas of the state. The inability of moderate income and middle-income families to buy homes increased the demand-pressure in an already tight rental market.

In Connecticut, there are vast differences in population demographics, land use policies, land values, household composition, economic status, housing costs, and housing stock inventory from one area or town to another. Variances of the above factors play a major role in determining housing affordability.

Throughout Connecticut, persons and households in the lowest income brackets have the fewest housing choices. These citizens are severely limited as to where they can reside because of the cost of housing in many communities. Housing costs in neighboring communities can vary considerably. Within a few miles, sales prices and rent levels can more than double in many areas limiting the options of lower income families in regard to housing choice and opportunity. Lower income families are economically restricted to areas where affordable housing is available.

An issue of special interest for several regions of Connecticut is the large portion of homeowners who do not live in the region on a permanent basis. These are persons who own homes that are used as second residences on weekends and vacations. The seasonal nature of these regions' housing stock has a significant impact on the housing market. Sales prices are skewed by the presence of luxury seasonal and second homes. The rental market is also affected by seasonal dwellings, which may become short-term rental units in the off-season.

Because of the rural nature of some regions, public transportation systems, employment opportunities, health services, retail trade, and human service agencies which are usually found in more developed urban centers are lacking. The absence of these factors makes it

difficult for lower income persons and families to reside in non-urban areas even when affordable housing opportunities are present. Lower income groups rely heavily on support services to accomplish daily tasks.

Natural constraints and infrastructure are also factors, and they vary from region to region. Various areas of Connecticut possess soils and topography that present many limitations for development such as wetlands, steep slopes, shallow bedrock soils, and high water tables. Municipal sewer systems and water supplies from major water companies are only available in limited sections of these regions. The lack of sewers and public water supply limits the potential for high-density affordable housing.

While the rural, undeveloped nature of some regions is an obstacle to the production of affordable housing, the opposite is true for other regions. In these areas the dwindling amount of undeveloped land is a major factor affecting housing costs. The competition between residential and nonresidential development creates greater demand for land that only increases the cost.

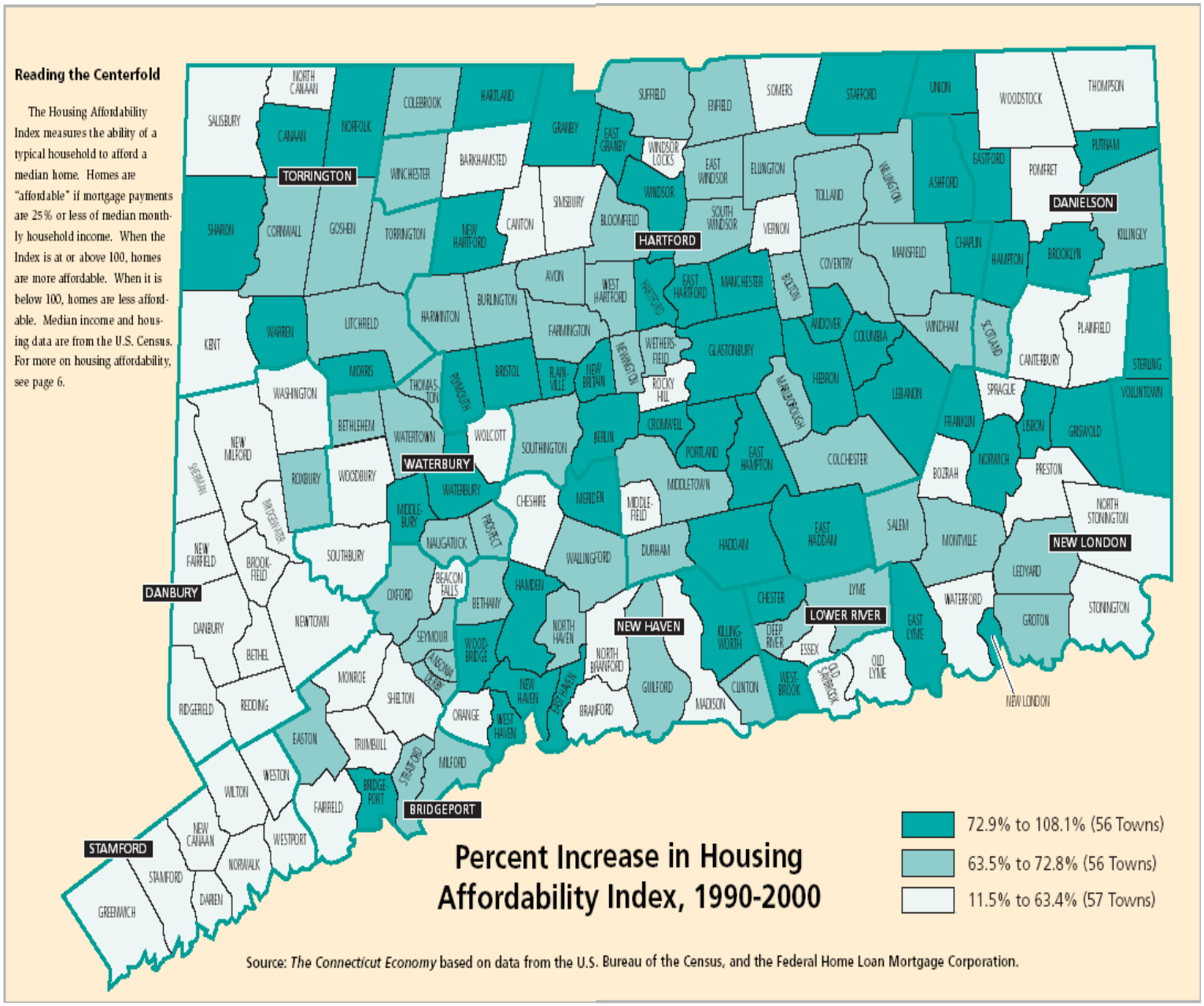
VI. HOUSING AFFORDABILITY DISCUSSION

The Bureau of Labor Statistics, which tracks consumer prices, awards fully 36% of the weight in its consumer price index to changes in housing prices. The housing affordability picture in Connecticut has improved in recent years—significantly. Connecticut homes have been the most relatively affordable for the general population in decades and more affordable than the typical U.S. home for the first time in nearly twenty years. This is not as true for low and moderate-income households. As previous data demonstrated, income growth has been slower for this demographic and there are significant issues regarding the quality of available housing for this group.

A. Measuring Affordability

The standard methodology to measure housing affordability is with an index like the one published by the National Association of Realtors (NAR) for U.S. metro areas. An affordability index measures the ability of a typical family to buy a typical single-family home. The National Association of Realtors (NAR) produces one such affordability index for the U.S. as a whole and for four broad geographic regions of the country. The NAR index shows what percentage of the mortgage payment on the median-priced home the median family can afford. The "median", represents the home price or family income that is exactly in the middle of a top-to-bottom ranking for the area in question. In calculating the index, the NAR assumes a down payment of 20% and a qualifying ratio of 25%, which is to say the monthly mortgage payment cannot exceed 25% of gross income. (See Figure 15)

Figure 15


Reading the Centerfold
The Housing Affordability Index measures the ability of a typical household to afford a median home. Homes are "affordable" if mortgage payments are 25% or less of median monthly household income. When the Index is at or above 100, homes are more affordable. When it is below 100, homes are less affordable. Median income and housing data are from the U.S. Census. For more on housing affordability, see page 6.
TORRINGTON
HARTFORD
DANIELSON
WATERBURY
DANBURY
NEW LONDON
LOWER RIVER
NEW HAVEN
BRIDGEPORT
STAMFORD
Percent Increase in Housing Affordability Index, 1990-2000
72.9% to 108.1% (56 Towns)
63.5% to 72.8% (56 Towns)
11.5% to 63.4% (57 Towns)
Source: The Connecticut Economy based on data from the U.S. Bureau of the Census, and the Federal Home Loan Mortgage Corporation.

When it comes to home prices, Connecticut is a portrait of extremes. According to year 2000 data reported by The Warren Group, a real estate trade organization, the price of the median home in Connecticut's towns ranged from a low of $78,000 in New Haven, to a high of $900,000 in New Canaan. Worlds away in price, the two towns are only minutes away by car and both are in the state's Southwest region. For the Southwest overall, which combines Fairfield and New Haven counties, a median home price of $279,000 was more typical. Still, even that figure dwarfs a price like $131,000—the median sales price for the average town in Eastern Connecticut, which includes New London and Windham counties. In Central Connecticut—Hartford, Middlesex and Tolland counties—the median price was $160,000, and the Northwest county of Litchfield was $190,000. Historical data show that median sales prices in Connecticut's 169 towns peaked in 1990 at $174,000 before falling to $152,000 in 1994. Since then, home prices have rebounded to their old heights and then some, reaching $194,000 in 2000. Though many unique location factors likely explain much of the median sales price differential among towns in the 1990s, population changes and income growth clearly played a role in the relative rates of change. As job losses opened a population drain in the early 1990s, the real estate market suffered. But an improving employment picture and continued gains in per capita income contributed to the housing revival later in the decade. In fact, these two variables alone—income and population—explain more than a third of the change in home prices across Connecticut towns over the period 1990 to 2000. Both were important, but income changes (estimated from the latest Connecticut Department of Economic and Community Development data) packed double or more the weight of population changes (based on the latest Census figures).

The strength of these influences was particularly dependant on a town's level of urbanization. The average "urban" town (44 in total with a population density over 1,000) saw home prices increase 2.8% between 1990 and 2000, while the average "non-urban" town saw prices increase by 8.4%. Across all towns, a one percentage point increase in population produced a 0.4 percentage point increase in home prices at the mean, holding income growth constant. But the effect of income growth on home prices was more robust, especially in urban towns. There, every percentage point increase in per capita income growth above the average raised home prices by an additional 2.8 percentage points. In non-urban towns, by contrast, every one point increase in per capita income growth raised home prices by just 0.8 points. This result is not completely unexpected. Income correlates closely with socioeconomic variables (such as education and employment) that influence neighborhood quality, and these effects are amplified when persons live close together. Since this relationship holds in reverse as well, a slower rate of income growth has a bigger effect on home prices in the cities than outside them. In some areas, it was enough to turn what would have been rising property values into falling property values.

Even where homes are costly, they may be more or less expensive than one might predict, given the factors likely to influence home prices. All else equal, homes tend to be costlier in areas that are densely populated, growing quickly, and where construction costs are high. To estimate a relationship between home prices and these explanatory variables, we can use the latest Census figures to calculate population density for each state along with the household growth rate. The Office of Federal Housing Enterprise Oversight (OFHEO) tracks the dollar value of new home building across states and regions, which on a unit basis offers a rough measure of construction costs. As expected, the resulting model estimates a positive and significant relationship between

each of these variables and the median price of homes in each state. A 10% increase in population density, for example, is associated with a 1.2% increase in home prices. If the rate of household formation were to rise by a point, from say a 16% rate of increase over the decade to 17%, we'd expect home prices to go up by about $1200. And if the cost of building a new home were to rise by $1000, the price of existing homes would likely increase by about $970. These three variables alone explain more than half the total variation in home prices across states. As high as home prices are in Connecticut, they are lower than expected, given the factors that seem to be important in determining price. In 2000, the median home in Connecticut was valued at $167,000. With Connecticut's population growth and density, and its cost of new housing, the model predicts a median price of $176,000; so home prices in Connecticut are about 5% lower than anticipated. By contrast, New York has a median home price that is lower but higher than expected. There, the median price was about $149,000 compared with a predicted price of about $119,000—a difference of 25%. Besides New York, 17 other states have home prices that are lower than Connecticut's but higher than one might expect. These findings—which show Connecticut prices are high, but not unexpectedly, so—agree with at least some residents' feelings about whether housing in Connecticut is worth its price.

Despite the generally rising level of affordability, gaps between the highs and lows in the state remain. Often they have widened. Among counties, Hartford's affordability index has grown from 14% above Fairfield's in 1990 to 46% above it in 2000. Greenwich remains the least affordable town not only in Fairfield County, but also in the entire state. In 1990 its index measured 72, and by 2000 it had barely budged to 73. But in Sherman, first in Fairfield County affordability in 1990 and tied for first (with Stratford) in 2000, the index rose from 115 to 148. So as housing grew more affordable in the 1990s, the gap between the top and bottom towns grew wider, even in Fairfield County.

B. Quality versus Affordability

Between 1990 and 2000, there have been some notable shifts in patterns of affordability, and the fault line lies along an urban-suburban divide. Cities have grown relatively more affordable, suburbs less so. In Fairfield County, the working-class cities of Bridgeport and Danbury, which had ranked 19th and 14th in affordability among the county's 23 towns, moved up to 3rd and 4th place, while swanky Westport moved from 3rd to 20th. In Hartford County, the blue-collar towns of East Hartford and New Britain, which had ranked near the bottom of its list of 29 towns, now rank 2nd and 4th, while upscale Simsbury and the adjacent town of Granby dropped from the top ten to 22nd and 24th, respectively. Likewise, in New Haven County, the cities of New Haven and Waterbury climbed from 24th and 19th to 1st and 2nd out of 27, while suburban Madison and Guilford dropped from the top ten to the bottom five. So this rising affordability in the cities is a good thing, right? Not if it is the result of mediocre income growth, a dwindling population, and plummeting property values. And unfortunately, that's exactly what has happened. In the cities of Bridgeport, Danbury, East Hartford, New Britain, New Haven and Waterbury, income growth barely matched their respective county averages. And, due to slower income growth and declining populations, home prices in each locale (except Danbury) fell, most at double-digit rates. This same pattern appeared in the state's other big county, New London, but because the drop in urban home values (relative to the county average) was less severe, there weren't the same big shifts in town rankings. In the state's wealthier suburbs, by contrast, income growth typically led county averages, the population swelled, and the growth in home values far outstripped the norm.

Rising housing affordability, at least in some portions of Connecticut, exacts a steep price. Often, it is gained at the expense of falling property values, a population drain, and a strained local economy. Economists often speak of the ability of markets to harness self-correcting economic forces. The renewed affordability of urban living should, all things considered, attract new residents and prompt a central city renaissance. But there's another possibility. The steady urban population exodus may make city living increasingly undesirable, and feed a cumulative spiral downward, all against a backdrop of rising affordability. It's not clear that either option is inevitable, but it's also not clear the latter option is avoidable. Making its cities both vibrant *and* affordable may be Connecticut's biggest challenge in the decade ahead.

C. Connecticut Housing Costs Relative to other States

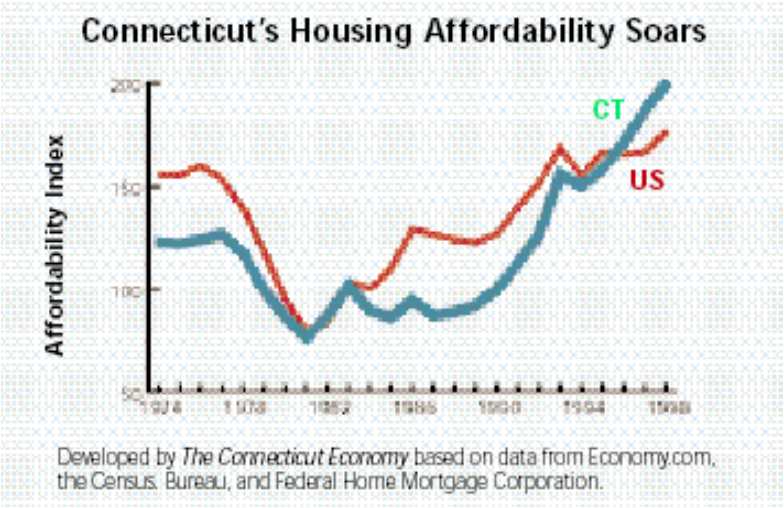
Given its importance in consumer budgets, the cost of housing can be a key influence on where people choose to live and work. Connecticut has the 6th highest median home price in the country and, even after accounting for ability to pay, only 7 states rank below Connecticut in affordability. Do Connecticut's high home prices disadvantage the state in keeping workers and firms here and in attracting new entrants? While such choices involve many idiosyncrasies, a couple of factors suggest this particular cost of living may not be as a burdensome as it first appears. Often, what's implied in characterizing an area's cost of living as high is that costs are "too high" given the factors that determine them. By this measure, Connecticut actually ranks in the middle of the pack. Given the influences that seem important in determining prices, home prices in Connecticut are about what you'd expect them to be. Moreover, between 1990 and 2000, housing affordability improved more in Connecticut than in most other states. So Connecticut's relative position in housing costs—compared to where it should be or where it's been—looks better than at first glance. The state's housing market may not make it a magnet for new entrants, but it probably doesn't scare away as many as one might imagine.

Figure 16 compares housing affordability across states, as measured by the resulting index. Homes are most affordable through the nation's mid-section and least affordable along the two coasts. For the average state, the affordability index measured 132, so median income was 32% higher than required to buy the median home. At 177, Missouri ranked first in affordability, while Hawaii, at 67, ranked last. Connecticut's reading of 106 placed it 42nd in the affordability rankings. The median household can afford the median home in the "Nutmeg State," though with little to spare. Connecticut, however, is not the most costly spot in New England or in the Northeast. That distinction rests with Massachusetts, with an index value of 89. New York, at 97, is less affordable than Connecticut. So too is New Jersey, at 104.

Homeownership is costly in Connecticut, but there are important qualifications to this conclusion. Housing has grown more affordable across states during the 1990 to 2000 period, especially in Connecticut. In 1990, the affordability index for the average state was just 120, so its 2000 measure of 132 represents a 10% increase over those ten years. Figure 14 shows how the states compare in affordability *change*. Most striking is the fact that affordability climbed especially fast in high-cost areas like the Northeast and parts of the Far West. In New England, affordability is up 61%, and in Connecticut it is up 65%. Connecticut ranked 8th among states in increased affordability during the 1990s. Hawaii ranked first and Idaho ranked last. Affordability varies across Connecticut towns, using the same source data and methodology as used for the states. Between 1990 and 2000, housing affordability increased in all 169 towns. New Canaan posted the smallest increase, 11.5%, while Putnam, at 108.1% posted the largest. As these two towns suggest, housing affordability improved the most in eastern Connecticut and improved the least in

southwestern Connecticut. Housing affordability generally grew faster in the cities and more slowly in the suburbs. What's behind this affordability surge? Homebuyers everywhere have benefited from declining interest rates, which help to make mortgage payments more manageable. And in most places, strong income growth has helped put owner-occupied housing within reach of many, even as prices have continued to rise. In Connecticut and throughout the Northeast generally, income growth has been sub-par, so the big contributor to improved housing affordability has been an exceptionally slow rise (or even decline) in home prices over the decade. That's been bad news for existing owners who may see their homes as their single biggest investment and who perhaps had hoped to tap their home equity as a source of cash for other uses. But it's good news for new entrants and first time homebuyers who might have been priced out of the market otherwise. (See Figure 16)

Figure 16

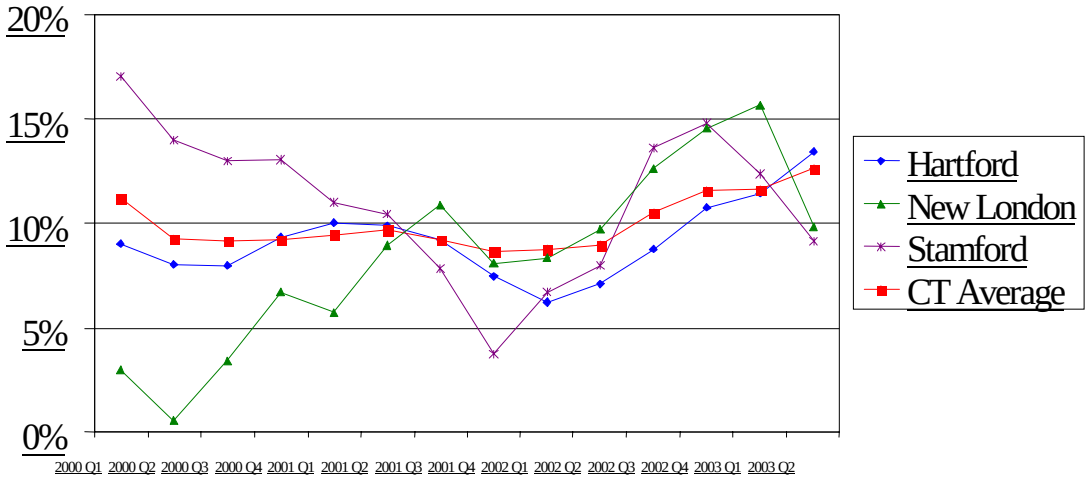


D. Alternative Measures of Affordability

Home prices have been rising ever faster over the past three and a half years, as measured by the UConn Real Estate Center's constant-quality house price index. Over the past year, the price of a typical house in Connecticut has increased between 10.5 and 12.5% (See Figure 17). The constant quality house price index estimates the price of the same house as if it sold once each quarter. This is done with regression techniques that control for house size, number of bathrooms, age and location (town).

The rate of increase in constant-quality house prices was more than two percentage points higher over the last four quarters than it was in the previous four. In fact, the first two and a half years of the new millennium (2000 through the middle of 2002) displayed robust growth in house prices. The typical house in Connecticut recently sold for over $330,000, compared to about $250,000 at the beginning of the year 2000, an increase of nearly 35%. Somewhat different patterns of price acceleration took place in Connecticut's largest metropolitan areas. For example, Stamford (and, more recently, Danbury) felt relatively less influence from falling interest rates. Instead, these areas have long been driven by strong fundamentals such as high paying jobs migrating from New York City. The result is generally faster price growth in Stamford and Danbury. The New London Local Market Area (LMA) has had the fastest acceleration, as the casinos remain strong centers of employment growth. Hartford has performed most like the state as a whole.

Figure 17
Comparing Constant Quality House Prices in Connecticut LMAs



Source: University of Connecticut, Center for Real Estate and Ur ban Economic Studies.

What accounts for this acceleration in the rate of change in house prices? Has the housing market climbed too high, too fast? Could the housing market take a big tumble over the next three to five years, losing most of its current high ground? The market remains strong, despite job losses in the private sector, and general uncertainty about the future direction of the Connecticut economy.

Headed for a Tumble?

Over the next five years, there are serious risks to Connecticut house prices. This can be appreciated by looking at the number of closed transactions in the state. UConn's index of transactions (adjusted for noise and seasonality) has declined by over one third since the first quarter of 2000, and these decreases have occurred in every quarter. This suggests a substantial decline in the supply of houses for sale. A likely explanation is that owners are reluctant to sell and move up to better or bigger housing, and many first time homebuyers are priced out of the market. Thus, supply offered on the market has been reduced while those buyers who remain in the market are willing to pay higher and higher prices, i.e., the market is heavily dependent on low interest rates.

The good news here is that new construction has remained modest, despite the rapid increase in house prices. Thus, we do not have the excessive construction boom that caused a surplus of new houses and condominiums in the late 1980s. Over a longer period, the major risk is that mortgage rates will increase. This is likely to happen when the economy recovers and deficit spending spurs inflation. The difficult question is how much will mortgage rates increase? If the increase is modest, then house prices will remain near their current level. But, if interest rates return to the 8% range, then it is likely that house prices will decline substantially.

Why Rely on Constant Quality House Prices?

The popular press often uses house prices ("median" prices) that are uncorrected for the physical and location characteristics of the house. The problem is that the median house changes over time. When prices are rising strongly, buyers are likely to select smaller, more poorly located houses, so quality decreases. In this case, the price indices discussed in the popular press will be biased downward. In another situation, they might be skewed in the opposite direction. Since the median house will sometimes be larger, sometimes smaller, median price indices contain random noise not present in the constant-quality indices. Figure 23 compares the rate of increase in UConn's constant-quality house prices with the rate of increase in the median price index, which does not control for quality. Both lines are for Connecticut as a whole, an average (weighted by number of transactions) of individual town indices. Both lines use the same data and the same method to average town indices.

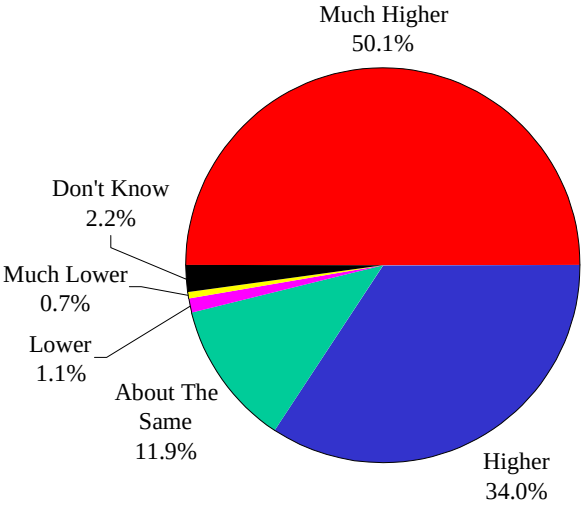
Clearly, the rates of change in the median numbers understate the actual appreciation for constant quality in the most recent quarter (by nearly 4 percentage points) and over the entire time period (by an average of ½ percentage point). More importantly, the median number is much more volatile than the constant-quality number: it is too low and then too high by large amounts.

The problems with the median house price index are magnified at the metropolitan area and town levels; that is, the averages in the graph below allow some of the random noise at the town level to cancel out. The errors involved in using median prices are large and important to homeowners and policy makers in the state, as they plan to deal with the very unusual housing market that currently exists. UConn's constant quality numbers provide a more accurate view of price changes for a house with a given set of characteristics. Likewise, UConn's transactions indices are based on all closed transactions, not just those handled by Realtors™, and they have been processed to reduce random noise and seasonality. You can download UConn's house price and transactions indices by clicking "RE Indices" at http://www.sba.uconn.edu/RealEstate/.

Another component of housing affordability is the perception of cost. Erroneous perceptions of cost may prevent qualified buyers from entering the housing market or cause buyers to over spend for housing they misperceive as a strong value. Presented below are the results of a survey conducted by the Center for Survey Research and Analysis for The Connecticut Economy magazine.

Connecticut residents perceive the state as a high cost state overall. Asked to characterize Connecticut's Cost of Living (COL) relative to other states, 84% of respondents said either "higher" or "much higher," with a majority choosing "much higher." Only 2% said "lower" or "much lower;" 12% thought "about the same." (See Figure 18)

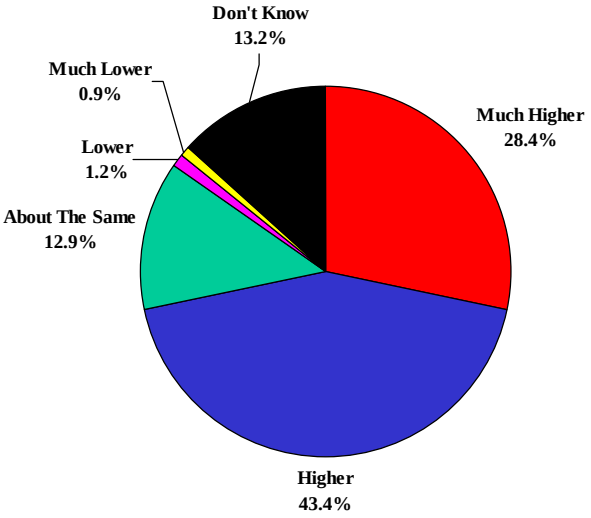
Figure 18
Connecticut's Cost of Living is…



Residents were also asked to characterize Connecticut's cost of- doing-business (CODB), and the plurality (43%) responded "higher" rather than "much higher" (28%). In this assessment, residents are inaccurate judging by the recent estimates of CODB which rank Connecticut among the nation's highest-cost business environments. Compared to the earlier question, more people simply "didn't know," but that's understandable since not all respondents participate in the workplace. (See Figure 19)

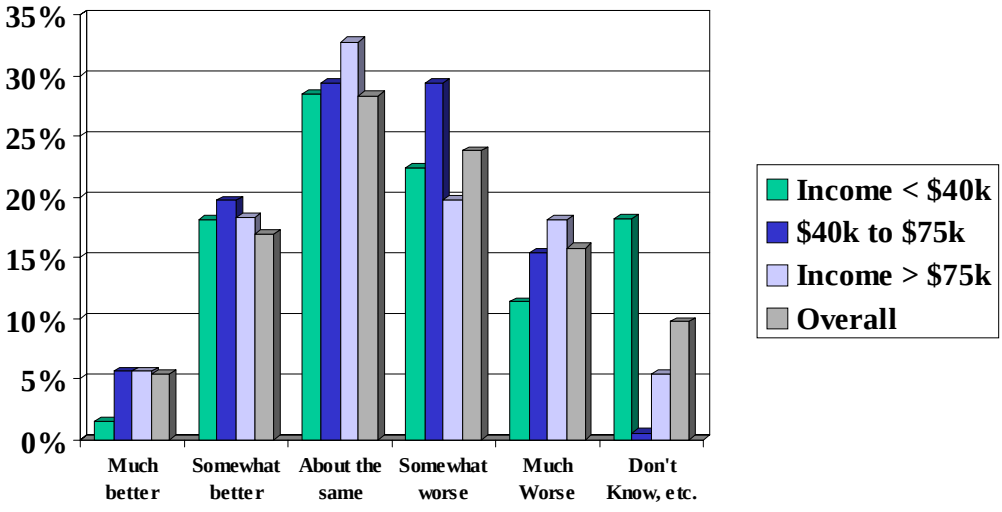
Figure 19

Connecticut's Cost of Doing Business



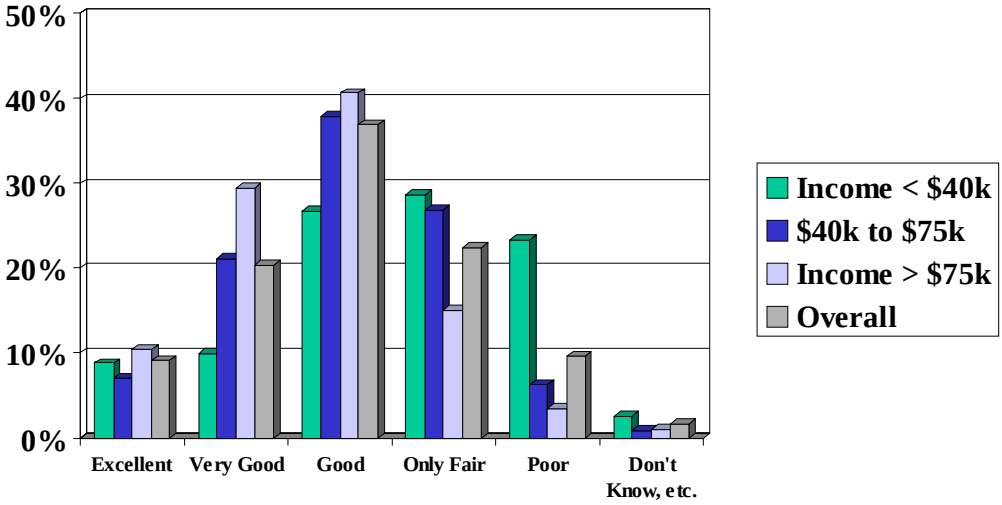
There were no statistically significant differences among the COL responses by age group, income level, gender, or sub-state geography. When it came to the CODB, though, people in Fairfield County and East of the River clustered significantly more towards the middle. It seems answers are tempered by surroundings; compared to New York City, Fairfield County business costs seem reasonable. Asked why they think the COL is so high, a clear majority of residents told us that the costs of housing and taxes contributed "a lot" to their assessment. Then, asked what all of this means, residents responded loudly and clearly! The following bar charts summarize those results and show how some of them differed significantly by demographic group. (See Figure 20)

Figure 20
Given its Cost, is Connecticut's Housing a Better or Worse Value Than in Other States? Survey Says…About the Same.



A plurality of respondents thinks Connecticut's high cost of housing buys them neither more nor less "housing value" than in other states. The rest split unevenly, with more saying housing is a "worse value"; fewer saying "better value." As income level rises, opinion tends to become somewhat less negative, but remains skewed to the downside.

Figure 21
When Income is Taken Into Account as Well as Costs, Is Living in Connecticut a "Good Value"? Survey Says … Income Matters.



Here opinion is almost perfectly balanced overall, with a plurality of residents choosing the middle response: that Connecticut is a "good value." But the response pattern differs dramatically by income group. Lower-income respondents are decidedly negative ("only fair" or "poor" value), while the highest-income respondents are almost entirely in the other camp ("very good" or "excellent" value). It appears, then, that income-earning opportunities temper residents' assessments about whether living in Connecticut is a good value. (See Figure 21 above)

A clear majority of residents said that the COL would have "a lot of impact" on whether or not to retire in Connecticut. Virtually all the rest chose the next most positive response: "some impact." Responses differ significantly by age group. The youngest residents (under 35) were almost unanimously sure that COL would have a meaningful impact on a retirement choice. The middle-aged group (35 to 64) is just as sure, but an even higher proportion chose "a lot of impact" … and they're the ones typically facing a retirement decision.

