

DRAFT

STATE OF CONNECTICUT

2005-2010

**CONSOLIDATED PLAN
FOR
HOUSING AND COMMUNITY DEVELOPMENT**

DRAFT

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I. EXECUTIVE SUMMARY

The U.S. Department of Housing and Urban Development requires states to prepare a Consolidated Plan for Housing and Community Development at least once every five years to help ensure continued funding of housing and community development activities throughout the states. The following document represents Connecticut's 2005-2010 Consolidated Plan. 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, physical, environmental, and human 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 attaining community goals articulated by HUD such as providing decent housing to the state's population, and establishing and maintaining a suitable living environment for all citizens.

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.

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. Population density was, according to US Census estimates, 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 capitol, 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 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 and 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 Hartford, Bridgeport, 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 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 2003.

In Connecticut, starts for new dwelling units increased in fiscal 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 FY 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.

II. INTRODUCTION

This is the State of Connecticut's Consolidated Plan for Housing and Community Development (hereafter referred to as the "Plan"). This plan brings together all the planning and application materials for the housing and community development funds that are allocated on an annual basis by the U.S. Department of Housing and Urban Development (HUD).

The overall goals of the community development and planning programs covered by this Plan are to:

- Extend and strengthen partnerships among all levels of government and the private sector, including for-profit and non-profit organizations;
- Provide decent housing;
- Establish and maintain a suitable living environment, and
- Expand economic opportunities for every resident, particularly for very low-income and low-income persons; and
- Improve the state's internal systems and increase the capacity of other sectors to access state and federal funds.

III. CITIZEN PARTICIPATION PLAN

CITIZEN PARTICIPATION PLAN OF THE STATE OF CONNECTICUT CONSOLIDATED PLAN FOR HOUSING AND COMMUNITY DEVELOPMENT, 2004

ANNUAL ACTION PLANS / CITIZEN PARTICIPATION

The following process will be used to solicit citizen input and make the state's action plan priorities available for public review.

- Periodically throughout any given year, departmental staff (DECD/DSS) will meet with major interest groups to discuss a variety of issues including, HOME, Small Cities, HOPWA and ESG programs. These groups include, but are not limited to: Connecticut Community Development Association, which is composed of local community development professionals; Conn-NAHRO, made up of local housing authority directors; The Connecticut Housing Coalition, an association of nonprofit housing developers and advocates; Connecticut AIDS Residence Coalition, a group representing advocates for persons with AIDS; Partnership for Strong Communities and emergency shelter service providers.

- These meetings will be part of continuous input into the departments' planning and policy development activities as they relate to annual action plans.
- The Connecticut Housing Finance Authority will be invited to participate in the drafting of the annual plan. Also, DECD will consult with the Department of Public Health concerning plans to remove lead based paint hazards. Local health and child welfare agencies will also be contacted for their input on lead based paint hazards and poisoning.
- During the planning process, the chief elected officials of any non-entitlement communities will be invited to discuss with and provide input to DECD as it prepares the portion of the annual plan relating to the Small Cities Block Grant program.
- Prior to the development of any annual action plan, the state will hold at least two public hearings on housing and community development needs in various locations. These hearings will be held at times and places convenient to citizens. Notices of these needs hearings will be published approximately 3 weeks in advance of the needs hearings, in at least 7 newspapers serving all regions of the state, as well as the state's minority communities. In addition, notices of the needs hearings -will be mailed to the above referenced major interest groups, and/or other state agencies.
- Staff will prepare a draft annual action plan, taking into consideration the input received from the above listed organizations, state agencies and interested parties. The action plan will include a discussion of the amount of assistance the state expects to receive, the range of activities it will undertake with this assistance, and, to the extent possible, the benefit to low and moderate income people of these proposed activities.
- A notice summarizing the main elements of the plan, its availability and locations where it can be obtained, the dates and times of at least three public hearings on the draft plan will be published in at least 7 newspapers serving all regions of the state, as well as the state's minority communities. The draft action plan will be made available to anyone requesting a copy, either in print or on disk, during the 30-day comment period. Copies will be available at local DECD field offices, the State Library, offices of regional planning organizations and the DECD Central Office. In addition, access to the draft will be available by visiting the DECD Home Page on the Internet at <http://www.ct.gov/ecd>. Copies will be mailed to the above referenced major interest groups. As part of the notice, the state will tell citizens who have special needs how they can obtain the draft plan in a form which is accessible to them. Non-English speaking and hearing impaired citizens will be given a phone number to call so that special arrangements can be made to accommodate them at the public hearings. Public hearings will be held at convenient locations and times across the state.
- Any comments received, either at the public hearings or during the public comment period will be considered by the agency before the final action plan is prepared. A summary of the comments and the agency's responses will be one of the attachments to the final action plan.

- The procedures and actions discussed above will constitute the state's citizen participation plan for annual action plan submissions and any substantial amendments that may need to be made in the course of the program year. A "substantial amendment" to the plan is one which changes the use and/or method of distributing those funds.
- This citizen participation plan will itself be made available to the public and any interest groups for review and comment using the same mechanisms outlined above. Specifically, notice of this amendment and this plan for citizen participation in annual action plans will be published in at least seven newspapers.

IV. GENERAL OVERVIEW

GENERAL

The consolidated plan must do the following: Indicate the general priorities for allocating investment geographically within the State and among priority needs, as identified in the priority needs table prescribed by HUD. The State must describe the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs. The Plan must identify any obstacles to meeting under-served needs, summarize the priorities and specific objectives, and describe how funds that are reasonably expected to be made available will be used to address identified needs. For each specific objective, the State shall identify proposed accomplishments its hopes to achieve, in quantitative terms, over a specified time period or in other measurable terms, as defined by the State.

V. 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 difficult maintaining services and tax base in communities with declining populations.

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

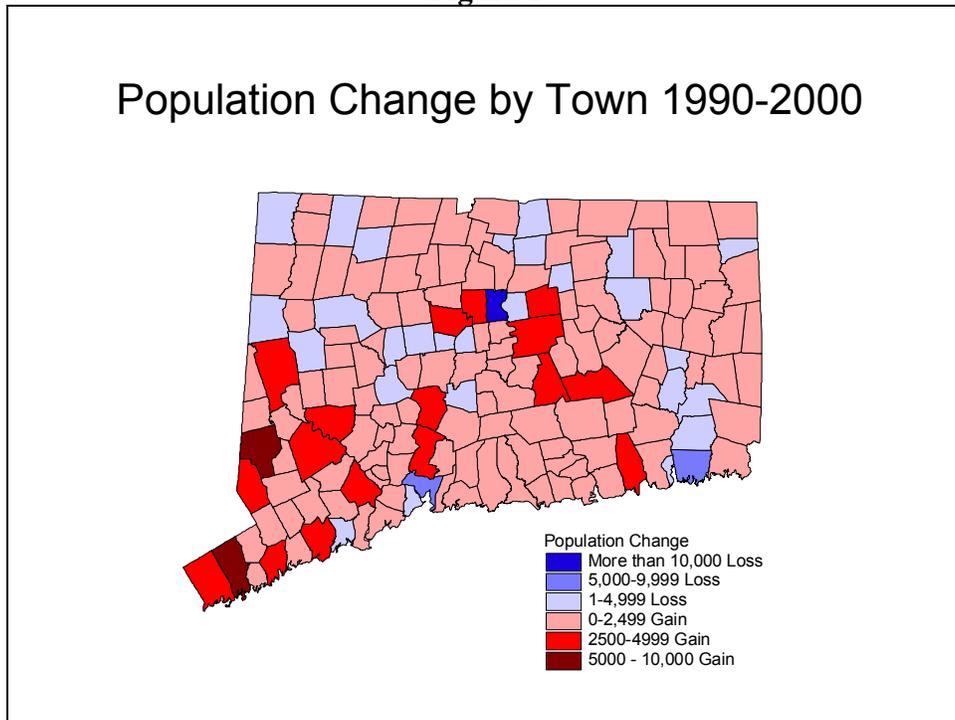
	2000	1900	Percent Change	Population Change
Bridgeport	139,529	141,686	-1.50%	-2,157
Hartford	124,121	139,739	-11.20%	-15,618
New Haven	123,626	130,474	-5.20%	-6,848
Stamford	117,083	108,056	8.40%	9,027
Waterbury	107,271	108,961	-1.60%	-1,690
Norwalk	82,951	78,331	5.90%	4,620
Danbury	74,848	65,585	14.10%	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, Stamford and Norwalk. Fully 55.7% of all statewide population decline resulted from population losses in Hartford, New Haven and Groton (31.4 % from Hartford alone) for the same 1990-2000 period.

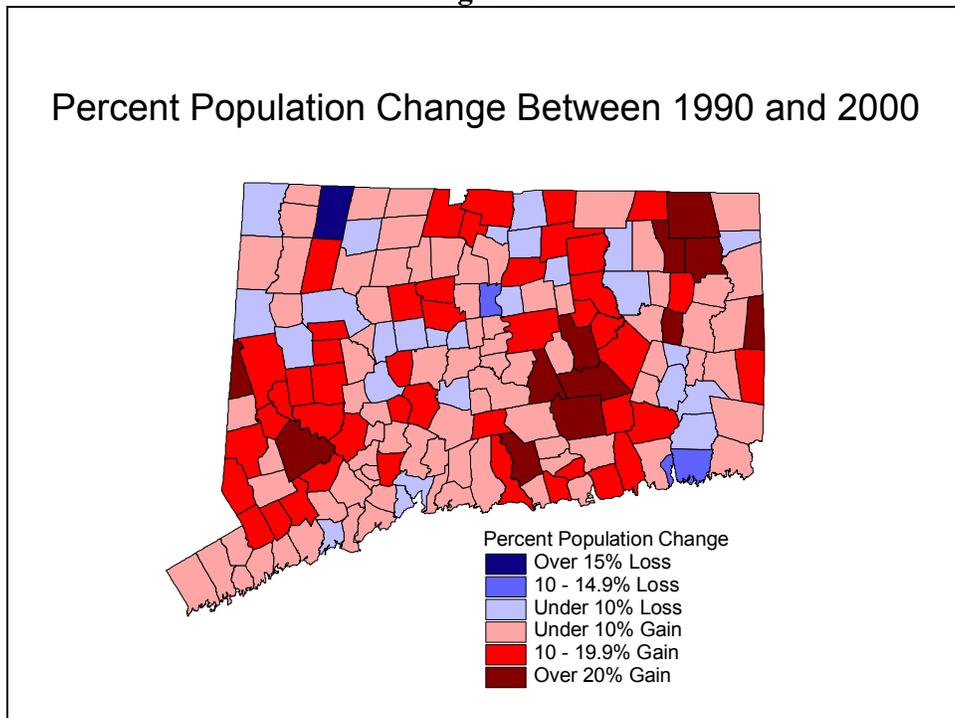
The data in Table 3 present the population change for Connecticut's largest 10 cities and towns (by 2000 population). Here the population figures present a specific geographic distinction. Major Fairfield County population centers primarily show growth, with Bridgeport showing a modest decline. The reverse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

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 US Census the growth rate for Connecticut from 1990 to 2000 was 3.6%. During this time frame the national growth rate was more than 3.5 times that of Connecticut's at 12.8%. 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

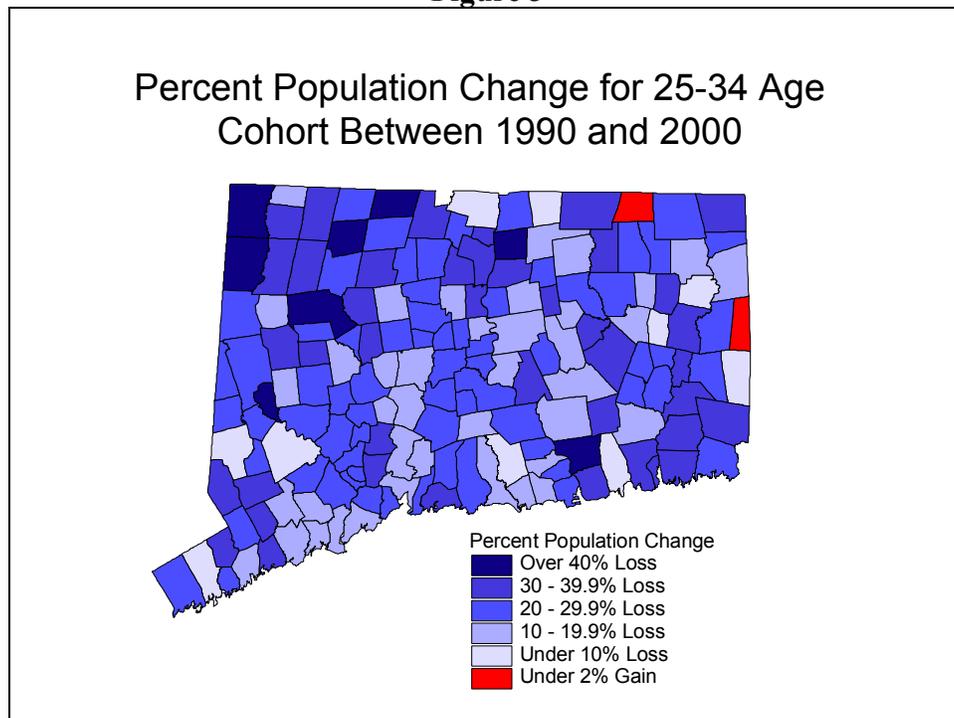
Population change is generally considered to be the product of four forces; births, deaths, in-migration and out-migration. The data described here, and in all of these tables, represent the net effects of these combined factors. (See Table 5 and Figure 3)

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:

$$NM = POP_{2000} - POP_{1990} - BIRTHS + DEATHS.$$

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.

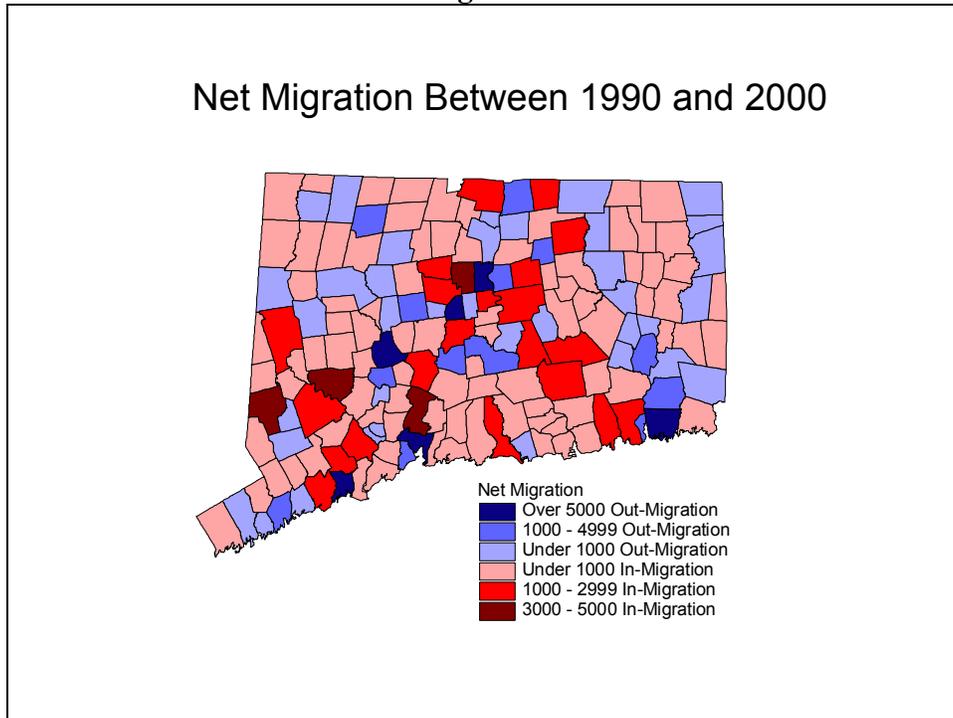
At the town level, the three largest towns in Connecticut experienced the highest levels of out-migration. Hartford (31,914)*, New Haven (15,040), Bridgeport (13,144) each had over 10,000 in deficits. The mid-sized town of Groton (10,006) was the only other town having an out-migration of more than a 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 town experiencing out-migration (9 out of 21 towns) followed by Hartford County (11 out of 29 towns).

