

I. COORDINATING AND MANAGING THE PROCESS

I. COORDINATING AND MANAGING THE PROCESS (91.200)

Background

Over the past decade, the City of New Haven has undertaken an intensive process of self-evaluation in order to identify strengths, needs, priorities, objectives and strategies to guide policy, development and revitalization decisions. These include:

- A Vision for a Greater New Haven process.
- The Community-based Policing implementation process.
- The Office of Substance Abuse Policy and Prevention planning and ongoing implementation process.
- The Livable City Initiative Neighborhood Management Team process.
- Enterprise Community/Empowerment Zone Strategic Plan process.
- The process used to create a Regional Economic Development Plan for the New Haven region.
- The preparation of the Regional Workforce Development Plan by the Workforce Alliance which has been designated by the State as the Regional Workforce Investment Board for this area.
- Numerous programmatic planning processes through collaborations and coalitions, including but certainly not limited to the Perinatal Partnership, the Mayor's Task Force on AIDS, the City's Lead Abatement Initiative, etc.
- New Haven Homeless Continuum of Care Strategic Planning processes.
- The Community Development Block Grant planning process undertaken by the City and the various agencies funded by the City.
- The preparation of two previous Consolidated Plans covering the periods 1995-1999 and 2000-2004.
- The process used to create a Regional Housing Needs Assessment and Strategy for the New Haven region.
- The development of Neighborhood Plans for various neighborhoods in the City.
- The completion and adoption of a Comprehensive Plan of Development for the City in 2004.

These formal planning and analysis processes, combined with the City's informal assessment activities, such as the Mayor's Night Out in city neighborhoods, the Mayor's Night In (open-house), the use of neighborhood police substations as meeting information distribution locations and LCI Neighborhood Specialist outreach activities have given citizens, business owners, and other interested parties a means to discuss issues, needs and potential solutions with the City and its administration.

On August 4, 1994, the U.S. Department of Housing and Urban Development issued a Proposed Rule for Consolidated Submission for Community Planning and Development Programs with a Final Rule issued on January 9, 1995. This rule, (24CFR Part 91) requires that the Community Development Block Grant (CDBG), HOME, Emergency Shelter Grant (ESG) and HOPWA program application process be consolidated into one submission. In 1994, the City prepared its first Five Year Consolidated Plan that covered the period 1995 to 1999 and its second five-year plan in 2000 for the 2000-2004 period. This document updates and builds upon the City's previous Consolidated Plans. It contains a needs assessment, priorities, objectives and proposed activities. The City's updated Consolidated Plan covers a five-year period (Fiscal Year 2005 to 2009) with an Action Plan identifying specific activities for Fiscal Year 2005. The City will prepare a new Action Plan every year to describe the activities to be funded with its CDBG, HOME, HOPWA and ESG appropriation. It is the intent of the City New Haven to build upon the work of the above-described activities to form the basis of the Consolidated Plan.

The overall goal of HUD's community planning and development programs is to develop viable urban communities by providing decent housing, suitable living environments, and expanding economic opportunities principally for low- and moderate-income persons. This goal is consistent with the City's primary goal and mission— the comprehensive systematic revitalization of the City and its residents neighborhood by neighborhood. This goal will be achieved through new development, physical improvements, the provision of public facilities and services, and investment in human capital.

Lead Agency

The Office of Management and Budget serves as the lead agency in coordinating the integration of strategic processes for the forecasting of needs and preparation of the Consolidated Plan. Other City agencies involved in this process have included:

- Livable City Initiative
- Engineering
- Services for Persons with Disabilities
- New Haven Housing Authority
- Health Department
- City Plan Department
- Office of Economic Development
- Elderly Services
- Small Business Initiative
- Community Services
- Elderly Services
- Children and Family Services
- Parks Department

Consultation

As described in the following section, the City has undertaken an intensive citizen participation/consultation process. This process has included consultations with a variety of social service agencies and other entities. Much of this effort has been a continuation of activities undertaken as part of the previous Five-Year Consolidated Planning processes by building upon past successes while incorporating new strategies.