E. Quality of Life Issues

The Connecticut Center for Economic Analysis (CCEA) has developed a Quality-of-life (QoL) index for Connecticut towns—one that considers an even more diverse set of factors that make an area more (or less) attractive as a place to live.

Economists who study housing markets argue that because people are willing to pay for things that enhance their QoL (good schools and other public services, low crime rates, a cleaner environment, etc.), house prices will adjust to reflect such community differences, as well as more readily apparent differences in the location, size, and quality of housing. This "capitalization" process has been studied extensively and, by and large, research findings confirm that house prices do reflect such differences—not perfectly, but well enough to reveal the factors that contribute most to towns' perceived QoL.

The CCEA approach involves three stages. First, applying multiple regression methods to data from Connecticut's 169 towns, we estimate the relationship between median house value per room and a set of 16 town-level characteristics. Besides controlling for house size by using a per-room measure of value, the model includes: three measures of town location (distances from New York and Boston, and a dummy variable for the presence or absence of shoreline); five local public policy variables (school spending per pupil, noneducational spending per capita, the effective property tax rate, state-aid per capita, and the town's minimum lot-size requirement); and two measures of the local economy (percentage of the adult population with at least a bachelor's degree, and per capita income growth from 1990 to 2000). In keeping with the current issue's focus on "social capital," we also include six variables meant to capture environmental and social conditions (crime rate, cancer rate, accessible open-space per capita, the presence or absence of a hospital with at least 100 beds, percent of the eligible population that voted in the 2000 election, and library circulation per capita). The data and some of the first-stage results are summarized below. (See Figure 22)

For each variable, the table gives its 169-town average, its range of values across towns, and the estimated *elasticity* for that variable—the estimated percent change in median house value associated with a 1% increase in that variable, other factors equal to their average values. Jointly, the variables account for about 85% of the six-fold variation in median house value per room, which ranged from $16,768 in Hartford to $102,829 in Greenwich. Not surprisingly, town location measures have some of the strongest effects. Controlling for other factors, housing values tend to decline with distance from major regional centers—New York in particular, but also Boston. The "shoreline town" effect is positive, but statistically weak, probably because the premium for shoreline property is highly localized within those towns. Data for individual housing units probably would show a much clearer premium for ocean views.

Figure 22
Factor's that Affect Median House Value
Per Room in Connecticut's 169 Towns

	Average	Minimum	Maximum	Elasticity
Location:				
Distance from NY	104.8	31.0	160.0	-1.245*
Distance from Boston	120.4	61.0	181.0	-0.742*
Shoreline dummy	0.1	0.0	1.0	0.003
Public policies:				
School spending per pupil	8758.6	6847.4	12094.5	0.623*
Noned. spending per capita	893.1	419.7	2364.9	0.328*
Property tax rate	17.6	7.7	32.7	-0.560*
State aid per capita	544.2	57.5	1870.4	0.120*
Minimum lot-size	1.3	0.0	5.0	0.023
Economic:				
Percent BA degree	33.7	10.2	74.4	0.453*
Income growth (90-00)	43.8	16.0	102.6	0.048
Social and environmental:				
Crime rate	18.5	4.6	92.3	-0.149*
Cancer rate	5.2	1.3	10.8	-0.012
Accessible open space per capita	0.5	0.0	13.3	-0.004
Hospital dummy (100+ beds)	0.1	0.0	1.0	0.009
Voting participation	71.9	35.4	96.7	-0.130
Library circulation	8.4	0.0	25.2	0.013

(* statistically significant)

Nearly all of the local public policy variables have either a significant positive effect (school spending per pupil, noneducational spending per capita, and per capita state aid) or negative effect (property tax rate) on the median house value per room. The median house value seems to increase with a larger minimum lot-size requirement, but statistically the effect is weak. On the economic front, recent income growth seems to boost property values, but not nearly as much as the current educational attainment of a town's residents. Most of the social or environmental factors have the anticipated positive effect (hospital presence, library circulation) or negative

effect (crime rate, cancer rate), but among them only crime is statistically significant. Two of the "noneconomic" variables (accessible open space per capita and voter participation) have unexpected negative effects, but again neither factor is significant. This does not mean that such items are unimportant for everyone. Access to public open space might be the deciding factor for some people in their choice of a town, but widespread willingness to pay for such characteristics, as reflected in property values, appears to be minimal. This may simply reflect the difficulty of accurately assessing such information, and hence the market's inability to fully value the less visible features of a community.

F. Constructing a QoL Index

In the second stage of the analysis, the estimated relationship is used to generate a predicted median house value per room for each town, based on its recorded characteristics. Dividing each town's predicted value by the average value across all towns ($29,070) gives an index that we interpret as a measure of QoL. The average value of this index is 1.0, with higher values signaling an above-average QoL; the opposite for values below 1.0. Calculated QoL index values for Connecticut's 169 towns range from 0.24 in East Hartford to 3.07 in Greenwich.

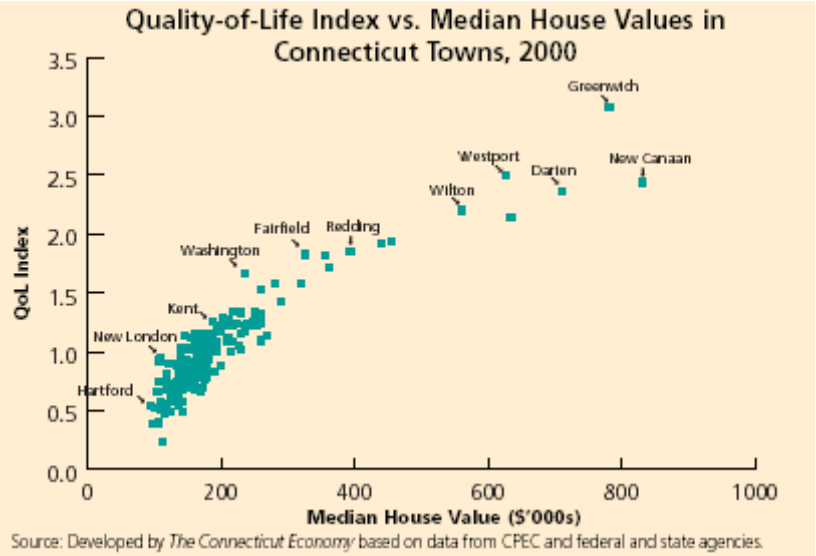
Keep in mind that this QoL measure is more comprehensive than many, reflecting the town's location, public policies, local economic conditions, and a number of social or environmental factors. The weighting of these factors is based on information derived from housing markets, so not surprisingly, towns with a high QoL index also tend to be towns where housing is costly. This positive relationship is clearly seen in the scatter diagram—the third stage of the analysis—which shows the estimated QoL index and the Census 2000 median house value for each of the state's 169 towns. The median house value in a town might be viewed as the typical cost of access to that town and its particular QoL. From the scatter diagram, it appears that not only does a higher QoL generally cost more, but also each increment in QoL is increasingly expensive. Equivalently, each extra dollar spent on housing tends to buy smaller and smaller increments in QoL, as seen in the generally concave shape of the scatter. Economists would recognize this pattern as evidence of "diminishing marginal returns" in the production of QoL.

Although a higher QoL typically costs more, some towns fare better than others in this tradeoff. In particular, towns along the upper "boundary" of the scatter tend to offer a higher QoL for a given housing outlay (or, equivalently, require a smaller housing outlay to enjoy a particular QoL) than towns that lie below the boundary. Some of the boundary towns are identified in the diagram. There are many factors that determine where each town lies with respect to this boundary, but positions are not static. Towns that use taxes more efficiently to produce public services, or provide a more highly valued mix of services, can potentially move up closer to the boundary. (See Figure 23)

Variety has its virtues. Economists who study housing markets and issues of local public finance often tout the benefits of having many communities that differ. Differences in affordability and QoL reflect some things, such as location, that towns cannot control. But the differences also are shaped by tax rates, expenditure patterns, land-use controls, and other public policies. The resulting outcomes offer many options, as seen in the scatter diagram for Connecticut towns, potentially allowing households to better satisfy their personal preferences by finding the "right mix" of quality-of-life and housing affordability.

Households' choices, however, are not just the result of different tastes. A household's options are constrained by current income, place-of-work, and other personal factors, including transportation networks or discrimination in housing and job markets. Market-determined housing values might adequately reflect town characteristics that shape our quality-of-life, but even the most efficient markets don't ensure unlimited access or fair outcomes.

Figure 23
Quality of Life Index vs. Median House Values in Connecticut Towns, 2000



Connecticut is in a situation where housing has become more affordable for all groups, particularly median and upper income. The situation for individuals and families significantly below median income is complex. In summary, housing for this segment has become marginally more affordable, however the quality of housing has declined and it is available in areas that have seen declines in quality of life measures, particularly in the area of education. Efforts to increase the quality of life in areas with affordable housing stock, including major public works projects combined with efforts to increase educational quality, are likely to aid in the effort to increase the availability of quality affordable housing.

VII. HOUSING PRODUCTION

In accordance with Section 8-37s of the Connecticut General Statutes (C.G.S), the Department of Economic and Community Development (DECD) monitors housing growth, analyzes trends, collects data concerning the private sector of the housing market and annually publishes statistics on housing production in the state. In addition to this annual report on Housing Production and Permit Authorized Construction, the Department publishes a monthly housing permit update in the *Connecticut Economic Digest* (a joint DECD/DOL publication) and distributes this data to all interested parties. DECD is the lead agency in all matters related to housing, economic development and community development in Connecticut.

This report is an analysis of the data collected by DECD regarding permit-authorized construction in the state (specifically the additions to and reductions from the Connecticut housing inventory) for 2003. The statistical data used in this analysis is based on reports submitted by local building permit offices in response to a monthly survey conducted by the Construction Statistics Division of the U. S. Bureau of the Census.

Beginning in 1996, the U.S. Bureau of the Census changed the reporting forms used by municipalities to transmit permit-authorized construction data. Municipalities are no longer required to report construction permits for demolitions, additions and alterations nor are they required to distinguish between privately owned and publicly owned units. Further, in 1997, the U.S. Bureau of Census eliminated the requirement to distinguish between one-unit attached and one-unit detached building permits. As a result of these changes, municipalities only report the issuance of one-unit and multi-unit construction permits.

On behalf of Connecticut, DECD acts as a cooperating agency in the U.S. Bureau of the Census' construction permit survey. Data, contained in this report, from the U.S. Bureau of the Census appears as it was released. It has not been revised in any way by DECD. For data and information regarding this report, please contact Kolie Sun at 860-270-8167 or e-mail her: kolie.sun@po.state.ct.us

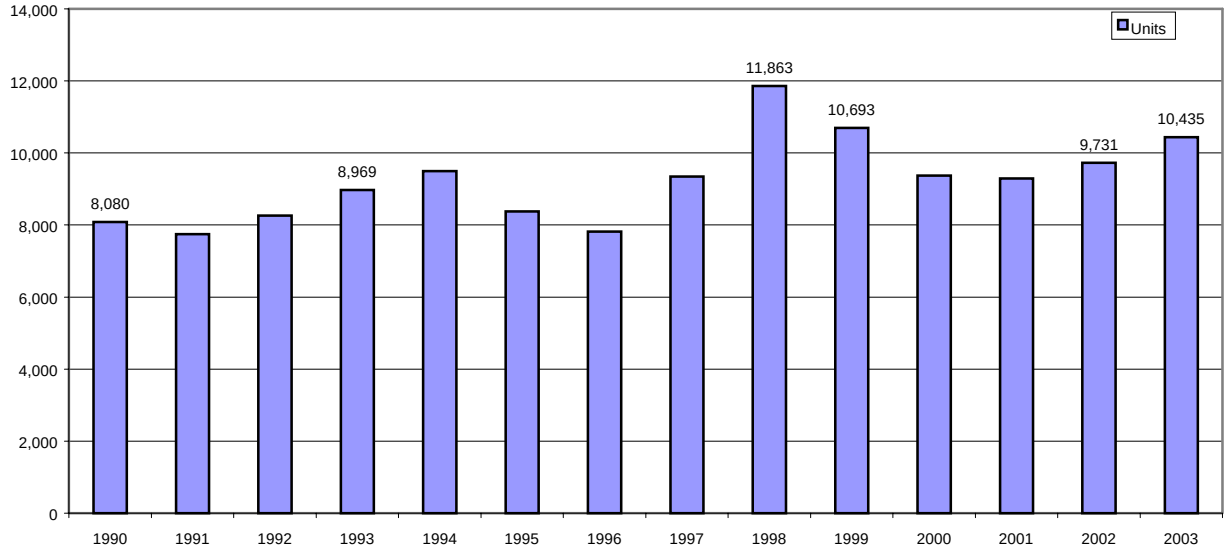
TOTAL HOUSING PRODUCTION

According to housing data from the U.S. Bureau of the Census, Connecticut authorized 10,435 new units in 2003; the highest permit production since 2000, the third highest since 1990. Please refer to Chart 1 on the next page. The total production increased 7.2 percent from 9,731 a year ago, 12.3 percent from 2001, and 11.3 percent from 2000. Figure 1 presents the distribution and percentage change of the new housing units authorized from 2000 to 2003 by structure type.

Figure 1 - New Housing Units by Type

Structure Type/Year	2003	2002	2001	2000	# Units Change 2003-02	% Change 2003-02	% Change 2003-01	% Change 2003-00
Total Units	10,435	9,731	9,290	9,376	704	**7.2%**	**12.3%**	**11.3%**
One-Unit	8,180	8,484	7,835	8,158	-304	**-3.6%**	**4.4%**	**0.3%**
Two-Unit	266	190	186	150	76	**40.0%**	**43.0%**	**77.3%**
Three & Four-Unit	126	59	123	94	67	**113.6%**	**2.4%**	**34.0%**
Five-or-More-Unit	1,863	998	1,146	974	865	**86.7%**	**62.6%**	**91.3%**

Chart 1: Total Housing Units



Source: US Census

Among the 10,435 new units authorized in 2003, 8,180 were single-family units, (78.4 percent of the permit total), 266 units were from duplex buildings, (2.5 percent of the permit total), 126 units were from three & four-unit buildings, (1.2 percent of the permit total) and 1,863 units were condominiums, (17.9 percent of the permit total).

The market share of one-unit dwellings decreased from 87.0 percent in 2000 to 78.4 percent in 2003. During the same period the share of multi-unit dwellings increased from 13 percent to 21.6 percent. (Refer to figure 2.)

Figure 2 - Percent of Share by Type

Structure Type/Year	2003	% Share	2002	% Share	2001	% Share	2000	% Share
One-Unit	8,180	78.4%	8,484	87.2%	7,835	84.3%	8,158	87.0%
Two-Unit	266	2.5%	190	2.0%	186	2.0%	150	1.6%
Three & Four-Unit	126	1.2%	59	0.6%	123	1.3%	94	1.0%
Five-or-More-Unit	1,863	17.9%	998	10.3%	1,146	12.3%	974	10.4%
Total Units	10,435	100.0%	9,731	100.0%	9,290	100.0%	9,376	100.0%

HOUSING PRODUCTION: COUNTIES

In 2003, Hartford County authorized the largest number of new residential permits with 2,585 units, followed by Fairfield County with 1,964, New Haven County with 1,826, and New London County with 1,222. All four counties accounted for 72.8 percent of all new permits issued in

2003. Compared to a year ago, New London County showed the largest percentage gain of 27.8 percent, and it became the fourth county with more than 1,000 units since 1994.

New housing permits, for the state, grew 11.3 percent from 2000 to 2003. Hartford, New London and Windham counties showed the most significant growth in new permit authorizations at 51.6 percent, 50.1 percent and 47.3 percent respectively during the same period. Tolland and Litchfield counties also showed an upward trend, however the remaining three counties – Fairfield, Middlesex and New Haven - experienced negative growth. (See figure 3)

Figure 3 - Changes in Connecticut Housing Units by County

State & Counties	2003	2002	2001	2000	# Units Change 2003-02	% Change 2003-02	% Change 2003-01	% Change 2003-00
Connecticut	10,435	9,731	9,290	9,376	704	**7.2%**	**12.3%**	**11.3%**
Fairfield County	1,964	1,879	2,220	2,278	85	**4.5%**	**-11.5%**	**-13.8%**
Hartford County	2,585	2,284	2,026	1,705	301	**13.2%**	**27.6%**	**51.6%**
Litchfield County	732	807	764	725	-75	**-9.3%**	**-4.2%**	**1.0%**
Middlesex County	821	820	799	867	1	**0.1%**	**2.8%**	**-5.3%**
New Haven County	1,826	1,701	1,586	1,918	125	**7.3%**	**15.1%**	**-4.8%**
New London County	1,222	956	782	814	266	**27.8%**	**56.3%**	**50.1%**
Tolland County	731	742	679	693	-11	**-1.5%**	**7.7%**	**5.5%**
Windham County	554	542	434	376	12	**2.2%**	**27.6%**	**47.3%**
Fairfield+Hartford+New Haven+New London								
Combined units	7,597	6,820	6,614	6,715				
Share of the total	72.8%	70.1%	71.2%	71.6%				

HOUSING PRODUCTION: MUNICIPALITIES

Hartford led all Connecticut communities with 335 permits issued in 2003. This represented a more than a three-fold increase over the city's 71 units authorized in 2002. Bloomfield ranked second with 309 units - a four-fold increase from the level of 61 units authorized in 2002. Milford finished third in 2003, with 284 units, representing an increase of more than double its 125 new units a year ago. Other municipalities ranked in the top ten by total number of units included: Norwich (247 units), Darien (222 units), Danbury (206 units), Middletown (203 units), Southington (195), South Windsor (171 units), and Vernon (163 units). Combined, these ten communities accounted for 22.4 percent of the total permits authorized in 2003. The majority of permits issued in Danbury and Southington were for single-family homes; where as the other eight municipalities authorized a larger number of multi-family permits. (Refer to Ranked with Net Gain Order table.)

CONSTRUCTION VALUE

The valuation of construction is the cost of construction as recorded on the building permit. This figure usually excludes the cost of on-site development and improvements, and the cost of heating, plumbing, electrical and elevator installations.

The total investment in authorized construction activity during 2003 was an estimated $1.665 billion. This represents an increase of 5.1 percent from 2002's level of $1.584 billion**.** The

average construction value of single unit housing showed an increase of 4.0 percent from $178,560 in 2002 to $185,743 in 2003, and 8.7 percent increase compared to $170,924 in 2001.

DEMOLITION

At the end of 2003, DECD sent out a survey to all of Connecticut's municipalities to collect data on the number of residential demolition permits issued. Among 169 municipalities, 139 towns (or 82.2 percent) responded to our request. From this effort it was determined that 1,275 units were demolished in 2003. New Haven issued the most demolition permits with 186, followed by Greenwich with 108, Westport with 73, New Britain with 58 and New Canaan with 57. These five municipalities constitute 37.8 percent of the total demolition permits issued in 2003.

INVENTORY CHANGE

When authorized construction and demolition permits for 2003 are factored together, the result is a net gain to Connecticut's housing inventory totaling 9,160 new units; an increase of 10.8 percent from the net gain of 8,270 in 2002, a 21.2 percent increase from 2001, and a 20.7 percent increase from 2000. (For more information on this please consult the table titled "2003 Ranked in Net Gain Order").

Connecticut's estimated inventory of residential units (end of 2003) is 1,410,962. This estimate is based on a net gain of 24,987 housing units authorized from January of 2001 through December of 2003, added to the base of 1,385,975 housing units reported in the 2000 Census. Figure 4 below illustrates changes in the housing unit inventory between 2000 through 2003. Both one-unit homes and five-or-more-unit dwellings showed steady increases over time with gains of 2.5 percent, and 1.2 percent respectively.

Figure 4 - Changes in Connecticut Housing Inventory by Type

Structure Type	2003	2002	2001	Census 2000	# Units Change 2003-02	% Change 2003-02	% Change 2003-01	% Change 2003-00
Total Units	1,410,962	1,401,802	1,393,532	1,385,975	9,160	**0.7%**	**1.3%**	**1.8%**
One-Unit	910,022	902,704	894,964	887,891	7,318	**0.8%**	**1.7%**	**2.5%**
Two-Unit	119,713	119,625	119,567	119,585	88	**0.1%**	**0.1%**	**-0.1%**
Three & Four-Unit	126,809	126,841	126,953	127,032	-32	**0.0%**	**-0.1%**	**-0.2%**
Five-or-More-Unit	242,224	240,438	239,854	239,273	1,786	**0.7%**	**1.0%**	**1.2%**
Other	12,194	12,194	12,194	12,194				

DESCRIPTION OF SURVEY AND SUPPLEMENTARY INFORMATION SERVICES

The statistics provided in this publication were based on reports submitted monthly by local building officials in Connecticut, in response to a mail survey conducted by the Building Permits Branch, Construction Statistics Division, U. S. Bureau of the Census.

The monthly reported data was successively downloaded electronically from the U.S. Bureau of the Census via electronic mail attachment. These monthly releases, from the U. S. Bureau of the Census, include data estimated and/or imputed by the U.S. Bureau of the Census for those towns or places that provided reports for fewer than 12 months in a year.

SURVEY CHANGES

At some locations, statistics on new housing units authorized in the permit jurisdiction have been kept for more than a century. The U.S. Bureau of the Census has published a book useful for time-series analysis, Housing Construction Statistics: 1889 to 1964.

In 1954, the Bureau of Labor Statistics of the U. S. Department of Labor published permit data for virtually all the permit-issuing locations surveyed. Since 1959, the U.S. Bureau of the Census of the U.S. Department of Commerce has been collecting permit information through mail surveys of local building officials in 17,000 locations.

The State of Connecticut has actively cooperated with the federal government since this mail survey began. The Department of Public Works was the first cooperating agency, succeeded by the Department of Community Affairs, the Department of Housing and now the Department of Economic and Community Development.

Beginning in January 1987, several changes were made to the reporting and classifying of various survey items. Buildings and the valuation of additions, alterations, and conversions to residential buildings were classified under a common item number. Similarly, buildings and the evaluation of additions, alterations, and conversions to non-housekeeping and nonresidential buildings were classified under a common item number. In both circumstances, housing units were no longer reported.

The survey no longer distinguishes between additions, alterations, and conversions that resulted in an increase, or decrease to the housing inventory in Connecticut. Furthermore, mobile homes were no longer within the scope of the survey.

DATA RELIABILITY

Although the statistics in this report were not subject to sampling variability, they were subject to various response and operational errors that could be attributed to many sources such as the inability to obtain information about all cases, the differences in the interpretation of questions, the inability or unwillingness by respondents to provide correct information, and data-processing errors.

Explicit measures of the effects of these were not available. However, DECD believed that most of the important operational errors were detected in the course of the cooperative review of the data for reasonableness and consistency. The participants in the review included the U.S. Bureau of the Census, DECD, and local officials.

DATA LIMITATIONS

In Connecticut, by state statute, no building or structure may be "constructed or altered until an application has been filed (with a municipal building official) by the owner of the premises affected or his agent," and a permit has been issued.

Building permits have been required prior to the beginning of any construction or alteration since October 1, 1970. Similarly, no person may "demolish any building, structure or part thereof without obtaining a permit for the particular demolition undertaking" from a municipal administrative officer (C.G.S. Sections 29-263 and 29-406).

Continuing sample surveys conducted by the U.S. Bureau of the Census indicate that construction resulted in all but two percent of the new housing units nationally authorized by permits.

Construction typically begins during the month of the permit issuance, and most of the remaining works begins within the following three months.

Therefore, the housing-unit statistics displayed in this report do not represent the number of units actually put into construction for the period shown, and should not be directly interpreted as "housing starts."

In certain instances, a developer may have been given notice to proceed with the construction of federal public housing without a reported building permit. In these instances the data relate to the award of construction contract.

DATA CHARACTERISTICS

The working definition of a housing unit was "a room or group of rooms intended for occupancy as separate living quarters." Hence, each apartment unit in an apartment building was counted as one housing unit. For example, one new building containing 260 apartments would appear in the housing unit table as 260 housing units.

However, a housing unit may be unoccupied at a particular time or year-round. By contrast, a household included all the persons who occupy a housing unit. To estimate the number of households it was necessary to multiply the overall number of housing units, at a given time by the overall owner-occupied and renter-occupied housing units observed in the most recent census or other vacancy survey by the number of all housing units at the time of the survey.

To avoid duplication, respondents were cautioned to include foundation permits only when a separate foundation permit was issued, and it had a construction cost. Respondents were instructed to include the cost of the foundation when it was authorized, but not to enter the number of buildings or housing units. Buildings, housing units, and remaining costs were counted only in the month that the superstructures were authorized. Similarly, when the superstructure only constituted a shell, the cost of completion of the interior was included in the month that the completion was authorized.

The valuation of construction as displayed in these tables was the cost of construction as recorded on the building permit. This figure usually excluded the cost of on-site development and improvements, and the cost of heating, plumbing, electrical and elevator installations.

According to the U.S. Bureau of the Census, the characteristics of building-permit data further restricted their value as indicators of the dollar volume of residential and nonresidential construction. Any attempt to use these figures for inter-area comparisons of construction volume must, at best, be made cautiously and with broad reservation.

VIII. Tenant Demographic Report (2002-2003)

In accordance with Section 8-37bb of the Connecticut General Statutes, this report provides a breakdown of tenant demographics information received by the Department of Economic and Community Development (DECD) on state-assisted "affordable" housing from Connecticut's housing authorities, other developers and managers of DECD funded programs. Also included in this document is information on the efforts being made toward the affirmative fair marketing of these and any newly constructed units.

Information was received on 226 of the 377 housing developments subject to this report. This was a 59.9 percent response rate to a survey we sent requesting data. A total of 11,392 units were reported as being occupied for the year ending September 30, 2003. Percentages presented in this report may not equal 100 percent in some categories as survey responses were, in some cases, incomplete.

Responses indicated that 45 percent of state assisted housing units was occupied by families and 55 percent by elderly residents. Almost 90 percent of the households surveyed were very low-income households with incomes between 0 and 50 percent of the Area Median Income (AMI). White-Non-Hispanic households accounted for 65.6 percent of the households reported, while Black and Hispanic households both accounted for 16.4 percent. Although income and ethnic distributions varied widely between programs, it is apparent that the programs that DECD administered are, in fact, serving their intended population groups.

Section 8-37bb of the Connecticut General Statutes requires the Department of Economic and Community Development (DECD) to submit an annual report that analyzes the number of households by income and race served by the Department's housing construction, substantial rehabilitation, purchase and rental assistance programs.

This analysis includes data for all households either entering a program during any year beginning October 1 and ending September 30, or in occupancy or receiving program benefits on September 30. This report covers the period of October 1, 2002 through September 30, 2003.

The programs identified in the attached tables are defined as follows:

A	Affordable Housing
C	Congregate
E	Elderly
HH	Housing for Homeless
HDC	Housing Development Corporation
LEC	Limited Equity Cooperatives
MHA	Mutual Housing Associations
MRD	Moderated Rental Developer
MR	Moderate Rental

Although the Rental Assistance Program has been transferred to the Department of Social Services, we included it in this report. In addition to the statistical tables, a discussion of the DECD's efforts on affirmative fair marketing is included in this report. Questions regarding the affirmative fair marketing section should be directed to Rick Robbins at (860) 270-8190.

For all other inquiries regarding this report, please contact Kolie Sun at 860-270-8167 or through email at kolie.sun@po.state.ct.us. The complete report, including all data tables, will be available on the DECD's web site (www. DECD.Org).

Data Collection

Data was collected by mailing a survey, entitled "Household Information Report-State of Economic and Community Development Program" to a total of 400 housing authorities and housing developers that have used the DECD's construction, substantial rehabilitation and rental assistance programs. Telephone follow-ups and technical assistance were provided to many respondents who requested such assistance. DECD received a total of 226 responses from 377 housing authorities and developers that yielded a 59.9 percent response rate, the highest since 2000. The analysis was based on the information from only those sponsors and projects that responded to the survey.

Overview

The survey results of 226 responses indicated that 11,392 housing units utilized various programs funded by DECD during 2002-2003 year. Almost two-thirds (63.7 percent) of households located in non-urban communities and 87.5 percent of projects and developments were managed by housing authorities. More than half of the units (54.8 percent) assisted by DECD were for the elderly, and the remainder (44.9 percent) was for families. The data from table 1 also suggests that nearly three-quarters (73 percent) of elderly housing development is located in non-urban communities and 76.5 percent of family housing units are settled in an urban environment. Refer to table 1 below:

Table 1:

	Family	**% Family**	Elderly	**% Elderly**	Total
Urban	3,166	**76.5%**	944	**22.8%**	4,140
Non-Urban	1,949	**26.9%**	5,296	**73.0%**	7,252
Total	5,115	**44.9%**	6,240	**54.8%**	11,392

	Family	**% Family**	Elderly	**% Elderly**	Total
Housing Authority	4,314	**43.4%**	5,625	**56.6%**	9,939
Non-Housing Authority	801	**56.6%**	615	**43.4%**	1,416
Total	5,115	**45.0%**	6,240	**55.0%**	11,355

According to the table above, the Housing Authorities managed almost 10,000 housing units (87.5 percent) assisted by DECD. More than half of the units (56.6 percent) were Elderly housing and the remainder for Family. Non-Housing Authority entities played a much smaller role in managing DECD assisted housing programs.

Yet, the vast majority of elderly lived in Elderly or Congregate types of housing while most families occupied Moderate Rental or Affordable housing. Please see table 2.

Table 2:

Number of Households by Programs and Types

Programs	**Family**	% Family	**Elderly**	% Elderly
Affordable	**284**	5.6%	**4**	0.1%
Congregate			**779**	12.5%
Elderly			**5,416**	86.8%
Moderate Rental	**4,341**	84.9%	**16**	0.3%
Others	**490**	9.6%	**25**	0.4%
Total	**5,115**		**6,240**	

Others include: CHDC, HDC, LEC, MHA, MRD programs

The tables presented in this report are the data collected on the various projects and developments for which information was gathered. There are two predominant areas of interest in our annual survey. They are Area Median Income (AMI) and Ethnicity. This analysis follows.

Characteristics of Households
Currently in a DECD Program

Area Median Income (AMI)
The distribution of all households currently in a DECD assisted development or program on September 30th, 2003 is discussed below.

Table 3 shows that 5,757 (55.8 percent) of households occupying units assisted through DECD programs earned 25 percent or less of AMI for the area in which the units are located, while 3,490 (33.8 percent) of households reported their earned income to be between 25-50 percent of the AMI. The majority (89.6 percent) of residents in household units funded by DECD earned less than 50 percent of AMI. In addition, another 8.8 percent of those households earned less than 80 percent of AMI. Totally, 98.4 percent of residents being served earned a household income of less than 80% of AMI.

Almost one-third (31.7 percent) or 3,267 of total residents served through DECD's housing programs fall under the Elderly Housing program and have earned income of less than 25 percent of the AMI. Residents served by the Moderate Rental program in the same category represented 17.2 percent. Residents served by the Moderate Rental Program and the Elderly Housing Program with earned income of 25-50 percent of the AMI represent 28.5 percent of the total. Combined with the aforementioned Elderly Housing and Moderate Rental program residents, this accounts for 77.4 percent of the total residents served by DECD housing programs. In other words, the Department served the target population as intended. Refer to table 4.

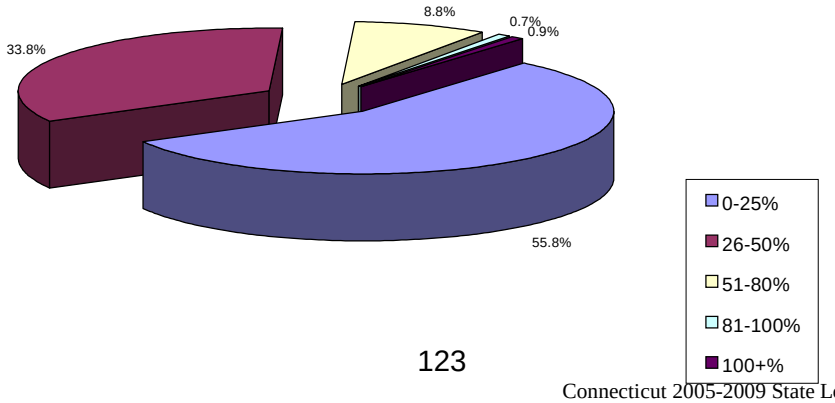
Table 3: Number of Residents by Area Median Income

Program	0-25%	26-50%	51-80%	81-100%	100+%	Total
Affordable	124	93	60	2	1	280
Congregate	316	316	78	5	1	716
Elderly	3,267	1,489	389	25	83	5,253
Homeless	130	18	0	0	0	148
HDC	0	0	1	0	0	1
LEC	10	36	8	0	0	54
MHA	16	42	5	4	0	67
MR	1,777	1,454	349	31	11	3,622
MRD	117	42	14	1	0	174
TOTAL	5,757	3,490	904	68	96	10,315

Table 4: Percentage of Residents by Area Median Income and Program

Program	0-25%	26-50%	51-80%	81-100%	100+%	Total
Affordable	1.2%	0.9%	0.6%	0.0%	0.0%	2.7%
Congregate	3.1%	3.1%	0.8%	0.0%	0.0%	6.9%
Elderly	31.7%	14.4%	3.8%	0.2%	0.8%	50.9%
Homeless	1.3%	0.2%	0.0%	0.0%	0.0%	1.4%
HDC	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
LEC	0.1%	0.3%	0.1%	0.0%	0.0%	0.5%
MHA	0.2%	0.4%	0.0%	0.0%	0.0%	0.6%
MR	17.2%	14.1%	3.4%	0.3%	0.1%	35.1%
MRD	1.1%	0.4%	0.1%	0.0%	0.0%	1.7%
TOTAL	55.8%	33.8%	8.8%	0.7%	0.9%	100.0%

Percentage of Residents by Area Median Income



Ethnicity and Race

Tables 5 and 6 below display the ethnic and race distribution of current residents by various programs administered by DECD between October 1, 2002 and September 30th, 2003. Of those responding, the majority (6,610) of residents were White-non-Hispanic (WNH) at 65.6 percent, followed by Black (1,649) and Hispanic (1,653) residents, both at 16.4 percent.