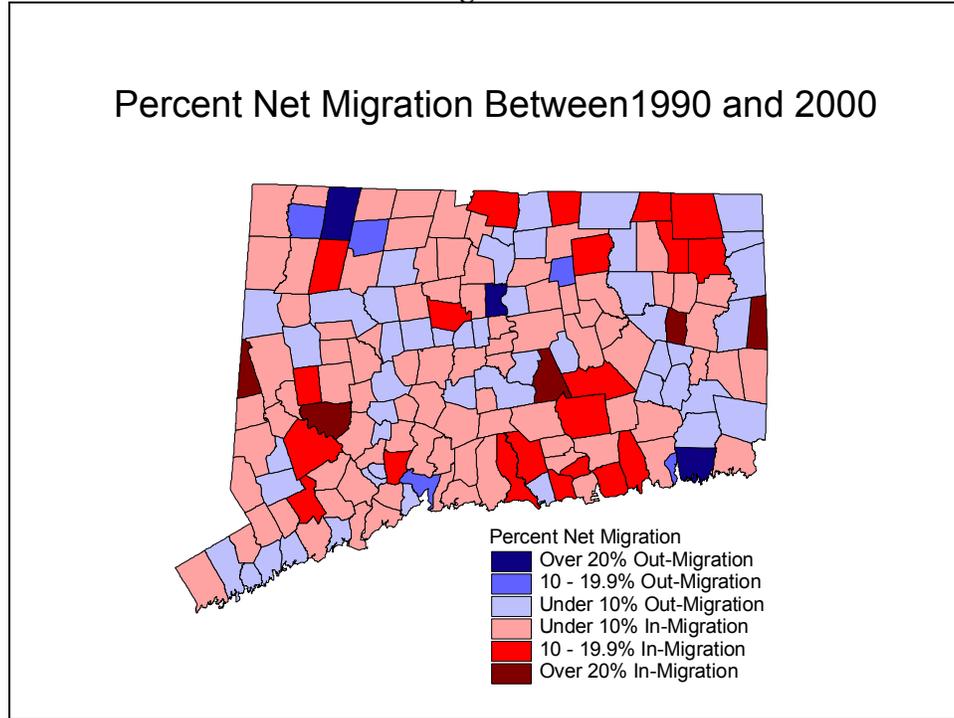
Figure 4



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

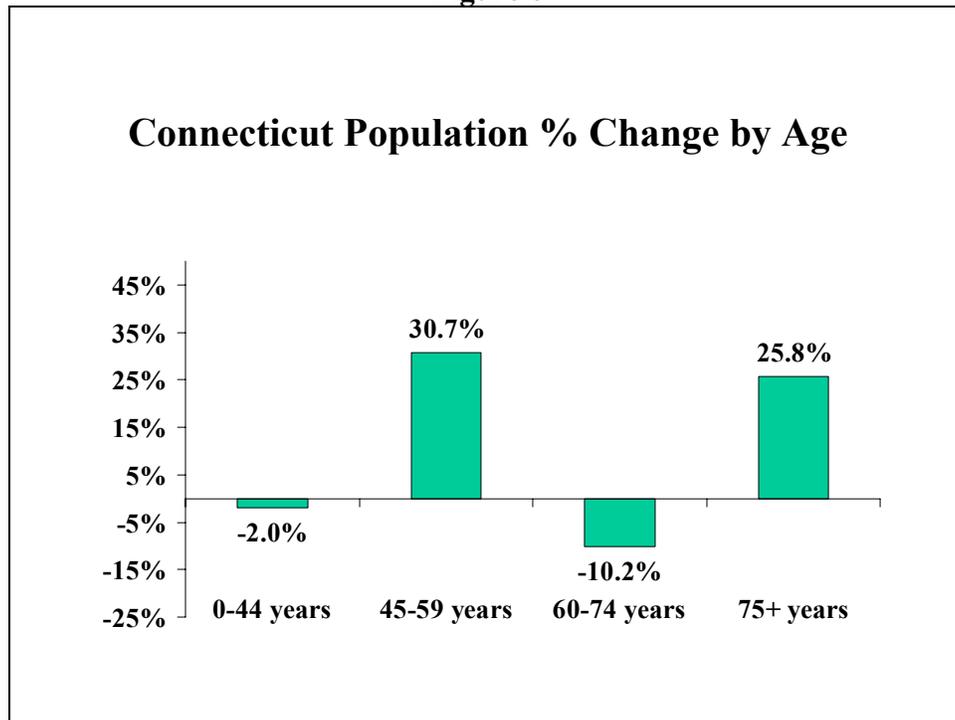
5-17	521,225			n/a	n/a
18-20	145,274			n/a	n/a
21-24	200,159			n/a	n/a
		5-9	244,144	n/a	n/a
		10-14	241,587	n/a	n/a
		15-19	216,627	n/a	n/a
		20-24	187,571	n/a	n/a

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 percent 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 actually 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	3,405,565	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%) population. 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 US). (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 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
Harford	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 three 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		-----I N C O M E L I M I T S-----							
	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 show 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 \$1,550 (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 into communities in this part of the state. There are thirty-seven communities that have median incomes at least 25% greater than the state median, from all parts of the state.

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

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	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 State 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%

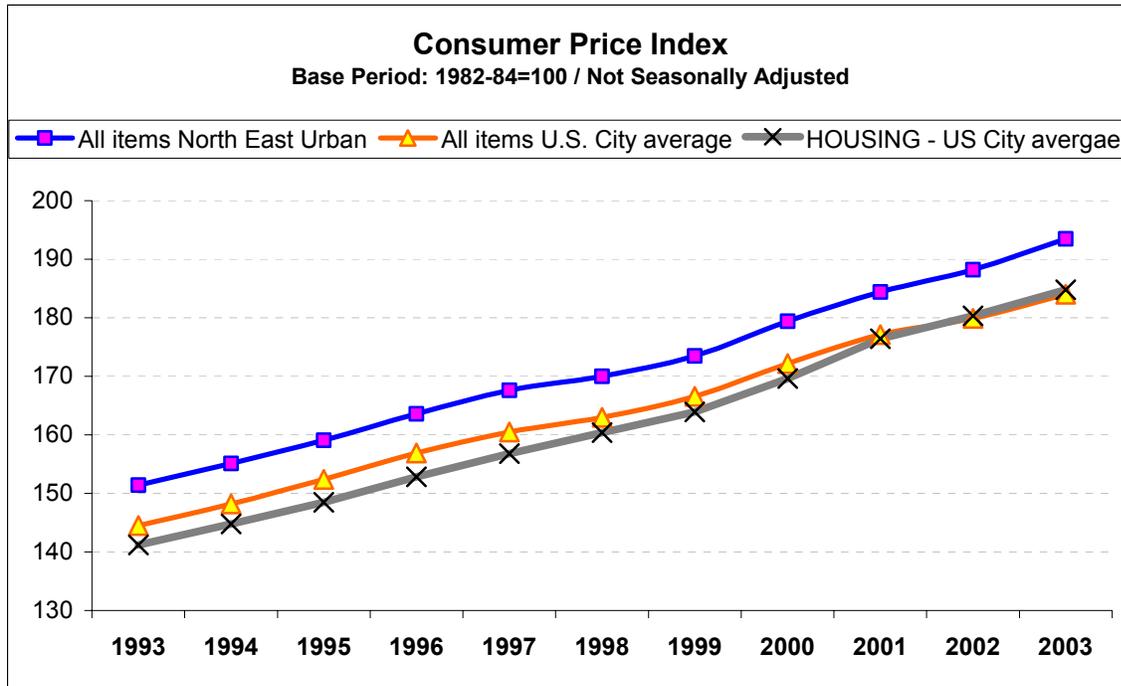
Source: U.S. Census Bureau

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 income. 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 its 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
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-pupil¹ (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
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
Priority School District 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
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. Stamford, Danbury, Norwalk and Bristol 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 percent 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
Derby				X
East Hartford				X
East Haven				X
Hartford		X	X	X
Killingly		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
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 the three broad industry categories;

- 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 the state’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%

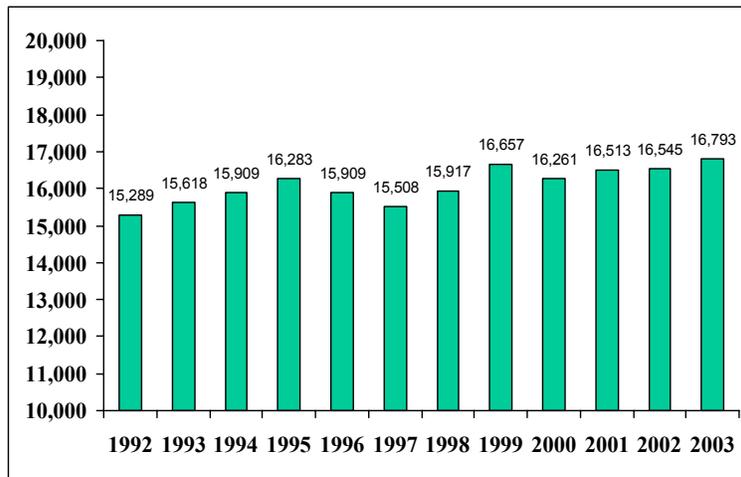
Source: U.S. Bureau of Census

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 in towns that are adjacent to or suburbs of locations with education and research institutions (e.g. Yale University, Pfizer).

B. Homelessness

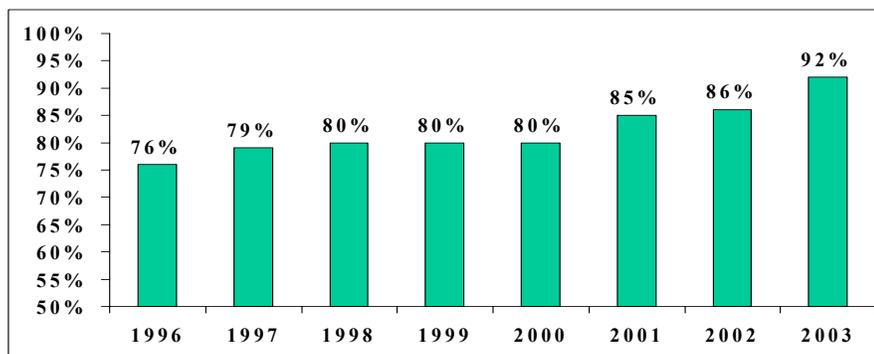
People are homeless due to a variety of reasons ranging from poverty to mental illness. Other reasons include eroding work opportunities including stagnant and declining wages, a decline in public assistance, lack of affordable housing, lack of affordable health care, domestic violence, and addiction 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 Inc.	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 an estimated 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 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?" NCH 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 child care 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. There is some evidence, however, 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 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% SAGA
- 5.1% 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 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	1638
Number of Children	2784
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 is noted below 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. Specifically “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 including the unsheltered population as well as families living “doubled up” in overcrowded conditions with relatives or acquaintances with no permanent address are 32,291 and at any point in time, there are an estimated 6,978 people who 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 supports 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 Noninstitutionalized 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 (OASDI) 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: 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 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 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 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 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 States (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. Eight percent 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 show 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

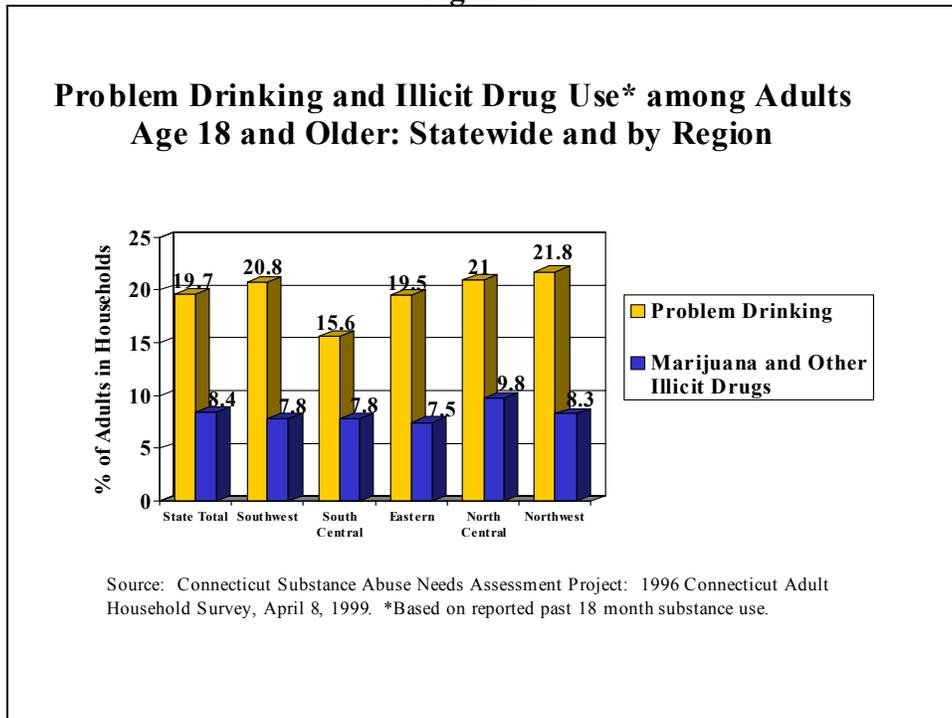


Table 47 show that less than half (48.7%) of women who are pregnant or report responsibilities for dependent children currently drink, compared to 59.2% of women without childcare responsibilities. Likewise, pregnant and parenting women are less likely to report current use of illicit and prescription 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 Women
By Child Status

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 show 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.