Institutional Structure

The Office of Management and Budget will provide oversight of the development and implementation of the Consolidated Plan. Coordination and implementation is a collaborative effort between the various departments that provide physical development, economic development, public services, housing production, planning and other housing and community development functions. Outreach, consultation and coordination with and between the Housing Authority, non-profit and for-profit service providers, and other community partners will also be undertaken.

This Consolidated Plan is intended to address three primary goals:

- Provide Decent Housing
- Provide Suitable Living Environments
- Expand Economic Opportunities

II. CITIZEN PARTICIPATION/CONSULTATION

II. CITIZEN PARTICIPATION/CONSULTATION (91.100 & 91.105)

Background

In April 1994 the City of New Haven began a grass roots based planning process that concluded with the City being designated one of sixty-five (65) Enterprise Communities. In so doing, the City noted that neighborhood meetings created an atmosphere that encouraged citizen input. Along with consultations and substantive participation by service providers and other key local not-for-profits, the current administration and elected officials adopted both the format and the result as the blueprint for determining how best to invest in the City's future. The focus was not whether or not the City was ultimately selected in the national competition and received funding. Rather, the City was to integrate public and private sector efforts to improve service delivery, leverage resources, and capitalize upon the variety and richness of existing structures.

In late 1998, the City of New Haven, in partnership with its Enterprise Community Council and private partners, sought and was awarded designation as a federal Empowerment Zone. The City's Empowerment Zone Application built upon the neighborhood-driven planning and implementation process that the New Haven Enterprise Community Council had undertaken in 1994 to address the neighborhoods' most critical issues.

The City's Consolidated Plan builds upon the experience gained and knowledge developed during the neighborhood meetings and community strategic planning sessions of the Enterprise Community and Empowerment Zone processes. It also incorporates the outreach, needs assessment and strategic planning components undertaken in order to develop the City's two previous Consolidated Plans and Annual Housing and Community Development Action Plans.

The Consolidated Plan efforts have used the same resource groups that helped to create the Enterprise Community/Empowerment Zone applications. These groups were made up of development, city plan, community service, education, health, protective services, parks, substance abuse and prevention staff as well as other City staff. In addition, representatives from the Housing Authority of New Haven and the New Haven Continuum of Care membership, other community development service providers, and community residents, participated in needs assessments and meetings to assist in the development of the Consolidated Plan.

In February of 1994, the City of New Haven established a Committee on Supportive and Special Needs Housing with representation from the City, area service providers, architects, bankers and property owners. They embarked on a planning process that culminated in 1995 with the collective submission of several applications to HUD under the Continuum of Care Initiative. The 1995 submission to HUD through its Continuum of Care policy initiative included representation from the City and area service providers. It was organized and facilitated by the Connecticut Mental Health Center. This Citywide process resulted in the submission of five applications (three of which were funded) including Section 8 Moderate Rehabilitation Single Room Occupancy Program through the City and Columbus House, the Mental Health Network Supportive Housing Program (a collaboration of agencies including The Consultation Center, CMHC, Columbus House, Continuum of Care, Cornerstone, Fellowship, Marrakech, Easter Seal Goodwill Rehabilitation Industries, Yale Psychiatric Institute, and APT Vocational Services) and the New Haven Shelter Plus Care Program.

This process represented the first "multi-level" planning process around the issue of homelessness in which policy-makers, elected officials, providers, residents and homeless and formerly homeless individuals sat as equals at the same table. Service providers were forced "out of the box" and encouraged to view their work as part of a larger Continuum of Care System. The process created a forum in which representatives from "competing" organizations could address real issues and concerns in a constructive manner.

In 1996, with a successful track record and a base from which to work, the group redefined its priority areas for the new HUD competition. The community planning process identified the most pressing issues as those of homeless youth, women and children, and people with serious mental illness and/or HIV/AIDS in need of a 'safe haven'. Upon the issuance of the 1996 Continuum of Care Homeless Assistance Competition, the Office of the Mental Health Network of the Connecticut Mental Health Center facilitated the community planning process. Efforts were made to invite individuals who represented the concerns of homeless youth, women and their children, as well as drug prevention and treatment constituents. The group undertook the task of identifying and analyzing gaps and needs and prioritizing them. They submitted three projects to HUD for funding to address those needs, each of which were funded. The newly funded projects helped to build a foundation for services to women, youth and persons with HIV and AIDS-related illnesses who are homeless.