Two-thirds of WNH residents lived in Elderly Housing and 17.4 percent resided in Moderate Rental Housing. On the contrary, the majority of Black and Hispanic residents occupied Moderate Rental housing, 68.6 percent and 77.7 percent respectively, while only 13.8 percent of Black residents and 9.7 percent of Hispanic residents lived in Elderly Housing.

A contributing factor to the differences in distribution of ethnic groups served under these programs is the geographic location of the various types of housing programs. Most family rental housing stock is located in the larger, more metropolitan areas where there is a greater concentration of Black and Hispanic families. The majority of elderly rental housing is located in the smaller cities and suburban or rural towns where there are smaller concentrations of Black and Hispanic families. These housing occupant variations correlate very closely to the population variations in the communities.

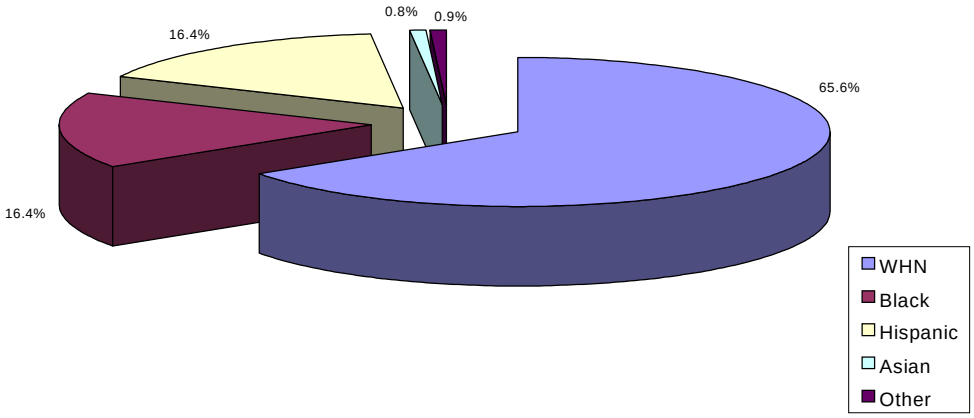
Table 5: Number of Residents by Ethnicity/Race and Program

Program	WNH	Black	Hispanic	Asian	Other	Total
Affordable	82	90	101	4	3	280
Congregate	706	18	34	4	3	765
Elderly	4,468	227	160	34	48	4,937
Homeless	66	57	23	2	0	148
HDC	0	0	1	0	0	1
LEC	18	25	16	2	0	61
MHA	4	54	10	0	0	68
MR	1,152	1,132	1,284	37	31	3,636
MRD	114	46	24	2	1	187
TOTAL	6,610	1,649	1,653	85	86	10,083

Table 6: Percentage of Residents by Ethnicity/Race and Program

Program	WHN	Black	Hispanic	Asian	Other	Total
Affordable	0.8%	0.9%	1.0%	0.0%	0.0%	2.8%
Congregate	7.0%	0.2%	0.3%	0.0%	0.0%	7.6%
Elderly	44.3%	2.3%	1.6%	0.3%	0.5%	49.0%
Homeless	0.7%	0.6%	0.2%	0.0%	0.0%	1.5%
HDC	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
LEC	0.2%	0.2%	0.2%	0.0%	0.0%	0.6%
MHA	0.0%	0.5%	0.1%	0.0%	0.0%	0.7%
MR	11.4%	11.2%	12.7%	0.4%	0.3%	36.1%
MRD	1.1%	0.5%	0.2%	0.0%	0.0%	1.9%
TOTAL	65.6%	16.4%	16.4%	0.8%	0.9%	100.0%

Percentage of Residents by Ethnicity and Race



Entering a DECD Program
All new households who entered and exited a development or program from October 1, 2002 to September 30, 2003 shared similar characteristics of tenants who were already in the program.

Area Median Income
Data collected from the survey rendered 1,794 households (tables 7 and 8) that entered and exited a program during the period mentioned above. Nearly two-thirds (61.6 percent) of residents reported their earned income at less than 25 percent of AMI and almost 31 percent of households earned between 25-50 percent of AMI. In other words, 92 percent of new households entering a development or program were in the very-low-income group with less than 50 percent of AMI. This finding is consistent with the characteristics of the households currently in the program or development served by DECD.

Within the lowest income group, 0-25 percent of AMI, there were 483 households (or 43.7 percent of total residents) served by DECD's Elderly Housing Program, while the Moderate Rental program served 29.9 percent of households when entering the development. For 26-50 percent of AMI category, almost 44 percent of residents lived in Moderate Rental housing and 31.4 percent of residents occupied Elderly Housing program.

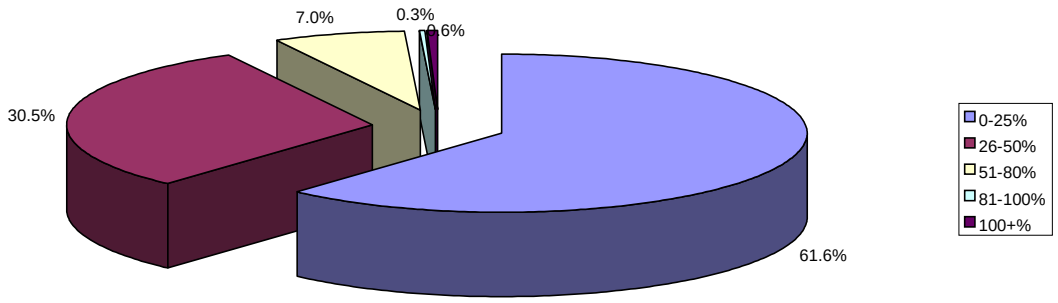
Table 7: Number of New Residents by Area Median Income and Program

Program	0-25%	26-50%	51-80%	81-100%	100+%	Total
Affordable	14	20	17	0	0	51
Congregate	52	58	18	0	0	128
Elderly	483	172	44	5	10	714
Homeless	205	35	0	0	0	240
HDC	0	0	0	0	0	0
LEC	1	4	0	0	0	5
MHA	1	5	2	0	0	8
MR	330	239	35	0	0	604
MRD	19	15	9	1	0	44
TOTAL	1,105	548	125	6	10	1,794

Table 8: Percentage of New Residents by Area Median Income and Program

Program	0-25%	26-50%	51-80%	81-100%	100+%	Total
Affordable	0.8%	1.1%	0.9%	0.0%	0.0%	2.8%
Congregate	2.9%	3.2%	1.0%	0.0%	0.0%	7.1%
Elderly	26.9%	9.6%	2.5%	0.3%	0.6%	39.8%
Homeless	11.4%	2.0%	0.0%	0.0%	0.0%	13.4%
HDC	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
LEC	0.1%	0.2%	0.0%	0.0%	0.0%	0.3%
MHA	0.1%	0.3%	0.1%	0.0%	0.0%	0.4%
MR	18.4%	13.3%	2.0%	0.0%	0.0%	33.7%
MRD	1.1%	0.8%	0.5%	0.1%	0.0%	2.5%
TOTAL	61.6%	30.5%	7.0%	0.3%	0.6%	100.0%

Percentage of New Residents Entering the Development by Area Median Income



Ethnicity and Race

The distribution of ethnicity and race among incoming residents mirrored that of current residents already in the development. The majority of residents (56.6 percent) were WNH, followed by Black at 21.8 percent and Hispanic at 20.2 percent. More than half (59.3 percent) of WNH lived in Elderly housing. Half of the Black and almost seventy (68.9) percent of Hispanic residents lived in Moderate Rental Housing. Refer to tables 7 and 8.

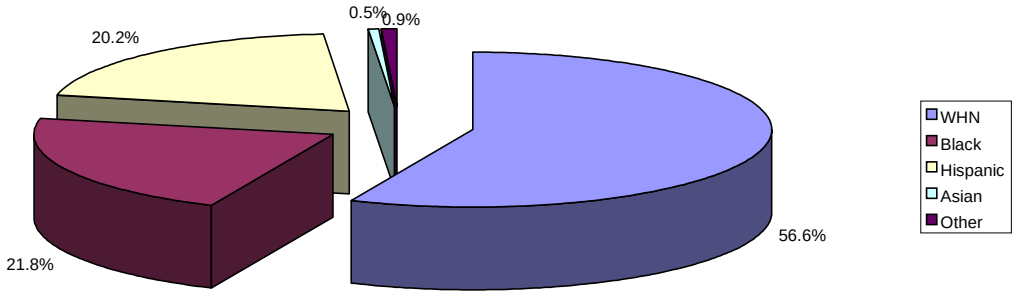
Table 9: Number of New Residents by Ethnicity/Race and Program

Program	WNH	Black	Hispanic	Asian	Other	Total
Affordable	21	10	20	0	0	51
Congregate	127	3	4	1	4	139
Elderly	616	41	43	2	5	707
Homeless	75	126	30	1	0	232
HDC	0	1	0	0	0	1
LEC	2	5	6	0	0	13
MHA	0	8	0	0	0	8
MR	161	200	255	6	6	628
MRD	36	5	12	0	2	55
TOTAL	1,038	399	370	10	17	1,834

Table 10: Percentage of New Residents by Ethnicity/Race and Program

Program	WHN	Black	Hispanic	Asian	Other	total
Affordable	1.1%	0.5%	1.1%	0.0%	0.0%	2.8%
Congregate	6.9%	0.2%	0.2%	0.1%	0.2%	7.6%
Elderly	33.6%	2.2%	2.3%	0.1%	0.3%	38.5%
Homeless	4.1%	6.9%	1.6%	0.1%	0.0%	12.6%
HDC	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%
LEC	0.1%	0.3%	0.3%	0.0%	0.0%	0.7%
MHA	0.0%	0.4%	0.0%	0.0%	0.0%	0.4%
MR	8.8%	10.9%	13.9%	0.3%	0.3%	34.2%
MRD	2.0%	0.3%	0.7%	0.0%	0.1%	3.0%
TOTAL	56.6%	21.8%	20.2%	0.5%	0.9%	100.0%

Percentage of Ethnicity/Race of New Residents Entering Program



IX. FAIR HOUSING

In compliance with State and Federal laws promulgated to ensure that its funded programs provide equal opportunities in employment, contracting and the provision of services and benefits, the Department of Economic and Community Development has institutionalized requirements and guidelines pertaining to affirmative action, racial and economic integration and economic development opportunities for small, minority-and women-owned businesses.

Recipients of State and Federal funds are required at a minimum to undertake the following activities to demonstrate their compliance with applicable anti-discrimination laws and regulations:

- Develop and implement a Fair Housing Action Plan and affirmatively market housing units to persons identified as least likely to apply.
- Utilize newspapers targeted to members of minority groups to advertise the availability of housing, employment and contracting opportunities.
- Include the statement affirmative action/equal opportunity employer and/or fair housing statement or logo when applicable in all advertisements/notices.
- When applicable, have in place and implement a Section 3 Plan to provide employment and training opportunities to Section 3 residents and businesses.
- Utilize the State of Connecticut Department of Administrative Services Directory of Small, Minority-and Women-Owned Businesses to solicit bids and to outreach to these firms.
- Develop and implement an Affirmative Action Plan.
- Incorporate in their contract documents necessary affirmative action and equal employment opportunity provisions to demonstrate their compliance with applicable State and Federal laws and regulations.
- Post at their offices applicable anti-discrimination posters.

AFFIRMATIVE MARKETING OF STATE HOUSING PROGRAMS

Department of Economic and Community Development Programs are administered in a nondiscriminatory manner, in accordance with equal opportunity, affirmative action and fair housing requirements.

Recipients of state funds for housing related activities are required to comply with the following civil rights laws and regulations:

- Title VI of the Civil Rights Act of 1964.
- Title VIII of the Civil Rights Act of 1968, as amended.
- The Americans with Disabilities Act.
- Executive Orders 11063, 11246, and 12138.
- Section 3 of the Housing and Urban Development Act of 1968, as amended.
- The Age Discrimination Act of 1975, as amended.
- Section 504 of the Rehabilitation Act of 1973, as amended.
- Regulations of Connecticut State Agencies, Sections 8-37ee-300 through 8-37ee-314 and the Affirmative fair housing marketing and selection procedures manual, under Section 8-37ee-1 through 8-37ee-17.

- Connecticut General Statutes (CGS) Sections 8-37t, 8-37-bb and 8-37dd promoting racial and economic integration.
- CGS Section 46a-64b regarding discriminatory housing practices.
- CGS 32-9e, Set-aside program for small, and minority-and women-owned firms.

Recipients must also comply with program assurances that they will affirmatively further fair housing in all their programs.

Accordingly, recipients of state funds, in compliance with their certification to affirmatively further fair housing, are required to submit to DECD for review and approval, a Fair Housing Action Plan. The Plan submitted must be consistent with the Department's Fair Housing Action Plan Implementation Guidelines.

Each recipient is given a Fair Housing Handbook developed by DECD. The handbook contains information on State and Federal fair housing laws, housing discrimination complaint procedures, model fair housing policies and guidelines, duty to affirmatively further fair housing, an overview of disability discrimination in housing, trends in fair housing, pertinent legal decisions, the State Analysis of Impediments to Fair Housing and a resource directory.

State's Continuing Efforts in Compliance with the Certification to Affirmatively Further Fair Housing

The Department has recently contracted with a consultant to complete an update to the statewide Analysis of Impediment (AI) to Fair Housing Choice and provide training in Fair Housing and Civil Rights requirements.

X. STRATEGIC PLAN

A. Overall Goals

The following strategic goals are of equal importance and form the basis of Connecticut's strategy:

I. Encouraging Homeownership –

- Improve the ability of low- and moderate-income residents to access homeownership opportunities.

II. Expanding the Supply of Quality Affordable Housing –

- Preserve and increase the supply of quality affordable housing available to all low- and moderate-income households, and help identify and develop available resources to assist in the development of housing.

- Improve the ability of low- and moderate-income residents to access rental housing opportunities.

- Assist in addressing the shelter, housing, and service needs of the homeless poor and others with special needs.

Recommended Connecticut 2004-2009 Conservation and Development Policies Plan

The recommended Conservation and Development Policies Plan for Connecticut 2004-2009 provides the policy and planning framework for administrative and programmatic actions and capital and operational investment decisions of state government. The objective of this plan, developed in accordance with Section 16a-24 through 33 of the Connecticut General Statutes, is to guide a balanced response to the current and future human, economic, and environmental needs of the state.

This plan emphasizes, among other things, the following policies and proposed development actions.

Regarding General Affordable Housing Issues:

- Study regional housing cost patterns and zoning practices and establish regional plans to address and promote affordable fair-share housing and inclusionary housing policies.

- Encourage planning for affordable housing on a regional basis to provide choice across income levels, proximity to employment and greater opportunity to develop income diverse neighborhoods in urban and suburban areas.

- Support communities to effectively develop long term growth strategies that will promote meeting economic and housing needs within a planned infrastructure framework.

Regarding Affordable Homeownership and Affordable Rental Housing Issues:

- Promote housing mobility and choice across income levels utilizing current infrastructure and the preservation of existing residential neighborhoods and housing stock.

- Support adaptive reuse of historic structures for use as residential housing.

- Promote support for mixed-income developments in areas that currently under-serve low and moderate-income households.

- Provide incentives for individuals to live within walking distance to public transportation facilities through strategies such as location efficient mortgages that allow the mortgage applicant to apply more income toward the monthly mortgage payment as a result of lower monthly personal transportation costs.

- Encourage fuller use of already developed places with existing infrastructure, particularly deteriorated areas where site abandonment or neglect are responsible for lack of investment, job loss and neighborhood flight.

- Promote and encourage the revitalization and reuse of town center main streets in rural community centers, regional centers and older suburban towns.

- Focus funding decisions on utilizing existing infrastructure to build on a community's assets.

- Focus on improvement of existing infrastructure to support redevelopment and infill, and discourage intensive development in rural areas not already supported by local infrastructure, or where development is not consistent with state, regional and local land use policy.

To the fullest extent possible, the Connecticut 2005-2009 Consolidated Plan for Housing and Community Development reflects and is consistent with the state's recommended Conservation and Development Policies Plan for Connecticut 2004-2009.

B. Strategies

Revitalizing Communities. Revitalization efforts must address housing needs as well as economic, educational and social issues. The "holistic" approach to revitalization will work to maximize state and federal dollars and help assure the success of individual programs. Housing programs must complement economic and human resource efforts while providing quality affordable housing to those most in need.

Multi-family rental programs at the state level must give priority to those applications that are consistent with development area policies as defined in the recommended State Plan of Conservation and Development to assure that large scale housing development both strengthens existing communities and does not negatively affect the environment.

- *Resources*- Connecticut's resources will, to the greatest extent possible, be directed in a manner that is consistent with development area policies as defined in the recommended State Plan of Conservation and Development.

- *Rehabilitation* - DECD will work extensively with other state agencies and local governments to encourage the rehabilitation and preservation of existing buildings in older communities. This activity is consistent with the recommended State Plan of Conservation and Development.

- *Infrastructure* - DECD will give priority to funding infrastructure projects in urban areas. Such projects will help meet the critical health and safety needs of older communities and are consistent with the recommended State Plan of Conservation and Development.

- *Smart Growth* - Connecticut will encourage more communities and local businesses to participate in efforts to stabilize neighborhoods by increasing homeownership. The stabilization of neighborhoods will then lead to reductions in air pollution and traffic congestion. This is consistent with the recommended State Plan of Conservation and Development.

- *Interdepartmental Cooperation* - DECD will work cooperatively with other state agencies over the next five years in its effort to not only provide quality affordable housing, but to rebuild ailing urban and suburban centers into healthy communities as well. This activity is consistent with the recommended State Plan of Conservation and Development.

Encouraging Homeownership. Homeownership builds wealth, stabilizes communities, and encourages people to become more involved in the life of their communities. Households living in communities with higher rates of homeownership experience less crime, have higher educational test scores, have fewer teenage pregnancies, and have a generally higher over-all level of well being.

- *Financing* - Connecticut Housing Finance Authority (CHFA) will provide financing for primarily first-time homebuyers to purchase their own homes through down payment assistance.

- *Fair Housing Choice* – DECD, CHFA and DSS will continue to carry out the state's fair housing strategy in order to promote equal housing opportunity for all of Connecticut's citizens.

- *Homeownership for Persons with Disabilities* – DECD, CHFA, DMHAS and DSS will promote homeownership opportunities for persons with disabilities who have been unable to access private financing.

- *Homeownership Counseling* - CHFA will continue its counseling process for first time borrowers to reduce default rates and will also work to reduce single family delinquencies and foreclosures through proactive intervention measures.

Expand the Supply of Quality Affordable Housing. Many of Connecticut's most vulnerable citizens need quality affordable housing. This includes the poor, the homeless, the elderly and frail elderly, persons with disabilities and persons seeking to return to their communities from nursing facilities. Low-income renters may pay excessive rent that puts them in danger of homelessness. Homeowners may lack the finances to repair health and safety problems in their residences. Some persons may require health and/or social services to allow them to age in place

or to mainstream into the community at large. Others simply need the most basic level of shelter to get off the streets before making the transition back into society.

- *Rental Housing* – DECD and CHFA will individually and jointly finance quality affordable new rental housing and preserve existing state-assisted housing stock by using private, federal, local, and state resources.

- *Financial Resources* – DECD, CHFA, DMHAS, DSS and OPM will continue to work at the state and federal level to increase the amount of resources available to build or renovate quality affordable housing.

- *Accessible Housing and Support Services* - DECD, CHFA, DSS and OPM will work to expand assistance to low and moderate-income disabled individuals seeking to leave nursing facilities in order to return to their communities.

- *Supporting Other Providers* - DECD will support the applications of housing providers for affordable housing funds for which DECD is not an eligible applicant. This includes support for persons and organizations applying for Section 202, Section 811, USDA, and other federal funding.

- *Lead Paint Abatement* - DECD will work with DEP, DPH, DSS, local governments and property owners to help abate lead paint through the Connecticut Lead Action for Medicaid Primary Prevention Project (LAMPP). This prevention and early intervention project will focus on Medicaid eligible children under six who are the population at greatest risk of lead poisoning. Education to families and their landlords, risk assessments and low-cost interim control measures will be used in eligible households in accordance with the HUD Lead-Safe Housing rule. Lead abatement activity will be included in rehabilitation of housing under the HOME and Small Cities Programs.

- *Homelessness Assistance* - DSS will use state Rental Assistance Program (RAP) funds to provide rental assistance to families and individuals as they achieve self-sufficiency.

- *Housing Rehabilitation* - DECD will use its CDBG program to rehabilitate eligible owner-occupied and small rental housing.

- *Congregate Housing and Assisted Living Services* - DECD, CHFA, DPH, DSS and OPM will work to expand assistance to low and moderate-income frail elderly households with these state funds.

- *Supportive Housing* - DECD will work with its sister agencies on the Governor's Interagency Council on Supportive Housing and Homelessness to finance housing with services for people facing homelessness and people with disabilities

- *Transitional Housing Placements For The De-Incarcerated* - Connecticut has identified a need to provide transitional housing placements for inmates who are being released from incarceration into the community, and to coordinate housing programs and benefits available to such inmates. The DOC will work with DMHAS and DSS to address this issue.

- *Supportive Housing for Families Program* - The Supportive Housing for Families Program is a partnership between the State of Connecticut Department of Children and Families and the State of Connecticut Department of Social Services. This partnership provides safe, affordable permanent housing to families who have active cases with the Department of Children and Families. Some of these families have a parent in treatment for substance abuse. All of the families are homeless or at risk of homelessness. The Connecticut Department of Children and Families funds program services while the Connecticut Department of Social Services dedicates Section 8 Family Unification Program vouchers to this program. The Connection, Inc. operates the program, finding housing and coordinating state support systems and local services to both preserve families and reunify families who have been separated. Intensive Case Management (ICM) is the tool used in the program to assist the families break the cycles of homelessness and addiction providing a seamless collaboration among systems, mentoring and empowering families to reach self-sufficiency. Since the program began 6 years ago, 381 families have been housed and over 950 children reunified or preserved with their families. By the end of FY 04-05, due to a major statewide collaborative expansion, an additional 365 families will be housed

C. Geographic Targeting

The state will target its funds to certain geographic areas consistent with the priorities set in the recommended State Plan of Conservation and Development As there is a major emphasis on directing resources to areas in need of revitalization, resources will be focused, to the greatest extent possible, in targeted areas.

CHFA Programs

The following are state funded programs administered by CHFA.

The **Down Payment Assistance Program** (DPA) provides homeownership opportunities, through down payment and closing cost assistance, to first time homebuyers, or persons who have not had an ownership interest in a principal residence for the past three years,

CHFA has **Homebuyer Mortgage Programs for Targeted Populations** such as: (1) residents of public housing, (2) persons with disabilities (Home of Your Own Program), (3) local or state police officers who purchase homes in eligible municipalities, (4) full-time enlisted military personnel, (5) certified full-time or part-time public school teachers or vocational-technical teachers employed by and teaching in eligible municipalities.

CHFA also offers a **Reverse Annuity Mortgage Program** that is a low-interest rate first mortgage loan that allows low-income elderly homeowners, with long-term care needs, to use the equity in their homes to provide a monthly tax-free cash payment. The loan balance is repaid in one payment after the death of the borrower or when she or he ceases to occupy the property.

CHFA provides for a **Rehabilitation Mortgage Loan Program** that can finance the purchase or refinancing of a home in need of repair.

CHFA's **Mortgage Financing for Multifamily Housing** offers financing terms not generally available in the commercial market to create new or rehabilitated affordable housing for low and moderate-income households.

CHFA also administers two state **Housing Tax Credit Programs** in addition to the Federal Low Income Housing Tax Credit Program: (1) the Employer Assisted Housing Tax Credit (EAHTC) Program allows Connecticut businesses to help employees with the purchase of a home or to rent housing within Connecticut. Participating employers set up a revolving loan fund from which eligible employees can borrow to meet their housing needs, and (2) the Housing Tax Credit Contribution Program generates equity for housing initiatives undertaken by non-profit organizations that develop, sponsor or manage housing for low- and moderate-income individuals and families. Business firms receive a dollar-for-dollar reduction in their state tax liability in exchange for their financial support of the affordable housing.

D. Housing Priorities

In addition to setting overall goals, the state also has developed specific goals for households to be assisted who are not homeless or who do not require supportive services. After careful review, the state has chosen the following housing priority populations:

- *Low and Moderate Income Renters*
- *Low and Moderate Income Homeowners*
- *Middle-Income Homeowners*

The State of Connecticut will provide numerous types of assistance for both renters and homeowners, including acquisition and substantial rehabilitation of affordable housing, moderate rehabilitation of housing, preservation of existing housing stock, lead paint abatement, congregate and supportive housing, supportive services, homeownership opportunities and new construction of affordable housing.

E. Objectives

Connecticut has established different objectives for renters and owners because they have significantly different housing needs and problems.

Renters.

- *Objective: Provide quality affordable housing* - To assist extremely low- and low-income renter families that have housing problems, DECD will undertake the following activities over the next five years:

    - *Preservation of state-assisted housing stock* - Only two other states (New York and Massachusetts) have ever used General Obligation bonds for the construction and rehabilitation of low and moderate-income housing. In 1947, the Connecticut General Assembly established the Moderate Rental Housing Program to address the "serious shortage in urban, suburban and rural areas of moderate rental housing and moderate cost housing for families of veterans of World War II and other citizens of the state of low and moderate income". From 1948 to 1952, the state created 5,960 rental-housing units through the Moderate Rental Program. Unlike federal "public" housing, the state does not provide on-going operating subsidies. Connecticut has an aging state-assisted housing stock of

approximately 7,500 units (5,600 family units and 1,900 elderly units) that are over 50 years old. The state will continue to work to preserve this housing.

- *Preservation of federally assisted housing stock* - There are many privately owned, federally assisted housing developments that are eligible to have their mortgages prepaid or decide not to renew an available federal subsidy. DECD, CHFA and HUD should work together to keep these developments as low-income housing, so very low-income households do not become homeless. Compounding this situation is the possibility that Congress may not renew the Section 8 contracts for these developments thereby reducing the number of affordable housing units. If that occurs, there will be a substantial need for thousands of units of new affordable rental housing.

- *Rehabilitation and new construction* - The state will continue its commitment to the rehabilitation and construction of affordable rental housing. We will also pursue tenant-based assistance programs such as Section 8.

- *Lead paint abatement* - In addition to paying excessive rent, extremely low-and very low-income renter households are the most likely to live in housing with lead paint problems. DECD will continue its working relationship with other state agencies to eliminate this problem, primarily through the LAMPP Project previously described in this summary.

- *Accessibility modifications* - Connecticut's comprehensive plan for community integration entitled "Choices are for Everyone" is the state's commitment to increase community options to enable individuals to live in the community of their choice. The major barrier to achieving this objective is the lack of affordable and accessible housing choices.

To address this issue, the state will continue to work to increase community options for persons with disabilities and will encourage local public housing authorities to amend their Section 8 administrative plans to provide a set-aside for physically disabled persons seeking to leave nursing facilities.

Homeowners.

- *Objective: Provide affordable homeownership opportunities to first-time homebuyers* - Activities to be undertaken to assist low- and moderate-income homeowners include:

  - Mortgages and down payment assistance to first-time homebuyers

  - Section 8 Vouchers – The state will encourage local public housing authorities to implement a homeownership component to their Section 8 programs

It is difficult to estimate the number of persons who are currently renting who would like to become homeowners. However, assuming that just half of all renters would like to own their homes, about 213,000 households desire to purchase a house. Many low-income renters have enough income to purchase at least a "starter" home in some urban and rural areas of the state, however many have a poor credit history. The needs of many low-income Connecticut residents can best be met by giving them the opportunity to become first time homeowners.

F. Resources

In order to carry out its objectives, the state will dedicate a wide array of State resources toward meeting the goals of Connecticut's low- and moderate-income households.

- DECD's **Flexible Housing Program** finances multi-family rental housing developments. Over the next five years, this program is expected to receive a total appropriation of about **$35 million**.

- DSS also operates its own **Rental Assistance Program** (RAP) that provides rental assistance to very low-income families. DSS expects to receive about **$35.5 million** in RAP funding over the next five years.

- CHFA **Homeownership Programs** use funds to: (1) help very low- income persons become first time home buyers, (2) assist first time home buyers purchase their homes through help with settlement and closing costs, and (3) help the elderly access the equity in their homes through reverse equity mortgages.

- **The Assisted Living Demonstration Program** was created in 1998. The Connecticut General Assembly authorized the Department of Social Services (DSS), in collaboration with the Department of Economic and Community Development (DECD) and the Connecticut Housing Finance Authority (CHFA), to establish a demonstration project providing subsidized assisted living services for persons residing in affordable housing, as defined in section 8-39a of the Connecticut General Statutes.

  The authorizing legislation, as amended in 1999, states that the Demonstration shall be conducted in no less than three municipalities to be determined by the Commissioner of Social Services. The Department of Public Health (DPH) is also working collaboratively with the other agencies to implement the Demonstration to create up to 300 subsidized units of affordable assisted living for older adults:
  - Who are 65 years of age or older
  - Who meet CHFA income guidelines and
  - Who qualify functionally and financially for the DSS Connecticut Home Care Program for Elders (the "CHC Program")

  DPH licenses assisted living services agencies (ALSA). ALSAs provide nursing and personal care (assisted living care) to individuals living in managed residential communities (MRC) listed with DPH. Although an MRC is not licensed by DPH, each MRC must meet specific requirements outlined in ALSA regulations for licensed services to be provided in an MRC. Each MRC must provide private residential units, core services (including housekeeping, laundry, meals, and service coordination), and other services as specified in the regulation.

- **The Supportive Housing Pilots Initiative (SHPI)** is an innovative partnership between five state agencies (DECD, DSS, DMHAS, OPM, and CHFA) and the Corporation for Supportive Housing (CSH) to create 650 units of supportive housing statewide over the next 4 years.

The Initiative builds on the success of the Connecticut Supportive Housing Demonstration Program, which piloted nine supportive housing projects ranging in size from 25-40 apartments from 1993-1998. The 281 apartments created provide permanent, affordable housing for a mix of low-income and formerly homeless people, including persons with disabilities. Through on-site case management services, tenants have access to a web of services that are tailored to help each tenant live as independently as possible. This effort marked the first such state-sponsored, multi-agency effort in the nation.

The Supportive Housing Pilots Initiative is designed to create affordable, rental apartments with supportive services serving people affected by mental illness and/or chemical dependency who are facing homelessness, as well as other households in need of affordable housing. These affordable units are being created in two ways: through the leasing of close to 350 scattered, existing apartments, and through the development of more than 350 housing units through acquisition, new construction and rehabilitation. The Pilots Initiative is one of the few statewide, state-led supportive housing initiatives in the country.

- **DECD Congregate Housing For The Elderly** offers frail elders the housing and supportive services necessary to maintain a quasi-independent lifestyle. This concept permits a wide variety of physical and service arrangements. Typically, residents have private living quarters and dine communally in a central dining area.

  State-assisted congregate housing is a residential environment consisting of independent living assisted by congregate meals, housekeeping and personal services for persons sixty-two years old or older. This housing is intended for those who have temporary or periodic difficulties with one or more essential activities of daily living such as feeding, bathing, grooming, dressing or transferring.

  Support services may vary in individual facilities, however, in all facilities, you will find:
    - Individual apartment accommodations without shared kitchen or bath facilities
    - One main meal a day in the facility's main dining area
    - Housekeeping services as required
    - Personal care services to assist in the delivery of services for daily living activities
    - A 24-hour emergency security

  Since state-assisted congregate housing is not licensed, staff may not dispense medication or provide nursing services. All units are wired with emergency call systems. To be eligible for state-assisted congregate housing facilities, residents must:
    - Be 62 years of age or older
    - Meet income limits for admission of “at or below 80% of the Area Median Income,” adjusted for family size
    - Meet established criteria of local selection committee, including but not limited to:
      - Physical and functional assessment of frailty
      - Housing conditions and living arrangements
      - Daily living needs

The specific objectives and proposed accomplishments described in this section were derived from a thorough review of the various needs within the state, a review of the resources available to address those needs, an assessment of the capacity of the state, local jurisdictions, housing authorities and private and not-for-profit organizations to meet those needs, and through a review of the state's historic achievements in meeting those needs in the past and the costs associated with those achievements.