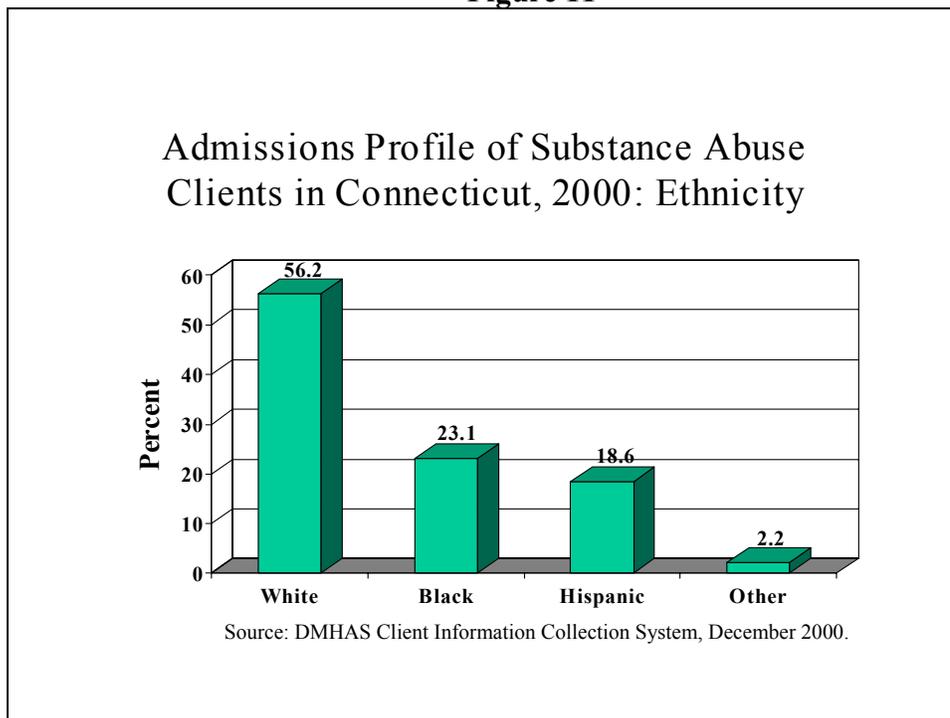
Table 49
Characteristics of Substance Abuse Treatment Clients
By Region in Which They Live
Admissions Statewide, 2000

	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



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

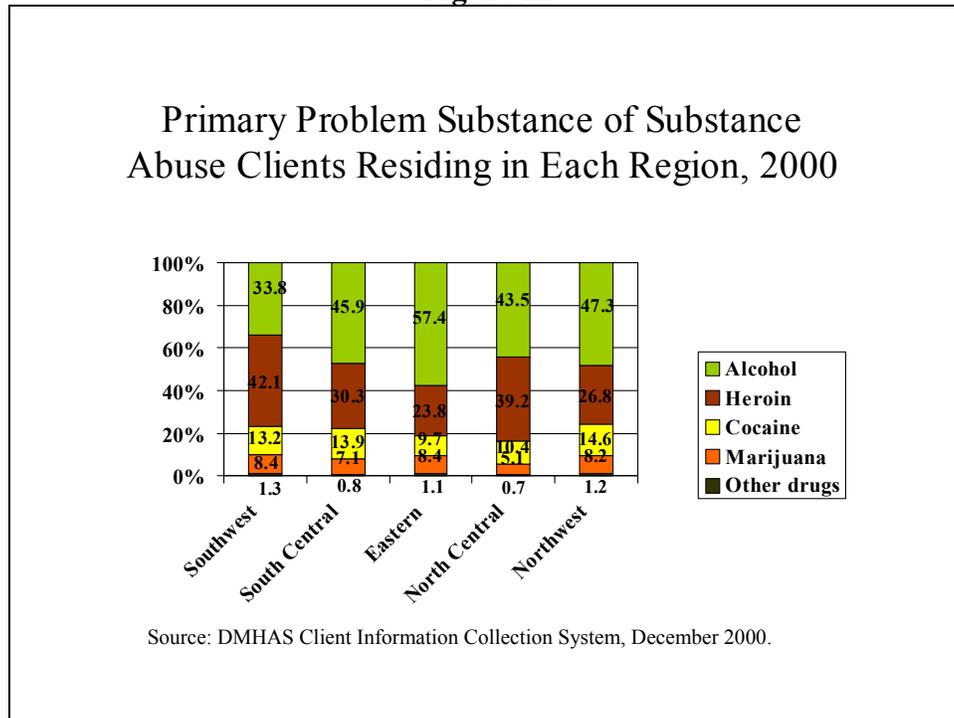


Figure 13 on the following page, shows the treatment experience of those individuals identified as having a substance abuse treatment need (i.e., alcohol or other drug abuse or dependence) in the 1995-1996 Adult Household Survey. The majority (62%) of individuals found to have a current substance use disorder never received any help with their problem, professional or otherwise. Eighteen percent 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

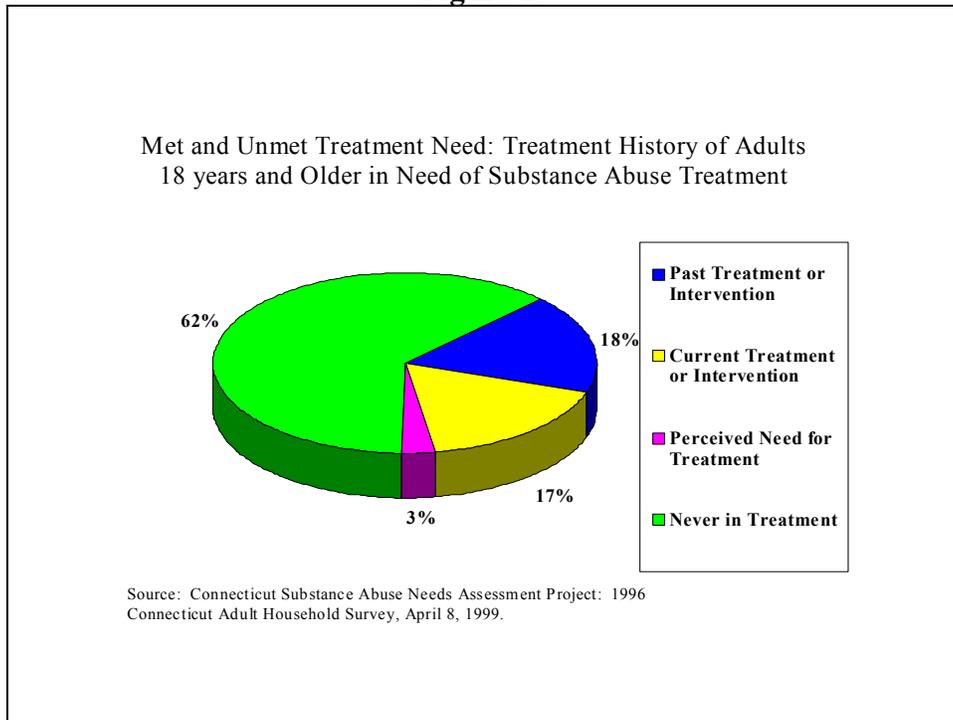
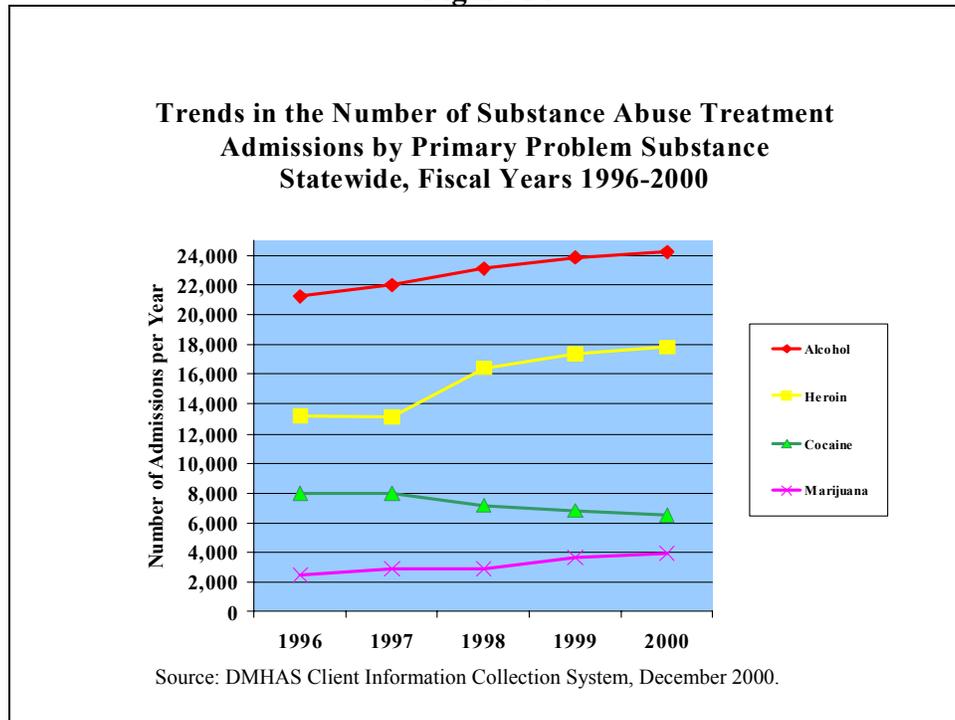


Figure 14 on the following page, shows the five-year trends in the number of admissions per year according to the client’s primary problem substance. The most striking trend was the increase in heroin admissions after 1997 when the number of admissions jumped from 13,127 to 16,451 in 1998, continuing 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



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 Dept. 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 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 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 Health. AIDS Surveillance Report

Thirty seven percent of reported AIDS cases are people of white, non- Hispanic origin. Thirty eight percent 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 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. Ninety percent of funding is provided through “formula grants” to qualified states with the largest number of AIDS cases, and the remaining ten percent is provided in 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 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 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 percent) from the 1990 Census while the total population in Connecticut (3,287,116 in 1990) expanded 3.6 percent to 3,405,565 in 2000. In 1990, Connecticut's largest municipalities; Bridgeport, Waterbury, New Haven, Stamford, and Hartford 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 percent) 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. In 1990, Connecticut's largest municipalities; Bridgeport, Waterbury, New Haven, Stamford, and Hartford 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 Hartford, New Haven, Bridgeport, Waterbury, and New Britain 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 their 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 in homeowner paid shelter costs, which 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 were 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 household, 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.
- Fifty-six percent of very low-income elderly renter households experienced cost burden compared to 33% of the 38,623 very low-income elderly owner households.
- Twenty-two percent 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 severed 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 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. 1563 were released on parole; 1134 were released to special parole; 1573 were released to halfway houses; 2835 were released on transitional supervision; and 8640 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, 24% of children under the age of six were screened for lead poisoning in 2000. Over 4% of children screened had valid elevated blood lead levels; 3.5% of these children had blood lead levels greater or equal to 10 ug/dL and .7% of had blood lead levels greater or equal to 20 ug/dL.

There has been statistically significant improvement in the rate of lead poisoning per child screening from the 1997-98 period to the 2000-01 period. The rate of improvement is incremental and the State of Connecticut should continue efforts to substantially decrease the rate of lead poisoning per child screened.

The number of children less than six years of age with valid elevated tests for blood lead has decreased from calendar year 1996 to 1998; however, because of decreasing numbers of children receiving valid tests during those years, the percentage of children with valid elevated tests -- a more representative assessment -- has not decreased. In fact, the percentage of children with a valid elevated lead test ($\geq 10 \mu\text{g/dl}$) in 1996 (4.65%) was nearly identical to that for 1998 (4.60%).

A summary of these test results for calendar years 1997 and 1998 follows:

**Table 62
Lead Test Results for 1997 and 1998**

1997			1998		
Elevated $\geq 10 \mu\text{g/dl}$	Total Screened	% Elevated $\geq 10 \mu\text{g/dl}$	Elevated $\geq 10 \mu\text{g/dl}$	Total Screened	% Elevated $\geq 10 \mu\text{g/dl}$
2,795	64,317	4.3 %	2,522	54,850	4.6 %

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, 1997 through June 30, 1998 local health departments reported that 903 lead inspections were conducted and 275 lead abatement projects were completed (note: The number of completed lead abatement projects includes projects that addressed hazards that were identified during lead inspections that were conducted prior to July 1, 1997 but had not been abated by that date.).

Although this data provides 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.
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 although the DPH has promoted such registries. 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 1990 U.S. Census there were 1,092,730 pre-1978 dwelling units and 462,808 pre-1950 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 808,620 pre-1978 dwelling units that are projected to contain some lead-based paint and 284,110 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 indicate 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.

A summary of these test results for calendar years 2000 and 2001 follows:

In 2000 there were 63,292 valid blood lead tests in Connecticut among children less than six years of age. Of these blood tests, 3.5% of children were found to have elevated lead blood levels of 10 µg/dl or greater and 0.7% were found to have elevated lead blood levels of 20 µg/dl or greater. Of cities in Connecticut with at least 50 children tested, Winchester had the highest percentage of children with 10 µg/dl of lead or more at 10.7%. New Haven was had the second highest percentage of children with 10 µg/dl of lead or more at 9.6%, this was followed closely

by 9.4% of children in Bridgeport. Hartford was fourth among cities with at least 50 children tested with 5.5% of children with 10 µg/dl of lead or more. (See Table 63)

**Table 63
Lead Test Results for 2000**

2000	Total Screened	Elevated ≥ 10 µg/dl	% Elevated ≥ 10 µg/dl	Elevated ≥ 20 µg/dl	% Elevated ≥ 20 µg/dl
All Cases	63,292	2,233	3.5	418	0.7
Winchester	56	6	10.7	2	3.6
New Haven	4,460	430	9.6	83	1.9
Bridgeport	5,844	550	9.4	94	1.6
Hartford	6,269	342	5.5	59	0.9

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%. As in 2000, Winchester had the highest percentage of children with 10 µg/dl of lead or more, of cities that tested at least 50 children, with 12.9%. Winchester was the only city in the top four from 2000 that actually saw an increase in the percent of children with at least 10 µg/dl of lead in their blood. New Haven had the second highest percentage of children with 10 µg/dl of lead or more at 7.9%, and was again followed closely by Bridgeport with 7.2% of children having lead levels of at least 10 µg/dl in their blood. Hartford dropped out of the top four cities in 2001 and was replaced by Ansonia that reported 5.1% of their children had elevated lead blood levels of at least 10 µg/dl or more. (See Table 64)

**Table 64
Lead Test Results for 2001**

2001	Total Screened	Elevated ≥ 10 µg/dl	% Elevated ≥ 10 µg/dl	Elevated ≥ 20 µg/dl	% Elevated ≥ 20 µg/dl
All Cases	66,529	1,866	2.8	276	0.4
Winchester	62	8	12.9	1	1.6
New Haven	4,358	343	7.9	50	1.1
Bridgeport	6,340	455	7.2	58	0.9
Ansonia	508	25	5.1	1	0.2

VI. HOUSING MARKET ANALYSIS

A. General Characteristics

New Housing Permits

During fiscal 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 2003.

In Connecticut, starts for new dwelling units increased in fiscal 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 FY 1998-99, there were approximately 11,500 housing starts compared to 9,500 in 2002-03. (See Table 65)

**Table 65
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 follow table provides an overview of housing permit activity by county.

**Table 66
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 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 2002. This was an increase of 9.4% from 2001's net gain of 7,557 units. At the end of 2002, an estimated 1,401,802 housing units existed in Connecticut. Table 67 shows changes in Connecticut's housing unit inventory on a calendar 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, a decrease of less than 1 percent. Among those units, 88 percent are in urbanized areas and 12 percent are in rural areas, according to the US Census.

The state’s housing unit inventory includes the following:

**Table 67
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 68
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, Hartford, New Haven, and Fairfield counties have the most housing units.

**Table 69
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 70 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 71 shows the ten communities with the fastest shrinking housing stock over this same period.

**Table 70
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
South Windsor	7,125	9,080	27.4
Southington	8,400	15,557	85.2
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 the housing stock include Hartford and Bridgeport, the largest population centers in the state. Two of the top three, Southbury and East Haven, are in the New Haven vicinity, while the remaining communities are scattered around the state.