The process progressed in 1997 with heightened involvement from community members, persons who are homeless or formerly homeless and a broad base of provider agencies. The Continuum of Care group met for fourteen weeks to identify gaps and needs, generate project proposals, rank those proposals and prepare them for submission to HUD. The summer of 1997 was the turning point for the development of the Continuum of Care strategy. Having determined that ongoing involvement in the development of the process was a requirement for all of the organizations submitting projects to HUD, the group further defined itself and established a mission with the task of setting goals and objectives.

At its September 1997 meeting, the Continuum, well represented by community members, persons who are homeless or formerly homeless and providers, began to identify goals and objectives that would be within its purview. Subsequent meetings established operating procedures, leadership, standing committees and charges. The group, known as the "Continuum" meets monthly. The Continuum has submitted applications to HUD for funding every year since 1995 in its ongoing efforts to address and prevent homelessness. The Continuum has been an active provider of special needs and supportive housing over the past decade and has served as an advocate for the homeless and special needs populations locally, statewide and nationally. In addition to defining gaps in services and needs and working to develop programs and resources, the Continuum has been an active participant in the Consolidated Planning process. The Continuum was also the driving force behind the Homeless Count: 2003 efforts, which helped the City enumerate its homeless populations and have a better understanding of their housing and supportive service needs.

In the Summer of 2004, as part of its consultation efforts in preparing for the Consolidated Plan, City staff, charged with updating the 2000-2004 Plan, contacted representatives from all City Departments associated with housing and community development activities, as well as housing and social service providers. Each party was asked to review the City's previous plan and provide comment on the current goals and strategies; review and update needs; and discuss their projected plans and needs for the future. City staff also held focus group meetings with housing, economic development and community service providers; and met individually with representatives of special interest groups.

The City also completed its Comprehensive Plan of Development in 2004. The Plan serves to guide City policy in regards to housing, neighborhood development and preservation, economic development, and transportation. This plan also provided invaluable data and input into the Consolidated Plan updates.

In October and November 2004, the City through the Office of Management and Budget conducted a Consolidated Plan outreach and needs assessment process as a means to update its Five-Year Consolidated Plan. In an attempt to develop new outreach methods the City undertook a computerized needs assessment process. All City agencies and departments, non-profit organizations and housing and social service providers receiving Federal funds and/or providing housing and community development services, programs or projects were invited to participate in a needs assessment workshop. The workshop was held as an open house format for two days, October 6 and 7, 2004 from 9 a.m. to 4 p.m. Participants were asked to come at their convenience to provide input into the computerized

system. Eighty (80) individuals representing a cross-section of the City's housing and community development providers participated in the needs assessment process over the two-day period.

In early November 2004, a written questionnaire was sent to more than 300 agencies, organizations and service providers to further define housing and community development needs and to ask for input on the City's existing programs. The completed questionnaires were tabulated and utilized as feedback on the City's existing programs and activities; to update needs; and to further develop the City's housing and community development strategy.

Meetings and Consultation

In August 2004, key individuals within relevant city departments were identified by area of expertise and asked to serve as lead participants on an ad-hoc planning committee to update the City's 2000-2004 Five-Year Consolidated Plan for Housing and Community Development. This committee would serve as the City's institutional entity responsible for formulating the process that would guide both federal and city funding for housing and community development activities over the next five years. Representation included (1) Housing and Neighborhood Revitalization, (2) Human Services, (3) Special Needs Housing and (4) Economic Development. This committee was responsible for creating an outreach, assessment and participation process and was asked to develop a list of community contacts and resources to be utilized to update the plan.

Meetings were also held with representatives of community-based resource networks, non-profit housing organizations, homeless providers and the Housing Authority. Furthermore, to enhance citizen involvement, information was provided to the Housing Authority's Residents Council, the Empowerment Zone Council and Neighborhood Management teams to solicit input and comments.

Upon revision and compilation of requested information, a draft document was completed and submitted for review and comment on February 7, 2005. The document was also forwarded to the City's Board of Alderman for review of the process and strategy and for deliberation.