G. Prioritization Of Funding And Need

This plan recognizes that the housing needs of the state are many while the resources to address these issues are limited. As such, this plan attempts to maximize all available state resources by focusing the state's efforts.

There are 6 goals outlined in this document. These goals are listed in alphabetical order. Their position within this list does not denote a specific ranking. Only the supporting objectives have been prioritized. There are 26 supporting objectives. These have been prioritized from 1 (highest priority) to 26 (lowest priority). Supporting objectives appear in the next section of this plan. The Plans goals are as follows:

Homelessness - Address the shelter, housing and service needs of the homeless poor and others with special needs.

Home Ownership - Improve the ability of low- and moderate-income residents to access home ownership opportunities.

Rental Housing Supply - Preserve and increase the supply of quality affordable housing available to low- and moderate-income households.

Lead Paint And Hazardous Materials - Support the removal of lead-based paint and other hazardous materials in existing housing.

Special Needs - Address the housing and service needs of those populations defined as having special needs:

- Elderly And Frail Elderly
- Persons With Disabilities
- Persons With HIV/Aids And Their Families
- Persons With Substance Abuse Issues
- Persons Recently De-Incarcerated

Supportive Housing - Develop and implement strategies and solutions to address the problem of homelessness through the utilization of supportive housing.

Objectives, Accomplishments And Measures

Each goal is followed by specific objectives (objectives are either specific actions to be taken or specific milestones to be achieved). Each of these objectives is, in turn, followed by a corresponding proposed accomplishment. The accomplishments are designed to serve as the metric that will gauge the performance of the state in meeting the objectives and ultimately the goal to which they relate.

Basis For Assigning Priority
Each objective and accomplishment also has a proposed funding source (or sources), a population and geographic target, and a priority rating. Each objective is supported by a brief discussion of the need/basis for assigning the priority and of obstacles to meeting underserved needs summarized from the Needs Assessment and Housing Market Analysis sections of this plan.

Priority ratings were established after a thorough examination of Connecticut's housing and community development needs and the state's current and historical housing market. (See Needs Assessment and Housing Market Analysis sections). Based on the state's review of all relevant and available data, specific issues were selected and run through an internal screening at the Departments of Economic and Community Development and Social Services. Issues chosen to be assigned high priority funding status within this plan were selected based on two overarching factors: (1) the issue's relative demonstrated need (as identified in the needs assessment), and (2) the availability of other non-state funds to address the need. In addition each supporting objective has been given an absolute ranking of 1 (highest priority) to 26 lowest priority). It is important to note that goals may have supporting objectives with vastly different priority ratings.

High Priority Needs And Funding
As stated above, only those issues deemed to be a high priority to the state have been identified in this plan. This does not exclude the state from funding lower priority projects. The high priority designation serves to emphasize to the public, the areas in which the state will concentrate its efforts over the next five years, in terms of housing and community development. The absolute ranking of the supporting objectives further serves to focus the state's efforts.

A proposed project that addresses a high priority need is not guaranteed funding based solely on the fact that it will address a high priority need. All projects funded by the state must be financially and logistically feasible as well as meet all of the eligibility criteria of the proposed funding source. When two or more projects are competing for funding dollars (all things being equal), the project addressing the high priority need will be given funding preference.

XI. GOALS, OBJECTIVES, PRIORITIES AND MEASURES

Summary of the priorities and specific objectives

The plans goals are listed in alphabetical order. Their position within this list does not denote a specific ranking. Only the supporting objectives have been prioritized. There are 26 supporting objectives. These have been prioritized from 1 (highest priority) to 26 (lowest priority). A list of the supporting objectives, ranked 1 to 26 appears at the end of this section.

HOMELESSNESS: PREVENTION AND CONTINUUM OF CARE -
Maintain and expand services for those who are homeless or at risk of becoming homeless. Address the shelter, housing and service needs of the homeless poor and others with special needs:

Description of how the proposed distribution of funds will address identified needs:

A. COORDINATION AND PLANNING

OBJECTIVES

Priority objective: 7
Expand homeless prevention services, follow-up services and increase transitional services throughout the system.

Proposed accomplishments:

1. Utilize the Beyond Shelter Program, administered by the DSS, to reduce the reoccurrence of homelessness by assisting families who are leaving homeless shelters and transitional living programs to achieve housing stability by providing support services.

2. Maintain state-funded Eviction Prevention Program that assists families and individuals to remain in permanent housing.

3. Increase number of clients served by DHMAS through homeless prevention and follow-up services (including but not limited to outreach and transitional services such as supported living, case management, substance abuse treatment, mental health services, employment, training and independent living skills) from 1,317 clients to 1,647 over five years.

4. Increase number of client cases closed, settled or resolved by 50 per year, over five years in order to expand services.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
DSS	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Unemployment rates in Bridgeport, Hartford, and Waterbury are greater than the national average. Persistent high unemployment rates raise questions about possible long-term economic responses such as population loss as workers relocate to regions with more employment opportunities. High unemployment also increases the likelihood of becoming homeless for those who are at risk.

As noted in the Affordable Housing Section, the homeless and near homeless populations are multi-need populations with specific issues of substance abuse and mental health noted below.

OBSTACLES TO MEETING UNDERSERVED NEEDS

The mobile nature of the pre-homeless population makes targeting difficult.

Priority objective: 1
Provide rent subsidies or operating subsidies to increase housing affordability.

Proposed accomplishments:

1. Utilize TANF high performance bonus funding to provide time-limited rent subsidies to families who have exhausted cash benefits and are at risk of becoming homeless.

2. Increase the number of rent subsidies available for 75 people on the DMR waiting list.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
DSS/DMR	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

The DMR Community Based Housing Subsidy Program assists persons with mental retardation to meet the housing costs attributable to the acquisition, retention, use, and occupancy of a personal residence in the community. There are about 900 people who receive rent subsidies from DMR and over 200 people on the DMR waiting list who need rental units.

OBSTACLES TO MEETING UNDERSERVED NEEDS

High demand for funding is a significant issue.

HOME OWNERSHIP - Improve the ability of low- and moderate-income residents to access home ownership opportunities.

Description of how the proposed distribution of funds will address identified needs:

A. PRODUCTION OF NEW UNITS - SINGLE FAMILY

OBJECTIVES

Priority objective: 14

CHFA/DECD programs will support local efforts to develop appropriate urban infill housing to make better use of limited urban land.

Proposed accomplishments:

Support 60 to 70 units of infill housing in urban areas each year.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
FLEX	Low-Mod Income	Urban	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

The needs analysis identified the strong need for quality affordable housing for low and moderate-income families and individuals.

Further, the analysis demonstrated the need to strengthen Connecticut's largest urban communities with additional housing units as well as the replacement of aging and dilapidated housing stock. Aging housing stock has been a factor in urban to suburban emigration. The emigration has resulted in major developmental pressures on small towns and significant development sprawl. Effects on the state's urban areas include declining tax bases and growing pressure on local government as a result of higher service burdens. Proper development of new housing stock will provide the ability of urban areas to strengthen and maintain livable communities.

Leading the list is Hartford with the lowest median household income in the state, at $28,234 or just 47.3% of the state median. This list also includes New Haven, Norwich and Waterbury, none of which reaches even 70% of the state median household income. Thirteen Connecticut

communities currently house half of the low-income population in the entire state. When measuring housing affordability of quality housing, the greatest outliers for Connecticut appear in key urban areas. New housing stock at all price levels is critical to attracting and retaining diverse populations in these communities.

Despite the population and housing growth in Connecticut's small towns, the towns still lack racial and ethnic diversity. One reason is that new home production in Connecticut has trended to higher price and, therefore, higher income categories. By supporting the construction of additional housing units targeted for low and moderate-income families, the state will also foster increased livability in these communities.

Connecticut's housing inventory has remained steady since 1998. At the end of 2000, Connecticut had an estimated housing unit inventory of 1,385,975 compared to 1,383,597 units in 1998, a decrease of less than 1 percent. Among those units, 88% are in urbanized areas and 12% are in rural areas, according to the US Census.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Connecticut's housing needs far exceed the resources available. This is the most significant obstacle for all the proposed activities. In addition, significant obstacles are presented to the two goals outlined above. Specific obstacles include the lack of developable properties in quality locations in the key urban communities noted above.

The suburban/rural objectives face obstacles that include resistance to development in communities facing increased developments pressure and resistance to low and moderate income housing in communities that have little housing stock of this type. Local zoning regulations are also a likely obstacle.

Priority objective: 3
Promote and support home ownership and mixed-income developments in areas that currently under-serve low and moderate-income households.

Proposed accomplishments:
Give preference to 1 mixed-income infill project creating at least 25 units of housing each year in areas that currently under-serve low and moderate-income households.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
Other	Low-Mod Income	Suburban & Rural	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

In seeking to expand homeownership opportunities for the targeted populations, mixed income developments are a priority. As noted above, low and moderate income and minority low and moderate income are targeted populations because of the lack of quality affordable housing in suburban and rural areas of Connecticut. Mixed income developments are a critical component of the solution mix. Mixed income developments aid in overcoming the assimilation barriers previously noted.

OBSTACLES TO MEETING UNDERSERVED NEEDS

While mixed income developments help alleviate some community concerns regarding affordable housing, these developments may still face some community resistance. Attracting a broad range of developers during high demand periods, particularly when that demand is skewed to upper income development, may present a potential barrier. In addition, the total available dollars of funding sources designated "Other" is limited.

B. ACQUISITION OF EXISTING UNITS - SINGLE FAMILY

OBJECTIVES

Priority objective: 13

Continue using CHFA's mortgage programs for the promotion of homeownership opportunities in targeted areas where homeownership rates lag far behind.

Proposed accomplishments:

1. Maintain lending in the state's federally targeted urban areas to a minimum of 30% of all mortgages purchased by the Authority each year.

2. Build program and investment partnerships with local stakeholders that maximize the use of the Authority's current program and leverage local, state and federal resources.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
Other	Low-Mod Income	Targeted Areas*	High

**CHFA definition of Targeted Areas*

NEED/BASIS FOR ASSIGNING THE PRIORITY

The needs analysis demonstrated that, historically, low mortgage rates have been a critical variable in the changes in affordability of housing in Connecticut. For populations eligible for conventional mortgages, the low interest rates have off set stagnant income growth and other financial issues. This has not occurred at the same rate for low and moderate-income families. Those unable to qualify for loans are, prima facia, unable to take advantage of this powerful trend. Targeting CHFA loan programs to key geographic areas creates significant opportunity for these lower homeownership populations to participate in this trend. The benefits of targeting specific geographies are two fold: first, communities with traditionally lower levels of homeownership are strengthened and second these areas have the highest ratios of low and moderate-income families. Therefore targeting these areas effectively takes advantage of the correlation.

OBSTACLES TO MEETING UNDERSERVED NEEDS

One of the most likely obstacles is the availability of desirable housing stock in these communities from a market perspective.

The median family income pattern follows the population growth pattern. The largest increases are in Fairfield County. All metropolitan statistical areas and non-metropolitan counties saw an increase in the median family income from 1996 to 2000. The MSA with the smallest increase in median income was Hartford, followed by New London–Norwich, Waterbury, and New Haven–Meriden. The non-metropolitan county with the smallest increase in median income was Tolland. All of the MSAs and non-MSAs saw an increase in the median family income for a three-person and four-person household in the very low and low-income levels from 1996 to 2000. New London is the MSA and Tolland County, the non-MSA, with the smallest increase in median incomes for a three-person household. Data patterns for median family incomes in the very low and low categories for four-person households are very similar to the categories for three-person households.

When thinking about the ability to pay for housing, the communities with the least income are typically of interest. This list contains far more urban locations. Leading the list is Hartford with the lowest median household income in the state, at $28,234 or just 47.3% of the state median. This list also includes New Haven, Norwich and Waterbury, none of which reaches even 70% of the state median household income. When it comes to the inability to pay for housing, the greatest outliers for Connecticut appear to lie in key urban areas. In addition to housing costs, other costs tend to be higher in urban areas. These costs have a significant impact on individuals' ability to afford quality housing.

Census statistics on specific income levels identify where the population pockets are that may require the most assistance. Combining income figures from the 2000 Census into a category counting all households with incomes of less than $25,000 yields a category that represents Connecticut households in roughly the lower fifth of the income distribution.[1] According to the U.S. Bureau of the Census, 439,389 households had incomes below $25,000 in 1999 (the last year for which data is complete). After sorting communities based on low-income populations, just thirteen Connecticut communities currently house half of the low-income population in the entire state. In the vast majority of these communities, this population accounts for over one third of all of the households in the jurisdiction. Many of these jurisdictions are among the largest cities in Connecticut.

Employment patterns reveal the kinds of employment in the state and where employers in different industries are located. The housing needs of the state are, in part, a function of demand for workers. Consequently, identifying locations with higher and lower employment rates and the types of employment represented is necessary for strategic planning.

Hartford, Bridgeport and Waterbury are the top three locations in the state where unemployment rates are the highest, each with unemployment rates greater than the national average. Most of the largest population centers in the state appear to contribute significantly to the ranks of the unemployed. Bristol, Danbury, Norwalk and Stamford all have unemployed populations in excess of one thousand persons, even though they are below the state and national averages on a proportional basis.

These high concentrations of structural unemployment yield high demand for government services and subsidized housing.

Based on current unemployment rates, only Hartford would presently meet the Department of Labor's classification standard with an unemployment rate 26.3% greater than the national average. Even with the growth in state unemployment in recent months, the remainder of the state's cities and towns has not seen increases out of proportion with national trends.

[1] Using a lower cut-off for income (e.g. selecting households with less than $15,000 of annual income) produces a nearly identical set of communities and proportional poverty concentrations.

LEAD PAINT AND HAZARDOUS MATERIALS - Support the removal of lead-based paint and other hazardous materials in existing housing.

OBJECTIVES

Priority objective: 11
Support the removal of lead-based paint and other hazardous materials in existing housing through paint testing and risk assessments in accordance with the final lead safe housing rule - Title X of the Lead-based Paint Hazard Reduction Act of 1992 (24 CFR Pt 35).

Proposed accomplishments:
Support up to 3 housing rehabilitation projects per year with the goal of making 20 units per year lead safe.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
DPH/DECD	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

In 2001, there were 66,292 valid blood lead tests in Connecticut among children less than six years of age. The percentage of children who were found to have elevated lead blood levels of at least 10 μg/dl fell from 3.5% in 2000 to 2.8% in 2001. The percentage of children with at least 20 μg/dl fell from 0.7% to 0.4%. Winchester, New Haven, Bridgeport, and Ansonia are the top four cities in 2001 with the highest percentage of children with 10 μg/dl of lead or more, of cities that tested at least 50 children. Need is most acute in low and moderate-income populations. These demographics are most likely to live in aging housing stock and least likely to be able to afford remediation efforts.

In the 1990 Census, there were 1,092,730 pre-1978 (the date lead was banned from paint) dwelling units and 462,808 pre-1950 dwelling units in Connecticut. Per U.S. Department of Housing and Urban Development approximately 74% of pre-1950 housing will contain lead-based paint and approximately 26% of pre-1978 housing will contain lead. Children under six years of age (the age most susceptible to lead poisoning) reside in many of these dwelling units.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Prioritization of geographies will be critical to the success of this effort. Assessing demand for the specific towns and cities will be critical.

Sufficient funds, qualified contractors and landlords willing to participate in housing rehabilitation

Priority objective: 24
Support the implementation of the Lead Action for Medicaid Primary Prevention (LAMPP) program.

Proposed accomplishments:
Utilize the LAMPP program to eliminate lead-based paint hazards in priority housing. LAMPP will eliminate lead-based paint hazards in 115 units per year and conduct paint inspections/risk assessments in 160 units per year.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
DPH/DEP	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

In 2001, there were 66,292 valid blood lead tests in Connecticut among children less than six years of ages. The percentage of children who were found to have elevated blood lead levels of at least 10ug/dl was at 2.8% while those with over 20ug/dl (the actionable level) was at .4% of those children tested. Need is most acute in low and moderate-income populations. LAMPP plans to target the 10 to 20ug/dl group of children.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Sufficient funds, education of parents, willing landlords, qualified contractors.

RENTAL HOUSING SUPPLY - Preserve and increase the supply of quality, safe affordable housing available to low-and moderate-income households.

Description of how the proposed distribution of funds will address identified needs:

A. PRODUCTION OF NEW UNITS - MULTIFAMILY RENTAL

OBJECTIVES

Priority objective: 10
Promote and support mixed-income developments in areas that currently under-serve low and moderate-income households.

Proposed accomplishments:
Produce 125 to 175 units of new multifamily housing in suburban towns each year.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
FLEX	Low-Mod Income	Suburban & Rural	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

There is significant unmet demand for multi-family rental housing in suburban and rural Connecticut. The needs analysis demonstrated the pattern of population change within the state and there is a clear need for additional rental housing in a number of these areas to meet demand. Targeting of state funding will also aid in previously enumerated goals of diversity, controlling sprawl and increasing availability of housing alternatives to low and moderate incomes.

The communities with the highest percent of occupied rental units are in the Hartford or New Haven areas, or in Fairfield County. In addition, these communities have the highest percentage of renters. Not surprisingly, this list contains the state's largest communities by population. Hartford has the highest population of renters, followed closely by New Haven. Bridgeport, New London, Waterbury, and Windham also have a high percentage of renters compared to the state average.

The needs analysis demonstrated that, in order to improve the overall health of Connecticut's urban centers, increased home ownership was critical to strengthening tax base and improving quality of life. Increased rental housing is needed in suburban areas because high demand and high occupancy rates have resulted in increasing rental costs, pricing many lower income individuals and families out of the market. The suburban rental market is one of the few segments of the state housing market that has seen a decline in affordability.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Prioritization of geographies will be critical to the success of this effort. Assessing demand for the specific cities and towns will be critical.

Priority objective: 23
Support adaptive re-use of historic structures for use as residential housing.

Proposed accomplishments:
Through the adaptive re-use of historic structures, create up to 50 residential units over the next 5 years.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
FLEX	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Adaptive re-use of historic structures provides multiple benefits to communities. Redevelopment lowers the ratio of poor quality or unused structures. Additionally, re-use lessens sprawl in rapidly developing areas by preserving open space/undeveloped land. Adaptive re-use also is very likely to engender community support by preserving structures that have long been part of the community.

OBSTACLES TO MEETING UNDERSERVED NEEDS

The most critical obstacle is the availability of historic structures available for re-use. Specifically, the availability of suitable structures that can efficiently be adapted for re-use is subject to low supply, particularly in areas of already high occupancy rates and areas that have seen sharp increases in housing prices. In these areas, market pressures have altered the re-use cost benefit model and it is likely that the most promising structures have been adapted already, leveling a smaller stock of suitable properties.

B. REHABILITATION OF EXISTING UNITS - MULTIFAMILY RENTAL

OBJECTIVES

Priority objective: 2
Invest in the maintenance and preservation of existing state assisted rental housing stock to preserve it as a long-term resource.

Proposed accomplishments:
Preserve 200 rental units statewide each year.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
FLEX	Low-Mod Income	Targeted Areas	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Low supply of quality affordable housing for low and moderate-income families and low supply for transitional housing were identified as significant issues through the needs analysis. Significant loss of supply, through determination or conversion to units targeted at higher end markets, would further exacerbate this need.

OBSTACLES TO MEETING UNDERSERVED NEEDS

There are a limited number of units in high demand areas, particularly Fairfield County. Market pressure provides a disincentive to preserve these units for targeted use.

Priority objective: 22
Provide favorable loan terms and/or loan guarantees for multifamily housing and mixed-use properties

Proposed accomplishments:
Fund up to 5 projects to create 100 units each year.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
FLEX	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY
This objective is part of the suite of program objectives designed to meet the needs identified in the needs analysis for additional low and moderate income housing in general and quality affordable housing specifically.

OBSTACLES TO MEETING UNDERSERVED NEEDS
See above

C. ACQUISITION OF EXISTING UNITS – MULTIFAMILY

OBJECTIVES
Priority objective: 6
Preserve federally assisted housing. CHFA is working to keep privately owned, federally assisted housing developments, which are eligible to prepay their mortgages low-income housing, so those very low-income households do not become homeless.

Proposed accomplishments:
1. Identify those properties most at risk of being lost to the affordable market.

2. Identify a strategy for mitigating the potential loss of units.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
FLEX /CHFA	Low-Mod Income	Suburban	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Connecticut lacks sufficient federally assisted housing. Loss of properties will serve to exacerbate this problem and will have a disproportionate impact on the very low-income category. There are few housing alternatives for these populations and this population is most vulnerable to homelessness as availability decreases.

OBSTACLES TO MEETING UNDERSERVED NEEDS

High demand for mid- and high-end housing creates incentives for private owners to convert properties from federally assisted housing to other uses.

SPECIAL NEEDS - Address the housing and service needs of those populations defined as having special needs.

With respect to supportive needs of the non-homeless, the Consolidated Plan must describe the priority housing and supportive service needs of persons who are not homeless but require supportive housing (i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addiction, persons with HIV/AIDS and their families, and public housing residents).

Description of how the proposed distribution of funds will address identified needs:

A. COORDINATION

Maintain and Expand Programs and Services for Non-Homeless Persons With Special Needs

OBJECTIVES

Priority objective: 26

Support and promote the coordination of multiple agency resources and inter-agency cooperation.

Proposed accomplishments:

1. Connecticut has established a Long Term Care Plan that was submitted to the State Legislature this past year for approval. The plan addresses the needs of multiple populations across the lifespan and encompasses all disabilities. The plan looks to develop the best system to provide services for all people without regard to age, diagnosis or barriers. The overall goal is to offer individuals the services and supports of their choice in the least restrictive setting.

2. Continue to work with the Department of Social Services Nursing Facility Transaction Grant to assist individuals with disabilities to transition back to the community

3. Increase the number of linkages among federal agencies, state agencies and consumers in providing resources to continue the successful keeping of families and those individuals with disabilities together, through placing them in stable living situations and providing them with appropriate counseling and other supportive services.

4. Continue to convene interagency task forces to better coordinate programs and services for the homeless or at risk of homelessness population in Connecticut.

5. Promote community-based comprehensive planning initiatives on a local, regional and state level through outreach, technical assistance and funding.

6. Pursuant to June 2003 Special Session, Public Act 03-3, "The Commissioner of Mental Retardation, in conjunction with the Commissioner of Social Services, shall, within available appropriations, prepare a plan to establish and operate a pilot program to provide residential accommodations with assisted living services to individuals on the Department of Mental Retardation's waiting list for residential placement or support. Offering people on the DMR Waiting List assisted living services in a managed residential community will create another option for individuals who need support in their living environment. This expansion is in keeping with the DMR philosophy of offering choices to individuals in directing their own supports.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
To be funded through existing agency budgets	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

This objective is among the most crucial goals the Consolidated Plan establishes. Interagency expertise is necessary to establish effective programs, effective housing types and to reach special needs populations. Federal, state and local agencies provide a valuable resource in meeting these needs and are valued partners in the process.

Presently, individuals receiving services from DMR live in a variety of settings. They may be living in a structured residential program; a community apartment with intermittent staff supports; with family or independently. Effective April 1, 2004, all individuals who receive residential funding from the Department of Mental Retardation will have the right to exercise portability and choose their own provider. It is the goal of the Department to see that individuals, regardless of the level of care they receive, live in adequate, safe and affordable housing. It is also the goal of the Department to see that individuals receive the level of support they require in a cost effective manner. This is sometimes challenging because at times the level of support required does not fit neatly into one of the current models of care. For example, individuals who can no longer be maintained in their own apartment may not quite require the structure of a group home. Since the individual cannot be left with inadequate support, they may end up in a new environment receiving more support than they need. At the present time in Connecticut, a number of the Managed Residential Communities, that house individuals receiving Assisted Living Services, are operating below capacity. The Department will use this pilot to review the potential for utilizing this unused capacity to develop alternative living arrangements for individuals with mental retardation. Individuals who are deemed eligible for DMR services, or individuals who are receiving DMR services and are identified as needing a higher level of care, are referred to a Regional Planning and Resource Allocation Team for placement. The team assesses the individual's level of need and establishes a priority ranking for that individual. The team then matches that individual's needs with an appropriate service. Due to the limitation of resources, DMR has been forced to establish a waiting list for services. Public Act 03-3 identifies individuals on the current waiting list as the priority for this pilot.

Of the five hundred ninety-two (628) high priority individuals currently on the DMR waiting list, forty-three (43) are age fifty-five (55) or older. Another eighty (80) are between the ages of forty-five (45) and fifty-five (55). (See Attachment #1 for more detailed demographics of the high priority individuals on the DMR Waiting List.)

The Department of Mental Retardation proposes to establish a pilot program that makes Assisted Living Services available as an option to individuals eligible for DMR residential services. This initial pilot will be available to 10 individuals and is estimated to cost $301,486. Funding for the pilot will come from existing DMR budget resources. The funding available to each individual will be modeled on the assisted living service levels and rates designed for the DSS Private Pay Assisted Living Pilot. Those services and the existing DSS rates, which DMR would adopt, are outlined below.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Resources and differing priorities are the most common challenges in interagency cooperation.

Many of the current residents of the existing managed residential facilities, who currently receive assisted living services, are over the age of 55. While this pilot offers some additional options for younger individuals who receive services from DMR, there are concerns about how individuals with mental retardation, especially those who are younger or with different expectations, will be received in the managed residential community. DMR will carefully screen all referrals to determine that the environment is compatible with the individuals needs.

Also, current DPH assisted living regulations require the individual to self medicate. This will have to be monitored to see if it poses a significant barrier to the individual's ability to access this option.

B. ELDERLY AND FRAIL ELDERLY

OBJECTIVES

Priority objective: 18

Provide a range of services to elderly and frail elderly residents to ensure successful independent living, including support services, transportation, etc.

Proposed accomplishments:

1. Increase the number of support services provided to client population and increase accessibility of services by client population

2. Increase client caseload by 25 per year.

Funding Source	Targeted Population	Geographic Target	Priority
To be funded through existing agency budgets	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

The elderly are Connecticut's fastest growing age demographic. As Connecticut's elderly population continues to grow, there will be a need for increased attention to the special housing circumstances and needs of the elderly. The state's elderly population is tremendously diverse in its housing preferences, financial characteristics, and health status.

Needs analysis data shows that the elderly who are most in need of housing assistance are the low-income renter households. The elderly population has the highest rate of fixed incomes. Increased cost burdens reduce disposable income at a stage of life when many face increased health and mobility related costs. Support services prolong independent living and promote a higher overall quality of life.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Service provision in non-congregate living is inefficient and is higher in cost. For congregate populations, mixed special needs populations often require different arrays of services. In addition, there have been some difficulties between these special needs groups.

Priority objective: 4
Increase the supply of new quality affordable congregate housing with supportive services.

Proposed accomplishments:
Create 35 units per year of congregate or assisted living housing for frail elderly.

Funding Source	Targeted Population	Geographic Target	Priority
DECD Congregate Housing Program	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

This objective is assigned across the special needs populations. In terms of the elderly, low and moderate-income demographics are projected to grow at a slightly higher rate than the overall elderly population and as a result, the need here will be growing throughout the term of the Consolidated Plan.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Statewide targeting will require the Department to meet a wide variety of within limited resources.

C. PERSONS WITH DISABILITIES

OBJECTIVES

Priority objective: 19

Provide a range of services to residents to ensure successful independent living including support services, transportation, employment training, etc.

Proposed accomplishments:

1. Increase number of support services available to DMHAS's disabled clients.

2. Increase the accessibility of DMHAS provided client support services to disabled clients.

3. Continue the efforts begun under the state's Nursing Facility Transition Grant, building on the successful components and striving to sustain those elements into the future.

4. DMR is to submit the "Individual and Family Support Waiver" for people who live on their own or in a family home. If approved, 800 people are expected to participate in this new waiver.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
DMHAS	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Housing for persons with disabilities is a challenge that faces all Connecticut communities. Areas with older housing stock provide the greatest challenge, as many of these dwellings are not adapted to meet the specific needs of this population. In addition, residents with the highest needs require additional support services.

The U.S. Census reported Connecticut's population as 3,405,565 people. It is estimated that approximately 3% of the population has mental retardation, which means that about 102,000 people have MR in CT. The estimated incidence by Mental Retardation Level is: 89% have mild mental retardation, 7% have moderate mental retardation, and 4% have severe to profound mental retardation. The Centers for Disease Control and Prevention, National Center for Health Statistics, and the National Health Interview Survey report that 37% of people with MR live below the poverty level.

While there is no specific estimate of total need among this population, 15,000 people from across all age categories receive supports and services from the Connecticut Department of Mental Retardation. 2,000 people are in the very low-income category and live in rental units, 7,500 people live with their families, and 5,500 people live in licensed settings. 70% or

10,500 people that DMR supports are adults over the age of 21. 8% or 1,300 people DMR supports are between the ages of 18 and 21.

DMR Waiting List: 628 high priority people are on the DMR waiting list for residential services. 200 of these people need supported living services and will live in rental housing units. The DMR planning list has 1,192 people waiting for services and 315 of these people will need supported living services and rental housing. The needs analysis noted approximately 1% of the general population has mental retardation. Over 16,000 people from across all age categories receive supports and services from the Connecticut Department of Mental Retardation. The needs analysis found 546,813 residents classified as having some form of disability according to Census Bureau estimates.

The new waiver will support people's needs for residential habilitation, personal support, vehicle modifications, environmental modifications, supported employment, specialized medical equipment, consultative services, and personal emergency response systems.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Changes in policy and program priority have resulted in the changes in the population seeking service in this area. High needs individuals, who previously were in full service residential facilities, will provide the most extensive challenge to meeting this underserved need.

The development of infrastructure (ability to hire staff, find accessible housing, transportation, social and leisure opportunities, medical care, manage budgets) will be a challenge to meet the needs of a growing number of culturally diverse people.

Priority objective: 12
Target investment to address the "affordability" of existing housing stock for renters and homeowners with disabilities;

Proposed accomplishments:

1. Connecticut DSS was the first in the nation to amend the state's Section 8 Voucher Administrative Plan to give priority to persons leaving nursing facilities. The state will encourage other Public Housing Authorities to also amend their administrative plans to give priority to persons leaving nursing facilities.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
DSS	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Affordability is a significant challenge for low- and moderate-income renters and homeowners with disabilities. This high priority is a statewide issue with particular challenges in Fairfield County due to its housing price structure.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Sufficient available housing stock, to target, will be a significant obstacle.

Priority objective: 15
Maintain the registry of accessible housing units.

Proposed accomplishments:
Fund the maintenance of the registry on an annual basis at current levels.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	**Targeted Population**	**Geographic Target**	**Priority**
To be funded through existing agency budgets	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

This is necessary to measure and track available resources and to be able to respond to changes in supply and demand.

OBSTACLES TO MEETING UNDERSERVED NEEDS
There are no major obstacles to this goal.

Priority objective: 9
Continue to provide for accessibility modifications.

Proposed accomplishments:
Fund accessibility modifications for 25 to 50 housing units per year.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	**Targeted Population**	**Geographic Target**	**Priority**
FLEX	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

This priority is established to increase the available stock of accessible housing, particularly for low and moderate-income populations. It is a priority because the quantity of aging housing stock in this category yields a lower ratio of accessible dwellings, providing a lack of choice as well as availability.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Sufficient quality housing stock for modification.

D. PERSONS WITH AIDS/HIV AND THEIR FAMILIES

OBJECTIVES

Priority objective: 20

Continue to fund existing HIV/AIDS programs.

Proposed accomplishments:

1. Increase access to supportive housing services for people living with HIV/AIDS and increase number of clients from 170 to 255 over five years.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
DSS/DMHAS/DOC	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

While the federal government's investment in treatment and research is helping people with HIV/AIDS live longer and more productive lives, HIV continues to spread at a staggering national rate of 40,000 new infections per year. As of December 31, 2002, 12,783 Connecticut residents have been diagnosed with AIDS. During the first nine months of 1999, the 23 AIDS housing programs in the state, supporting 410+ slots, (Group Residences: 180 and Scattered Site: 230+), reported 867 requests for housing. Of the total requests, only 194 of them could be met and 673 or 77% of the requests were denied. Requests for housing were denied due to lack of space and lack of appropriate supportive services for residents. Connecticut AIDS Residence Coalition (CARC) members have looked to leverage existing Housing Opportunities for People with AIDS (HOPWA) funds with other federal funding streams, such as Shelter Plus Care and Supportive Housing, and with state funds provided by the State Department of Social Services.