Table 71
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 percent of housing units are occupied which leaves a vacancy rate of 6.9 percent; the nationwide vacancy rate is 9.3 percent. Among those occupied units, about two-thirds (67 percent) are owner-occupied and a third (33 percent) are renter-occupied. (See Table 72)

Table 72
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 percent, Brooklyn’s rate is the state’s highest. Scotland’s rate is lowest at zero. (See Table 73)

Table 73
Connecticut Cities and Towns with the Highest Vacancy Rates

Town	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 74 below shows the communities with the lowest percentage of the housing stock (rent or own) that is occupied.

Table 74
Connecticut Cities and Towns with the Lowest Rental Vacancy Rates

Town	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 the highest percent of occupied units are in the Hartford or New Haven areas, or in Fairfield County. In other words, 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, Waterbury, Windham, and New London 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 75
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 76
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 77
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 percent during 2001. In Connecticut, according to the US Census, the median price of a home shot up to \$166,900, a 23 percent increase from 135,700 in 1998 and an 11 percent 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 78)

The total authorized construction activity in 2001 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 78
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	124.5
Litchfield	121	121.65	125	128	125
Middlesex	120	124	129	133	135
New Haven	120	115	112	117.5	122.9
New London	108	109.9	109	112	118
Tolland	116.9	120	117.5	115	125
Windham	92	85.9	89	90	102
Total statewide	130	130	128	132	135.7

Source: U.S. Census Bureau

The following data is from the National Association of Realtors:

Table 79: Shows existing (Resale) single-family home sales (includes condominiums and coops). "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 79
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 three quarters	35,100	10,600	4,700	4,400	3,100	1,400	9,000	1,500	300

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

Table 80: Percentage distribution of sales for Connecticut broken out by number of bedrooms.

Table 80
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 81: Shows median home prices of existing single family homes (NOT including condos/coops).

Table 81
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 82: Shows median home prices for Connecticut broken out by bedroom size.

Table 82
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	194,000	351,666.7
2003 first three quarters	159,933.3	218,166.7	373,533.3

Source: CT: Home Sales Report

Table 83 (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 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 83
Homebuyer Afford Ability 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 84)

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 84
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 85)

Table 85
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 percent from the 1990 Census inflation-adjusted figure of \$764. Median rents were lowest in Putnam and the highest in Easton. (See Tables 86 and 87)

Table 86
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 87
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. Rural areas are also less affordable. Connecticut’s combined non-metropolitan areas experienced the third greatest rise in housing costs in the nation.

Table 88
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 89
Towns with Highest Percentage of Households that Own Homes with Selected Costs 35 percent 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 90
Towns with the Highest Percentage of Renting Households with Selected Costs 35 percent 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 91-94 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 percent from 1990 to 2000 compared to 13.1 percent 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 91
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 92
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 93
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 94
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 simple 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 percent increase since 2000. The number of available beds for selected towns can be seen in Table 95.

Table 95
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 supports another 20%. Only about 7 percent 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 which 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 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 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 COLA's 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. There were an estimated 138,449 adults with serious mental illness and 66,661 adults with severe and persistent mental illness as of 1992 in the state of Connecticut according to the Department of Mental Health and Addiction Services. 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 abuses, unemployment, and 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.

Frequently, recovering substance abusers complete treatment programs and 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-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 percent 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 and 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 options. 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 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. Often returning to major urban areas, jobs are frequently located elsewhere. Most offenders upon release need public transportation, but existing bus routes often make it difficult for offenders to travel between work and home.

Offenders 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 valued 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 was \$691 in Connecticut. The median rent figure includes the monthly contract rent plus the estimated average monthly costs of utilities and fuels, if these are paid by the renters. This figure increased 15.6% from 1990's gross rent cost of \$598.

The demand for subsidized housing is large. 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, according to the Partnership for Strong Communities.

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 percent 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 to survive on 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.

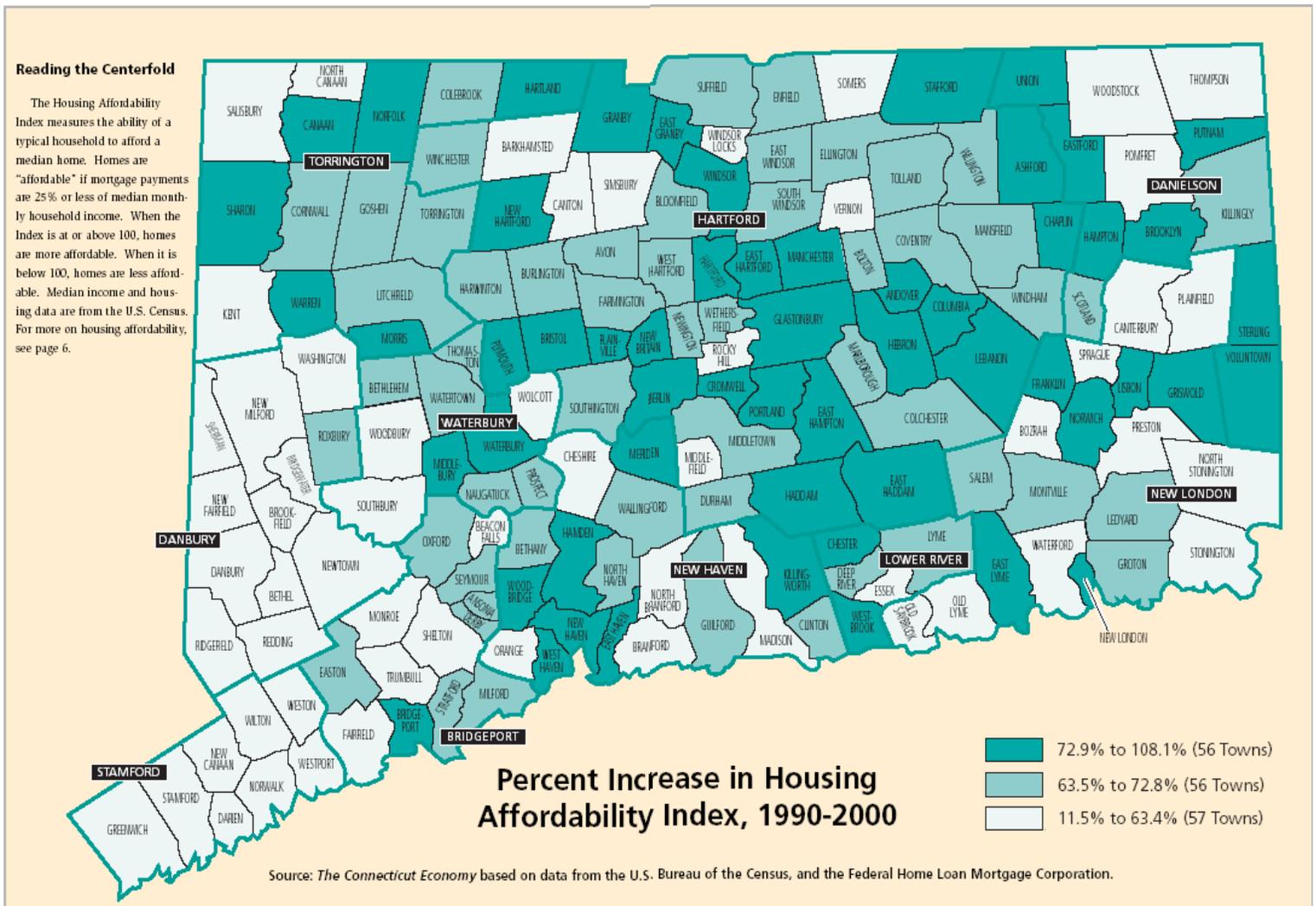
VII. HOUSING AFFORDABILITY DISCUSSION

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.

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



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 Connecticut prices are high, but not unexpectedly so—accord 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 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.

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, New Haven, Waterbury, East Hartford and New Britain, income growth barely matched their respective county averages. And, due to both this 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.

Connecticut Housing Costs Relative to other States

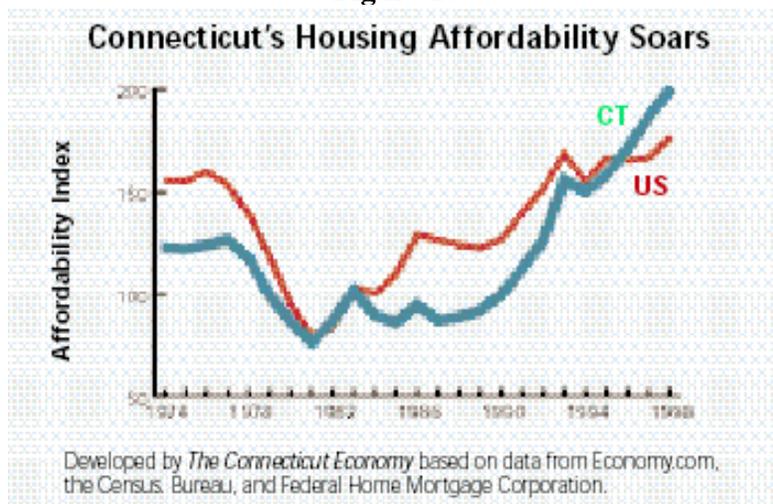
Given its importance in consumer budgets, the cost of housing can be a key influence on where people choose to live and work. Connecticut has the 6th highest median home price in the country, and even after accounting for ability to pay only 7 states rank below Connecticut in affordability. Do Connecticut's 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 factors suggest this particular cost of living may not be as 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. 0% to 35% - 37% to 0% 35% to 103%.

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

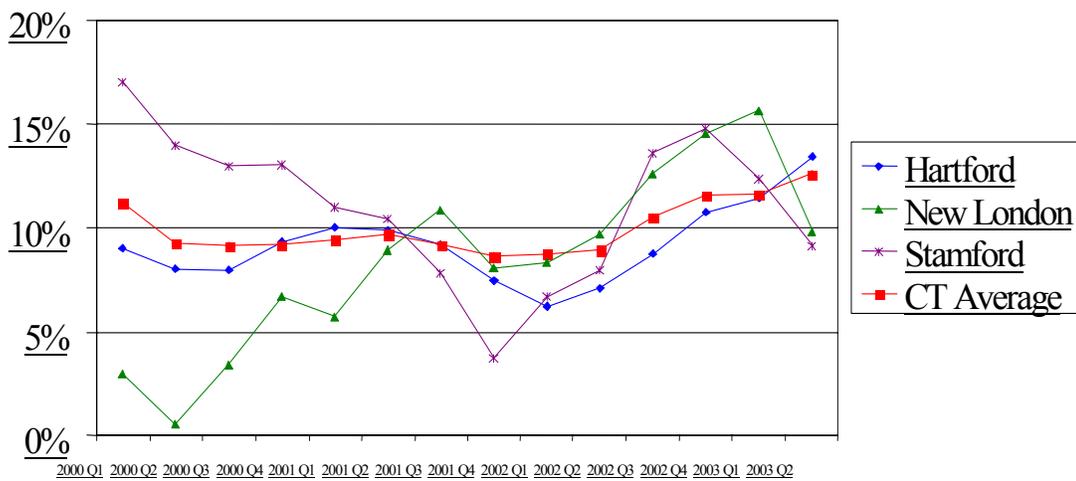


Alternative Measures of Affordability

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 percent (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 as high paying jobs migrate from New York City. The result is generally faster price growth in Stamford and Danbury. The New London 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 Urban 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.

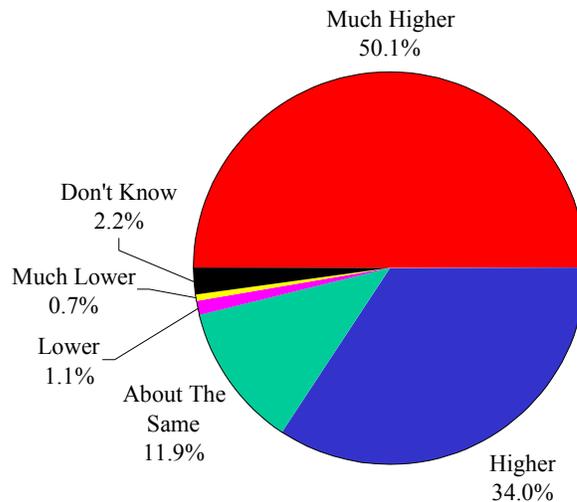
Clearly, the rates of change in the median numbers understate the actual appreciation for constant quality in the most recent quarter (by nearly 4 percentage points) and over the entire time period (by an average of ½ percentage point). More importantly, the median number is much more volatile than the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

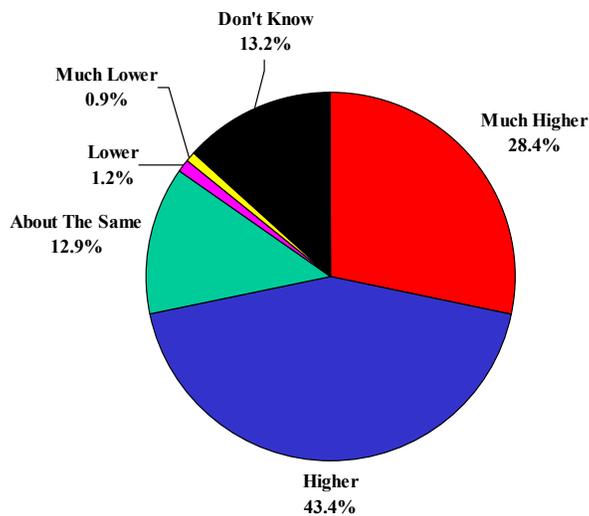
Connecticut residents perceive the state as a high cost state overall. Asked to characterize Connecticut's COL relative to other states, 84% of respondents said either "higher" or "much higher," with a majority choosing "much higher." Only 2% said "lower" or "much lower;" 12% thought "about the same."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

Figure 18
Connecticut's Cost of Living is...