On October 6, 2004 the Mayor of New Haven issued an open letter to the residents of the City to apply for funds through the Consolidated Plan process and encourage participation in the process. On the morning of October 19 and on the evening of October 20, 2004, public hearings were held to explain the process, offer the Citizen Participation Plan for review, discuss needs, discuss eligibility requirements and past performance and to answer any questions. Packets containing current and past spending patterns, the Citizen Participation Plan, information about the application process and the Needs and Strategic Plan components of the 2005 - 2009 Consolidated Plan were distributed for comment.

Coordination with city residents has been further enhanced by utilizing the City's ten (10) community-based Police Substations and their management teams as liaisons between the neighborhoods and the City's administration. In an effort to gear administrative actions to specific neighborhood needs and to promote citizen involvement in crime prevention activities and neighborhood revitalization the City has returned to the concept of community-based policing.

The individual substations provide "community friendly" more visible police presence. Each substation is headed by a lieutenant who has the responsibility over the substation and its assigned police officers. Each substation has a management team comprised of neighborhood residents, business owners and other interested individuals or group representatives who have shown an interest in providing leadership to their community. These management teams are the focus of initial administrative contacts with neighborhood groups and residents. During the Consolidated Plan development process, the City took advantage of this community-based police substation structure. Neighborhood specialists from LCI provide additional community outreach and information distribution. These efforts will be continued during the implementation of the housing and community development programs and activities.

Citizen participation and consultation with local officials has been priority during each phase of the development of the Consolidated Plan. The Final Plan is the result of articulated needs of the community and encapsulates the strategies, goals and priorities of the administration and local governing officials. Additional avenues for consultation and participation were incorporated in the forms of Aldermanic public hearings and workshops.

In conjunction with the staff of the Consolidated Plan working group, a series of public hearings and workshops to receive comments and testimony from members of the New Haven community were held. An outline of the public review process follows:

HUD GRANT AND FIVE-YEAR CONSOLIDATED PLAN SCHEDULE FOR 2005-06

(Community Development Block Grant, HOME Investment Partnership, Emergency Shelter Grant, and Housing Opportunities for People with AIDS)

<u>DATE</u>	<u>ACTIVITY</u>
September 20	Memo to Board of Aldermen to kick-off Five-Year Consolidated Plan Process.
September 22	Letter to Board of Aldermen, City Dept.'s and Community Programs inviting them to Needs Assessment Input Sessions.
October 6	Open Letter initiating application process for 2005-06, notice of availability advertisement for application and Five Year Consolidated Plan
October 6 and 7 9 – 4 pm	Needs Assessment Input Sessions
October 19 10 am-12 pm October 20 5:30-7:30 pm	Public Workshop/Performance Review, 165 Church St., Aldermanic Chamber
November 2	Needs Assessment Questionnaires mailed to BOA, City Dept.'s and Community Programs
November 12	Deadline for receipt of third party and City applications for HUD grants.
November 23	Deadline for receipt of third party and City applications for HUD grants.
December 17	Letter to Mayor regarding Executive Summary of Five-Year Consolidated Plan and Budget Recommendations for FY 05/06
January 3	Submit the Mayor's proposed Executive Summary of the Five-Year Consolidated Plan and Annual Action Plan to the Board of Aldermen. The matter will be referred to the Joint Community Development and Human Resources Committee. Submit the Mayor's Consolidated Action Plan to LCI Board, City Plan Commission, Economic Development Commission and Regional Planning Agency. Request their comments by February 23.
Week of January 3	Publish Mayor's recommendations for Annual Consolidated Action Plan
January 11 6:00 pm	Public Hearing: Executive Summary of the Five-Year Consolidated Plan and overview of Mayor's recommendations with Aldermanic Joint CD & HR Committee
January 19 6:00 pm	City Plan Commission review of Action Plan and Five-Year Con Plan.
January 20 6:30 pm	Joint CD & HR Committee – City presentations on current and proposed projects (CDBG, HOME, HOPWA, ESG)
January 26 6:00 pm	Board of Aldermen Joint CD & HR Committee hold Public Workshop for Public Service, ESG and HOPWA activities and public comment on current and proposed projects
February 1 6:00 pm	Joint CD & HR Committee holds Public Hearing for Hardware (Brick & Mortar) and Planning Activities and consider public comment on current and proposed projects
February 15 6:00 pm	Public hearing: Review of Five-Year Plan
February 16	City Plan to finalize report on Action Plan and Five-Year Plan.