OBSTACLES TO MEETING UNDERSERVED NEEDS

People living with HIV/AIDS and their families need a wide-range of housing options and an appropriate level of support services in the community to handle more complex life issues. Many of the AIDS housing programs in Connecticut serve only individuals. Many supportive housing programs do not accept people with active substance abuse problems and may require that the person be currently in treatment for chemical dependency. Connecticut also has a higher rate of women living with AIDS than is seen nationally. These factors reflect, collectively, a growing need to address the housing needs of all types of households involving individuals with dependencies, single parents, and families with children. While the existing AIDS residential programs have increased the number of supportive housing units, there remains a significant gap between demand and available resources.

E. PERSONS WITH SUBSTANCE ABUSE ISSUES

OBJECTIVES

Priority objective 21:
Continue existing substance abuse programs at levels permitted by funding availability. Link employment services, housing subsidies and long term supportive care to meet the needs of each beneficiary, by adapting services which anticipate and deal with changes in age, health, income and other circumstances. These actions will influence long term stability.

Proposed accomplishments:

1. Increase number of clients who are provided appropriate services from 660 to 990 over five years.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
DMHAS	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Overall, percentages reporting past year dependence or abuse of drugs and alcohol in Connecticut are higher than national estimates. The diseases of alcoholism, addiction or mental illness characterize a growing segment of the state's Special Needs Population. Support service providers find that the three factors most cited as contributing to homelessness are substance abuses, unemployment, and the fact that expenses exceed income. Homelessness, or the risk of homelessness, promotes an environment to increase substance abuse, further exacerbating the struggles of persons with addiction-related illnesses. In addition, a lack of individualized,

person-centered planning and follow-up community support services factors into Connecticut's homelessness equation.

A fund has been established (in accordance with Public Law 100-690) to assist in establishing self-run, self-supported housing opportunities in order to avoid relapse. These homes are not formal treatment programs, but rather residences for recovering substance abusers. Loan funds provide seed money to foster the establishment of these homes.

OBSTACLES TO MEETING UNDERSERVED NEEDS

The Connecticut General Assembly has indicated the possibility of additional resources for this objective; however, some of the proposed funding would be coincident with the establishment of alternative incarceration programs, which then would increase the population needing resources. Available resources will be the most significant obstacles.

Note: Goal 1 of this plan contains additional resources available to assist this population.

F. PERSONS RECENTLY DE-INCARCERATED

OBJECTIVES

Priority objective: 17
The Connecticut Department of Correction (DOC) will work with other state agencies to maximize the use of various funding streams to assist persons to reintegrate into their communities after release from DOC facilities.

Proposed accomplishments:

1. Increase the number of halfway house beds and other supervised community placements; enhance re-entry efforts, and pilot approaches to reduce rates of recidivism.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
DOC	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

During calendar year 2003, the Department of Correction released 15,978 sentenced offenders. 1,563 were released on parole; 1,134 were released to special parole; 1,573 were released to halfway houses; 2,835 were

released on transitional supervision; and 8,640 were released directly from facilities.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Offenders often could benefit from a period of supervision in the community prior to sentence completion. An example of such efforts is the placement of offenders into halfway houses. The DOC currently (3/29/04) funds 825 halfway house beds. This is a limited number in comparison to the number of released offenders. Unfortunately, communities often do not support the expansion of housing for releasing offenders.

Offenders often find it difficult to find meaningful employment upon release following a period of incarceration. Offenders often return to major urban areas but the jobs are frequently located elsewhere. Upon release, most offenders need public transportation, but existing bus routes often make it difficult to travel between work and home.

Offenders also often return to neighborhoods that have deteriorated housing, high rates of unemployment, and high rates of crime. Typical funding streams available to DOC do not address these fundamental needs. The DOC and other agencies involved with housing and economic development have historically not worked together.

Priority objective: 25
Provide a range of services to residents to ensure successful independent living, including support services, transportation, employment training, etc.

Proposed accomplishments:
The Connecticut Department of Correction will pilot at least one project designed to assist those offenders whose special needs result in repeated incarceration and/or involvement with DMHAS services and use of homeless shelters over the next 5 years.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
DOC	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

The Connecticut Department of Correction, in collaboration with the Connecticut Coalition to End Homelessness, has determined that there are

a number of individuals who cycle in and out of shelters, DMHAS services, emergency rooms, and jails and prisons. While exact numbers are difficult to determine, anecdotal evidence abounds.

OBSTACLES TO MEETING UNDERSERVED NEEDS

This program will focus on individuals who are typically not treatment compliant. An attempt will be made to enhance their intrinsic level of motivation by providing a wide range of supportive services. While there is research evidence that such approaches can increase treatment compliance, the complexities of the problems being addressed constitute significant obstacles.

Note: Goal 1 of this plan contains additional resources available to assist this population.

SUPPORTIVE HOUSING – Develop and implement strategies and solutions to address the problem of homelessness through the utilization of supportive housing.

Description of how the proposed distribution of funds will address identified needs:

A. COORDINATION AND PLANNING – SUPPORTIVE HOUSING

OBJECTIVES

Priority objective: 16

Coordinate the efforts of all the various state agencies and quasi-public entities involved in housing and the provision of social services to focus the state's resources on this issue of supportive housing in an efficient and effective manner.

Proposed accomplishments:

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
To be funded through existing agency budgets	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

The needs analysis clearly defines the multi dimensional problems of Connecticut's homeless. High rates of mental illness and substance abuse

clearly dictate the need for a continuum of care in order to ensure the highest possible success rate for those making the transition.

It is estimated that in Connecticut there are between 3,000 and 5,000 homeless individuals on any given night. This number includes people who receive assistance, as well as those who do not seek available assistance. The estimate represents a potential need for shelter beds each night well in excess of the approximately 2,000 available. Transitional services are vital to increasing the transition success rate for homeless moving into non-institutionalized housing.

This is an area of critical need. Supportive housing is a key element in the transitional housing structure. The majority of homeless families and individuals demonstrate multiple needs in addition to basic lack of shelter. Supportive housing provides immediate shelter and allows residents to prepare for potential transition to permanent housing.

Supportive housing addresses the multidimensional needs of the homeless population. Focused, efficient service delivery maximizes the efficacy of federal, state and local funding and optimizes the chances of successful transition out of homelessness for this group.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Funding and interagency/intergovernmental cooperation are the most significant obstacles, but the necessary level of commitment has been promised to overcome this.

B. PRODUCTION – SUPPORTIVE HOUSING

Priority objective: 8
Increase the number of permanent supportive housing opportunities available to homeless households or those at risk of becoming homeless, particularly those with special needs by providing financing for renovation of existing buildings.

Proposed accomplishments:

1. Create 1000 units of affordable supportive housing over the next 5years; 350 apartments for families; 650 for single adults and 50 for young adults.
2. 700 units of the 1000 supportive housing units will be created through property development (rehab or new)
3. Of the 700 units, 350 will target households with special needs and 350 will target other households who need affordable housing the remaining 300 units will use existing privately owned apartments

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
Other	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

As noted above, the homeless are a multi-needs population. The pre-homeless most often suffer from many of the same problems, and supportive housing, with strong transitional elements, can prevent homelessness. The transition time for pre-homeless is likely to be shorter therefore allowing for more individuals/families served per unit of an extended period of time.

OBSTACLES TO MEETING UNDERSERVED NEEDS

See above.

PRIORITIES

• OBJECTIVES		CATEGORY
1	Provide rent subsidies or operating subsidies to increase housing affordability (DSS RAP).	**HOMELESSNESS**
2	Invest in the maintenance and preservation of existing state-assisted rental housing stock to preserve it as a long-term resource.	**RENTAL HOUSING SUPPLY**
3	Promote and support home ownership and mixed-income developments in areas that currently under-serve low and moderate-income households.	**HOME OWNERSHIP**
4	Increase the supply of new quality affordable congregate housing for the frail elderly	**SPECIAL NEEDS**
5	Support the moderate rehabilitation of existing single-family homes (a single family home is defined as a 1 to 4 unit owner occupied residential structure).	**HOME OWNERSHIP**
6	Preserve federally assisted housing. CHFA is working to keep privately owned, federally assisted housing developments, which are eligible to prepay their mortgages low-income housing, so those very low-income households do not become homeless.	**RENTAL HOUSING SUPPLY**
7	Expand homeless prevention services, follow-up services and increase transitional services throughout the system.	**HOMELESSNESS**
8	Increase the number of permanent supportive housing opportunities available to homeless households or those at risk of becoming homeless, particularly those with special needs by providing financing for renovation of existing buildings.	**SUPPORTIVE HOUSING**
9	Continue to provide for accessibility modifications.	**SPECIAL NEEDS**
10	Promote and support mixed-income developments in areas that currently under-serve low and moderate-income households.	**RENTAL HOUSING SUPPLY**

11	Support the removal of lead-based paint and other hazardous materials in existing housing through paint testing and risk assessments in accordance with the final lead safe housing rule - Title X of the Lead-based Paint Hazard Reduction Act of 1992 (24 CFR Pt 35).	**LEAD PAINT AND HAZARDOUS MATERIALS**
12	Target investment to address the "affordability" of existing housing stock for renters and homeowners with disabilities;	**SPECIAL NEEDS**
13	Continue using CHFA's mortgage programs for the promotion of homeownership opportunities in targeted areas where homeownership rates lag far behind.	**HOME OWNERSHIP**
14	CHFA/DECD programs will support local efforts to develop appropriate urban infill housing to make better use of limited urban land.	**HOME OWNERSHIP**
15	Maintain the registry of accessible housing units.	**SPECIAL NEEDS**
16	Coordinate the efforts of all the various state agencies and quasi-public entities involved in housing and the provision of social services to focus the state's resources on this issue of supportive housing in an efficient and effective manner.	**SUPPORTIVE HOUSING**
17	The Connecticut Department of Correction (DOC) will work with other state agencies to maximize the use of various funding streams to assist persons to reintegrate into their communities after release from DOC facilities.	**SPECIAL NEEDS**
18	Provide a range of services to elderly and frail elderly residents to ensure successful independent living, including support services, transportation, etc.	**SPECIAL NEEDS**
19	Provide a range of services to disabled residents to ensure successful independent living including support services, transportation, employment training, etc.	**SPECIAL NEEDS**
20	Continue to fund existing HIV/AIDS programs.	**SPECIAL NEEDS**
21	Continue existing substance abuse programs at levels permitted by funding availability. Link employment services, housing subsidies and long term supportive care to meet the needs of each beneficiary, by adapting services which anticipate and deal with changes in age, health, income and other circumstances. These actions will influence long term stability.	**SPECIAL NEEDS**

22	Provide favorable loan terms and/or loan guarantees for multifamily housing and mixed-use properties.	**RENTAL HOUSING SUPPLY**
23	Support adaptive re-use of historic structures for use as residential housing.	**RENTAL HOUSING SUPPLY**
24	Support the implementation of the Lead Action for Medicaid Primary Prevention (LAMPP) program.	**LEAD PAINT AND HAZARDOUS MATERIALS**
25	Provide a range of services to recently de-incarcerated residents to ensure successful independent living, including support services, transportation, employment training, etc.	**SPECIAL NEEDS**
26	Support and promote the coordination of multiple agency resources and inter-agency cooperation.	**SPECIAL NEEDS**

SLRHP - GOALS & OBJECTIVES MATRIX

SUPPORTIVE HOUSING - Develop and implement strategies and solutions to address the problem of homelessness through the utilization of supportive housing.

COORDINATION AND PLANNING – SUPPORTIVE HOUSING

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Coordinate the efforts of all the various state agencies and quasi-public entities involved in housing and the provision of social services to focus the state's resources on this issue of supportive housing in an efficient and effective manner.	**1**	Establish an Interagency Council on Supportive Housing and Homelessness	**1**	Was the Council Established- Yes or No		
		2	Create a *Supportive Housing Plan* by the end of 2004	**1**	Was the plan created - Yes or No		

PRODUCTION – SUPPORTIVE HOUSING

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Increase the number of permanent supportive housing opportunities available to homeless households or those at risk of becoming homeless, particularly those with special needs by providing financing for renovation of existing buildings.	**1**	Create 350-500 new supportive housing units over the next 5 years	**1**	Number of supportive housing units created		350 - 500 units
				2	Was the goal of 350-500 new supportive housing units achieved - Yes or No		

SERVICE DELIVERY – SUPPORTIVE HOUSING

Objective	Output	Performance Measure	Measure Frequency	Cumulative Goal
1 Evaluate the appropriate method or vehicle to introduce supportive services into existing housing units.	**1** Evaluate the appropriate method or vehicle to introduce supportive services into existing housing units over the next 5 years.	**1** Evaluation completed - Yes or No		
	2 DMR will provide environmental modifications to make homes accessible to people who need environmental modifications so that they can continue living in their family home.	**1** Number of environmental modifications made		
		2 Number of families served		
	3 DHMAS will evaluate barriers to providing services with the goal of increasing the number of clients who are provided appropriate services, from 1,317 to 1,647 over the next five years, and the possibility of offering an expanded array of services to the client population.	**1** Barrier evaluation completed - Yes or No	5th year	350 clients
		2 Number of clients who are provided appropriate services		
		3 Was the goal of 1,647 achieved - Yes or No		

4	Reduce the number of individuals and families that experience chronic homelessness by project basing at least 200 Section 8 Housing Choice Vouchers to assist in interagency supportive housing initiatives.	**1**	Number of Section 8 Vouchers issued	5th year	200 vouchers
		2	Was the goal of 200 achieved - Yes or No		
5	Provide access to the federal Shelter Plus Care Program administered by both the state (DMHAS) and local agencies.	**1**	Number of clients provided assistance through the Shelter Plus Care Program		

HOME OWNERSHIP - Improve the ability of low- and moderate-income residents to access home ownership opportunities.

PRODUCTION OF NEW UNITS - SINGLE FAMILY

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Under the HOME/ADDI program, support local efforts to develop appropriate urban infill housing to make better use of limited urban land.	**1**	Support 60 to 70 units of infill housing in urban areas each year.	**1**	Number of in-fill housing units created	Annually	300 - 350 units
2	Promote and support mixed-income developments in areas that currently under-serve low and moderate-income households.	**1**	Give preference to 1 mixed-income infill project creating at least 25 units of housing each year in areas that currently under-serve low and moderate-income households.	**1**	Was preference given to at least 1 mixed-income infill project - Yes or No	Annually	5 projects and 125 units
				2	Number of mixed-income infill units created		

REHABILITATION OF EXISTING UNITS - SINGLE FAMILY

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Support the moderate rehabilitation of existing single-family homes (a single family home is defined as a 1 to 4 unit owner occupied residential structure).	**1**	Support 4 single-family moderate rehabilitation projects each year (with up to 100 units each) in CDBG eligible communities	**1**	Number of single-family moderate rehabilitation projects completed each year	Annually	20 projects
				2	Number of single-family units rehabbed each year		
				3	Was the goal of 4 single-family moderate rehabilitation projects each year achieved - Yes of No		

ACQUISITION OF EXISTING UNITS - SINGLE FAMILY

Objective	Output	Performance Measure	Measure Frequency	Cumulative Goal
1 Continue using CHFA's mortgage programs for the promotion of homeownership opportunities in targeted areas where homeownership rates lag far behind.	**1** Maintain lending in the state's federally targeted urban areas to a minimum of 30% of all mortgages purchased by the Authority each year.	**1** Percent of all mortgages purchased annually in federally targeted urban areas		
		2 Was the target reached each year - Yes or No		
	2 Build program and investment partnerships with local stakeholders that maximize the use of the Authority's current program and leverage local, state and federal resources.	**1** Number of program and investment partnerships created		

RENTAL HOUSING SUPPLY - Preserve and increase the supply of quality affordable housing available to low- and moderate-income households.

PRODUCTION OF NEW UNITS - MULTIFAMILY RENTAL

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Promote and support mixed-income developments in areas that currently under-serve low and moderate-income households.	**1**	Produce 125 to 175 units of new multifamily housing in suburban towns each year.	**1**	Number of new multifamily housing units created in suburban towns each year	Annually	626 - 875 units
				2	Did the number of new multifamily housing units created in suburban towns each year fall within the targeted range - Yes or No		
2	Support adaptive re-use of historic structures for use as residential housing.	**1**	Through the adaptive re-use of historic structures, create up to 50 residential units over the next 5 years.	**1**	Number of residential units created through the adaptive re-use of historic structures	5th year	50 units
				2	Were 50 residential units created over the five year period through the adaptive re-use of historic structures - Yes of No		

REHABILITATION OF EXISTING UNITS - MULTIFAMILY RENTAL

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Invest in the maintenance and preservation of existing publicly-assisted rental housing stock to preserve it as a long-term resource.	**1**	Preserve 200 rental units statewide each year.	**1**	Number of existing publicly-assisted rental units preserved	Annually	1000 units
				2	Was the target of 200 units per year achieved - Yes or No		

2	Provide favorable loan terms for multifamily housing and mixed-use properties.	**1** Fund up to 5 projects to create 100 units each year.	**1** Average term and interest rate for loans for multifamily housing and mixed-use properties projects. **2** Was the average term and interest rate for loans for multifamily housing and mixed-use properties projects below market - Yes or No **3** Number of multifamily housing and mixed-use properties projects funded **4** Number of multifamily housing and mixed-use properties units created each year **5** Were five or more multifamily housing and mixed-use properties projects funded annually and was the goal of 100 units per year achieved - Yes or No	Annually	Up to 25 projects and 500 units

ACQUISITION OF EXISTING UNITS – MULTIFAMILY

Objective	Output	Performance Measure	Measure Frequency	Cumulative Goal
1 Preserve federally assisted housing. CHFA is working to keep privately owned, federally assisted housing developments, which are eligible to prepay their mortgages low-income housing, so those very low-income households do not become homeless.	**1** Identify those properties most at risk of being lost to the affordable market.	**1** Were at risk properties identified - Yes or No		
		2 Number of properties at risk		
	2 Identify a strategy for mitigating the potential loss of units.	**1** Were strategies for mitigating the potential loss of units developed - Yes or No		

RENTAL HOUSING OPPORTUNITIES - Improve the ability of low- and moderate-income residents to access rental housing opportunities.

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Encourage local public housing authorities and DSS to respond to all notices of funding availability from HUD to increase the supply of Section 8 Vouchers.	**1**	Increase Section 8 vouchers annually by 50 new vouchers.	**1**	Number of new Section 8 vouchers each year	Annually	250 vouchers
				2	Was the number of Section 8 vouchers annually increased by 50 vouchers - Yes or No		

AFFORDABLE HOUSING PLANNING- Help identify and develop available resources to assist in the development of housing.

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Encourage Regional Planning Organizations and municipalities to: 1) study regional housing cost patterns and zoning practices; 2) establish regional plans to address and promote affordable fair-share housing and inclusionary housing policies that provide choice across income levels, proximity to employment and 3) promote greater opportunity to develop income diverse neighborhoods in urban and suburban areas.	**1**	Complete 5 regional studies over the next 5 years.	**1**	Number of regional studies completed	5th year	5 studies
				2	Were 5 regional studies completed - Yes or No		

FAIR HOUSING - Empower upward mobility for low- and moderate-income residents through fair housing.

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Support fair housing education and outreach activities and actions to address illegal discrimination.	**1**	Increase the collaboration on fair housing issues between the state, housing providers and fair housing advocacy groups.	**1**	Number of fair housing collaborations between the state, housing providers and fair housing advocacy groups		
		2	DSS will continue to fund mobility counseling/tenant education programs to encourage/assist/educate DSS Section 8 and State Rental Assistance Program participants with moves to areas of de-concentrated poverty.	**1**	Dollars committed to mobility counseling/tenant education programs		
				2	Number of DSS Section 8 and State Rental Assistance Program participants that move to areas of de-concentrated poverty educated through this program		
2	State will update its Analysis of Impediments to Fair Housing.	**1**	Complete update of the Analysis of Impediments to Fair Housing by end of year 2 of the plan.	**1**	Was the AI completed by the end of the 2nd year of the plan - Yes or No	By 2nd Year	1 AI Document

HOMELESSNESS - Address the shelter, housing and service needs of the homeless poor and others with special needs.

COORDINATION AND PLANNING

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Expand homeless prevention services, follow-up services and increase transitional services throughout the system.	**1**	Utilize the Beyond Shelter Program, administered by the DSS, to reduce the reoccurrence of homelessness by assisting families who are leaving homeless shelters and transitional living programs to achieve housing stability by providing support services.	**1**	Number of homelessness reoccurrences among DSS assisted families leaving shelters and transitional living programs		
				2	Was the number of reoccurrences reduced - Yes or No		
		2	Maintain state-funded Eviction Prevention Program that assists families and individuals to remain in permanent housing.	**1**	Dollars committed to the Eviction Prevention Program		
				2	Was the funding level maintained - Yes or No		
		3	Increase number of clients served by DHMAS through homeless prevention and follow-up services (including but not limited to outreach and transitional services such as supported living, case management, substance abuse treatment, mental health services, employment, training and independent living skills) from 1,317 clients to 1,647 over five years.	**1**	Number of clients served by DHMAS through homeless prevention and follow-up services	5th year	331 clients
				2	Did the number of clients served increase from 1,317 to at least 1,647		
		4	Increase number of client cases closed, settled or resolved by 50 per year, over five years in order to expand services.	**1**	Number of client cases closed, settled or resolved per year	Annually	250 cases

				2	Did the number of clients cases closed, settled or resolved per year equal or exceed 50 per year		
2	Provide rent subsidies or operating subsidies to increase housing affordability.	**1**	Utilize TANF high performance bonus funding to provide time-limited rent subsidies to families who have exhausted cash benefits and are at risk of becoming homeless.	**1**	Dollar amount of TANF high performance bonus funding used to provide time-limited rent subsidies to families who have exhausted cash benefits and are at risk of becoming homeless.	5th Year	
				2	Number of families funded with TANF high performance bonus funding		
				3	Number of families funded with TANF high performance bonus funding that became homeless		
		2	Increase number of rental or operating subsidies by at least 50 per year through federal application process.	**1**	Number of rental subsidies and number of operating subsidies	Annually	250 subsidies
				2	Dollar amount of each new subsidy		
				3	Did the number of rental or operating subsidies increase by at least 50 per year - Yes or No		
		3	Increase the number of rent subsidies available for 75 people on the DMR waiting list.	**1**	Number of rent subsidies available to people on the DMR waiting list	5th Year	75 people
				2	Did the number of rent subsidies available for people on the DMR waiting list increase by at least over five years. - Yes or No		

SPECIAL NEEDS - Address the housing and service needs of those populations defined as having special needs:

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Support and promote the coordination of multiple agency resources and inter-agency cooperation.	**1**	Utilize the state's a Long Term Care Plan as a blueprint for coordination of services.	**1**	Was the state's a Long Term Care Plan used as a blueprint for coordination of services - Yes or No		
		2	Continue to seek additional sources of funding to explore the 'Cash and Counseling' model of service provision	**1**	Number of additional sources of funding sought		
		3	Increase the number of linkages among federal agencies, state agencies and consumers in providing resources to continue the successful keeping of families and those individuals with disabilities together, through placing them in stable living situations and providing them with appropriate counseling and other supportive services	**1**	Number of linkages among Federal agencies, state agencies and consumers		
				2	Number of families and those individuals with disabilities kept together through placing them in stable living situations and providing them with appropriate counseling and other supportive services		
		4	Continue to convene interagency task forces to better coordinate programs and services for the homeless or at risk of homelessness population in Connecticut.	**1**	Did the interagency task force continue to convene - Yes or No		
		5	Promote community-based comprehensive planning initiatives on a local, regional and state level through outreach, technical assistance and funding	**1**	Number of community based comprehensive planning initiatives undertaken		

		6	Prepare a plan to establish and operate a pilot program to provide residential accommodations with assisted living services to individuals on the Department of Mental Retardation's waiting list for residential placement or support	1	Was the plan created - Yes or No		

Elderly And Frail Elderly

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Provide a range of services to residents to ensure successful independent living, including support services, transportation, etc.	1	Increase the number of support services provided to client population and increase accessibility of services by client population	1	Number of support services provide to client population	5th year	
				2	Number of clients being served by each program		
				3	Number of clients receiving multiple services		
				4	Year over year change in number of clients being served		
		2	Increase client caseload by 25 per year.	1	Number of new client cases managed	Annually	125 cases
2	Increase the supply of new quality affordable housing with supportive services	1	Create 35 units per year of congregate or assisted living housing for frail elderly.	1	Number of congregate or assisted living units created per year	Annually	175 units

Persons With Disabilities

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Provide a range of services to residents to ensure successful independent living including support services, transportation, employment training, etc.	**1**	Increase number of support services available to DMHAS's disabled clients.	**1**	Number of support services available to DMHAS's disabled clients	5th year	
				2	Year over year change in the number of support services available		
				3	Were services to DHMAS's disabled clients increased - Yes or No		
		2	Increase the accessibility of DMHAS provided client support services to disabled clients.	**1**	Number of DHMAS's disabled clients accessing services	5th year	
				2	Average wait to receive services		
				3	Year over year change in the number of disabled clients accessing services		
				4	Did access to DHMAS's services improve for its disabled clientele - Yes or No		
		3	Continue the efforts begun under the state's Nursing Facility Transition Grant, building on the successful components and striving to sustain those elements into the future.	**1**	Were the efforts begun under the state's Nursing Facility Transition Grant continued - Yes or No	5th year	
		4	DMR is to submit the "Individual and Family Support Waiver" for people who live on their own or in a family home. If approved, 800 people are expected to participate in this new waiver.	**1**	Was the wavier submitted - Yes or No	5th year	800 people
				2	Number of people that participated in the new waiver		

2	Target investment to address the "affordability" of existing housing stock for renters and homeowners with disabilities;	**1**	Encourage other Public Housing Authorities to also amend their administrative plans.	**1**	Number of Public Housing Authorities that amended their administrative plans	5th year	
3	Maintain the registry of accessible housing units.	**1**	Fund the maintenance of the registry on an annual basis at current levels.	**1** **2** **3**	Dollar funding level of the registry Year over year change in funding level Did the funding level remain the same or increase - Yes or No	Annually	
4	Continue to provide for accessibility modifications.	**1**	Fund accessibility modifications for 25 to 50 housing units per year.	**1** **2**	Number of accessibility modifications funded Was the goal of 25 to 50 units achieved - Yes or No	Annually	125 - 150 Units
5	Expand accessibility modification activities to: 1) specifically target persons with disabilities who are ready and willing to leave nursing facilities and return to community living; 2) provide a full range of supportive services, including but not limited to employment training, social, health, recreational, housing and transportation services to ensure successful transition and long-term independence.	**1**	Provide $300,000 in bond funds to do accessibility modifications for persons leaving nursing facilities.	**1**	Was $300,000 in bond funds provided - Yes or No	5th year	
		2	Establishment of Section 8 Housing Choice Voucher preference for up to 50 eligible persons in support of the Nursing Home Transition Initiative.	**1**	Number of eligible persons transitioning from nursing homes provided Section 8 Housing Choice Vouchers	5th year	50 vouchers

		3	Connecticut has requested an expansion of the available slots for the Personal Care Assistance program from 498 to 698 to be effective July 1, 2004. This will assist in providing services to those transitioning from nursing facilities.	1	Was the expansion granted - Yes or No	5th year	200 slots
				2	Number of available slots for the Personal Care Assistance program		
6	Pilot eight to ten units of supportive housing for children with complex medical conditions and their families, including on-site nursing care.	1	Construct eight units of supportive housing for children with complex medical conditions and their families, including on-site nursing care within 36 months.	1	Number of supportive housing units for children with complex medical conditions and their families created	5th year	8 units
				2	Were 8 units created - Yes or No		

Persons With HIV/Aids And Their Families

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Continue to fund existing HIV/AIDS programs.	1	Seek additional federal funding for existing HIV/AIDS programs	1	Was additional funding sought - Yes or No		
				2	What additional federal funding was sought		
		2	Increase access to supportive housing services for people living with HIV/AIDS and increase number of clients from 170 to 255 over five years.	1	Number of people accessing supportive housing services	5th year	85 people
				2	Year over year change in number of people accessing supportive housing services		
				3	Did the number of people accessing supportive housing services increase - Yes or No		

2	Assess the effectiveness of supportive housing programs for people living with HIV/AIDS periodically through the use of performance measures and on-going mechanisms to track consumer preferences and needs.	**1**	Continue to evaluate AIDS/HIV supportive housing programs at least once a year.	**1**	Was the program annually evaluated - Yes or No	Annually	
3	Develop new mental health and addiction service programs to meet the specific needs of persons with HIV/AIDS.	**1**	Review availability of new federal and state funding to meet specific needs of client population with a goal of increasing the number of clients provided appropriate services from 170 to 255 over five years.	**1**	Was the availability of funding reviewed annually - Yes or No	5th year	85 people
				2	Was additional funding secured - Yes or No		

Persons With Substance Abuse Issues

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Continue existing substance abuse programs at levels permitted by funding availability. Link employment services, housing subsidies and long term supportive care to meet the needs of each beneficiary, by adapting services which anticipate and deal with changes in age, health, income and other circumstances. These actions will influence long term stability.	**1**	Increase number of clients who are provided appropriate services from 660 to 990 over five years.	**1**	Number of substance abuse clients that received appropriate services	5th year	330 clients
				2	Year over year change of the number of substance abuse clients that received appropriate services		
				3	Did the number of clients receiving appropriate services increase to at least 990 - Yes or No		

Persons Recently De-Incarcerated

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	The Connecticut Department of Correction (DOC) will work with other state agencies to maximize the use of various funding streams to assist persons to reintegrate into their communities after release from DOC facilities.	**1**	Increase the number of halfway house beds and other supervised community placements, enhance re-entry efforts, and pilot approaches to reduce rates of recidivism.	**1**	Number of halfway house beds and other supervised community placements, enhance re-entry efforts, and pilot approaches	5th year	
				2	Year over year change in the number of halfway house beds and other supervised community placements, enhance re-entry efforts, and pilot approaches		
				3	Did the number of halfway house beds and other supervised community placements, enhance re-entry efforts, and pilot approaches increase - Yes or No		
2	Provide a range of services to residents to ensure successful independent living, including support services, transportation, employment training, etc.	**1**	The Connecticut Department of Correction will pilot at least one project designed to assist those offenders whose special needs result in repeated incarceration and/or involvement with DMHAS services and use of homeless shelters over the next 5 years.	**1**	Was a project piloted - Yes or No	5th year	1 project

LEAD PAINT AND HAZARDOUS MATERIALS - Support the removal of lead-based paint and other hazardous materials in existing housing.

Objective		Output		Performance Measure		Measure Frequency	Cumulative Goal
1	Support the removal of lead-based paint and other hazardous materials in existing housing through paint testing and risk assessments in accordance with the final lead safe housing rule - Title X of the Lead-based Paint Hazard Reduction Act of 1992 (24 CFR Pt 35).	**1**	Support up to 3 housing rehabilitation projects per year with the goal of making 20 units per year lead safe.	**1**	Number of housing lead-safe rehab projects per year	Annually	15 projects and 100 units
				2	Number of housing units made lead-safe per year		
				3	Was the goal of up to 3 housing rehab projects per year and 20 units per year achieved - Yes or No		
2	Support the implementation of the Lead Action for Medicaid Primary Prevention (LAMPP) program.	**1**	Utilize the LAMPP program to eliminate lead-based paint hazards in priority housing. LAMPP will eliminate lead-based paint hazards in 115 units per year and conduct paint inspections/risk assessments in 160 units per year.	**1**	Number of units made lead-safe under the LAMPP program	Annually	575 units
				2	Number of paint inspections/risk assessments conducted per year		800 inspections/ risk assessments

XII. PERFORMANCE MEASUREMENT

The Performance Outcome Measurement System associated with this plan has three overarching program objectives under which all program activities; outcome indicators and measures will be grouped. They are as follows:

I. Encouraging Homeownership
II. Expanding the Supply of Quality Affordable Housing

In some cases, activities will fall under more than one program objective and/or responsible agency depending upon the purpose/type of the program.

The measures, used in this plan's Performance Outcome Measurement System, are designed to clearly gauge whether or not the activities being funded are meeting the plan's stated goals and objectives.

As stated in the Goals, Objectives, Priorities and Measures section of this plan, there are 6 goals supporting the plan's three overarching goals. Each goal is supported by specific objectives. Each objective has specific measures associated with it.

Performance Measurement Methodology

The ultimate purpose of the Performance Outcome Measurement System of this plan is to clearly demonstrate whether or not Connecticut is achieving the statutory objectives of its affordable housing and housing related service delivery programs. Objectives support the plan's goals. The plan's goals support the plan's overarching goals. The plan's overarching goals support the state's affordable housing and housing related service delivery policies and strategies.

Therefore:

1) If the majority of a goal's stated objectives are achieved then that goal will be considered accomplished.

2) If the majority of the goals that support one of the plan's overarching goals are achieved then that overarching goal will be considered accomplished.

3) As the three overarching goals of Connecticut's Long Range Housing Plan incorporate the statutory objectives for the state's affordable housing and housing related service delivery programs, the statutory objectives for these programs will be considered accomplished if the overarching goals of this plan have been accomplished.