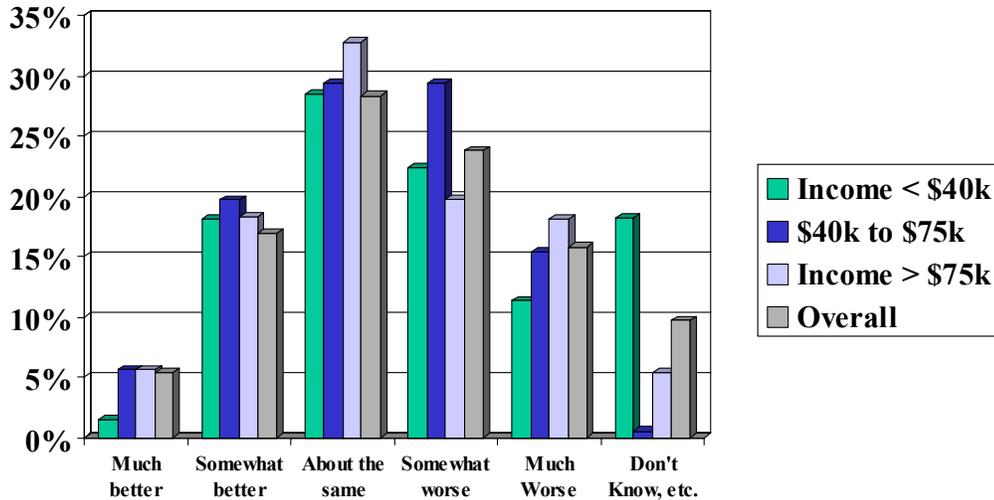
Residents were also asked to characterize Connecticut's cost of- doing-business (CODB), and the plurality (43%) responded "higher" rather than "much higher" (28%). In this assessment residents are inaccurate judging by the recent estimates of CODB which rank Connecticut among the nation's highest-cost 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



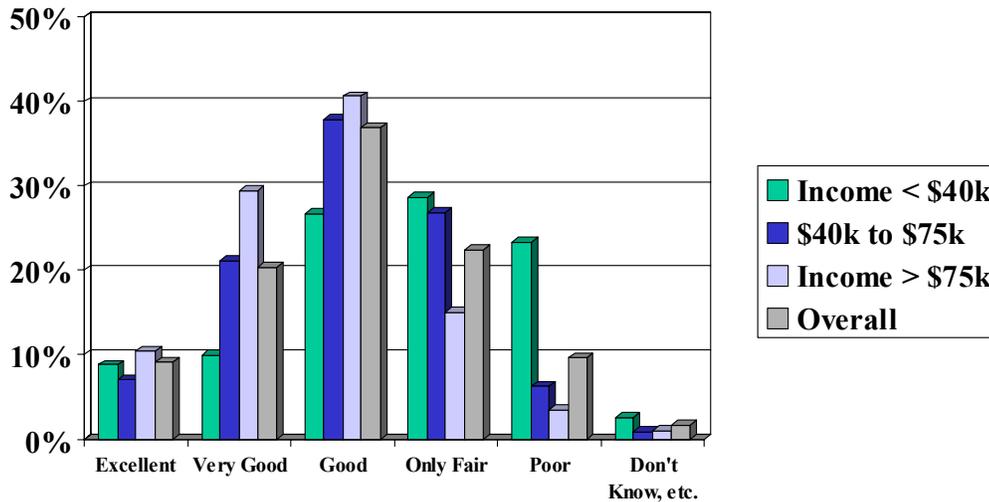
There were no statistically significant differences among the COL responses by age group, income level, gender, or sub-state geography. When it came to the CODB, though, people in Fairfield County and East of the River clustered significantly more towards the middle. It seems answers are tempered by 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.

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.

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.

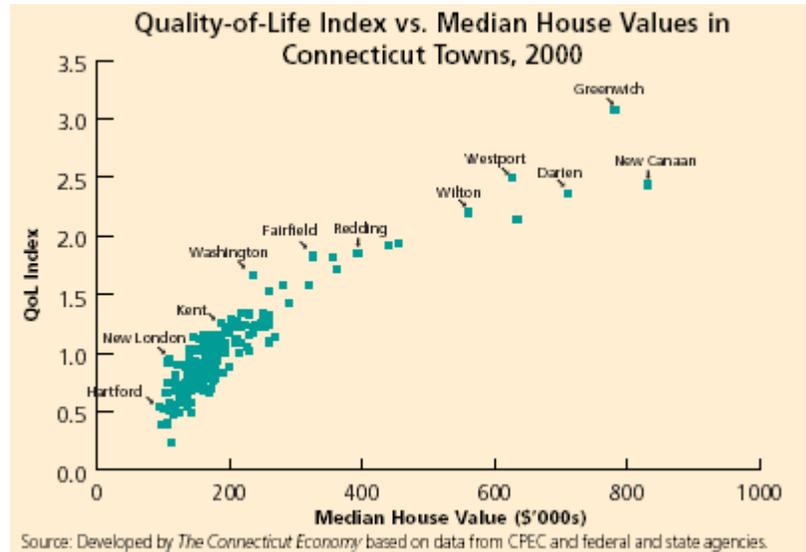
Keep in mind that this QoL measure is more comprehensive than many, reflecting the town's location, public policies, local economic conditions, and a number of social or environmental factors. The weighting of these factors is based on information derived from housing markets, so not surprisingly, towns 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.

VIII. SUMMARY OF PRIORITIES AND OBJECTIVES

A. General

The State of Connecticut is committed to providing quality affordable housing, encouraging economic growth, and undertaking community redevelopment activities. This Strategic Plan delineates the State's general priorities, over the next year and the next five years, for assisting low- and moderate-income households. The plan is based on an analysis of the housing needs of Connecticut residents, the State's market and inventory conditions, and the State's non-housing community development needs.

This section presents the State's strategy and actions to be taken over the next five-years that will address imbalances between the need for housing assistance and the existing inventory of affordable and supportive housing and services. Strategies to provide non-housing assistance to communities and local government in the areas of economic development and community development are also covered in this plan.

The use of the term "low- and moderate-income households" in this plan is defined as all households at or below 80 percent of median income. The category of "extremely low-income" is included in this category. The use of this term is not intended to exclude the extremely low-income group, which has been identified in the needs analysis as having the highest magnitude of housing problems.

Connecticut's housing needs, as addressed in the Needs Assessment and Housing Market Analysis sections of the plan, are extensive and far exceed the resources provided by the federal government. No short-term solutions will adequately address the problems nor can the anticipated level of federal resources be expected to have a significant impact in the short term. The State will, as part of its housing strategy, continue to seek opportunities to leverage additional private and federal funds to extend the impact of state and federal resources.

Note a glossary of the terminology used in this section is included in the appendix of this document.

IX. 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.

III. Revitalizing Communities –

- Provide communities with assistance to undertake economic development initiatives.
- Provide assistance to help communities undertake community infrastructure, facility, and service projects affecting public health, safety and welfare.

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.

Regarding Community Revitalization:

- 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.
- Support maintenance or improvements to infrastructure systems that are experiencing deterioration in first ring suburban neighborhoods and mature suburbs.
- Promote and encourage the revitalization and reuse of town center main streets in rural community centers, regional centers and older suburban towns.
- Continue to support urban inner city development through programs such as the Urban Site and Industrial Site Investment Tax Credit Programs.
- 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.

Strategies

Revitalizing Communities. Revitalization efforts must address economic, educational and social issues as well as housing needs. The "holistic" approach to revitalization will work to maximize federal and state 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 from **targeted areas** 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.

The State will utilize, to the fullest extent possible, CDBG Community Revitalization Strategies (CRS) and Neighborhood Revitalization Zones (NRZ) in executing its community revitalization strategies.

- *Resources* - Connecticut's resources will, to the greatest extent possible, be directed toward **targeted areas** 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.
- *Neighborhood Business Development* - Connecticut will provide more opportunities for small businesses in state-approved, locally designated neighborhood revitalization areas. The creation of new businesses, or the expansion of existing businesses, will help revitalize and stabilize communities and is 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.
- *Industry Clusters* - Connecticut's Industry Cluster Initiative is the State's long-term economic development and competitiveness strategy. This strategy is based on the economic premise that clusters of industries, not individual companies, will drive Connecticut's economy and that the expansion of quality jobs and wealth will only occur where large number of companies can successfully compete in the global marketplace. This is consistent with the recommended State Plan of Conservation and Development.
- *Inner City Business Strategy Initiative* – This initiative focuses on urban revitalization through business development and increasing the income, wealth and job opportunities of

inner city residents. It incorporates the thinking of the Initiative for a Competitive Inner City (ICIC), a national not-for-profit organization, and replaces the traditional focus on urban deficiencies with a more constructive focus on market opportunities, promoting Connecticut's cities and their competitive advantages. 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. Initial efforts will focus on increasing the cap on the Federal Low-Income Housing Tax Credit and the Mortgage Revenue Bond programs. Other efforts will focus on increasing funding for HOME, Section 8 and other programs.
- *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* - The State will use the ESG program to continue to support providers to build emergency and transitional shelters for homeless persons. DSS also will use 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.
- *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 serving people facing homelessness and people with disabilities. DSS will continue to seek additional competitive HOPWA funding.
- *Housing For Children With Complex Medical Conditions And Their Families* - The number of children entering into DCF's voluntary services program is increasing greatly, in large measure because families with medically complex children have no other place to turn. In some cases, these children have to leave their homes and enter residential settings. There is also a shortage of home nursing care and accessible, affordable housing

which forces children with complex medical conditions to remain in hospitals or DCF custody long after they could otherwise return home.

To address this issue, DECD, CHFA and DCF will work to pilot eight to ten units of supportive housing for children with complex medical conditions and their families, including on-site nursing care.

- *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.

Geographic Targeting

The State will target its federal funds to certain geographic areas consistent with the priorities set in the recommended State Plan of Conservation and Development, except as prohibited by federal law. For example, the State's allocation of CDBG and ESG funds may only be used in non-entitlement areas. However, since 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.

The existing Section 8 Voucher/Certificate, Section 8 Moderate Rehabilitation, Community Services Block Grant (CSBG), Federal Historic Tax Credits, and Federal Historic Preservation Grants are exempt from the State's geographic targeting.

The following federal resources will be directed toward specific geographic areas as described below:

- *Emergency Shelter Grant (ESG)* - Emergency Shelter Grant funds are awarded through a formula established by the federal government. The State's allocation of ESG funds may be used anywhere in Connecticut without restriction. Five jurisdictions (Bridgeport, Hartford, New Britain, New Haven and Waterbury) receive their own allocations of ESG funds directly from the federal government, thus are not eligible for the State allocation. Because of the nature of homelessness, the ESG program is exempt from PFA requirements.
- *Rural Development (aka Farmers Home) Programs (All)* - The U.S. Department of Agriculture's Rural Development Housing Programs were established to provide quality affordable housing to the Nation's rural and farm communities. All Rural Development programs (502, 515, 523, etc.) are restricted for use in "rural areas" which include open country and places with populations of 50,000 or less.
- *Home Investment Partnerships Program (HOME)* - The HOME Program was established under the Cranston-Gonzalez National Affordable Housing Act of 1990. The State's allocation of HOME funds may be used within the State of Connecticut.

- *American Dream Downpayment Initiative (ADDI) Program* - HUD is currently in the process of launching the American Dream Downpayment Initiative program. The American Dream Downpayment Initiative, part of HUD's expanded effort to promote homeownership, will help these underserved households (including residents and tenants of public and manufactured housing and other families assisted by public housing agencies) obtain the resources to meet upfront downpayment and closing costs, which is the most significant obstacle to homeownership among lower income groups. Homeownership plays a vital role in creating strong communities by giving families a stake in their neighborhoods and helping them to build wealth by undertaking and maintaining homeownership.

The American Dream Downpayment Initiative will be administered under DECD's HOME Investment Partnerships Program. DECD will administer this program in conjunction with all applicable HOME rules and ADDI rules as they are promulgated including the requirements of HUD's Interim Rule for the ADDI. American Dream Downpayment Initiative funds must benefit low-income families who are first-time homebuyers with downpayment and closing cost assistance of up to 6 percent of the purchase price of a single family housing unit or \$10,000, whichever is greater. Pre and/or post purchase housing counseling for homebuyers is also required. ADDI recipients are obligated to fulfill all of the requirements of HUD's Interim Rule for the ADDI.

- *Federal Low-Income Housing Tax Credits* - Federal Low-Income Housing Tax Credits may be used within the State of Connecticut. However, in accordance with federal law, states are required to develop allocation criteria that disperse the tax credits across the State through an IRS-approved competitive process. CHFA is Connecticut's tax credit administering agency and has an approved competitive process that allows points to be given to rental housing projects. CHFA's allocation plan must be consistent with the recommended State Plan of Conservation and Development.
- *Community Development Block Grant (CDBG)* - Community Development Block Grant funds are awarded through a formula established by the federal government. The State's allocation of CDBG funds may not be used in the following jurisdictions: *Bridgeport, Bristol, Danbury, East Hartford, Fairfield, Greenwich, Hamden, Hartford, Manchester, Meriden, Middletown, Milford Town, New Britain, New Haven, New London, Norwalk, Norwich, Stamford, Stratford, Waterbury, West Hartford, West Haven*. These jurisdictions receive their own allocations of CDBG funds directly from the federal government and are not eligible for use of the State allocation.

CHFA Programs

The **Down Payment Assistance Program** (DAP) 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 refinance 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.

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.

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 prepay their mortgages. CHFA is working to keep these developments as low-income housing, so those 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, that would mean about _____ 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.

Resources

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

Federal Resources.

- DECD expects to receive about **\$13,266,049** in **HOME Investment Partnerships Program (HOME)** entitlement funds for housing next year. This is the only entitlement funding for housing the State receives. The amount of funds the State is expected to receive over the next five years is about **\$66 million**.
- DECD expects to receive about **\$15,865,419** million in **Community Development Block Grant (CDBG)** funds for housing, community development, and economic development in the next year. The State expects to receive about **\$79** million in CDBG funds over the next five years.
- DSS expects to receive about **\$1,131,584** in **Emergency Shelter Grants (ESG)** funds in the coming year. This amount varies from year to year as the ESG allocation is based on the discretion of the Secretary of HUD. There are currently proposals in Congress to block grant ESG funds with other homeless funds. Because there is so much fluctuation in funding for this program, it is impossible to have a five-year projection for funding.

- DSS administers the **Section 8 Voucher** program on behalf of many local jurisdictions. DSS expects to administer \$45 million in Section 8 funds during the next year. The amount of funds DSS expects to administer over the next five years is approximately \$200 million, assuming the State continues to administer Section 8 for the same number of jurisdictions it does presently.
- CHFA receives an annual per capita allotment of **Federal Low-income Housing Tax Credits** every year. These numbers are based on the State's estimated population and are capped at \$1.80 per person. Based on current population projections, the State should receive \$30 million in tax credits over the next five years.
- CHFA receives an annual allocation of **Mortgage Revenue Bonds** that is 60% of the State's allocation. In 2004, the Authority will receive \$167 million of MRB funding. This will be used for single-family homeownership and multi-family rental housing mortgages. Over the next five years, the Authority will receive an allocation of approximately \$833 million.

The Authority's ability to meet the demands for homeownership is limited by the amount of tax-exempt bond authority it receives as an allocation. Despite the enactment of legislation to increase the tax-exempt private activity bond cap, the Ten-Year rule offsets all gains received from the volume cap increase. The rule, enacted in 1988, requires housing finance authorities to use repayments of MRB loans they receive more than ten years after the MRB issue to pay off the outstanding bond, instead of using funds to finance new mortgages. Over the next five years, we project a loss of \$1.3 billion financing for CHFA low-and moderate-income homebuyers. In 2004, the Authority will need \$585 million to maintain our current level of first time homebuyer financing to meet the affordable housing needs of the State. If the Authority cannot make up the difference through the use of carry forward allocations, recycling of prepayments and taxable bonds, we will need to substantially curtail our level of loan financing to first time homebuyers.

In addition to the above programs, the State of Connecticut has received funds under numerous competitive federal housing programs. In many instances, DECD cannot apply for these funds, however non-profit and profit-motivated developers, community action agencies, public housing authorities and other organizations and individuals may apply. Examples of competitive funding are **HOPWA** funds for persons with HIV/AIDS, **Section 202** funds for supportive elderly housing, **Section 8 Vouchers and Certificates**, **HOPE** funds for public housing, and **Section 811** homes to help persons with disabilities, among others.

Funds are also awarded under other competitive programs. The State strongly supports and encourages applications for funding under any federal program that helps meet the State's housing, community development, and economic goals.

In addition to HUD funds, the **Rural Development** arm of the U.S. Department of Agriculture has also been a major supplier of rental housing in the past, primarily through new construction activities in rural areas. More than 2,494 rental units have been constructed in Connecticut's rural

counties using these programs. In addition, the USDA has operated a number of homeownership and rehabilitation programs that assist persons to buy their first homes and help existing homeowners rehabilitate their homes. The State strongly supports the use of Rural Development funds for homeownership and rental housing.