<u>DATE</u>	<u>ACTIVITY</u>
February 17	City Plan to provide report on Action Plan and Five-Year Plan to BOA.
February 23 10:30 am 1:30 pm	Review of Five-Year Con Plan w/ Housing and Hardware Committee. Review of Five-Year Con Plan w/ Homeless and Special Needs Committee. Deadline for submitting Amendments to the Joint CD & HR Committee Chairs by 5:00 pm. No meeting held.
March 1 6 pm	Deliberation
March 2 10:30 am	Review of Five-Year Con Plan w/ Maternal and Child Issues Committee.
March 3	Additional Deliberation (if necessary)
March 7	First reading before the Board of Aldermen
Week of March 7	Housing Authority Meeting re: Five-Year Con Plan
March 9 10:30 am.	Review of Five-Year Co Plan w/ Economic Development Committee
March 21	Second reading before the Board of Aldermen (final action)
By May 15	Submission and Assurances to HUD
July	Begin new CD year

Regional Consultation and Outreach

The City of New Haven maintains regional contact with municipalities within the region through its involvement and membership with the South Central Regional Council of Governments (SCRCOG). Through this forum representatives of the City are able to share in regional planning activities as they relate to land usage and transportation. In an effort to obtain regional input on the Consolidated Plan and the City's strategies and objectives, copies of the draft were sent to SCRCOG for comment concerning regional issues and impact. Copies were also sent to the adjacent communities of East Haven, West Haven and Hamden and the State of Connecticut Department of Economic and Community Development.

The City, through staff involvement, participated in the preparation of the Regional Housing Needs Assessment undertaken and adopted by SCRCOG in 2004. In addition to the key recommendation of finding a regional solution to affordable housing needs, it was recommended that a Regional Housing Partnership be created to provide a policy, oversight and implementation entity concerned with regional housing solutions. Involvement in this regional partnership will be an effective method to ensure regional outreach and collaboration.

As the region's leading provider of affordable housing and supportive services, the City is home to several non-profit agencies and organizations which serve not only City residents but residents from throughout the region based upon need. In addition, City staff is actively involved with numerous collaborative efforts, which include representatives from agencies and organizations outside of the City. Throughout the year collaborative groups, such as the Mental Health Network, the Continuum of Care Committee, the Affordable Housing Roundtable, United Way, the AIDS Interfaith Network, the Connecticut AIDS Coalition and other similar groups meet to discuss issues and trends and programs and methods to address needs.

Representatives from several organizations and agencies actively involved with regional issues were also involved in the preparation of this Consolidated Plan. With their involvement the articulation of needs and the development of objectives and strategies reflect not only the City's immediate needs but regional issues as well.

Housing Authority & PHA Resident Participation

To obtain input from residents of Housing Authority units, informational packets were distributed and a Consolidated Plan briefing was provided to the Residents Council during the draft plan development and public comment period. Existing plans and reports prepared by and for the Housing Authority were reviewed and incorporated into this Consolidated Plan as appropriate. Numerous opportunities for input and comment on City policies, strategies and programs have been allowed through the implementation of the Elm Haven and Quinnipiac Terrace HOPE VI

projects, the preparation of a Housing Authority's Five-Year Plan, and the reorganization and the repositioning of the Housing Authority to do away with its "Troubled Housing Authority" (designated residents and management from Housing Authority properties).

Public Comment

In addition to the extensive outreach and consultation efforts undertaken in the preparation of its updated Five Year Consolidated Plan the City had a 30 day public comment period on its draft document. On January 3, 2005 , the draft Consolidated Plan, which included the proposed Annual Action Plan for 2005 in addition to the Needs and Five-Year Strategy, was communicated to the Board of Alderman for legislative review. The draft Consolidated Plan was advertised and available for review on February 8, 2005. Copies of the plan were distributed to active participants in the plan's update process and representatives of City agencies and departments. See Appendix A for the distribution list. The Plan and the Executive Summary were also posted on the City's website. In put and comment was sought during the Draft 30-day public comment period. The public comment period was open until close of business on March 11, 2005.