Performance Metrics
The metrics used to gauge the success or failure of the plan must be tangible and obtainable. They must be clearly understandable and easily flow through a hierarchical construct, which links actions to the ultimate goals of the state's housing policies outlined in this plan.

Each specific objective has been assigned one or more measures designed to clearly identify whether or not that objective has been met. (See the Goals Matrix in Appendix for specific measures). As mentioned above, a goal will be considered successfully fulfilled if the majority of its associated specific objectives have been accomplished and as such the success or failure in

meeting a goals specific objectives act as the metric for measuring the state's performance in meeting the plan's goals.

The plan's overarching goals will be considered successfully fulfilled if the majority of their associated goals have been accomplished and as such the success or failure in meeting the goals associated with each overarching goal act as the metric for measuring the state's performance in meeting the plan's overarching goals.

This plan will be considered successfully fulfilled if the overarching goals of the plan have been accomplished and as such the success or failure in meeting the overarching goals of the plan act as the metric for measuring the state's performance in meeting the affordable housing and housing related service needs of Connecticut, to the extent possible within available resources.

XIII. INSTITUTIONAL STRUCTURE

A. Elements of the Institutional Structure

The Department of Economic and Community Development is identified as the "first point of contact" for the institutional structure presented in this plan. This role is supported at two levels through: (1) designation by the legislature to serve as the State's lead housing agency and; (2) the mission to serve all the citizens of Connecticut. DECD will: (1) conduct and foster open participation, including supportive assistance, with the goal of facilitating meaningful involvement; (2) work to increase participation at all levels, especially among extremely low and very-low income groups, as well as those traditionally under-represented; and (3) involve organizations that represent need populations across Connecticut.

The State recognizes the importance of partnering with other agencies to help serve its housing and community development needs. Non-profit agencies play an important role in the provision of affordable housing, supportive housing and social services, and economic development activities. Local organizations with direct public contact have a clear view and understanding of the State's housing and human service needs. Such organizations are an essential part of the State's institutional structure and typically serve in one or more of the following capacities: (1) are eligible to receive public and private funds or resources targeted at serving need populations; (2) are legally restricted or structured by organizational charter to serve lower income or specific need populations; (3) are identified by regulation, program or otherwise allowed to undertake certain governmental programs serving need populations or (4) have daily contact with, represent or advocate on behalf of, certain populations in need.

Private sector participants, in the preservation or development of the State's housing and community development delivery system, include financial institutions, builders/developers, foundations and realtors. Local financial institutions provide construction financing, low interest rehabilitation loans, mortgage financing and loan servicing, while builders/developers are active in participating in affordable housing projects. Many private businesses and organizations are involved or support the efforts of public agencies to provide human services and opportunities throughout Connecticut. Based on the needs and objectives developed in this plan, the State is prepared to support applications for assistance by other entities that serve to accomplish the goals set forth in the This plan.

Coordination strategies are provided in the context of primary, secondary and tertiary levels of program or project service delivery. Connecticut will pursue and support efforts to develop urban/suburban and regional partnerships, in addition to collaboration with private and non-profit development corporations. The collective efforts of all parties will ensure that available resources are allocated to priority activities. The institutional structure through which the State of Connecticut proposes to accomplish its housing goals is organized in three groups of service providers. These groups are referred to as primary, secondary and tertiary service partners. This stratification illustrates the degree to which various service providers may be associated with the implementation of the State's strategic plan.

PRIMARY Service Partners (P) include those departments or agencies of the State of Connecticut associated with housing elements or activities at some level.

SECONDARY Service Partners (S) include public, private or non-profit agencies that are not included in the organizational structure of the State of Connecticut, but may participate in or provide services related to the implementation of various housing elements or related activities.

TERTIARY Service Partners (T) include local public or privately- funded agencies, federal government agencies and departments or other partners with common but broader missions than that of DECD. They may provide funding, capacity building, advocate services or related resources that support the State in its implementation of various housing elements or activities.

The following list of primary, secondary and tertiary partners does not reflect the full extent of agencies providing housing and community development services throughout Connecticut, but does present those partners important to meeting the State's strategic objectives.

B. State Agencies

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT (P)
www.ct.gov/ecd
The Connecticut General Assembly has designated the Department of Economic and Community Development (DECD) as the Lead Agency responsible for housing, community and economic development, including the preparation of the HUD This plan. The mission of DECD is to make Connecticut an unparalleled place to live, work, learn, and play by providing quality technical and financial assistance in the areas of housing, economic development and tourism to businesses, local government, and community organizations.

DECD offers programs to improve the human environment, to promote job creation, and to develop and revitalize housing, neighborhoods and communities in Connecticut. DECD staff members manage projects and coordinate programs to assist companies, developers, and municipalities with business development assistance, housing assistance, and community development projects. Institutions previously defined as primary service partners support the lead agency (DECD) and provide resources targeted for housing, supportive services or facilities. Each individual agency or department will oversee its own activities and resources, relative to its mission. The following are DECD activities:

Housing Development: Programs and Services

- **Congregate Elderly Housing Program** provides grants and loans to housing authorities and nonprofit corporations to construct or rehabilitate congregate housing for the frail elderly who are at least 62 years old with limited incomes. There are no asset limits. Tenants pay the same established rent, regardless of income.

- **Energy Conservation Loan Program** provides low-interest loans to homebuyers and owners of one-to-four unit residential buildings for energy conservation measures. Loans are limited to borrowers with incomes at or below 150 percent of the area median income.

- **Flexible Housing Program** provides grants, loans, loan guarantees, deferred loans or any combination thereof to serve as a source of funding to finance mixed use structures or some of the amenities that make affordable housing successful, such as a community room, laundry, daycare space, computer center, management office or playground. This program also funds the demolition, renovation or redevelopment of vacant buildings or related infrastructure. The Flex Program makes it easier for the State to take the role of a partial or "gap" financer.

- **Hazardous Materials Abatement Program** provides grants and low-interest loans for hazardous materials abatement to homeowners for lead-based paint abatement and asbestos removal.

- **HOME Investment Partnership Program** provides grants, loans and deferred loans to not-for-profit developers, for-profit developers, housing authorities and individuals for a variety of activities to develop and support affordable housing including: tenant-based assistance, assistance to rental housing units, assistance to first-time homebuyers and existing home-owners, for acquisition, new construction, moderate or substantial rehabilitation and site improvements.

Community Development: Programs and Services

- **Connecticut Main Street** is funded, in part, by DECD and provides funds to revitalize Connecticut's classic downtowns. The Main Street approach is helping numerous Connecticut downtown areas again become vibrant centers of community life by combining grass-roots commitment with economic development and historic preservation.

- **Elderly Rental Assistance Program** provides rental assistance to low-income elderly persons residing in DECD-assisted rental housing for the elderly. DECD contracts with not-for-profit organizations as well as housing authorities that provide rental subsidies in accordance with an approved contract.

- **Elderly Rental Registry and Counselor Program**, also known as the Resident Service Coordinator Program, provides grant funds to sponsors of DECD-assisted rental housing for the elderly to hire a Resident Services Coordinator (RSC) to perform an evaluation of all tenants.

- **Moderate Rental PILOT (Payments in Lieu of Taxes) Program** provides grants to municipalities in which DECD-assisted moderate rental housing developments are operated by local housing authorities. *This program is currently not open to new applicants.*

- **Small Cities Community Development Block Grant** is a federally funded program that provides grants annually, on a competitive basis, to eligible municipalities. Funds are awarded to: (1) revitalize neighborhoods; (2) expand affordable housing and economic opportunities and (3) improve community facilities and services.

- **Surplus Property Program** examines excess state land holdings, or interests therein, for use as transitional facilities for the homeless or for the construction or rehabilitation of housing for families with low and moderate incomes.

- **Tax Abatement Program** is designed to assist in the financial feasibility of privately owned non-profit and limited dividend low and moderate-income housing projects by providing reimbursement for taxes abated up to $450 per unit per year for up to 40 years. The abatement of taxes enables the owners to maintain the rents at an affordable level for the tenants.

Business and Economic Development: Programs and Services

- **Connecticut Economic Information System (CEIS)** provides economic and demographic statistics at the regional, state, and town levels; this includes information on the economy, key industries, other economic indicators including employment, production activities and tourism.

- **Dry Cleaning Establishment Remediation Fund** provides grants to eligible dry cleaning business operators for the clean up, containment or mitigation of pollution.

- **Economic Development and Manufacturing Assistance** provides loans and loan guarantees to businesses for job retention or expansion including funding and tax credits for new machinery or equipment, acquisition of real property, infrastructure improvements, and renovation or expansion of facilities.

- **Enterprise Zone Program** provides tax incentives, tax credits and deferrals for manufacturers and certain service-sector firms to locate or expand in the Enterprise Zones of targeted investment communities; this program also provides job training and placement assistance.

- **Executive Education Alliance** provides rapidly growing inner city entrepreneurs with advanced business skills that are necessary tools for continued success in a competitive economy.

- **Export Assistance** provides help to companies interested in entering the global market; assistance includes foreign market analysis, international trade and market data, and export statistics.

- **Industrial Parks Program** provides planning and development services, assistance to renovate or demolish vacant industrial buildings, and technical assistance to help municipalities develop industrial parks.

- **Inner City 10** highlights and celebrates ten (10) of the fastest growing, privately owned companies located in inner cities throughout Connecticut.

- **Insurance Reinvestment Fund Credit** provides tax credits for investments made in Connecticut companies engaged in the insurance business or providing services to insurance companies.

- **Micro Loan Guarantee Program for Women and Minority Owned Businesses** is a special loan guarantee program, offered in conjunction with the Community Economic Development Fund (CEDF), that helps women and minority owned businesses obtain flexible financing. Funds are for start up as well as the growth of existing businesses.

- **Naugatuck Valley Revolving Loan** provides loans to manufacturers and eligible wholesale distributors in target communities to purchase land or buildings, construction, renovation, rehabilitation and/or the purchase and installation of equipment.

- **Research** provided by DECD is a central source of economic and demographic information about the towns and regions in the State of Connecticut as well as neighboring areas. DECD publishes numerous informative economic, demographic and housing related publications annually, either online or in print form or both.

- **Small Business Assistance** helps small businesses in securing financing, entrepreneurial training, and contract opportunities; this program also administers the Small and Minority Business Set-Aside Program.

- **Special Contaminated Property Remediation and Insurance Fund (SCPRIF)** provides assistance with investigating the environmental conditions of a site, ultimately to encourage redevelopment that is beneficial to the community.

- **Turnaround Assistance** provides technical assistance to businesses experiencing significant difficulties that could cause jobs losses. This program also provides independent and confidential reviews of a company's market, finances and management and assists the company in the development of strategic plans to improve business.

- **Urban and Industrial Site Investment Tax Credit Program** provides tax credits of up to 100% of an investment made by an eligible investor in an urban or industrial site development project. Investments must be certified by DECD in order to be eligible.

- **Urban Sites Remedial Action Program** provides funds to prepare the planning and implementation of the site remediation.

COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES (P) www.state.ct.us/chro

The mission of the Commission on Human Rights and Opportunities (CHRO) is to eliminate discrimination through civil and human rights law enforcement and to establish equal opportunity and justice for all persons within the State through advocacy and education. CHRO is the State's chief civil rights law enforcement agency. It receives and investigates complaints alleging discrimination in employment, housing, public accommodations and credit transactions. Where a violation is found, CHRO will attempt to negotiate appropriate relief or bring the issues to a hearing. Complaints must be filed within 180 days of the alleged act of discrimination.

STATE LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED (S) www.cslib.org

The Library for the Blind and Physically Handicapped is a network library of the National Library Service for the Blind and Physically Handicapped, Library of Congress. This library provides the loan of recorded and Braille books and magazines and necessary playback equipment to eligible state residents (adults or children) unable to read conventional print because of a visual or physical disability. All materials are available by postage-free mail. Call or write to request application and certification procedures: 198 West Street, Rocky Hill, CT 06067-3545.

BOARD OF EDUCATION AND SERVICES FOR THE BLIND (T) www.besb@state.ct.us

The Connecticut Board of Education and Services for the Blind (BESB) is responsible for the confidential registry of adults who are legally blind in Connecticut and children who are visually impaired. Within available resources, BESB provides comprehensive low vision services (evaluation by an MD, use of optical, electronic and other devices), specialized education services, life skills training, case management by social workers, a business enterprise program (training legally blind persons for opportunities to manage a small business) and vocational services to individuals of all ages. Additional services are provided for older adults, deaf-blind clients, adolescents and other adults. The agency assists them in acquiring the skills and support services necessary to be independent.

Services in life skills include:

- **Orientation and Mobility**: instruction in safe use of white cane in community environments
- **Rehabilitation Teaching**: "hands on" instruction in home management skills, safe food preparation, marking appliances, communication skills in Braille, using writing guides, talking watches and other adaptive aids

Services for Older Adults include:

- **Information and Peer Support Program**: a community-based program for 5-week time period
- **Vision Loss Seminars**: with eye doctors and other rehabilitation professionals
- **Volunteer Services**: volunteers provide reading, bookkeeping, transportation and shopping

Services are provided in school settings, in the home, community and at BESB headquarters. Contact BESB at 1-800-842-4510; 860-602-4000; TDD: 860-602-4221 or at the website shown above.

COMMISSION ON THE DEAF AND HEARING IMPAIRED (T) www.state.ct.us/cdhi

The Commission on the Deaf and Hearing Impaired (CDHI) provides interpreting services for deaf and hard of hearing persons interacting with the public in a variety of legal, medical, mental health, employment, educational, community participation and personal situations 24 hours a day seven (7) days a week. Services are available to other federal, state, local and private agencies and organizations as well as emergency services. In addition to interpreting services, CDHI provides job counseling and placement, personal and family counseling, information and referral services, as well as research and advocacy.

DEPARTMENT OF MENTAL RETARDATION (P) www.dmr.state.ct.us

The mission of Department of Mental Retardation (DMR) is to join with others to create the conditions under which all people with mental retardation experience:

- Presence and participation in Connecticut town life
- Opportunities to develop and exercise competence
- Opportunities to make choices in the pursuit of a personal future
- Good relationships with family members and friends
- Respect and dignity

DMR is a state agency funded to purchase or provide a wide range of supports and services for citizens of all ages in Connecticut with mental retardation. The supports and services DMR administers or purchases include: comprehensive case management; early intervention for infants and toddlers; community-based residential programs; supported living for people in their own residences; job training, supported employment, and habilitative day programs; respite and other family support for people who live at home; and individual supports (self-directed services) for people who want to have a significant role in the management of their supports and services. All services are subject to the availability of resources and may require a waiting period.

DMR supports over 16,500 people within a legislatively appropriated budget. Unlike other agencies, its supports and services (with the exception of the Birth to Three Program) are not an entitlement for people with mental retardation and the majority of its services are provided by private non-profit organizations in local communities.

Many families who have a family member with mental retardation find all the resources and supports they need in their personal networks and local communities. They may not request any assistance from DMR. Others may ask their DMR case manager to help them plan for the future or to apply for Medicaid or Social Security benefits through other agencies. Still others may be looking for more help to identify options or support for their family member who has mental retardation.

Services include:

- **Birth to Three:** DMR's Birth to Three Program is a statewide early intervention program for infants and toddlers with developmental delays. The system includes a range of services for children from birth to 36 months such as home visits, therapies, developmental evaluation, parent support and health services, depending on the needs of the child and his/her family. INFOLINE serves as the access point for the program. Services and referrals to community resources are available through three (3) regions.

- **Family Support:** DMR provides in-home supports, respite, family support grants, temporary and crisis supports and leisure and recreation services to people who live with their families. The Department has a small cash grant program to provide assistance to low and moderate income families who have children with severe disabilities and mental retardation. A family can use the cash grants to help defray the extraordinary costs involved with raising a child who has a significant disability. Families use the funds to purchase items and services such as medications, supplements, diapers, special clothing, and education materials not covered by insurance or other funding sources. The Individual and Family Grant program provides small grants to assist individuals with mental retardation or families who care for a family member who has mental retardation in meeting a one-time or significant need. Goods and services that families request funds for include special equipment, camperships, minor home modifications, behavioral or medical support, items and services not covered by health insurance, diapers, and training related to specific issues and syndromes.

- **Respite Services:** Respite is the most frequently requested family support that DMR offers. Respite is the temporary care of a person with mental retardation for the purpose of offering relief to the family or primary caregiver. Respite provides time for the family to reenergize, deal with emergency situations, or engage in activities and tasks that may be neglected, postponed, or curtailed as a result of the ongoing demands of caring for a family member who has mental retardation. The goal of respite services is to support persons with mental retardation to live with their families in their communities. The Department provides respite in a variety of ways including subsidies to families who make their own arrangements to purchase respite, the direct services of DMR staff, and contracts with respite providers and agencies. Respite services are also provided in DMR respite centers. Respite centers are staffed with DMR employees who have been trained to provide services to people with severe disabilities.

- **DMR Transition-School to Adult Life:** DMR Transition Coordinators work with students and their families at age 13 to present clear expectations about the transition process and provide an introduction to future possibilities through person-centered planning and self-determination. They offer specialized training for staff and develop collaborations with schools and adult vocational service agencies.

- **Competitive Employment:** Many people who have mental retardation find jobs through typical means. They answer ads and ask friends and family to help them put an application into the local employer. They work in their communities at jobs suited to their personal preferences, capabilities and needs.

- **Supported Employment:** Supported employment is a job option for people with disabilities who require assistance in order to be gainfully employed. A job coach works

side by side with the person who has a disability and trains the worker. As the worker's skills increase, the job coach does less of the actual job. People who work in supported employment situations may hold individual jobs or may work as part of a group. In each instance, a person in a supported employment job works in a regular place of employment such as a factory, store, hotel, restaurant, or hospital where there are other employees who do not have disabilities.

- **Sheltered Employment:** Sheltered workshops are settings where people with disabilities work in production-line fashion on projects that the workshop contracts to perform.

- **Day Support Options:** Many Day Support Option programs are located at a provider agency and assist individuals to access natural settings in the community – places like stores, libraries, community centers, restaurants, theaters, and recreational facilities – where other people typically go to enjoy community events and activities. These settings increase participants' opportunities to interact and develop relationships with other people in their communities. The kinds of activities include a variety of community experiences and opportunities such as volunteer work, sports and exercise, recreational events, membership in clubs and organizations, and other activities that allow participants to experience and enjoy adult recreation and leisure activities in the community. For people who require therapeutic services and support, specialized services and therapies are provided.

Programs designed for persons with mental retardation who are age 55 or older include opportunities to participate in a variety of activities that older people typically enjoy and that offer interaction with members of the community. Some of these programs operate in or are affiliated with senior citizen centers and adult day care programs. These programs allow people to choose leisure retirement activities that interest them.

Services include:

- **Independent Living:** Some people with mental retardation do not need staff support to manage a household on their own. They live in apartments, houses and condominiums and manage their residential life just like any other person without mental retardation.

- **Individual Supports:** Individual supports are individually designed and unique to each person. Funds are portable and the person and his or her family decides how those funds will be spent. Support Brokers and Case Managers are available to assist people to develop their plans and budgets and to secure the supports they need. Individual Supports, also known as Self-Determination, is DMR's fastest growing service option. Over 825 people are directing their own supports using individual budgets.

- **Supported Living Arrangements:** Some people need minimal hours of support to live in their own place. This staff support may be in the form of assistance with budgets, shopping and/or leisure activities. People living in SLAs get staff support from a few hours a day to only a few hours a month, depending on the needs of the person.

- **Community Living Arrangements:** People who need 24 hour support are provided with staff in group home settings. From three to six people will share an apartment or house and will have staff available to them 24 hours a day.

- **Community Training Homes:** People with mental retardation live in a family setting that is not within their own family. People in these settings live with a family that has received training and licensing from DMR.

- **Residential Centers:** Residential Centers are facilities with over 16 people. Connecticut has eight residential centers that provide 24 hour staffing for the people who live there. Usually, a person living in a residential center also receives their day services at the same facility.

- **Self-Advocacy:** Self-advocacy involves teaching people with a disability how to advocate for themselves so that people feel comfortable speaking out for what they believe in and can make decisions and choices about their life, home, friends, job, supports, and future. Self-determination happens when people recognize and exercise their rights and take responsibility for their actions. In Connecticut, there are many ways one can get involved in self advocacy efforts such as joining a formal self advocacy group, becoming a board or advisory council member of a community organization, or participating in less formal social networks. Case managers assist people in getting involved in self-advocacy.

- **Ombudsperson:** The Office of the DMR Ombudsperson works on behalf of consumers and their families. The office addresses complaints or problems regarding access to services or equity in treatment. The results and nature of complaints and concerns are communicated to the DMR Commissioner, the State Legislature and the Council on Mental Retardation.

BUREAU OF REHABILITATION SERVICES (P) www.brs.state.ct.us

The Bureau of Rehabilitation (BRS) is a part of the State Department of Social Services. BRS offers career counseling, vocational training, home and vehicle modifications, assistive technology, community work assessments, job coaching, job placement and a variety of other services that may be custom fit to assist consumers in obtaining successful employment. The mission of BRS is to create opportunities that allow individuals with disabilities to live and work independently.

The Bureau oversees five programs:

- **Vocational Rehabilitation** helps individuals with significant physical and mental disabilities to prepare for, obtain, and maintain employment. Through the provision of individualized services, persons with disabilities who are eligible for vocational rehabilitation are supported in planning for and achieving their job goals. In FFY 2002, 1,649 persons with disabilities entered or maintained employment as a result of receiving vocational rehab services.

- **Independent Living** provides comprehensive independent living services through contracts with Connecticut's five community-based independent living centers (ILCs). These centers offer four (4) core independent living services: (1) peer support; (2) information and referral; (3) individual and systems advocacy and (4) independent living skills training. The guiding principle of independent living is the integration of the person with the disability to the fullest degree possible into the community of choice.

- **Disability Determination Services** is responsible for deciding eligibility for the Social Security Disability Insurance (SSDI) and Supplemental Security Insurance (SSI) programs. These programs provide cash benefits to individuals who are unable to maintain employment due to the severity of their disabilities.

- **Connecticut Tech Act Project** makes assistive technology (AT) more accessible to persons with disabilities. Assistive technology is any device that helps an individual with a disability to maintain or improve their independent functioning. Activities under this project include: (1) a low interest loan program in collaboration with People's Bank to provide financial support for individuals to purchase devices to enable them to live more independently; (2) seed money to establish the New England Assistive Technology (NEAT) Marketplace, which refurbishes and recycles used AT equipment and (3) promoting systemic change to enhance the availability of AT to persons with disabilities.

- **CONNECT TO WORK Project** is a part of two federal grants awarded to BRS to support the employment of persons with disabilities in the competitive labor force. As a result, BRS has established a CONNECT TO WORK CENTER that coordinates information on the programs and services an individual might encounter in their efforts to enter and retain competitive employment. The primary goals of the CONNECT TO WORK Project are to: (1) establish a statewide network of benefits counselors, available to individuals with disabilities, families, employers, services providers and advocacy groups; (2) provide a single access point for information and assistance around benefits and services, connecting the key components of employment, health care and benefits counseling; (3) provide training, public education and outreach around benefits and services offered within the State of Connecticut (with a particular emphasis on the Medicaid for the Employed Disabled Program) and (4) conduct policy review and policy development to enhance opportunities for individuals with disabilities to enter the labor force.

DEPARTMENT OF CHILDREN AND FAMILIES (P) www.state.ct.us/dcf

The mission of the Department of Children and Families (DCF) is to protect children, improve child and family well being and support and preserve families. These efforts are accomplished by respecting and working within individual cultures and communities in Connecticut, and in partnership with others.

The Department of Children and Families (DCF) is a comprehensive, consolidated agency charged with serving children (under age 18) and families. DCF mandates include child protective and family services, juvenile justice services, mental health services, substance abuse related services and prevention and educational services (acting in the capacity of a school district for the children in DCF care).

DCF is also a direct provider of services, operating a children's psychiatric hospital (Riverview Hospital), a residential treatment program (High Meadows), an emergency shelter and diagnostic center (The Connecticut Children's Place) and a facility for male adjudicated juvenile offenders (the Connecticut Juvenile Training School). Girls who are adjudicated as delinquent and committed to DCF by juvenile court receive services at DCF operated facilities, at private residential programs in the community and in their own communities while they live at home.

DCF operates a voluntary 20-day Wilderness Challenge course at the Wilderness School and also funds private community-based services and licenses and monitors private services.

The agency's primary source of revenue (for operating and funding for community services) is State general fund appropriations. DCF also receives and/or administers a variety of federal resource initiatives including two federal child abuse and neglect formula grants under the Child Abuse Prevention and Treatment Act and the Independent Living Program. The Department also prepares the children's portion of the federally required state mental health plan and manages the State's cost reimbursement function under federal Title IV-E.

DCF delivers and funds services including family assessment, treatment planning, counseling, family preservation, temporary emergency shelters, residential treatment centers, group homes, homemakers, parent aides, parenting classes, aid to unwed mothers, supportive housing, foster care and adoption. The Supportive Housing Program provides subsidized housing and case management services to DCF families for whom inadequate housing jeopardizes the safety, permanency and well being of their children. DCF currently contracts with The Connection, Inc. to provide case management services to families. The Department of Social Services provides access to Section 8 Family Unification Vouchers. The program currently provides services for approximately 160 families per year. It is anticipated that it will be able to serve an additional 180 families next year (contingent on funding). DCF Central Office is located at 505 Hudson Street, Hartford, CT. There are 14 area offices located throughout the state.

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (P)
www.dmhas.state.ct.us

The Department of Mental Health and Addiction Services (DMHAS) provides services for people with a psychiatric disability or an addiction disorder, or both, through a coordinated array of services. DMHAS serves individuals 18 years or older with a chronic psychiatric disability or an addiction disorder, who live at or below the poverty level. Services provided include:

Mental Health Services:

- **Inpatient Services** include a comprehensive range of care for people whose illness precludes treatment in a less structured setting. Inpatient facilities provide high intensity care, focusing on clinical interventions for addiction and mental health disorders.

- **Special Programs** have been developed to meet the need of specific groups. These include people who are homeless and mentally ill, abusing substances and HIV positive, deaf and hearing impaired, individuals dually diagnosed with a mental illness and mental retardation or mental illness and substance abuse, and clients who are involved with the courts.

- **Community Psychiatric Services** are designed to provide clinical services that ameliorate psychiatric conditions and/or symptoms. These services include crisis services, respite care, acute inpatient, medication monitoring and outpatient therapy and partial hospitalization.

- **Community Support Services** are designed to enable adults with psychiatric disabilities to live in communities and to improve their quality of life. Support is offered through residential, employment, social rehabilitation, and case management services designed to reduce stress that can precipitate the symptoms of mental illnesses.

Addiction Services:

- **State Operated Facilities** offer acute care and rehabilitation services to addicted citizens of Connecticut. Clients receive individual and group counseling, family therapy, AIDS counseling and referral for counseling, occupational therapy, linkage to community and

social services and exposure to 12 step groups such as Alcoholics Anonymous and Narcotics Anonymous. Priority access is granted to pregnant women.

- **Community Treatment Programs** are funded and monitored by DMHAS throughout the state, including services exclusively for pregnant substance abusing women and their children. Funded treatment programs offer a variety of residential and outpatient services to male and female substance abusers. There are also pre-and-post-trial education and criminal justice programs.

- **Alcohol and other drug abuse prevention organizations** throughout the state are funded by DMHAS. Programs such as the Connecticut Clearinghouse and the Governor's Prevention Partnership (formerly known as Drugs Don't Work!) promote substance abuse awareness through informational campaigns and the distribution of educational materials about alcohol and drugs.

- **INFOLINE**, funded in part by DMHAS, operates the statewide referral service for individuals experiencing problems with alcohol or drug abuse. Individuals seeking referral for treatment services should call INFOLINE.

DEPARTMENT OF PUBLIC HEALTH (P)

The Department of Public Health (DPH) operates a Medicare Services Hotline. Messages may be left after hours, holidays, and weekends on the Medicare Hotline answering machine. Medicare beneficiaries can obtain information and register complaints or concerns about Medicare home health care services. The Children with Special Health Care Needs (CSHCN) Program is federally funded and serves children with disabilities and chronic medical conditions who are unable to access medical services due to limited income.

- **Diagnostic and Therapeutic Services** is coordinated and made available under the CSHCN program to Connecticut children under the age of 18, who are thought to have or who have been diagnosed as having certain chronic, organic, disabling conditions. Participation for individuals with cystic fibrosis is not restricted by age limits. Case management and coordination of services are provided by selected qualified providers or agencies. The program does not cover hospitalization. Eligibility is determined by financial and medical criteria.

- **Supplemental Security Income/Disabled Children Program** also provides case management and limited diagnostic and therapeutic services for all disabled children who are referred by the Social Security Administration who meet medical guidelines for the CSHCN Program.

- **Child Development Program** offers case coordination, developmental assessments and in-depth evaluations to infants and preschool children who are showing physical or psychological problems in their early development. Children from birth to 6 years who have developmental problems are eligible for the program. There is no fee in most clinics. Others charge a modest fee based on a sliding scale. Local provider services for children with special health care needs can be identified by calling INFOLINE.

CONNECTICUT HOUSING FINANCE AUTHORITY (P) www.chfa.org

The Connecticut Housing Finance Authority (CHFA) was established to alleviate the shortage of housing for low- and moderate-income families and persons by encouraging and assisting in the purchase, development, financing, rehabilitation and construction of owner-occupied and rental housing for such persons. CHFA is a self-supporting, quasi-public agency that provides homeownership mortgage loans for low and moderate families and persons. CHFA serves as the allocating agency for the federal Low-Income Housing Tax Credit Program and the State's Employer Assisted Housing Tax Credit Program (EAHTC) and Housing Tax Credit Contribution Program (HTCC). Major financing programs include:

- **Home Buyer Mortgage Program** provides continuous funding at below market, 30-year fixed rate financing to qualified low- and moderate-income first time homebuyers.

- **Downpayment Assistance Program (DAP)** provides downpayment loans to low-to-moderate income homebuyers who are purchasing a home anywhere in the State of Connecticut. Closing costs for certain eligible borrowers may also be financed. Loans are made at below market interest rates and secured by a second mortgage on the home.

- **Rehabilitation Mortgage Loans** provide funds to purchase and rehabilitate an existing home, or for current homeowners who wish to refinance and renovate the home in which they live.

- **Police Homeownership Program** provides low-interest rate home mortgages to encourage police officers to purchase homes in the communities in which they serve.

- **Homeownership Program** is for persons in public housing and selected publicly assisted housing.

- **Home of Your Own Program** provides low-interest rate Homeownership Program mortgages to persons with disabilities to enable them to have a "home of their own."

- **Reverse Annuity Mortgage Program (RAM)** provides monthly payments, based on the equity value of homes of eligible elderly homeowners with long-term health care needs.

- **Rental Development Mortgage Program** provides direct mortgage lending to eligible developers to build or rehabilitate affordable rental housing throughout Connecticut. CHFA makes construction and permanent first mortgages that are financed by taxable bonds, tax-exempt bonds, or unrestricted funds.

- **Federal Low-Income Housing Tax Credit Program** is administered by CHFA for Connecticut and provides a direct credit against Federal income taxes for those investing in rental housing, a portion of which has been developed for occupancy by qualified low-income households.

- **State Housing Tax Credit Contribution Program** is administered by CHFA and provides private donors or corporations with credits against state taxes for making contributions to non-profit housing development groups for activities in support of housing development for low-income persons. A total of $5,000,000 is available annually.

- **State Employer Assisted Housing Tax Credit Program** is administered by CHFA and provides credits against Connecticut business taxes to employers who set up qualified housing assistance programs for their employees. Assistance may be provided for downpayment in

conjunction with home purchase and rental security loans for property rental. A total of $1,000,000 is available annually.

CONNECTICUT HOUSING INVESTMENT FUND (S) www.chif.org

The Connecticut Housing Investment Fund, Inc. (CHIF) is a statewide, not-profit Community Development Financial Institution providing flexible funding, loan servicing and technical expertise to developers of affordable housing and neighborhood revitalization projects. CHIF offers seven different loan products to homeowners and developers to rehabilitate existing or build new affordable homes and apartments.

- **Construction/Acquisition Loans:** The CHIF Neighborhood Rebuilder Program provides financing to community-based nonprofit developers to purchase and rehabilitate single-family deteriorated properties. Once the rehabilitation is complete, the nonprofit sells the property to a qualified buyer.

- **Energy Conservation Loans:** CHIF is the administrative agent to the Department of Economic and Community Development (DECD) for the Energy Conservation Loan Program. Loans are available at below-market rates to qualified owners of single-family homes and multifamily apartment buildings. Loans of up to $15,000 with interest rates ranging from 1% to 6% are available to income-eligible single-family homeowners. The maximum loan amount for multifamily properties is $2,000 per unit, with a maximum loan amount of $60,000 per building. Eligible improvements include the purchase and installation of heating systems, vinyl siding, roofing, windows, attic and wall insulation and alternative energy devices, and implementation of various cost-saving energy conservation measures.