State Resources - The State of Connecticut has substantial resources of its own which can help the State address its housing needs.

- DECD's **Flexible Housing Program** finances multi-family rental housing developments. Over the next five years, these programs expect 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) assist first time home buyers purchase their homes through help with settlement and closing costs, (2) help the elderly access the equity in their homes through reverse equity mortgages, and (3) help very low-income persons become first time home buyers.
- **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** 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 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 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

Development Of Specific Objectives And Proposed Accomplishments

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.

Prioritization Of Funding And Need

This plan recognizes that the housing and community development 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 and federal resources by focusing the State’s efforts.

Only those issues deemed to be a high priority to the State have been identified in this plan. All other issues are, by default, deemed to be a lower priority in terms of funding attention.

There are 12 goals outlined in this document. These goals are as follows:

- GOAL 1: SUPPORTIVE HOUSING** - Develop and implement strategies and solutions to address the problem of homelessness through the utilization of supportive housing.
- GOAL 2: HOME OWNERSHIP** - Improve the ability of low- and moderate-income residents to access home ownership opportunities.
- GOAL 3: RENTAL HOUSING SUPPLY** - Preserve and increase the supply of quality affordable housing available to low- and moderate-income households.
- GOAL 4: RENTAL HOUSING OPPORTUNITIES** - Improve the ability of low- and moderate-income residents to access rental housing opportunities.
- GOAL 5: AFFORDABLE HOUSING PLANNING**- Help identify and develop available resources to assist in the development of housing.
- GOAL 6: FAIR HOUSING** - Empower upward mobility for low- and moderate-income residents through fair housing.

GOAL 7: HOMELESSNESS - Address the shelter, housing and service needs of the homeless poor and others with special needs.

GOAL 8: 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

GOAL 9: LEAD PAINT AND HAZARDOUS MATERIALS - Support the removal of lead-based paint and other hazardous materials in existing housing.

GOAL 10: PUBLIC HOUSING RESIDENTS – Facilitate homeownership opportunities for public housing residents.

GOAL 11: NON-HOUSING: ECONOMIC DEVELOPMENT - Provide communities with assistance to undertake economic development initiatives.

GOAL 12: NON-HOUSING: INFRASTRUCTURE & PUBLIC FACILITIES - Provide assistance to undertake improvements to the community infrastructure, and construct or rehabilitate public facilities projects affecting public health, safety and welfare of low- and moderate-income residents.

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 three overarching

factors: (1) the issue's relative demonstrated need (as identified in the needs assessment), (2) the availability of other funds to address the need and (3) the eligibility criteria of each of the four federal programs governed by this plan.

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. All other issues are, by default, deemed to be a lower priority in terms of federal funding attention.

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. Further, it defines where the State will focus its usage of the federal funds accessed through the four state administered federal programs governed by this plan.

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.

Note: for the purposes of this plan, "Other Funds" include all available state, federal or private funds other than those allocated to the state under the CDBG, ESG, HOME and HOPWA programs.

Goals, Objectives, Priorities and Measures

B. AFFORDABLE HOUSING

Summary of the priorities and specific objectives

GOAL 1: SUPPORTIVE HOUSING – Develop and implement strategies and solutions to address the problem of homelessness through the utilization of supportive housing (Note: additional objectives regarding the issue of homelessness can be found under Goal 7 of this plan. Also note that supportive housing is directly relevant to all of the various *Special Needs Populations* referenced under Goal 8 of this plan).

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

A. COORDINATION AND PLANNING – SUPPORTIVE HOUSING

OBJECTIVES

Specific objective 1:

1. Coordinate the efforts of all of 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:

1. Establish an Interagency Council on Supportive Housing and Homelessness. The council will include representation from the Connecticut department’s of Economic and Community Development, Social Services, Mental Health and Addiction Services, Public Health, Correction, Children and Family Services and Veteran’s Affairs. The council will also have representation from the Governor’s Office, the Office of Policy and Management, the Office of Workforce Development and the Connecticut Housing Finance Authority. (Please refer to Connecticut Executive Order Number 34).
2. Create a *Supportive Housing Plan* by September 1, 2004 that will outline the development of an additional 900-1000 units of permanent, supportive housing over a period to be determined by the plan. (Please refer to Connecticut Executive Order Number 34).

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 populations. 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. The next most problematic obstacle will be the heavy demand for these slots.

B. PRODUCTION – SUPPORTIVE HOUSING

Specific objective 1:

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

Proposed accomplishments:

1. Create 350-500 new supportive housing units over 5 years.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
Other	Low-Mod Income	Statewide	High
ESG	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.

C. SERVICE DELIVERY – SUPPORTIVE HOUSING

Specific objective 1:

Evaluate the appropriate method or vehicle to introduce supportive services into existing housing units.

Proposed accomplishments:

1. Evaluate the appropriate method or vehicle to introduce supportive services into existing housing units over the next 5 years.
2. DMR will provide environmental modifications, to make homes accessible, to people who need environmental modifications to continue living in their family home.
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 five years, and the possibility of offering an expanded array of services to the client population.
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.
5. Provide access to federal Shelter Plus Care Program administered by both the state (DMHAS) and local agencies.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

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

**For HOPWA Statewide excludes Hartford MSA, New Haven MSA and Bridgeport MSA.*

NEED/BASIS FOR ASSIGNING THE PRIORITY

As the population ages, more individuals will require supportive services to help them remain in the community. The challenge will be to allow individuals to have real choices as to where they receive the services they need and alternatives to costly institutional care. Introduction of supportive services into existing housing units can provide more immediate, cost-effective, options as opposed to costly, time-consuming new construction.

The new “Individual and Family Support Waiver” that DMR is creating will specifically address the needs of people who want to remain in their family homes. There are 1820 people on the waiting list and the planning list.

The DMR waiting list initiative provides support for up to 750 people over five years. At least half of these people will remain in their family homes and purchase their own supports.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Sufficient quality housing stock, and resources, for modification and sufficient funding to support the people on the waiting list.

GOAL 2: 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

Specific objective 1:

Under the ADDI program, 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
HOME (ADDI)	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 percent are in urbanized areas and 12 percent 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, 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.

Specific objective 2:

Promote and support 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
HOME (ADDI)	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 over coming 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, particular 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. REHABILITATION OF EXISTING UNITS - SINGLE FAMILY

OBJECTIVES

Specific objective 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).

Proposed accomplishments:

Support 4 single-family moderate rehabilitation projects each year (with up to 100 units each) in CDBG Eligible Communities

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
CDBG	Low-Mod Income	CDBG Eligible Communities	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Rehabilitation provides multiple benefits to the communities. First, 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. Targeting re-use for low and moderate incomes through the HOME, CDBG and other funding sources aids in the provision of quality affordable housing for lower income populations as outlined in the needs analysis.

Overall, Connecticut vacancy rates are low. Fully 94 percent of housing units are occupied which leaves a vacancy rate of 6.9 percent; the nationwide vacancy rate is 9.3 percent. Among those occupied units, about two-thirds (67 percent) are owner-occupied and a third (33 percent) are renter-occupied.

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.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Stock of structures suitable for rehabilitation 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.

C. ACQUISITION OF EXISTING UNITS - SINGLE FAMILY

OBJECTIVES

Specific objective 1:

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 Needed*

NEED/BASIS FOR ASSIGNING THE PRIORITY

The needs analysis demonstrated that historically low mortgages 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 home ownership 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, 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.² 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. Stamford, Danbury,

² 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.

Norwalk and Bristol 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.

GOAL 3: 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

Specific objective 1:

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
HOME	Low-Mod Income	Suburban & Rural	High
Other	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. 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 HOME and other 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 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, Waterbury, Windham, and New London 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 towns and cities will be critical.

Specific objective 2:

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
HOME	Low-Mod Income	Statewide	High
CDBG	Low-Mod Income	CDBG Eligible Communities	High
Other	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Adaptive re-use of historic structures provides multiple benefits to the communities. First, 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

Specific objective 1:

Invest in the maintenance **and preservation** of existing publicly 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
CDBG	Low-Mod Income	CDBG Eligible Communities	High
Other	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 the targeted use.

Specific objective 2:

Provide favorable loan terms 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
HOME	Low-Mod Income	Statewide	High

Other

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

Specific objective 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.

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
Other	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.

GOAL 4: RENTAL HOUSING OPPORTUNITIES - Improve the ability of low- and moderate-income residents to access rental housing opportunities.

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

OBJECTIVES

Specific objective 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.

Proposed accomplishments:

Increase of Section 8 vouchers annually by 50 new vouchers.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted population	Geographic Target	Priority
Other	Low-Mod Income	Suburban	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Section 8 housing targets families most in need of support. Maximization of available funds has a direct impact on the reduction of homelessness and demand on shelters. 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. The

estimate represents a potential need for shelter beds each night well in excess of the approximately 2,000 available.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Federal funding cuts are the greatest obstacle for this objective. The proposed \$1 billion in program cuts will threaten not only the goal, but also current service levels.

GOAL 5: AFFORDABLE HOUSING PLANNING - Help identify and develop available resources to assist in the development of housing.

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

OBJECTIVES

Specific objective 1:

Encourage Regional Planning Organizations and municipalities to study regional housing cost patterns and zoning practices and 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 greater opportunity to develop income diverse neighborhoods in urban and suburban areas.

Proposed accomplishments:

Complete 5 regional studies over the next five years.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

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

**To be funded with CDBG Technical Assistance Funds*

NEED/BASIS FOR ASSIGNING THE PRIORITY

The needs analysis clearly demonstrates that many of Connecticut’s housing problems occur on a regional basis. Many communities share common problems or are impacted by problems in neighboring communities. Regional solutions are a natural outgrowth of this finding. In particular, Fairfield County has been noted as a region with distinct housing issues.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Connecticut has a long tradition of home rule and has struggled to generate effective regional cooperation. That said it should also be noted that the regional planning agencies have been among the most successful in achieving results through regional cooperation.

GOAL 6: FAIR HOUSING - empower upward mobility for low and moderate-income residents through fair housing.

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

OBJECTIVES

Specific objective 1:

Support fair housing education and outreach activities and actions to address illegal discrimination.

Proposed accomplishments:

1. Increase the collaboration on fair housing issues 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.

Specific objective 2:

State will update its Analysis of Impediments to Fair Housing.

Proposed accomplishments:

Complete update of the Analysis of Impediments to Fair Housing by end of year 2 of the plan.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

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

NEED/BASIS FOR ASSIGNING THE PRIORITY

Increased knowledge and awareness of housing rights and opportunities is critical to aiding low and moderate-income residents. A recent CSRA study for the Connecticut Bar Foundation found housing issues was among the top legal needs for lower income populations. In addition to legal issues knowledge and awareness of housing issues is critical.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Outreach in this area is likely to be hampered by the difficulty accessing populations with the greatest need.

GOAL 7: 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

Specific objective 1:

Expand homeless prevention services, follow-up services and increase transitional services throughout the system.

Proposed accomplishments:

1. Utilize the Beyond Shelter Program (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 services that assist families and individuals 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 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
ESG	Low-Mod Income	Statewide	High
Other	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Unemployment rates in Hartford, Bridgeport, 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 and increases 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.

Specific objective 2:

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 number of rental or operating subsidies, by at least 50 per year through federal application process.
3. Increase the number of rent subsidies for 75 people on the DMR waiting list.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
Other	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 home 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 to funding is a significant issue.

GOAL 8: 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

Specific objective 1:

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. The Governor has endorsed this plan and is using it as a blueprint for coordination of services.
2. Continue to such as Connecticut applied for a Robert Wood Johnson Grant on March 31, 2004 to explore the 'Cash and Counseling' model of service provision.
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 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

Specific objective 1:

Provide a range of services to residents to ensure successful independent living, including support services, transportation, etc.

Proposed accomplishments:

1. Increase 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
Other	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 is 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 faced 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.

Specific objective 2:

Increase the supply of new quality affordable 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
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Other 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

Specific objective 1:

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 disable clients.
2. Increase the accessibility DMHAS provided client support services by 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 “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
Other	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 dwelling are not adapted to meet the specific needs of this

population. In addition, residents with the highest needs require additional support services.

The US 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. Centers for Disease Control and Prevention, National Center for Health Statistics, and the National Health Interview Survey report that 37% 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. 2000 people are in the very low income category and live in rental units, 7500 people live with their families, and 5500 people live in licensed settings. 70% or 10,500 people that DMR supports are adults over the age of 21. 8% or 1300 people DMR supports are between the ages 0 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 1192 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.

Specific objective 2:

Target investment to address the "affordability" of existing housing stock for renters and homeowners with disabilities;

Proposed accomplishments:

1. 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.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

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

NEED/BASIS FOR ASSIGNING THE PRIORITY

Affordability is a significant challenge for low and moderate 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.

Specific objective 3:

Maintain the registry of accessible housing units.

Proposed accomplishments:

Fund the maintenance of the registry at current levels annually.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

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

NEED/BASIS FOR ASSIGNING THE PRIORITY

This is a necessary measure 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.

Specific objective 4:

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
Other	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 of 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.

Specific objective 5:

Expand accessibility modification activities to specifically target persons with disabilities who are ready and willing to leave nursing facilities and return to community living and 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.

Proposed accomplishments:

1. Provide \$300,000 in bond funds to do accessibility modifications for persons leaving nursing facilities.
2. Establishment of Section 8 Housing Choice Voucher preference for up to 50 eligible persons in support of the Nursing Home Transition Initiative.
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.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

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

NEED/BASIS FOR ASSIGNING THE PRIORITY

This priority is established to promote independent living for this population and to decrease the overall reliance on nursing homes. The DMR waiting list initiative will include 50 people on the waiting list who have requested to move from long-term care settings to alternative living settings.

OBSTACLES TO MEETING UNDERSERVED NEEDS

The most significant obstacle will be the identification of suitable individuals for the program and sufficient infrastructure supports to assist people in the transitions.

Specific objective 6:

Pilot 8 to 10 units of supportive housing for children with complex medical conditions and their families, including on-site nursing care.

Proposed accomplishments:

Construct 8 units of supportive housing for children with complex medical conditions and their families, including on-site nursing care within 36 months.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

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

NEED/BASIS FOR ASSIGNING THE PRIORITY

A shortage of home nursing care and accessible, affordable housing has forced children with complex medical conditions to remain in hospitals long after they could otherwise go home and, in some cases, families unable to obtain consistent nursing care in their homes have been forced to yield custody of their children to the Department of Children and Families.

OBSTACLES TO MEETING UNDERSERVED NEEDS

This is an innovative model that has not yet been piloted.

D. PERSONS WITH AIDS/HIV AND THEIR FAMILIES

OBJECTIVES

Specific objective 1:

Continue to fund existing HIV/AIDS programs.

Proposed accomplishments:

1. Seek additional federal funding for existing HIV/AIDS programs.
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.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

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

**For HOPWA Statewide excludes Hartford MSA, New Haven MSA and Bridgeport MSA.*

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 percent of the requests were denied. Requests for housing were denied due to lack of space and lack of appropriate supportive services for residents. 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-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.

Specific objective 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;

Proposed accomplishments:

1. Continue to evaluate AIDS/HIV supportive housing programs at least once a year.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

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

**For HOPWA Statewide excludes Hartford MSA, New Haven MSA and Bridgeport MSA.*

NEED/BASIS FOR ASSIGNING THE PRIORITY

Program evaluation is a critical component of the Departments on going strategic planning. Standardized long-term evaluations provide for program optimization. Standard customer satisfaction and market analysis measures are available. 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.

OBSTACLES TO MEETING UNDERSERVED NEEDS

No specific obstacles are anticipated though resources and differing priorities are the most common challenges in interagency cooperation.

Specific objective 3:

Develop new mental health and addiction service programs to meet the specific needs of persons with HIV/AIDS

Proposed accomplishments:

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.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

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

**For HOPWA Statewide excludes Hartford MSA, New Haven MSA and Bridgeport MSA.*

NEED/BASIS FOR ASSIGNING THE PRIORITY

The overall need was noted in objective one. Additionally, program suites designed to meet the specific needs of this special population provide the greatest probability of program success.

OBSTACLES TO MEETING UNDERSERVED NEEDS

See HIV/Aids objective 1.

E. PERSONS WITH SUBSTANCE ABUSE ISSUES

OBJECTIVES

Specific objective 1:

Continue existing substance abuse programs at levels permitted by funding availability and 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 that 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
Other	Low-Mod Income	Statewide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Overall, percentages reporting past year dependence or abuse for 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 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 possibly of additional resources for this objective, however, some of the proposed funding would be coincident with the establishment of alternative incarceration programs which 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

Specific objective 1:

The Connecticut Department of Correction 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

Other Low-Mod Income Statewide High

NEED/BASIS FOR ASSIGNING THE PRIORITY

During calendar year 2003 the Department of Correction released 15, 978 sentenced offenders. 1563 were released on parole; 1134 were released to special parole; 1573 were released to halfway houses; 2835 were released on transitional supervision; and 8640 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. Often returning to major urban areas, jobs are frequently located elsewhere. Most offenders upon release need public transportation, but existing bus routes often make it difficult for offenders to travel between work and home.

Offenders 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.

Specific objective 2:

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
Other	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

Need more info on program.

Note Goal 1 of this plan contains additional resources available to assist this population.

GOAL 9: LEAD PAINT AND HAZARDOUS MATERIALS - Support the removal of lead-based paint and other hazardous materials in existing housing

OBJECTIVES

Specific objective 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).

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
CDBG	Low-Mod Income	CDBG Eligible Communities	High
HOME	Low-Mod Income	Statewide	High
Other	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 approx. 74% of pre-1950 housing will contain lead-based paint and approx. 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 rehab.

Specific objective 2:

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
Other	Low-Mod Income	Statewide	High
CDBG	Low-Mod Income	CDBG Eligible Communities	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.

GOAL 10: PUBLIC HOUSING RESIDENTS – Facilitate homeownership opportunities for public housing residents.

The State considers these actions, within its comprehensive homeownership strategy, will help facilitate homeownership opportunities for public housing residents.

OBJECTIVES

Specific objective 1:

Fund and promote creative housing finance programs for residents of public housing to purchase their first homes within the State of Connecticut.

Proposed accomplishments:

1. Conduct homebuyer education and financial counseling for residents of Public Housing Authorities.
2. Expand the Section 8 Homeownership Program by working with Public Housing Authorities to leverage the use of the Housing Choice Voucher Homeownership Program.
3. Provide down payment assistance in conjunction with CHFA first mortgage to eligible borrowers.

GEOGRAPHIC DISTRIBUTION & RELATIVE PRIORITY

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

NEED/BASIS FOR ASSIGNING THE PRIORITY

Increased home ownership among the public housing population meets a number of critical needs. Ownership improves both the quality of life of the individual/families and that of the community. Transition to home ownership also yields free units to provide housing for homeless and wait listed individuals.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Quality affordable units are limited.

GOAL 11: NON-HOUSING: ECONOMIC DEVELOPMENT - Provide communities with assistance to undertake economic development initiatives.

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

Specific Objectives 1:

Offer expanded economic opportunities including job creation and retention through the establishment, stabilization and expansion of small businesses (including Micro-enterprises) and the provision of public services concerned with employment.

Proposed Accomplishments:

Support at least one Economic Development Project with the creation of up to 15 jobs per year (8 of which will be for low and moderate income persons).

GEOGRAPHIC DISTRIBUTION AND RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
CDBG	Low-mod Income	CDBG Eligible Communities	High
Other (cluster)	Low –mod Income	State wide	High
Other (Inner city)	Low-Mod Income	Urban	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

As noted in the needs analysis 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. Unemployment is not evenly distributed across Connecticut, and some cities and towns have unemployment rates above the 2002 national average. 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. Economic development projects that directly impact the disproportionately high unemployment rates in these communities will also increase housing affordability by increasing income. Workforce Investment Act training and other state and federal programs provide a basis for job training needs assessment and prioritization.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Obstacles include funding availability and the overall direction of the economy. Larger economic forces, particularly the direction of the national economy will have an unpredictable impact on economic development projects.

Specific Objectives 2:

Support the Inner City Initiative

Proposed Accomplishments:

Establish a \$25 million private–equity Connecticut Inner City Investment Fund.

GEOGRAPHIC DISTRIBUTION AND RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
Other (cluster)	Low –mod Income	State wide	High
Other (Inner city)	Low-Mod Income	Urban	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

There is a pressing need for financial capital in Connecticut’s inner cities – for business expansion and high-potential entrepreneurs, for the development of commercial, industrial and mixed use real estate, and for land assembly, brownfields remediation and homeownership. There is considerable evidence, even at this early stage of development, that risk-adjusted market rates of returns can be achieved when investing in inner-cities. Recent estimates show that more than \$2.5 billion has been invested in market rate inner-city and real estate equity funds. (See “Partnership for Growth II: A Competitiveness Agenda for Connecticut” for additional information).

OBSTACLES TO MEETING UNDERSERVED NEEDS

Availability of capital and engaging private sector participation are obstacles.

Specific Objectives 3:

Support the state’s Industry Cluster Initiative

Proposed Accomplishments:

1. Support the implementation of the “Partnership for Growth II” the state’s competitiveness agenda and plan for industry cluster development.

GEOGRAPHIC DISTRIBUTION AND RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
Other (cluster)	Low –mod Income	State wide	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Cluster development is prioritized as a systematic means to develop key economic sectors. Connecticut’s Industry Cluster Initiative is the state’s long-term economic development and competitiveness strategy. This strategy is based on the economic premise that clusters of industries, not individual companies, will drive Connecticut's economy and that the expansion of quality jobs and wealth will only occur where large number of companies can successfully compete in the global marketplace. The ultimate goal of this strategy is to increase the competitiveness of Connecticut's businesses, to identify and nurture industry clusters, and for the businesses involved in these clusters to make a high level of commitment to help strengthen the "economic foundations" and environment in which they compete.

This leads to a diversified commercial and industrial base, which lends stability to the economy. Economic health and stability, in turn, lead to sustained job growth and wealth generation.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Competition globally and across states for key sectors is a significant obstacle.

GOAL 12: NON-HOUSING: INFRASTRUCTURE & PUBLIC FACILITIES - Provide assistance to undertake improvements to the community infrastructure and construct or rehabilitate public facilities projects affecting public health, safety and welfare of low- and moderate-income residents.

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

OBJECTIVES

Specific Objectives 1:

Support the upgrading of existing infrastructure within areas where the majority of residents are of low- and moderate-income.

Proposed Accomplishments:

1. Support up to 3 infrastructure projects per year to include reconstruction of streets, sidewalks, water lines, and drainage problems in predominately low and moderate-income areas.

GEOGRAPHIC DISTRIBUTION AND RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
Other	Low-Mod Income	Suburban	High
CDBG	Low –Mod Income	CDBG Eligible Communities	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

In low and moderate income areas of the State, small communities often do not have the resources to repair severely deteriorated infrastructure impairing the health and welfare of its residents and worsening economic opportunities, which reduces job creation activities.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Need outstrips funding availability. Environmental concerns.

Specific Objectives 2:

Support the construction and/or rehabilitation and/or expansion of existing public facilities that primarily serve low and moderate-income persons, including but not limited to: senior centers, homeless shelters, battered women shelters, daycare centers, and efforts to meet the needs of the physically handicapped population by

supporting projects designed to make current facilities accessible or to provide new-handicapped accessible facilities.

Proposed Accomplishments:

1. Support up to 10 public facilities projects per year.

GEOGRAPHIC DISTRIBUTION AND RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
CDBG	Low –Mod Income	CDBG Eligible Communities	High
Other	Low-Mod Income	Suburban	High

NEED/BASIS FOR ASSIGNING THE PRIORITY

Repeats earlier section.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Repeats earlier section.

Specific Objectives 3:

Support Intra- and Inter-Urban Transportation Projects.

Proposed Accomplishments:

1. Continue to provide transit service where it already exists.
2. Purchase additional passenger cars for New Haven Line operations; continue rail station improvements at key New Haven Line stations.
3. Continue station area planning for future New Britain-Hartford Bus Rapid Transit (BRT) service, in order to provide mixed use, pedestrian-oriented development around the stations. The New Britain-Hartford BRT, and other such systems being studied in the Capitol Region, will be tied into the proposed Hartford Downtown Circulation Project, which will allow residents, workers and visitors to move around without a car.
4. Continue to study the feasibility of New Haven–Hartford–Springfield Commuter Rail Implementation Plan and associated station area development, including nearby housing opportunities.
5. Promote vanpool service to low and moderate income people to improve access to major employment areas, especially in more dispersed locations that are not served by public transit.

GEOGRAPHIC DISTRIBUTION AND RELATIVE PRIORITY

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

NEED/BASIS FOR ASSIGNING THE PRIORITY

The needs analysis indicates that a significant portion of urban area residents of all ages are reliant upon public transportation due to the high cost of vehicle ownership and parking limitations. Urban area residents rely upon transit service to provide both mobility within their city limits and accessibility to the surrounding environs. Transit service should link housing, employment, higher education, entertainment and recreation areas within a municipal and regional context to also help capture a percentage of the suburban market that currently has no transportation alternative to the automobile.

Transit service expansions should be considered when bolstered by high density, mixed land uses that make more housing and services available within close proximity to the station.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Funding is a critical issue.

Specific Objectives 4:

Continue to support Neighborhood and Community-based programs and the establishment of Community Revitalization Strategies and Neighborhood Revitalization Zones.

Proposed Accomplishments:

1. Coordinate State Agency activities to encourage and promote support of Community Revitalization Strategies and Neighborhood Revitalization Zones.
2. Through the DECD’s Industry Cluster’s initiative, evaluate the feasibility of a major Urban Neighborhood Initiative that will improve the linkage between inner city neighborhoods and the significant infrastructure improvements now being made in Connecticut’s most impoverished cities.
3. Develop a pilot program in a limited number of inner city neighborhoods that more effectively focuses a portion of the sizable public funds now being invested there.
4. Analyze census data to determine which towns are eligible to use Community Revitalization Strategies and encourage those eligible towns to pursue this designation.

GEOGRAPHIC DISTRIBUTION AND RELATIVE PRIORITY

Funding Source	Targeted Population	Geographic Target	Priority
Other	Low-Mod Income	Urban & Suburban	High
CDBG*	Low –Mod Income	CDBG Eligible Communities	High

**In relation to this objective CDBG funds will only be used for Community Revitalization Strategies and CDBG eligible activities in CDBG eligible communities.*

NEED/BASIS FOR ASSIGNING THE PRIORITY

Prioritization is given to this objective based on the needs analysis finding that enhancing community and neighborhood based programs enhances the livability of communities. The subsequent rise in quality of life spurs investment across the housing spectrum. Invest in already developed areas also aids the overall objective of limiting sprawl.

OBSTACLES TO MEETING UNDERSERVED NEEDS

Funding is a critical issue.

APPENDIX

STRATEGIC PLAN GLOSSARY

GENERAL TERMINOLOGY - DEFINITIONS

Note: These definitions are applicable for the federal programs and purposes covered under this Consolidated Plan for Housing and Community Development only, and do not necessarily reflect the definitions applicable to other funding sources also addressed in this plan.

Accessibility: All new construction of covered multifamily buildings must include certain features of accessible and adaptable design. Units covered are all those in buildings with four or more units and one or more elevators, and all ground floor units in buildings without elevators.

Acquired immunodeficiency syndrome (AIDS) or related diseases: The disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Affordable Housing: Housing for which the occupant is paying no more than 30 percent of his or her income for gross housing costs, including utilities.

Community Development Block Grant Program (CDBG): A federal grant program authorized by the Housing and Community Development Act of 1974 that replaced several community development categorical grant programs. CDBG provides eligible metropolitan cities and urban counties (called "entitlement communities") with annual direct grants that they can use to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low- and moderate-income persons.

Consolidated Plan: Developed by local and state governments, with input from citizens and community groups, this plan serves four functions. The Consolidated Plan: 1) is a planning document for each state and community, built upon public participation and input; 2) is the application for funds under HUD's formula grant programs (CDBG, HOME, ESG, and HOPWA); 3) lays out local priorities; and 4) lays out a 3-5 year strategy the jurisdiction will follow in implementing HUD programs.

Continuum of Care: A program to help more than 330,000 homeless Americans get housing, job training, child care, and other services. The Continuum of Care is the centerpiece of the federal policy on homelessness and stresses permanent solutions to homelessness through comprehensive and collaborative community planning. In 1997, the Continuum of Care was one of 25 finalists, out of 1400 competitors, for the prestigious Innovations in American Government Award that is given by the Ford Foundation and the Kennedy School of Government at Harvard University. *HUDWEB 1/4/99*

Emergency Shelter Grant (ESG): A federal grant program designed to: 1) help improve the quality of existing emergency shelters for the homeless; 2) make available additional shelters; 3) meet the costs of operating shelters; 4) provide essential social services to homeless individuals, and 5) help prevent homelessness. HUDWEB, Continuum of Care and Veterans Programs Glossary

Entitlement: An underlying formula governing the allocation of Block Grant funds to eligible recipients. Entitlement grants are provided to larger urban cities (i.e., population greater than 50,000) and larger urban counties (greater than 200,000).

Fair Housing Act: Legislation first enacted in 1968 and expanded by amendments in 1974 and 1988, this law provides the Secretary with investigation and enforcement responsibilities for fair housing practices. It prohibits discrimination in housing and lending based on race, color, religion, sex, national origin, handicap, or familial status.

HOME Investment Partnerships Program: A federal grant program designed to help jurisdictions expand the supply of decent and affordable rental and ownership housing for low- and very low-income people. HOME provides funds to local governments and states for new construction, rehabilitation, acquisition of standard housing, assistance to homebuyers, and tenant-based rental assistance.

Homeless prevention: Activities or programs designed to prevent the incidence of homelessness, including (but not limited to):

- Short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices;
- Security deposits or first month's rent to permit a homeless family to move into its own apartment;
- Mediation programs for landlord-tenant disputes;
- Legal services programs for the representation of indigent tenants in eviction proceedings;
- Payments to prevent foreclosure on a home; and
- Other innovative programs and activities designed to prevent the incidence of homelessness.

Homeownership: Ownership in fee simple title or a 99-year leasehold interest in a one- to four-unit dwelling or in a condominium unit, or equivalent form of ownership approved by HUD. The ownership interest may be subject only to the restrictions on resale required under 92.254(a); mortgages, deeds of trust, or other liens or instruments securing debt on the property as approved by the participating jurisdiction; or any other restrictions or encumbrances that do not impair the good and marketable nature of title to the ownership interest. For purposes of the insular areas, homeownership includes leases of 40 years or more. For purposes of housing located on trust or restricted Indian lands, homeownership includes leases of 50 years. The participating jurisdiction must determine whether or not ownership or membership in a cooperative or mutual housing project constitutes homeownership under State law.