- **Home Improvement Loans:** Qualified owner-occupants of one to four unit owner-occupied properties can borrow up to $10,000 at a fixed annual percentage rate (currently 7.99%). Eligible improvements include structural additions, remodeling of bathrooms and kitchens, elimination of health and safety hazards, roofing, reconditioning or replacement of plumbing, air conditioning and electrical systems.

Since 1968, CHIF has offered technical and financial resources for help to expand affordable housing opportunities for those who have been excluded by virtue of discrimination of economic status. CHIF is located at 121 Tremont Street, Hartford, CT 06105. Contact CHIF personnel at 860-233-5165 or 1-800-992-3665 or at the website listed above.

DEPARTMENT OF LABOR (S) www.ctdol.state.ct.us

The Connecticut Department of Labor (DOL) is committed to protecting and promoting the interests of Connecticut workers. In order to accomplish this in today's ever-changing environment, DOL assists workers and employers in becoming competitive in the global economy. DOL takes the comprehensive approach to meeting the needs of workers, employers, and other agencies that serve them. **Employers** needing qualified workers or help upgrading current employees' skills can count on DOL for recruiting, job-training, referrals and consulting services tailored to meet specific needs. For **job seekers**, available services include career counseling, information on skills training and job-search assistance.

The following are programs/services provided by DOL:

- **Apprenticeship Programs:** apprenticeships serve to maintain a continuing pool of skilled workers trained in current technology methods. Apprenticeship staff monitors and

registers apprenticeship training programs while assisting employers in recruiting apprentices, implementing programs and making use of Connecticut business tax credits. Call 860-263-6085 for information.

- **Connecticut Job Bank:** The Connecticut Job Bank (CJB) is the state's premier online job listing and recruitment service. Job seekers may post resumes and search thousands of current job listings. Employers gain maximum 24/7 exposure to over 100,000 job seekers for their job openings and can review more than 10,000 active job seeker resumes. CJB automatically links to America's Job Bank to gain national exposure to one million job seekers for Connecticut employer job listings. Employers may also easily access the state's labor pool through on-site recruitment at one of our career offices. Visit the DOL website above. Employers may also list job postings by phone at 860-344-2044 or by fax at 860-344-2057.

- **Dislocated Workers:** People who lose their jobs due to a plant closing or major layoff may get help with job search services and, depending on availability, retraining opportunities. Services are offered to eligible individuals through the DOL offices throughout the state. Call 860-263-6580.

- **Employment Tax Credit Programs:** Employers can receive thousands of dollars in federal tax credits by using the Work Opportunity Tax Credit (WOTC) and the Welfare-to-Work (WtW) Tax Credit for hiring individuals who meet tax credit eligibility requirements. Employers may receive up to a $2,400 federal tax credit per qualified individual hired through the WOTC Program, and up to $8,500 over a two-year period per qualified individual hired through the WtW Tax Credit Program. There is no limit to the number of newly hired individuals that may qualify an employer for tax credits. Call 860-263-6060 for information.

- **Federal Bonding Program:** The Federal Bonding Program (FBP) provides fidelity bonding insurance coverage to ex-offenders and other high-risk job applicants who are qualified but fail to get jobs because regular commercial bonding is denied. A company may request bonding for an applicant by contacting the FBP coordinator in any DOL office, or the statewide coordinator at 860-263-6040.

- **Job and Career Connection (JCC):** The JCC is an online career development system that offers assistance in researching a career, finding appropriate training and securing a new job. Visit www.ctjobandcareer.org to view this nationally recognized award winner.

- **Labor Market Information (LMI):** LMI consists of data on the economy, workforce, and careers, including unemployment rates, wages and job growth. In order to assist job seekers, employers, students and researchers in making informed choices, the Office of Research provides Connecticut LMI via reports, publications, presentations and the Internet. Call 860-263-6255 for further information.

- **Occupational Safety and Health ACT (OSHA) On-site Consultation Program:** this is a free service provided to public and private employers who request a consultation concerning OSHA regulations and standards. At the invitation of an employer, a state consultant will visit the employer's workplace, discuss OSHA regulations and standards, "walk through" the establishment noting any violations observed, and have a closing conference with the employer. Call 860-566-4550.

- **Rapid Response Program:** these services ease the impact of layoffs and assure that workers are offered a full range of benefits and services. The Rapid Response Team conducts, prior to layoffs, "Early Intervention" sessions where employees can learn about unemployment benefits, job search assistance, and training opportunities. Call 860-263-6580.

- **Trade Adjustment Assistance (TAA and NAFTA):** this program is available for individuals certified by the federal government as having lost their jobs due to the more competitive nature of goods produced outside of the United States. Benefits to certified workers might include retraining, job search and relocation. Call 860-263-6070 for more information.

- **Unemployment Compensation:** this program provides temporary income to eligible unemployed workers. Established to protect workers against extreme financial hardship, this income support system was designed to provide short-term, partial aid for 26 weeks. During specific periods of high unemployment, benefits could be extended for additional weeks. Call 860-263-6785.

- **Veterans' Services:** U.S. military veterans are afforded priority in all the employment and training services offered by the local offices of the Connecticut Department of Labor. Veterans' Representatives in each office provide specialized service to all veterans, with emphasis on services to disabled veterans. Outreach activities are regularly performed to inform veterans of the specialized programs and services available to them. Call 860-263-6790.

- **Wage and Workplace Standards:** this division administers a wide range of laws that protect and promote the interests of Connecticut's 1.6 million workers. This program provides information on wage payments, employment of minors, family leave, minimum wage, hour compliance, workplace standards, drug testing and more. Employers are assisted in complying with the laws primarily through seminars and educational materials. Call 860-263-6790 for more information.

- **Youth Employment Services (YES):** all offices, when requested by schools or organizations serving youth, offer tours of the Department of Labor centers and participate in career days and job fairs. Youth alone, or in groups, may access all local office services including career exploration, job search services and workshops. Services may be offered at the local office, schools, or community organizations. Contact the nearest Department of Labor/CT Works Career Center.

- **Connecticut Learns and Works Conferences:** the Department of Labor co-sponsors, with the State Department of Education, conferences for career counselors, teachers, job developers and others. These conferences focus on topics such as workforce development, career trends, and technology advances. Call the Job Development Unit at 860-263-6280 for more information.

- **Speaker's Bureau:** speakers are available from the Department of Labor to make presentations on a variety of subjects ranging from Labor Market Information to FMLA guidelines. Topics include:

    - **Economic and Occupational Information:** current and future economic conditions, career development, industry and occupational forecasting.

- **Safety and Health (OSHA):** individualized safety and health training programs
- **Wage and Workplace Standards:** wages and hours, youth employment, family leave and other issues
- **Unemployment Insurance (UI) Tax Division:** information and assistance in preparing quarterly tax returns for unemployment insurance

- **Career Centers:** CT Works/Connecticut Department of Labor Career Centers offer services to job seekers and employers and are located throughout the State. Career development services are provided at no cost to users, regardless of employment status. An equal opportunity employer with equal opportunity programs, the Connecticut Department of Labor provides auxiliary aids and services upon request to individuals with disabilities. Services include:
  - Career development specialists to help in job search, including Veterans' Employment Representatives
  - Certified professional resume writers to help job seekers develop a resume
  - Videotapes, publications and software to assist with job search strategies and learning computer programs
  - Internet access for finding a job, posting a resume, researching companies and career advice
  - Use of computers, telephones and fax machines
  - Job search and career transition workshops, including interview techniques
  - Occupational wages and employment outlook
  - Internet access for recruiting employees, researching training programs and labor market information
  - Low-cost, high profile job fairs throughout the State, run to help match employers and job seekers
  - Participation in hiring programs, possibly earning tax credits
  - Videotapes, workshops, publications and software to assist with basic skills training of employees
  - Referral to other state agencies for answers to questions regarding taxes, licensing, state regulations and employer services
  - Information on programs that help businesses expand and update technology
  - Employer registration for Unemployment Insurance (UI) liability and answers to any UI tax questions
  - Economic and labor market data

DEPARTMENT OF CORRECTION (S) www.ct.gov/doc

The Department of Correction (DOC) has served and protected the citizens of Connecticut since 1968 by daily ensuring the security of the State's 18 correctional facilities in a manner that is widely viewed as a national model. DOC provides counseling, education and treatment to inmates that they can utilize to improve themselves. DOC provides programs and structured activities with clearly defined behavioral expectations for offenders. The Department's focus is on successful strategies to reduce recidivism and support offenders in returning to their communities.

DOC contracts for approximately 600 halfway house beds throughout the State. These programs assist offenders in the process of reintegrating into society, and may include employment assistance, substance abuse treatment, mental health and housing assistance. The Court Support Services Division supervises approximately 52,000 probationers and, as part of Connecticut's balanced program to alleviate overcrowding in the State's prisons, DOC has developed a major network of Alternative Incarceration Programs. By diverting less serious offenders to community punishment and supervision programs, Connecticut ensures that prison space remains available for more serious offenders.

The Department continues to face the challenges of providing adequate and appropriate risk/need assessment, case planning and pre-release services and intensive supervision and case management once offenders are back in the community. The most critical needs within 72 hours of release are medical services, registration for benefits, supervision compliance and access to appropriate and safe housing. The majority of offenders who violate parole have housing issues, with nearly 50% listing local shelters as their address at the time of parole violation. DOC recognizes that the problems of reentry are not strictly a correction issue or a criminal justice issue but a *community* issue and that creative solutions require collaboration, coordination and partnership with a wide range of state, local, non-profit and community groups.

DEPARTMENT OF VETERANS' AFFAIRS (S) www.state.ct.us/ctva

The Department of Veterans Affairs (VA) is responsible for providing assistance to veterans, their eligible spouses and their eligible dependents. Assistance is provided in obtaining benefits as provided for under federal, state and local laws. The VA has an expanded, integrated, and coordinated program of services for Connecticut veterans and their families. Counsel is provided to Connecticut veterans concerning the availability of educational training and retraining facilities, health, medical, rehabilitation, and housing facilities and services; services for veterans who may have been exposed to herbicide during military action; and VA benefits for nursing home care. The agency also assists in the establishment, preparation, and presentation of claims to rights, benefits or privileges accrued to veterans. The VA employs Veterans' Service Officers across Connecticut to assist veterans in this process and to represent them before the U.S. Department of Veterans' Affairs concerning claims and benefits.

DEPARTMENT OF SOCIAL SERVICES (P) www.dss.state.ct.us

The Department of Social Services (DSS) serves families and individuals that need assistance in maintaining or achieving their full potential for self-direction, self-reliance, and independent living.

- **Temporary Family Assistance** (TFA) is a program funded by the state and federal government from the Temporary Assistance for Needy Families (TANF) block grant that provides financial assistance to eligible families. The TFA program is designed to enable very poor families to provide basic necessities for their children while they are making

the transition from welfare to work as part of the State's Jobs First Program. Many families eligible for TFA are also eligible for food stamps and energy assistance.

- **CONNPACE** (Pharmaceutical Assistance) pays the cost of prescription drugs, after a co-payment per prescription, for people 65 and over and adults with disabilities who receive Social Security benefits. Eligible individuals must not be receiving prescription assistance from any other source other than a Medicare-endorsed drug discount card. Applicants must be a state resident for at least six months and pay an annual registration fee. Individuals with income below or equal to 135% of the federal poverty level who are enrolled in Medicare Part A or B must obtain a Medicare-endorsed drug discount card.

- **Medicaid (Title XIX)** is a federal/state program administered by DSS. It provides medical coverage for eligible participants. The rules and regulations of the program are extremely complex. Anyone needing help to pay current, future or past medical expenses is encouraged to apply.

- **HUSKY (Health Care for Uninsured Kids and Youth) Program** is a service for all families with children who need health coverage. HUSKY offers a comprehensive health care benefit package for Connecticut families with children up to age 19, including the parents or other caretaker relatives of such children.

Elderly Services:

- **Protective Services for the Elderly and the Nursing Homes Ombudsman Programs** provide services to protect people aged 60 and over from abuse, neglect (including self-neglect), and exploitation. Crisis and social work intervention, counseling, safeguarding, advocacy and monitoring are among services provided by social workers after a state ombudsman refers cases. There is no income eligibility for initial referral.

- **Conservator of Person Program** social workers act as conservator designees for income-eligible people over 60 who have been determined by the probate court to be incapable of making personal decisions. This program enables substitute decision-making in areas such as housing and personal medical treatment, and gives the DSS Commissioner legal responsibility for the care and well being of persons eligible for this program.

- **Conservator of Estate Program** staff act as Conservator of Estate for low-income, elderly people who are unable to manage their financial affairs. Conservators are appointed by the Probate Court.

- **Ombudsman Office-Nursing Homes** receives, investigates and resolves all complaints and problems from or on behalf of nursing home residents affecting their quality of life and care.

- **Ombudsman Office-Protective Services to the Elderly** staff receives and investigates reports of neglect, self-neglect, abuse, and exploitation of persons who are 60 years old or older and living in the community.

- **Statewide Respite Care Program** enables caregivers to receive respite care services for their loved ones with Alzheimer's disease or related disorders. The program offers caregivers the opportunity to receive an assessment of services needed, have a care plan developed and/or purchase services for the individual with dementia.

- **Retired & Senior Volunteer Program (RSVP)** provides opportunities to persons 55 years of age and older to participate in their communities by sharing their knowledge and skills through meaningful volunteer experience.

- **Senior Community Service Employment Program** offers employment and training opportunities to individuals 55 years of age and over with an income not exceeding 125% of the poverty level. The program attempts to match the older worker's interests and ability with a position in a community services agency.

- **CHOICES Program** provides (1) health insurance assistance (Medicare, Medicaid, Medicare Supplement Insurance; (2) outreach; (3) information and referral; (4) counseling; (5) eligibility screening through "One Stop" information and screening for 20 state and federal benefits and/or support programs.

- **Elderly Services Information Line** is a toll-free line established to handle questions concerning programs and services available for persons 60 years of age or older. Callers can speak with trained staff who can provide information about programs for senior citizens in Connecticut.

- **National Family Caregiver Support Program** is designed to support family members who provide care to an elderly family member aged 60 and over, or to grandparents who are age 60 and over and are caring for a child who is 18 years of age and under. Services include information, assistance, counseling, training, respite and supplemental services (these services are provided on a limited basis and vary by region).

- **Medi$ave** provides education to Medicare beneficiaries in detecting fraud and abuse in the Medicare and Medicaid programs. Through senior volunteer education, the program strives to improve the quality of care and life for all Medicare and Medicaid beneficiaries.

- **Breakthrough to the Aging (Friendly Visitors/Shoppers)** trains volunteers of all ages to serve as Friendly Visitors and Friendly Shoppers to individuals aged 60 and over.

- **Connecticut Home Care Program for Elders** provides funds to assist frail elderly persons to remain living in their homes. The program provides a wide range of home health and non-medical services to persons age 65 and older who are institutionalized or at risk of institutionalization. Services include adult day health care, home delivered meals, case management and emergency response systems.

- **Connecticut Partnership for Long Term Care** is a program of the State of Connecticut that works in alliance with the private insurance industry to create an option to help persons meet future long-term care needs without depleting all assets to pay for care. Under the Connecticut Partnership, private insurance companies competitively sell special long-term care insurance policies that not only offer benefits to pay for long-term care costs, but also offer Medicaid Asset Protection should one ever need to apply to Connecticut's Medicaid Program for assistance.

- **Elderly Health Screening** supports four Elderly Health Screening programs throughout Connecticut. The primary goal of these programs is the early detection of disease and prevention. Health care education is also provided.

- **Elderly Nutrition Program** funds thirteen (13) projects across the State. These programs serve nutritionally balanced meals to individuals 60 years of age and over and their spouses. (Meals may also be provided to persons with disabilities living in senior housing facilities that have congregate meal sites). The meal sites (Senior Cafes) are located in senior centers, senior housing projects, schools, churches and other community settings. Meals are also delivered to homebound or otherwise isolated older persons.

- **Housing**, living arrangements and availability of supportive services become increasingly important considerations as older individuals age. Housing options and programs in Connecticut include Assisted Living, Nursing Homes and Continuing Care Retirement Community and Reverse Annuity Mortgage Programs. For more information on these housing options, persons can contact the Elderly Services Division at DSS.

Housing Assistance:

- **State Rental Assistance Program (RAP)** assists low-income families to afford decent, safe and sanitary housing in the private market. To be eligible, family income may not exceed 50% of the median income for the Connecticut county or metropolitan area in which the family chooses to live. DSS calculates the maximum amount of housing assistance that a family may receive based on family income. A family pays 40% of its monthly income on rent and utilities, while elderly and disabled families pay 30% of their monthly income.

- **Transitionary Rental Assistance Program (T-RAP)** is a rent subsidy program that helps families who have earnings over the TFA Payment Standard, and who are leaving Temporary Family Assistance (TFA), to afford privately owned rental housing. Families pay 40% of their adjusted monthly income towards their rent and utilities. Eligible families may receive T-RAP for a maximum of twelve months.

- **Emergency Shelter Services Programs** include: grants supporting emergency shelters statewide and transitional living programs; emergency shelter/housing placement of families made homeless by natural disaster, fire or eviction; eviction intervention; and social work services to homeless families.

- **Eviction Prevention Program** assists low and moderate income residents who are at risk of becoming homeless or losing their homes due to inability to pay their rent or mortgage, and attempts to prevent litigation, eviction, or foreclosure, through assessment, community-based mediation, conflict resolution, and the use of a rent bank.

- **Security Deposit Assistance** helps homeless individuals and families afford to move into rental housing. Qualifying emergency situations include homelessness or living in a domestic violence shelter, motel or hotel, or temporary residence with friends or relatives during the homeless crisis; eviction; release from hospital, prison or other institution. Applicants who meet the income limits and other criteria may be eligible for the equivalent of two months' rent. Families that have been selected off of a housing authority's waiting list, to receive a Section 8 Housing Choice Voucher, State Rental Assistance or a Transitionary Rental Assistance Program Certificate are also eligible to apply.

- **Section 8 Housing Choice Voucher Program** is federally funded and assists very low-income families in obtaining decent, safe, and sanitary housing. This program provides direct rental subsidies to property owners. The family pays up to 40% of its monthly income on rent and utilities and the rent subsidy covers the remainder of the rent charge

by the landlord. Housing subsidized under this program must meet HUD minimum housing quality standards of safety and sanitation. Rental assistance may be used in existing housing, newly constructed units, and in moderately or substantially rehabilitated units.

- **Temporary Rent Subsidy Program (TRSP)** assists a limited number of very low-income families participating in the Jobs First Employment Services (JFES) Program and families that have exhausted their TFA benefits. Families pay 30% of their monthly income on rent and utilities. The rent subsidy is provided for up to eighteen months.

- **State Supplement for the Aged, Blind and Disabled (State Supplement)** is designed to supplement assistance received from the federal Supplemental Security Income program. Actual receipt of SSI is not required. For example, recipients of a low monthly Social Security benefit, private pension, Veterans' benefits, or limited income from another source may still qualify for the State Supplement.

- **Adult Services** provides home care services to eligible people with disabilities. Social workers coordinate planning and management of services to help clients stay independent in the community. Services include homemaker, housekeeper, chore person, adult companion, day care, and home-delivered meals. Income/asset eligibility applies.

- **Personal Care Assistance** provides grants to people with disabilities to obtain or retain employment. Income eligibility applies.

- **Personal Care Assistance (PCA) Medicaid Waiver Program** allows flexibility in obtaining home care support to those who are receiving Medicaid assistance. Under this program, the individual is responsible for hiring, training, supervision and payment to the PCA. To apply for the PCA waiver, contact the regional DSS Office to obtain a PCA Waiver Request form.

- **Parent Subsidy Program** provides grants to help families finance the extraordinary expenses of children with disabilities.

- **Traumatic Brain Injury-Related Services** provides funding for placement in rehabilitation facilities or day treatment programs that provide behavior management; care management and home care services for people with traumatic brain injury.

- **Care 4 Kids Program** provides monthly subsidies to eligible families to help them pay for childcare. The program covers children up to 13 years of age (or 18, if the child has special needs) who are in licensed family daycare homes, group daycare homes, and child daycare centers, the child's own home, or in a relative's home. Actual payment is based on the difference between market rate (depending on the age of the child, setting of care, and region of the state) and the actual cost of care, whichever is lower, and a percentage of the family's income. Funding for the Care 4 Kids Program is limited. Interested persons must call DSS for more information including the availability of certificates.

- **Food Stamp Program** is a federal program operated through DSS designed to give low-income households extra money to purchase food.

- **Connecticut Access** is a program developed by DSS to improve health care for the State's Medicaid recipients. Eligible families are asked to choose a managed care health plan. All health plans provide the same basic benefits: diagnostic services, physician

services, check-ups, maternity and newborn care, well child care, prescription services, hospital services, urgent care, emergency care, family planning services, laboratory services, x-ray/imaging, physical therapy, dental care, mental health services, immunizations, vision care, hearing care, osteopathic manipulative therapy, chiropractic services, medical transportation, and addiction services. Participants may go to their primary health care provider's office, a health clinic, or a hospital.

- **Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB) and Additional Low-Income Medicare Beneficiaries Programs** are federal and state funded and provide health care coverage and financial assistance in paying Medicare costs for certain Medicare beneficiaries. The programs are administered by DSS.

- **State Assisted General Assistance (SAGA)** is a state-funded financial and medical assistance program for individuals or households who do not have enough income or resources to meet basic living expenses and who cannot get immediate financial or medical help from other government programs. Cash assistance is limited to individuals who have a temporary or long-term disability. Medical assistance is available to those with limited means without regard to age or disability. The program is administered directly by DSS.

OFFICE OF POLICY AND MANAGEMENT (S) www.opm.state.ct.us

The Office of Policy and Management (OPM) functions as the Governor's staff agency and plays a central role in State government, providing the information and analysis used to formulate public policy for the State and assisting State agencies and municipalities in implementing policy decisions on the Governor's behalf. OPM provides the Governor with a global overview of proposed policy initiatives, identifying the full range of financial and policy implications of proposed actions. On the Governor's behalf, OPM analyzes and assesses financial, programmatic and legislative proposals of State agencies, the General Assembly and the federal government.

OPM prepares the Governor's budget proposal and implements and monitors the execution of the budget as adopted by the General Assembly. Through intra-agency and inter-agency efforts, OPM strengthens and improves the delivery of services to the citizens of Connecticut, and increases the efficiency and effectiveness of state government through integrated process and system improvements.

OPM also administers programs that provide tax relief, financial assistance, and/or grant funds directly to OPM customers. The list of grants and services administered by OPM are grouped into three (3) customer categories by program recipients and/or eligibility requirements as follows:

For Individuals:

- Disabled Tax Relief Program
- Homeowners-Elderly/Disabled (Circuit Breaker) Tax Relief Program
- Homeowners-Elderly/Disabled (Freeze) Tax Relief Program
- Renters-Rebate For Elderly/Disabled Renters Tax Relief Program
- Veterans Additional Exemption Tax Relief Program

For Businesses:

- Commercial Motor Vehicles-Reimbursement of Tax Loss on Exemptions
- Distressed Municipalities-Reimbursement of Tax Loss for Exemptions
- Manufacturing Machinery and Equipment-Reimbursement of Tax Loss on Exemptions

- New Energy Technology (NET)

For Municipalities/Regional & Non-Profit Organizations/State Agencies:

- Colleges (Private) and General/Free Standing Chronic Disease Hospitals-Payment in Lieu of Taxes
- Combating Underage Drinking
- Computer Assisted Mass Appraisal (CAMA) System Grant
- Criminal Justice Information system (CJIS)
- Criminal Justice Records Improvement Program (CJRI)
- Disaster Assistance Program-Federal Emergency Management Agency (FEMA)
- Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program
- Drug Enforcement Program (DEP)
- Justice and Youth Grants Program
- Juvenile Justice Advisory Committee
- Juvenile Justice System
- Leadership, Education and Athletics in Partnership (LEAP)
- Local Capital Improvement Program (LoCIP)
- Local Law Enforcement Block Grants Program (LLEBG)
- Mashantucket Pequot/Mohegan Fund Grant
- Minority Overrepresentation in the Juvenile Justice System
- National Crime History Improvement Program (NCHIP)
- Neighborhood Youth Centers Program (NYC)
- Offender Based Tracking System (OBTS)
- Pilot Reintegration Education Program (PREP)
- Police and Youth
- Police Youth Enrichment Program (PYEP)
- Regional Planning Grant-in-Aid
- Safe and Drug-Free Schools and Communities (Governor's portion)
- School Attendance
- Small Town Economic Assistance Program (STEAP)
- State-Owned Property-Payment in Lieu of Taxes
- STOP Violence Against Women Formula Grant Program
- Youth Development

CONNECTICUT DEPARTMENT OF PUBLIC SAFETY (P) www.state.ct.us/dps

The Department of Public Safety (DPS) is comprised of the following divisions: (1) Connecticut State Police, (2) Fire, Emergency and Building Services, (3) Scientific Services and (4) Homeland Security. The State Police is the largest police department in Connecticut and is the third largest in New England. It is a full service police agency with statutory responsibility for providing public safety needs to the citizens of Connecticut. DPS promotes cooperative law enforcement efforts between municipal and state police aimed at addressing crime within a targeted area of a community. Many of the initiatives of the Connecticut State Police are based on this "community policing" framework and are designed to deal with violent crime, including gang related criminal activities. Participating cities coordinate the enhanced law enforcement within an expanded plan for community improvement. Community action plans are self-selected at the local level. Examples have included the creation of neighborhood problem-solving committees, graffiti removal programs, removal of slum and blight, business-based programs to

deter loitering, enhanced relationships with landlords of problem buildings, park cleanup campaigns, and added recreation and employment opportunities for neighborhood youth.

CONNECTICUT DEVELOPMENT AUTHORITY (S) www.ctcda.com

The Connecticut Development Authority (CDA) offers business assistance including direct and guaranteed loans that enable and encourage companies to expand and succeed. CDA offers: (1) loans and loan guarantees to businesses in distressed municipalities in order to encourage business development, employment and neighborhood stabilization under URBANK; (2) up-front grants, financing and assistance to transform brownfield industrial sites to economically viable commercial and industrial properties; (3) equity financing and grants to developers of high technology or information technology projects and (4) generous financial and tax incentives to businesses that significantly expand in or relocate to Connecticut.

C. Related State Agency Task Groups

INTERAGENCY COUNCIL ON SUPPORTIVE HOUSING AND HOMELESSNESS

The mission of this Council is to develop and implement strategies and solutions to address the problem of homelessness. The goals of the Council are to: (1) reduce homelessness in Connecticut; (2) reduce the inappropriate use of emergency health care, shelter, chemical dependency, corrections, foster care and similar services and (3) improve the health and employability, self-sufficiency and other social outcomes for individuals and families experiencing homelessness.

Members of the Council include: (1) the Commissioners of DECD, DCF, DMHAS, DPH, DOC, DSS and Veteran's Affairs; (2) the Secretary of OPM; (3) the Director of OWC; (4) the Executive Director of CHFA and (5) representatives of the Governor's Office. The Council has been charged to develop a plan by September 1, 2004 for an additional 900-1,000 units of permanent, supportive housing. The new supportive housing will be designed to enable residents to obtain and keep permanent housing, increase their job skills and income, and achieve family stability. The Council may also identify other policy reforms, programs and expansions to lessen homelessness in Connecticut.

THE COMMUNITY MENTAL HEALTH STRATEGY BOARD

The Community Mental Health Strategy Board (CMHSB) is a fourteen (14) member panel chaired by the Commissioner of Mental Health and Addiction Services and is charged with developing an investment strategy to address some of the most critical challenges identified by the Governor's Blue Ribbon Commission on Mental Health. The Board's primary work is to analyze the potential systemic impact, sustainability and anticipated outcomes for each investment being considered for funding from the Community Mental Health Strategic Investment Fund.

The Supportive Housing Pilots Initiative (PILOTS) Program is a public/private collaborative effort to foster the development of long-term solutions to the housing and service needs of families and individuals, coping with psychiatric disabilities and/or chemical dependency. DMHAS is spearheading PILOTS in partnership with other state agencies including DECD, CHFA, DSS, OPM, the Corporation for Supportive Housing (CSH), philanthropic organizations, consumers, family members, community-based non-profit housing and service providers statewide. The goal of PILOTS is the creation of new housing units over the next five (5) years that link individuals and families with targeted employment and service supports.

As of July, 2001, the Connecticut General Assembly established the Community Mental Health Strategic Fund with $15 million in State funds to provide for capital development, predevelopment and support services funding for non-profit mental health and substance abuse service agencies to create affordable housing, including transitional and permanent housing options. An additional $10 million of bonding from DECD was committed for this purpose. The Connecticut General Assembly appropriated new support service funding for PILOTS, authorizing total support service funding in the amount of $3 million. Subsequent budgetary changes increased the bonding commitment to $20 million representing a total of $23 million for new housing.

Connecticut is the only state in the U.S. doing supportive housing on a statewide basis. A total of 531 clients have been housed under the PILOTS program (218 at 9 existing PILOTS Demonstration Program Sites (that total becomes 281 with 63 low-income individuals, who are not DMHAS clients, but are eligible to access services) and 313 clients statewide through Phase 1 PILOTS leasing of scattered, existing apartments. In Phase 2 of PILOTS, 19 projects will be funded to constitute the development of new housing units through acquisition, new construction or rehabilitation. These projects are slated to serve 173 DMHAS clients and 207 low-income individuals who will have the option to access services. The total of existing and new supportive housing projects will then provide Connecticut with approximately 800 units of supportive housing statewide.

NURSING FACILITY TRANSITION STEERING COMMITTEE

This Committee oversees the Nursing Facility Transition Grant awarded to Connecticut's Department of Social Services (DSS) and funded by the Centers for Medicare and Medicaid Services (formerly Health Care Financing Authority). DSS has, in turn, contracted with the Connecticut Association of Centers for Independent Living to implement the project.

The Nursing Facility Transition Project is a three (3) year grant with two major goals: (1) to create an effective system of transition for individuals residing in nursing facilities who desire to and are appropriate to live in the community, along with the necessary services and supports to allow individuals to maintain living in a community setting and (2) to demonstrate the effectiveness of the system by assisting one hundred and fifty (150) individuals to transition from nursing facilities to the community.

Consumers make up the majority of the membership of this Committee that will enable people with disabilities, family members and state agency representatives to have a leadership role in the design, development, monitoring and evaluation of the grant. In addition, workgroups include representatives from the Steering Committee and from the broader community to assist with specific aspects of the grant.

REAL CHOICES SYSTEMS CHANGE STEERING COMMITTEE

This Committee oversees the Real Choices Systems Change Grant awarded to Connecticut's Department of Social Services (DSS) and funded by the Centers for Medicare and Medicaid Services (formerly Health Care Financing Authority).

This three year federal grant will be administered by the A.J. Pappanikou Center and has three primary goals to: (1) build the capacity within the State of Connecticut to support informed decision making, independent living and a meaningful quality of life for persons with disabilities across the life span; (2) assist three communities in Connecticut to become models of support for opportunities and choices for persons with disabilities across the lifespan and (3) provide a template for future statewide system improvements.

The Steering Committee has a majority of members who are consumers and, with DSS, collaborates closely with other "systems change" grants, in particular, the Nursing Facility Transition Grant and the Connect-to-Work Project.

D. Federal Agencies

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (T) www.eeoc.gov/

The Equal Employment Opportunity Commission (EEO) protects individuals from discrimination in employment on the basis of race, color, sex, religion, national origin, age or disability. Discrimination by employers with 14 or more employees is prohibited in all aspects of the hiring and employment process or any other terms, privileges or conditions of employment provided or imposed by the employer. For more information, call or write the Equal Employment Opportunity Commission, 1801 L Street, NW, Washington, DC 20807.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (T) www.hud.gov/

The U.S. Department of Housing and Urban Development (HUD) funded programs are administered in Connecticut by the state, municipalities, private nonprofit agencies, and private owners. The most popular programs are Rental Assistance, Section 8 Certificates and Vouchers; Low Income Public Housing; and Elderly and Disabled Housing. Also available through HUD are Community Development Block Grants, the HOME Program, Connecticut Small Cities Block Grants, and Homeless Housing Grants. The Hartford Field Office is located at One Corporate Center, 20 Church Street, 19th Floor, Hartford, CT 06103.

SOCIAL SECURITY ADMINISTRATION (T) www.ssa.gov/

Social Security Disability Income (SSDI) can be paid to disabled persons who are unable to work due to a medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of not less than 12 months, or whose disability will result in death. Certain children, adult children with disabilities, widows/widowers may be eligible to collect SSDI from the account of a retired or deceased wage earner. Supplemental Security Income (SSI) is a federal income assistance program for the aged, blind, and disabled. Unlike Social Security, SSI has limits on the amount of money and resources a recipient can have. Recipients may receive both Social Security and Supplemental Security Income, if eligible for both.