Low Income: Income that does not exceed 80 percent of area median income.

Low Income Housing Tax Credits (LIHTC): A way of obtaining financing to develop low-income housing. Government programs provide dollar-for-dollar credit toward taxes owed by the housing owner. These tax credits can be sold, or used to back up bonds that are sold, to obtain financing to develop the housing.

Mixed-Income: Refers to a resident mix that includes families with various income levels within one development. Mixed-income developments combine public housing families with other residents in order to decrease the economic and social isolation of these families.

Moderate rehabilitation. This is rehabilitation that involves a minimum expenditure of \$3,000 for a unit that includes each unit's prorated share of work to be accomplished on common areas or systems. The goal is to upgrade housing to a decent, safe, and sanitary condition to comply with the Housing Quality Standards or other standards approved by HUD, from a condition below those standards (improvements being of a modest nature and other than routine maintenance).

Rent Supplements: Supplemental payments to owners of private housing on behalf of qualified low-income tenants, authorized by Section 101 of the Housing and Urban Development Act of 1965. New contracts are no longer available and have been replaced generally by the Section 8 program.

Rental Rehabilitation: Grants to cities and states for rental housing rehabilitation. These grants, authorized by Section 17 of the Housing Act of 1937, as amended by the Housing and Urban-Rural Recovery Act of 1983, are designed to attract private financing to rehabilitation.

Section 8: Housing Assistance Payments Program, authorized by the Housing and Community Development Act of 1974.

Section 8 Homeownership Program: Allows low-income families who qualify for Section 8 rental assistance to use their certificates or vouchers to pay for homeownership costs under a mortgage.

Shelter Plus Care (S+C) Program: Provides grants for rental assistance for homeless people with disabilities through four component programs: Tenant, Sponsor, Project, and SRO Rental Assistance.

Substantial rehabilitation: Rehabilitation that involves costs in excess of 75 percent of the value of the building after rehabilitation.

Supportive Housing: Housing, including housing units and group quarters, which has a supportive environment and includes a planned service component.

Supportive Services: Services provided to residents of supportive housing to facilitate residents' independence. Examples include case management, medical or psychological counseling and supervision, childcare, transportation, and job training.

SPECIAL NEEDS POPULATIONS - DEFINITIONS

Note: These definitions are applicable for the federal programs and purposes covered under this Consolidated Plan for Housing and Community Development only, and do not necessarily reflect the definitions applicable to other funding sources also addressed in this plan.

Family (24CFR-945):

Family includes, but is not limited to, a single person as defined in this part, a displaced person (as defined in 24 CFR part 912), a remaining member of a tenant family, a disabled family, an elderly family, a near-elderly family, and a family with children. It also includes an elderly family or a disabled family composed of one or more elderly persons living with one or more disabled persons.

Elderly Family (24CFR-945):

Elderly family means a family whose head, spouse, or sole member is a person of 62 years or older. The term "elderly family" includes an elderly person, two or more elderly persons living together, and one or more elderly persons living with one or more persons who are determined to be essential to the care or well-being of the elderly person or persons. An elderly family may include elderly persons with disabilities and other family members who are not elderly.

Frail Elderly:

Frail Elderly refers to people age 62 and older who have limitations in three or more life activities such as bathing, dressing, and housekeeping.

Disabled Family (24CFR-945):

Disabled family means a family whose head or spouse or sole member is a person with disabilities. The term "disabled family" may include two or more persons with disabilities living together, and one or more persons with disabilities living with one or more persons who are determined to be essential to the care or well being of the person or persons with disabilities. A disabled family may include persons with disabilities who are elderly.

Disabled Person (24CFR-945):

Person with disabilities means a person who:

- (1) Has a disability as defined in section 223 of the Social Security Act (42 U.S.C. 423), or
- (2) Is determined to have a physical, mental, or emotional impairment that:
 - (a) Is expected to be of long, continued and indefinite duration,
 - (b) Substantially impedes his or her ability to live independently, and
 - (c) Is of such a nature that such ability could be improved by more suitable housing conditions, or
- (3) Has a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(5)).

The term “person with disabilities” does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

Person with Acquired immunodeficiency syndrome (AIDS) or related diseases:

A person with acquired immunodeficiency syndrome (AIDS) or related diseases is a person who has been diagnosed with the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Homeless Individual Or Homeless Person (42 U.S.C. 11302):

- (1) An individual who lacks a fixed, regular, and adequate nighttime residence; and
- (2) An individual who has a primary nighttime residence that is:
 - (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - (b) An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - (c) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

GEOGRAPHIC DEFINITIONS

Note: These definitions are applicable for the federal programs and purposes covered under this Consolidated Plan for Housing and Community Development only, and do not necessarily reflect the definitions applicable to other funding sources also addressed in this plan.

For the purposes of this plan:

- **Urban** is defined as an Urbanized Area with a population greater than 50,000 and/or as an entitlement community.
- **Suburban town** is defined as an Urban Cluster with a population between 10,000 and 49,999. The low end of the Urban Cluster population range (2,500 to 9,999), as defined by Census, is superceded in this plan by the population definition of Rural put forth by the USDA (10,000 or less).
- **Rural town** is defined as having 10,000 or fewer residents.
- **Assisted Living Priority Areas** are defined as communities without existing state-financed congregate or assisted housing facilities that have a high concentration of non-institutionalized, Medicaid-eligible frail persons over the age of 65.

- **The Recommended State Plan of Conservation and Development:** regarding housing policy as outlined in the recommended State Plan of Conservation and Development, the term “Targeted Area” relates to the regional fair share approach to housing mobility. "Targeted areas" are the Development Policies Areas as defined in the recommended State Plan of Conservation and Development (including Regional Centers, Neighborhood Conservation Areas, Growth Areas and Rural Community Centers), plus any project that enhances housing mobility on a regional level that is consistent with the overall Plan policy. Housing projects outside development areas, as defined in the recommended State Plan of Conservation and Development, can be supported if there is justification.
- **MSA - Metropolitan Statistical Area:** An area defined by the U.S. Office of Management and Budget. An MSA is: 1) a county or group of contiguous counties that contains at least one city of 50,000 inhabitants or more, or 2) an urbanized area of at least 50,000 inhabitants and a total MSA population of at least 100,000 inhabitants (75,000 in New England). The contiguous counties are included in an MSA if, according to certain criteria, they are essentially metropolitan in character and are socially and economically integrated with the central city or cities. In New England, MSAs consist of towns and cities rather than counties.

Terminology

An urbanized area (UA) - Census defines an urbanized area as a densely settled area that has a census population of at least 50,000. A UA generally consists of a geographic core of block groups or blocks that have a population density of at least 1,000 people per square mile, and adjacent block groups and blocks with at least 500 people per square mile. A UA consists of all or part of one or more incorporated places and/or census designated places, and may include additional territory outside of any place.

An urban cluster (UC) - Census defines an urbanized cluster as a densely settled area that has a census population of 2,500 to 49,999. A UC generally consists of a geographic core of block groups or blocks that have a population density of at least 1,000 people per square mile, and adjacent block groups and blocks with at least 500 people per square mile. A UC consists of all or part of one or more incorporated places and/or census designated places; such a place(s) together with adjacent territory; or territory outside of any place.

Rural area (RA) - The USDA defines a rural area as:

- Open country that is not part of or associated with an urban area.
- Any town, village, city, or place, including the immediately adjacent densely settled area, which is not part of or associated with an urban area and which:
 - Has a population not in excess of 10,000, if it is rural in character, or
 - Has a population in excess of 10,000 but not in excess of 20,000, is not contained within a Metropolitan Statistical Area, and has a serious lack of mortgage credit for low- and moderate-income households as determined by the Secretary of Agriculture and the Secretary of HUD or
 - Was classified as a rural area prior to October 1, 1990, (even if within a Metropolitan Statistical Area), has a population exceeding 10,000, but not in

excess of 25,000, is rural in character, and has a serious lack of mortgage credit for low- and moderate-income families.

This is effective through receipt of Census data for the year 2010.

Geographic Designations (based on 2000 Census population statistics)

Municipality	County	Population	Entitlement Communities
URBAN			
Bridgeport	Fairfield County	139,529	E
New Haven	New Haven County	123,626	E
Hartford	Hartford County	121,578	E
Stamford	Fairfield County	117,083	E
Waterbury	New Haven County	107,271	E
Norwalk	Fairfield County	82,951	E
Danbury	Fairfield County	74,848	E
New Britain	Hartford County	71,538	E
West Hartford	Hartford County	63,589	E
Greenwich	Fairfield County	61,101	E
Bristol	Hartford County	60,062	E
Meriden	New Haven County	58,244	E
Fairfield	Fairfield County	57,340	E
Hamden	New Haven County	56,913	E
Manchester	Hartford County	54,740	E
West Haven	New Haven County	52,360	E
Milford	New Haven County	52,305	E
Stratford	Fairfield County	49,976	E
East Hartford	Hartford County	49,575	E
Middletown	Middlesex County	43,167	E
Norwich	New London County	36,117	E
New London	New London County	25,671	E
Suburban			
Enfield	Hartford County	45,212	
Wallingford	New Haven County	43,026	
Groton	New London County	39,907	
Southington	Hartford County	39,728	
Shelton	Fairfield County	38,101	
Torrington	Litchfield County	35,202	

Trumbull	Fairfield County	34,243
Glastonbury	Hartford County	31,876
Naugatuck	New Haven County	30,989
Newington	Hartford County	29,306
Branford	New Haven County	28,683
Cheshire	New Haven County	28,543
Windsor	Hartford County	28,237
East Haven	New Haven County	28,189
Vernon	Tolland County	28,063
New Milford	Litchfield County	27,121
Wethersfield	Hartford County	26,271
Westport	Fairfield County	25,749
Newtown	Fairfield County	25,031
South Windsor	Hartford County	24,412
Ridgefield	Fairfield County	23,643
Farmington	Hartford County	23,641
Simsbury	Hartford County	23,234
North Haven	New Haven County	23,035
Windham	Windham County	22,857
Watertown	Litchfield County	21,661
Guilford	New Haven County	21,398
Mansfield	Tolland County	20,720
Darien	Fairfield County	19,607
Bloomfield	Hartford County	19,587
New Canaan	Fairfield County	19,395
Monroe	Fairfield County	19,247
Waterford	New London County	19,152
Southbury	New Haven County	18,567
Ansonia	New Haven County	18,554
Montville	New London County	18,546
Berlin	Hartford County	18,215
East Lyme	New London County	18,118
Bethel	Fairfield County	18,067
Rocky Hill	Hartford County	17,966
Stonington	New London County	17,906
Madison	New Haven County	17,858
Wilton	Fairfield County	17,633
Plainville	Hartford County	17,328
Killingly	Windham County	16,472
Avon	Hartford County	15,832
Brookfield	Fairfield County	15,664
Seymour	New Haven County	15,454

Wolcott	New Haven County	15,215
Ledyard	New London County	14,687
Plainfield	Windham County	14,619
Colchester	New London County	14,551
New Fairfield	Fairfield County	13,953
North Branford	New Haven County	13,906
Suffield	Hartford County	13,552
East Hampton	Middlesex County	13,352
Orange	New Haven County	13,233
Tolland	Tolland County	13,146
Clinton	Middlesex County	13,094
Ellington	Tolland County	12,921
Cromwell	Middlesex County	12,871
Derby	New Haven County	12,391
Windsor Locks	Hartford County	12,043
Plymouth	Litchfield County	11,634
Coventry	Tolland County	11,504
Stafford	Tolland County	11,307
Griswold	New London County	10,807
Winchester	Litchfield County	10,664
Somers	Tolland County	10,417
Old Saybrook	Middlesex County	10,367
Granby	Hartford County	10,347
Weston	Fairfield County	10,037
Woodbridge*	New Haven County	8,983

RURAL

Oxford	New Haven County	9,821
East Windsor	Hartford County	9,818
Woodbury	Litchfield County	9,198
Putnam	Windham County	9,002
Thompson	Windham County	8,878
Canton	Hartford County	8,840
Portland	Middlesex County	8,732
Prospect	New Haven County	8,707
Hebron	Tolland County	8,610
East Haddam	Middlesex County	8,333
Litchfield	Litchfield County	8,316
Redding	Fairfield County	8,270
Burlington	Hartford County	8,190
Thomaston	Litchfield County	7,503
Old Lyme	New London County	7,406

Easton	Fairfield County	7,272
Woodstock	Windham County	7,221
Brooklyn	Windham County	7,173
Haddam	Middlesex County	7,157
Lebanon	New London County	6,907
Durham	Middlesex County	6,627
Essex	Middlesex County	6,505
Middlebury	New Haven County	6,451
Westbrook	Middlesex County	6,292
New Hartford	Litchfield County	6,088
Killingworth	Middlesex County	6,018
Willington	Tolland County	5,959
Marlborough	Hartford County	5,709
Harwinton	Litchfield County	5,283
Beacon Falls	New Haven County	5,246
Bethany	New Haven County	5,040
Bolton	Tolland County	5,017
North Stonington	New London County	4,991
Columbia	Tolland County	4,971
East Granby	Hartford County	4,745
Canterbury	Windham County	4,692
Preston	New London County	4,688
Deep River	Middlesex County	4,610
Middlefield	Middlesex County	4,203
Ashford	Windham County	4,098
Lisbon	New London County	4,069
Salisbury	Litchfield County	3,977
Salem	New London County	3,858
Sherman	Fairfield County	3,827
Pomfret	Windham County	3,798
Chester	Middlesex County	3,743
Washington	Litchfield County	3,596
Barkhamsted	Litchfield County	3,494
Bethlehem	Litchfield County	3,422
North Canaan	Litchfield County	3,350
Sterling	Windham County	3,099
Andover	Tolland County	3,036
Sprague	New London County	2,971
Sharon	Litchfield County	2,968
Kent	Litchfield County	2,858
Goshen	Litchfield County	2,697
Voluntown	New London County	2,528

Bozrah	New London County	2,357
Morris	Litchfield County	2,301
Chaplin	Windham County	2,250
Roxbury	Litchfield County	2,136
Lyme	New London County	2,016
Hartland	Hartford County	2,012
Franklin	New London County	1,835
Bridgewater	Litchfield County	1,824
Hampton	Windham County	1,758
Norfolk	Litchfield County	1,660
Eastford	Windham County	1,618
Scotland	Windham County	1,556
Colebrook	Litchfield County	1,471
Cornwall	Litchfield County	1,434
Warren	Litchfield County	1,254
Canaan	Litchfield County	1,081
Union	Tolland County	693

* Even though the population of Woodbridge is less than 10,000, it has been designated a suburb in this plan due its proximity to an Urbanized Area (the city of New Haven).

Data Sources:

A note about data sources:

In developing the Consolidated Plan CSRA relied on a variety of data sources. In general, government data sources, particularly Census and HUD, were given preference. Where government was not available CSRA attempted to use other publicly available data. The goal was to use commonly accepted data with strong methodologies. Sources without publicly available methodologies were not used.

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http://www.hchp.org/health_data/rptHIV2002.htm

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http://www.whitehousedrugpolicy.gov/publications/prevent/prev_inventory/connecticut.pdf

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<http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3537/default.asp>

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