FANNIE MAE (T) www.fanniemae.com

Fannie Mae is a private, shareholder-owned company that works to make sure mortgage money is available for people in communities all across America. Fannie Mae does not loan money directly to homebuyers but works with lenders to make sure they don't run out of mortgage funds so that more people can buy homes. Fannie Mae directs its efforts into increasing the availability and affordability of homeownership for low, moderate, and middle-income Americans.

Fannie Mae's American Dream Commitment is a $2 trillion pledge to increase homeownership rates and serve 18 million targeted American families who traditionally have been underserved by the nation's housing finance industry including minorities, people who live in central cities, senior citizens, immigrants, Americans with special needs, and others. Fannie Mae buys single-family home loans from mortgage bankers, savings and loan associations, commercial banks, credit unions, state and local housing finance agencies and other financial institutions, thereby providing a steady stream of mortgage funds available for lending to America's homebuyers.

Fannie Mae also provides financing for the multifamily housing market throughout the United States. As a leader in the multifamily housing finance industry, Fannie Mae's Affordable Housing and Community Development activities focus on tackling America's toughest housing problems. The mission of Fannie Mae is to tear down barriers, lower costs and increase opportunities for homeownership and affordable rental housing for all Americans.

FEDERAL HOME LOAN BANK (T) www.fhlbanks.com

The Federal Home Loan Bank (FHLB) System is comprised of twelve (12) wholesale banks, places where community financial institutions turn for funds. Through this cooperative structure, local lenders can extend affordable credit to their communities. And these communities then have access to more affordable housing and funds for small businesses and community development projects. Since 1989, the FHLBanks have annually contributed 10% of their income or $10 million, whichever is greater, to the Affordable Housing Program (AHP). This program subsidizes long-term financing for very low, low and moderate-income families and has provided over $1.4 billion in grants since its inception. In 2000 alone, FHLBanks provided over $200 million in subsidies for 41,000 homes through AHP. In addition, FHLBanks have provided over $20 billion since 1990 through the Community Investment Program (CIP) to fund community and economic development projects. The FHLBanks are the largest supporter of Habitat for Humanity affiliates, providing over $56 million to that organization to date.

U.S. DEPARTMENT OF COMMERCE (T) www.commerce.gov/

The Economic Development Administration of the U.S. Department of Commerce provides grants for infrastructure development, local capacity building, and business development to help communities alleviate conditions of substantial and persistent unemployment and underemployment in economically distressed areas and regions.

U.S. SMALL BUSINESS ADMINISTRATION (T) www.sbaonline.sba.gov/

Congress created the U.S. Small Business Administration (SBA) in 1953 to help America's entrepreneurs form successful small enterprises. Today, SBA has program offices in every state, the District of Columbia, the Virgin Islands and Puerto Rico. These offices provide financing, training and advocacy for small firms.

E. Partners, Organizations and Other Service Providers

CONNECTICUT ASSOCIATION OF REALTORS (T) www.ctrealtor.com

The mission of the Connecticut Association of REALTORS®, Inc. is to enhance the ability of its members to conduct their business successfully while maintaining the preservation of private property rights. REALTORS® doing certain business with the Department of Housing and Urban Development or other governmental agencies are required by law to design and implement Affirmative Fair Housing Marketing Plans. In the past, these firms have had the option to adopt the Voluntary Affirmative Marketing in lieu of developing these plans. As a result of a new partnership between the National Association of REALTORS® and HUD, the option of adopting the Voluntary Affirmative Marketing Agreement in lieu of developing an Affirmative Fair Housing Marketing Plan is not allowed. CAR has a model Affirmative Fair Housing Marketing Plan for use by those REALTORS® doing business with HUD or other governmental agencies.

CONNECTICUT FAIR HOUSING CENTER (S) www.volunteersolutions.org/uwcact/

The Connecticut Fair Housing Center is a statewide non-profit organization whose mission is to ensure that all people have equal access to housing opportunities in Connecticut. The Center provides community education, technical assistance and capacity building in the area of fair housing; provides assistance to individuals pursuing legal rights and remedies related to fair housing; offers fair housing referral and counseling services; promotes community involvement and resource development; conducts research and develops models related to fair housing; investigates complaints through a fair housing testing program to assist people who have experienced housing discrimination; participates in legal actions regarding fair housing; and advocates for policies and programs which expand available housing opportunities for all people. The Center is located at 221 Main Street in Hartford, CT 06106.

CONNECTICUT HOUSING COALITION (T) www.ct-housing.org

The Connecticut Housing Coalition (CHC) represents the broad, vibrant network of community-based, affordable housing activity across the State. The more than 250 member organizations that comprise the Coalition include non-profit developers, human service agencies, resident associations and diverse other housing practitioners and activists. The mission of this group is to assert the right of every Connecticut resident to decent and affordable housing.

The Coalition is the primary communication link for local housing efforts through which organizations and individuals concerned about housing share information and advice. The Coalition has played a leading role on issues including financing for affordable housing development and rehabilitation, rental assistance for low-income households, fair housing opportunity, and homelessness prevention. Products of CHC include a quarterly newsletter, periodic action alerts and an annual conference. Services provided include advocacy, community education and networking. The Coalition is located at 30 Jordan Lane, Wethersfield, CT 06109.

CONNECTICUT COMMUNITY DEVELOPMENT ASSOCIATION (T)

This statewide association of community development practitioners is a welcomed partner in the training and dissemination of information regarding community development.

FAIR HOUSING ASSOCIATION OF CONNECTICUT (T)

The Fair Housing Association of Connecticut, a non-profit fair housing organization operating within the State of Connecticut, was founded on the premise that those people who have the job of monitoring equal housing opportunity in their own municipality would serve their purpose well by banding together as a group to encourage the development of the fair housing professional.

THE AMERICANS WITH DISABILITIES ACT COALITION OF CONNECTICUT, INC. (T) www.adacoalition@sbcglobal.net

The Americans with Disabilities Act Coalition of Connecticut (ADACC) was organized in April 1992 to inform Connecticut citizens about the ADA and to foster voluntary compliance with the law. ADACC is the only organization in Connecticut devoted to ADA education and compliance. Through workshops, trainings, ongoing technical assistance, special projects and social action, the Coalition acts as a catalyst for change across Connecticut. Outreach strategies have been developed to ensure minority individuals with disabilities and their families understand the law. An alternative dispute resolution service provides an alternative to litigating ADA disputes.

Specific Services through ADACC include:

- **Information and technical assistance** on the ADA to any member of the public on Tuesdays through Thursdays by calling or e-mailing the office (contact information below)
- **Design and presentation of trainings and workshops** on a variety of ADA-related topics, from the specifics of town requirements to the unique obligations of school systems, the responsibilities of restaurants, health care facilities and other private for-profit and non-profit businesses
- **Compliance evaluations** of public and private entities related to ADA requirements
- **Communications** through an e-mail newsletter, feature articles and a calendar of events
- **Access Monitor Network** which includes periodic training of community members to act as ADA compliance resources in their own neighborhoods; these two-day trainings focus on Title II (for states and municipalities) and Title III (public accommodations); living in every region of Connecticut, Access Monitors are invaluable local resources for ADA knowledge
- **Artful Access** is an evaluation of cultural facilities in Connecticut to assist them in enhancing the access they offer people with disabilities
- **Lifework: An Employment Preparation Project for Youth** prepares youth with disabilities to enter the workforce; the program is available to high schools across the State
- **Open the Windows! Workshops on Accessible Information Technology** is a series of workshops for students, faculty, "techies" and anyone interested in widening the reach and effectiveness of information technology. The workshops provide information on what makes information technology accessible, how to target problems which limit universal access and federal regulations governing information technology accessibility.
- **Partnership with Democracy Works** to promote voter rights and voter registration with particular emphasis on increasing the participation of minority groups on public boards and commissions
- **Partnership with the Department of Mental Health and Addiction Services (DMHAS)** to implement legislation that will increase access to gynecological services for women with disabilities, develop policy to ensure that procedures are in compliance with patients' civil rights and produce a directory of accessible providers by providing ADA guidance in all facets of the project

Contact the ADACC by mail to Elanah Sherman, Project Director, ADA Coalition of Connecticut, Inc., 60-B Weston Street, Hartford, Connecticut 06120; e-mail address: adacoalition@sbcglobal.net; phone: 860-297-4383 (Voice) and 860-297-4380 TTY); toll free: 1-800-842-7303 (Voice/TYY).

THE CORPORATION FOR INDEPENDENT LIVING
www.cilhomes.org

The Corporation for Independent Living (CIL) is a nonprofit housing development corporation, which specializes in the creation of accessible and affordable housing. CIL secures financing and provides construction services to build and maintain quality affordable and barrier free homes so people may live as independently as possible in non-institutional community settings. CIL administers the Loans and Grants for Accessibility program, which is a DECD funded program that provides funds to people with physical or developmental disabilities for the purpose of renovating their homes and creating accessibility. Eligible grant applicants must have an adjusted gross income that is 80 percent or less of the median income for the area in which they reside.

Eligible loan applicants must have an adjusted gross income between 80 percent and 150 percent of the median income for the area in which they reside.

CIL is located at 30 Jordan Lane, Wethersfield, CT 06109.

CONNECTICUT FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH (T) CTFederation@aol.com

Families United for Children's Mental Health is the Connecticut chapter of the Federation of Families for Children's Mental Health. This organization is a statewide support and advocacy group run by and for families of children and youth with emotional, behavioral or mental health needs. Services provided by the organization include individual emotional support, information and referral to mental health and other related services, a newsletter detailing children's mental health issues and advocacy on behalf of families. Families United is located at 115 Roxbury Road, Niantic, CT 06357.

CONNECTICUT COUNCIL OF ORGANIZATIONS SERVING THE DEAF (T) www.ccosd.org

The Connecticut Council of Organizations Serving the Deaf (CCOSD) has a basic objective to promote and serve the best interests and welfare of all deaf citizens of Connecticut. CCOSD serves as a catalyst for the cooperative efforts and actions of it member organizations including businesses, non-profit organizations, schools and state agencies.

The following are the goals of CCOSD:

- **Elimination of socio-economic barriers** which deprive deaf citizens of the traditional American way to opportunity and advancement
- **Elimination of discriminatory practices** which deny deaf citizens the rights to jobs, careers and promotion
- **Protection of legal rights** of deaf citizens through publicity about a deaf citizen's right to a qualified interpreter, as based on the Interpreter Law of 1973
- **Promotion of adult basic education and continuing education programs** for deaf residents as avenues to personal self-enrichment
- **Provision for liaison** between the Connecticut's Commission on Deaf and Hearing Impaired and other state and national organizations serving the deaf to better identify and understand the problems of deaf citizens
- **Provision for sharing information** about deafness and the needs of deaf people
- **Dissemination of general information** about deafness and its problems to the public at large, state agencies and others
- **Coordination of services,** assistance and expertise to our member organizations

CONSUMER CREDIT COUNSELING SERVICE OF SOUTHERN NEW ENGLAND (T)

The Consumer Credit Counseling Service of Southern New England (CCCS) is a private, nonprofit counseling agency licensed by Connecticut's Department of Banking and affiliated with the National Foundation for Consumer Credit. CCCS provides confidential counseling, money management and budgeting skills and debt repayment planning assistance. CCCS has offices in Danbury, East Hartford, Milford and Norwich. There are also two other organizations in Connecticut, Consumer Wiz of Connecticut in Groton and Credit Counseling of Southern Connecticut in New Haven. These organizations provide similar services.

INFOLINE (S) www.infoline.org

Infoline is a public/private partnership of United Way and the State of Connecticut. It is an integrated system of help via the telephone, a single source for information about community services, referrals to human services and crisis intervention. Infoline is accessed toll-free from anywhere in Connecticut by simply dialing 2-1-1. This three-digit 2-1-1 number went into effect in March of 1999. Connecticut is the first state in the nation to use 2-1-1 statewide.

Infoline operates 24 hours a day, 365 days a year. Multilingual caseworkers and TDD access is available. Professional caseworkers help callers with such complex issues as substance abuse, gambling, domestic violence, suicide prevention, financial problems and information on housing availability in the State of Connecticut. Customized arrangements enable many non-profit agencies to provide after-hours coverage for their clients. Infoline caseworkers screen calls and access agency staff when crisis intervention is necessary.

OTHER SERVICE PROVIDERS (T)

LEGAL ASSISTANCE PROGRAMS provide free civil legal services to income-eligible people, in the form of direct representation in crisis situations, advice, referrals, and legal self-help materials. Assistance is provided in a variety of areas of law including the following: housing, family, special education, entitlements, energy assistance, Medicare, Social Security disability, and the rights of elderly people and people with disabilities. Statewide Legal Services screens cases for all legal assistance programs in the State, providing brief services and advice, community education materials, and where appropriate, referrals to local legal services offices for all non-criminal related matters. Spanish speaking staff available.

YOUTH SERVICES BUREAUS are found in many towns throughout the state. Each is a municipally based or private nonprofit agency designated as the single agency responsible to plan, coordinate and maintain a network of community services for children, youth and their families. In addition, the agency may either provide or contract for direct services including youth and family counseling, emergency shelter, crisis intervention, youth employment, alternative education, wilderness experiences, and a variety of prevention programs.

AIDS PROJECTS are direct service, community-based organizations staffed largely by volunteers. Although AIDS Projects vary, some of the services which may be available include outreach and education, hotlines in English and Spanish, financial support, transportation, group support, case management, meals-on-wheels, housing, and referral to clergy, physicians, lawyers and "buddies." Buddies are volunteers assigned to a person with AIDS to help with errands, transportation, socialization, visitation, and companionship. Group support is provided for HIV infected people, people with AIDS, and their caregivers through group meetings facilitated by a trained volunteer. Bereavement groups and youth groups are also available.

NORTHEAST UTILITIES/CONNECTICUT NATURAL GAS

Northeast Utilities and Connecticut Natural Gas, in partnership with Yankee Gas Services, the State of Connecticut and local Community Action Agencies, provide a special program through the Weatherization Residential Assistance Partnership known as WRAP. The program helps low income customers (either renters or owners) with energy conversation services that: (1) safely lower electric use; (2) reduce a home's heat loss in winter and heat gain in summer; (3) conserve hot water and (4) provide energy-efficient lighting. The weatherization program is free for eligible customers who use more than 2,000 kilowatt-hours of electricity a year. Households with an income of up to 200% of the federal poverty level qualify.

Connecticut Natural Gas (CNG) has an Insulation and Weatherization Program for residential customers of CNG that use natural gas for heat. Customers must be qualified/identified as hardship. Multi-family buildings are also qualified provided that there are qualified/identified CNG hardship customers residing there. The program is restricted to buildings with 6 apartments or less and units must be heated by natural gas and individually metered. The conservation measures installed under this program include insulation for attics, exterior walls and infiltration and hot water measures. This work is done free of charge for qualified customers.

CL&P will provide conservation services primarily for customers whose annual electric bills exceed 9,500 kilowatt-hours a year (annual bill $1,000+). These measures include energy efficient lights, hot water heating wrap, low flow showerheads, caulking and weather-stripping. WRAP applications are sent by CL&P to hardship coded high electric use customers.

HOUSING AUTHORITIES

The State of Connecticut has one hundred Housing Authorities whose primary mission is to produce and manage affordable housing. They work in conjunction with the State of Connecticut and other local organizations to ensure that affordable housing is available for those who need it. Housing Authorities are public entities eligible for many state and federally sponsored funding programs. Within their area of operation, Housing Authorities are authorized to:

- Prepare, carry out, acquire, lease and operate housing projects
- Provide for construction, reconstruction, improvement, alteration or repair of any housing project
- Demise any dwellings, houses, accommodations, lands, buildings, structures or facilities
- Investigate living, dwelling and housing conditions and the means and methods of improving such conditions
- Determine where slim areas exist or where there is a shortage of decent, safe and sanitary dwelling accommodations for families of low and moderate income
- Other duties and obligations related to the provision of housing for low and moderate income families

NONPROFIT SPONSORS/PRIVATE SPONSORS

With 169 towns, the State of Connecticut has over 160 nonprofit housing development corporations whose primary purpose is the rehabilitation or production of affordable housing, including emergency shelters and transitional living facilities. Larger communities have more than one nonprofit and smaller communities have either a nonprofit or a group working towards the development of a nonprofit through the Connecticut Housing Partnership Program. In the absence of the establishment of a housing authority, a municipality may establish "housing site development agencies" that are also eligible for affordable housing development funding. Nonprofit and municipal developers will be eligible to apply for the nonprofit set-aside. Private sponsors of affordable housing are also numerous and range from very small one or two person organizations to very large multi-state groups. Non-profit housing organizations develop small scale, high quality, affordable housing appropriate to their community settings, leverage a broad range of private financing, and are committed to residential empowerment. The state has a clear commitment to supporting and preserving community-based, non-profit housing development capacity.

COMMUNITY LOAN FUNDS

The major cities of Bridgeport, Hartford, New Haven and Stamford all have community loan funds that help leverage both public and private dollars to produce affordable housing.

REGIONAL PLANNING ORGANIZATIONS

Although no longer based on a county system of government which might promote more regional efforts, Connecticut does have regional planning agencies for each of the 15 planning regions of the State whose mission is to provide technical assistance to towns on their plans of development, housing needs assessments, feasibility studies, as well as recommendations for metropolitan, regional, or inter-municipal arrangements.

F. OVERCOMING GAPS IN THE INSTITUTIONAL STRUCTURE

Coordination

This plan describes the States activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health, and service agencies. With respect to the public entities involved, the plan must describe the means of cooperation and coordination among the State and any units of general local government in the metropolitan area in the implementation of its consolidated plan.

Connecticut is comprised of many types of communities. The complimentary nature between proposed services and programs and other, current government programs are determined, in part, by the mission of each service provider in the system. Factors such as the town's current housing infrastructure, the size and expertise of the towns professional staff, access to transportation, and the relative affordability of the towns housing stock, all help determine what are realistic strategies for a town to pursue. The State’s AI showed that there is little interest on the part of local officials to diversify their population by creating, and implementing policies that will allow opportunities for low income and minority families to live in their communities. During visits and interviews with local officials from the nine selected towns it became clear that most are not aware of the fair housing activities and responsibilities they are required to implement. Therefore, developing a plan to address fair housing, which is as appropriate and useful for urban centers, as it is for rural communities is challenging. The coordination and delivery capabilities described in this plan institutional structure will compliment the States present efforts to foster coordination of services. Illustrations of these efforts include:

Planning Process

As lead housing agency designated in this plan to coordinate and manage the process, DECD is responsible for providing oversight and coordination to the related service providers and the public on housing related matters. Consultation with outside individuals and agencies was programmed as a vital part of this plan development. Contributors included both public and private, individual and agency, profit and non-profit, local, regional and state entities.

Fair Housing Action Plan

Successful implementation of the State Fair housing Plan will require coordination between several state agencies. The State of Connecticut can begin addressing limitations on fair housing choice by achieving the following six objectives (1) providing better training of state employees in the area of fair housing; (2) expanding fair housing outreach and education activities; (3) increasing monitoring and enforcement of fair housing laws and policies; (4) improving the infrastructure necessary for viable diverse communities; (5) increasing the supply of affordable housing; and, (6) increasing the access of racial and ethnic minorities, the disabled and families with children to the existing supply of housing.

COORDINATION BETWEEN AREA SERVICE PROVIDERS

Non-profits

Connecticut has a large network of capable non-profit housing and social service providers, and the State is interested in effecting coordination among these providers and the local government. Toward this end, the State will encourage coordination among these providers. Of particular note is the on-going communication between the State and such organizations in the areas of fair housing, program policy and funding requests. Through these types of working partnerships, the Lead Agency can ensure that available resources are used to their fullest potential.

Private Sector

As part of the development process for this plan, the Lead Agency has held public hearings and has invited housing and social service providers to discuss the most pressing needs of the community. These hearings have helped bring groups together in an effort to coordinate their resources and efforts.

COORDINATION BETWEEN STATE AND OTHER AGENCIES

Intergovernmental Cooperation

The state has strengthened its efforts to produce and preserve affordable housing within the state through the involvement of state departments and agencies, as well as other agencies at the local, regional, state and federal level. The State will continue to foster relationships with other governmental agencies, as well as neighboring jurisdictions in the furtherance of the goals and objectives for preserving the supply of affordable housing and promoting community development activities as set forth in this Strategic Plan.

XIV. PUBLIC PARTICIPATION

A. Comments Received During the Public Commentary Period (November 18, 2004 to December 18, 2004).

Dan McGuinness, Executive Director of the Northwestern Connecticut Council of Governments wrote in a letter to DECD dated November 22, 2004 (Mr. McGuinness' comments appear in Italics)

I would like to offer the following comments on the State's Long Range Housing Plan.

1. *Almost all of the information at the sub-State level is aggregated by County. Since the State's Court system is not even listed as one of DECD's "service partners", I fail to see the rationale for organizing the data following boundaries that are used only by them.*

DECD Response
The use of county level data is necessitated by the fact that it is the Census Bureau's primarily aggregate data level. The decision to use this data was based solely on its availability.

2. *The "Housing Conditions" section (pg. 71 of pdf file) does not address housing conditions but merely the age of the housing. According to this section, four towns of the ten towns in the State with the highest percentages of housing built before 1939 are in the Northwestern Ct. Council of Government Region. The implication is that these older houses are in poor condition. In this Region, I assure you that age of housing is not a good indicator of poor housing conditions.*

DECD Response
There is variance by region and some within region, but age is a commonly accepted indicator of condition because there is simply a higher likelihood of deterioration over time. The data sources on condition are limited and the time and budget for this project did not allow for physical surveys.

3. *Table 87 (pg. 74 of pdf. File) shows a "housing affordability index" for Connecticut and the US. Table 87 also shows that a family with an annual income of $55,024 could afford a house costing $247,733. I am unsure as to exactly what mortgage calculator was used to develop the "qualifying income" in this table but it does not match estimates available from "Ginnie Mae" that can be accessed through the US Department of Housing and Urban Development web site. Using their mortgage calculator, a married borrower with two dependents could purchase a house with a maximum sales price of $215 187. This assumes a 30 year fixed mortgage at 5.875%. It also assumes that the borrower has no other debts such as car payments or credit card bills and has $39,577 at the closing - $32,278 for a down payment and $7,299 for closing costs. The assumption that a family earning $55,024 would be able to save $39,557 – 72% of their gross annual income – while having no credit card debt or monthly car payment is, in my opinion, not very realistic. In short, I believe that "housing affordability index" used in the Plan underestimates the problems of housing affordability.*

DECD Response
The affordability measure is a relative measure not an absolute measure. It is a standard measure and must hold some variables constant. In terms of down payment there is no assumption that 72% of income has been saved in a year, but rather that over time that amount has been saved.

4. *According to the Quality of Life Indicators (pages 98 – 101 of pdf files) the quality of life in New Canaan (2.4 QoL) is twice that of Canaan (1.2 QoL). Results such as these would likely lead to hoots of derision from the residents of the Northwestern Region. More to the point, the Quality of Life Index does not appear to contribute anything new to the discussion of affordable housing.*

DECD Response
The analysis is an expression of quality of life versus median home price. It is not a linear function. It is a composite. It is an important piece of the analysis because the housing situation is such that the areas with the most housing available have, in general, lower quality of life measures, meaning people are less likely to want to live in the areas. It can be a difficult issue for families since they can only find houses they can afford in the places they don't want to live.

5. *Sections 8-30g and 9-8-30h of the Connecticut General Statutes contain an Affordable Housing Land Use Appeals Procedure. I find it disturbing that nowhere is this Plan can I find a reference to this procedure. The Appeals Procedure has been in place for more than a decade and yet this Plan does not mention its existence much less the impact that it has had.*

DECD Response
We note that the purpose of the State Long-Range Housing plan is to identify the housing needs of the state and the resources available to meet those needs. Zoning and local land use procedures are not in the purview of the plan. As the Affordable Housing Land Use Appeals procedure is specifically directed at local land use and zoning decisions, it was not addressed in this plan. DECD has consistently supported the Affordable Housing Land Use Appeals procedures.

Jeffrey Freiser, Executive Director of the Connecticut Housing Coalition wrote in a letter to DECD dated December 17, 2004 (Mr. Freiser's comments appear in Italics)

Thank you for the opportunity to comment on the draft 2005-2009 State Long Range Housing Plan. We compliment DECD on its exhaustive efforts to document housing needs and delineate the specific strategies to meet those needs. The comments offered here would, we hope, further strengthen this important document.

Housing Needs Assessment
The analysis of housing need would be enhanced by including HUD data on housing problems from its "State of the Cities Data Systems: Comprehensive Housing Affordability Strategy Data" (http://socds.huduser.org/chas/index.html). The Connecticut statewide data chart is attached as an example, detailing housing cost burdens exceeding 30% and 50% of income for households at different income levels.

DECD Response
The data referenced by Mr. Freiser does not change the basic analysis either on a need or market basis. DECD recognizes that the updated data is important as it supports the analysis and strategic direction of this plan. It will be included via appendix at a later date.

Strategic Plan

We appreciate the clarity and specificity of the Goals, Objectives, Priorities and Measures contained within the Strategic Plan. Our great concern is that the Strategic Plan appears to begin with an assumption of stagnant resources, which then severely limit the subsequent goals and objectives. The Long Range Housing Plan offers an assessment of wide-ranging, severe housing needs, but the scale of response to those needs is woefully inadequate. We do recognize that the Department cannot plan to commit resources that may not be available. At the same time, if the Long Range Housing Plan is to provide useful planning guidance to state officials and the public, it must identify the level of resources that would be required to fully meet Connecticut's housing needs. The political process can then take its course and determine if those resources will be made available.

DECD Response

DECD attempted to identify the level of resources needed first through an analysis of the need present in Connecticut (the Needs Assessment and Market Analysis sections of this plan) and then by seeking input from Connecticut's housing advocates, regional planning agencies and state agencies whose missions intersect with housing. In an effort to obtain their input, DECD prepared and issued a prioritization spreadsheet for the regional planning agencies, various advocates and state agencies to complete. Unfortunately, a very limited response was received. DECD then prepared the priorities that appear in this plan based on its assessment of the housing situation in Connecticut.

We believe the needs assessment section of this plan clearly indicates that the need in Connecticut far exceeds the amount that has been allotted to address it in the state's budget for the last 10-15 years.

For example, the draft Long Range Housing Plan projects that DECD's Flexible Housing Program will have $35 million available over the next five years, but does not address what the anticipated need will be. A survey, conducted by LISC and the Coalition earlier this year of just the 20 most active nonprofit development organizations in Connecticut, disclosed a production pipeline of over $440 million in projects requiring $37 million in state general obligation bonding. CHFA has reported $36 million in urgent capital needs for its state housing portfolio (and a total of $280 million in long-term capital needs). For both of these short-term purposes, the Flexible Housing Program is the most likely source. Given all the other potential demands on this program, what is the total funding level that will be needed over the next five years? If the Long Range Housing Plan would provide these kinds of projections, then those in the Administration and Legislature who set the state budget can make informed decisions.

Similarly, various housing programs across state government are cited and incorporated into the Long Range Housing Plan, but there is no analysis of the resources that may be needed in 2005-2009 to meet projected demand. For example, the Homelessness Prevention objective references the Beyond Shelter Program and the Eviction Prevention Program. DSS currently funds eight Beyond Shelter local programs, but the Connecticut Coalition to End Homelessness reports that fifteen are needed to provide statewide coverage. We know that many rent banks, the critical resource of the Eviction Prevention Program, run out of funds well before the end of each year.

In 2000, the Connecticut Blue Ribbon Commission to Study Affordable Housing identified a range of services needed to assure that the housing market functions fairly and efficiently, and that families and individuals succeed in their housing. The Blue Ribbon Commission recommended increased state funding levels to support these services:

Service	*Annual Funding*
Increase fair housing enforcement and discrimination testing	*$1,000,000*
Create mobility counseling fund	*300,000*
Double landlord-tenant mediation funding	*800,000*
Double rent bank funding	*1,500,000*
Supportive Housing Pilot Initiative	*2,000,000*
Create capacity building for nonprofit developers	*1,000,000*
Community-based planning	*500,000*
Create Beyond Shelter (follow-up services for homeless people)	*1,000,000*
Fund Pre- and Post-Homeownership Counseling Programs (six programs)	*450,000*
Maintain public funding for emergency homeless shelters and transitional living programs	*12,700,000*
Fill funding gap for AIDS Residence Programs	*1,200,000*
Raise annual limit on the Employer-Assisted Housing Tax Credit and increase the annual amount of credit per employer to	*200,000*
a year	*2,000,000*

For most of these services, we have not yet met the funding goals set by the Blue Ribbon Commission in 2000. The Long Range Housing Plan should revisit and update the analysis of need for housing services.

DECD Response

We believe the administration and the legislature have spoken to the recommendations in the 2000 report by their budgetary decisions to date. DECD has made every effort to fully utilize the funds provided to it by the legislature in ways that provide the greatest impact and return to the state in terms of creating and preserving affordable housing.

Institutional Structure

The Long Range Housing Plan describes the role of DECD as the state's lead housing agency and "the 'first point of contact' for the institutional structure presented in this plan." The Plan should be expanded to include a thorough examination of the delivery system for housing financing. We need to improve the integration and efficiency of the multiple public and private financing sources. DECD and CHFA should collaborate to create a one-stop application process for all state housing development programs. At the very least, the Long Range Housing Plan should lay out a process for addressing the operational barriers that affordable housing developers face when seeking financing and subsidies.

DECD Response

It is the opinion of the DECD that a thorough examination of the delivery system of housing finance does not fall within the scope to the Long Range Housing Plan. The Plan calls for DECD & CHFA to work to improve coordination of programs and services. The suggestion to create a "one-stop" application process could be looked at, within this context, to determine if statutory and regulatory differences could be overcome without making an application too burdensome for the applicant.

In addition, the Plan should more directly and comprehensively address fair housing goals. Connecticut General Statutes Section 8-37cc requires DECD and CHFA to "affirmatively promote fair housing choice and racial and economic integration in all programs." The draft Plan describes local obstacles: "The State's AI showed that there is little interest on the part of

local officials to diversify their population by creating, and implementing policies that will allow opportunities for low income and minority families to live in their communities. During visits and interviews with local officials from the nine selected towns it became clear that most are not aware of the fair housing activities and responsibilities they are required to implement." The Hartford Courant recently documented our lack of progress in improving housing opportunity in suburban locations ("Affordable Still Not Equal" - November 21, 2004).

DECD Response
The department is unable to address this comment as the nine towns referenced above were not identified nor was the department in attendance during the aforementioned interviews. We, therefore, have no way to determine if the "officials" that were interviewed were the appropriate persons to make comment on behalf of the town or if any of those nine towns received state housing funds. The DECD is in the process of updating the Analysis of Impediments (AI) and making it more user-friendly.

Beyond references to other fair housing documents, the Long Range Housing Plan should provide specific fair housing analysis and goal setting. These fair housing elements should include, among others: (a) commitment to maintaining a strong Affordable Housing Land Use Appeals Procedure (C.G.S. Sec. 8-30g); (b) housing education campaigns that overcome public misconceptions about affordable housing (as have been undertaken in Minnesota, Maine and Massachusetts); (c) financial incentives to towns to promote affordable housing; (d) support for affordable housing developers that work in suburban communities, recognizing the higher land costs, zoning delays and other obstacles they face; and (e) support for nonprofit agencies that provide fair housing education, assistance and discrimination testing.

DECD Response
The DECD is in the process of updating the AI and making it user-friendly. Without proper incentives and/or enforcement, goal setting can be misleading and unproductive.

DECD has consistently supported the Affordable Housing Land Use Appeals procedures. With regard to Mr. Freiser's programmatic suggestions, three of the four would require program and budgetary authorizations. Based on current budget constraints issued by OPM, DECD cannot support the suggestions at this time.

B. Comments from the Public Hearing held on November 19, 2004 in Hamden Connecticut. (Comments from the Public Hearing appear in Italics)

Mr. Richard Harrall
Mr. Richard Harrall, principle of the firm of Harrall-Michalowski Associates Planning and Development Consultants stated that his firm had recently prepared a Regional Plan for the South Central Regional Planning Commission. He explained the plan and asked that DECD review it for possible inclusion in the State Long-Range Housing Plan. He spoke of his belief that regional planning, especially for housing, is extremely important and that the state should sponsor more of it. Mr. Harrall provided a copy of the plan to the hearing officer.

Dale Kroop
Dale Kroop Director of Economic and Community Development for the town of Hamden stated that he believes that Mr. Harrall's plan is thorough plan that looks at economic development and transportation as well as housing.

DECD's response (to both Mr. Harrall and Mr. Kroop)
DECD was aware of the plan and did review it. DECD agrees that regional planning is important. DECD has included in its Consolidated Plan for Housing and Community Development a goal to sponsor regional housing plans.

C. Comments from the Public Hearing held on December 18, 2004 in Hamden Connecticut.

No comments were received at this hearing