During the comment period, roundtable focus groups were held with Consolidated Plan Update Steering Committee representatives as well as other key city representatives and service providers. The purpose of these meetings was to solicit any final input prior to formulating the final plan. Four (4) focus meetings were held. On February 23, 2005 a Housing and Housing Finance Roundtable and a Special Needs/Homeless Roundtable were held; on March 2, 2005 a Health, Youth, Elderly and Childcare Roundtable was held; and on March 9, 2005 an Economic Development Roundtable was held. These meetings served to ensure that all players were on the same page in terms of housing and community development needs and strategies and to make sure that the final plan had been thoroughly reviewed and bought into.

The City did not receive any significant comments or request for changes on the Draft document during the public comment period. Interested agencies, departments and individuals who reviewed the draft document did however submit minor modifications and/or corrections. A summary of the comments and request for modifications or corrections is attached in Appendix F. All comments received during the comment period were considered and incorporated into the final plan prior to final approval and adoption.

III HOUSING AND COMMUNITY DEVELOPMENT NEEDS

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A. Housing and Homeless Needs (91.205)

1) **General Needs/Categories of Persons Affected (91.205 a & b)**

To produce a vibrant, healthy mix of housing opportunities, cities like New Haven must have a variety of resources to respond to housing needs. However, the capacity to fill every housing void is not an achievable goal for the City alone. New Haven must strive to produce a well-maintained and balanced housing stock for all its citizens. Market rate housing is necessary to promote the economic health of the City, while subsidized housing promotes affordable and stable housing opportunities for low-income families. Historically, the City has provided more than its fair share of subsidized housing. Until housing policies change and regional development of affordable housing for low and moderate income households becomes accepted, New Haven will continue to have a housing system overburdened with the needs of very low-income families and individuals and related social service support.

The following narrative is based upon special tabulation 2000 Census Data provided by HUD for preparation of local Comprehensive Housing Affordability Strategies. Tables A and B present summary tabulations of housing assistance needs.

Table A
Summary of Housing Assistance Needs
New Haven, Connecticut

	Renters		Owners		Total	
	No.	%	No.	%	No.	%
Households Earning 0 to 30% MFI (Extremely Low-Income)	12,666		11,458		14,124	
with any housing problem	9,145	72.2	1,288	88.4%	10,437	73.9%
with cost burden >30%	8,777	69.3%	1,284	88.1%	10,056	71.2%
with cost burden >50%	7,447	58.8%	1,138	78.1%	8,587	60.8%
Households Earning 31 to 50% MFI (Low-Income)	5,990		1,292		7,282	
with any housing problem	4,432	74.0%	1,056	81.8%	5,490	75.4%
with cost burden >30%	4,205	70.2%	1,053	81.5%	5,257	72.2%
with cost burden >50%	868	14.5%	538	41.7%	1,405	19.3%
Households Earning 51 to 80% MFI (Moderate Income)	6,685		2,396		9,081	
with any housing problem	2,032	30.4%	1,246	52.0%	3,278	36.1%
with cost burden >30%	1,417	21.2%	1,212	50.6%	2,633	29.0%
with cost burden >50%	46	0.7%	352	14.7%	399	4.4%
Households above 80% MFI (Middle Income)	7,812		8,736		16,548	
with any housing problem	570	7.3%	1,336	15.3%	1,903	11.5%
with cost burden >30%	109	1.4%	1,144	13.1%	1,241	7.5%
with cost burden >50%	0	0%	131	1.5%	132	0.8%
TOTALS - All Households	33,153		13,882		47,035	
with any housing problem	16,178	48.8%	4,928	35.5%	21,118	44.9%
with cost burden >30%	14,487	43.7%	4,692	33.8%	19,190	40.8%
with cost burden >50%	8,354	25.2%	2,165	15.6%	10,535	22.4%

Source: HUD CHAS Data Report 2000

Table B - Housing Needs by Household Type

Tenure	Type	Housing Problem	Households by Household Income as a Percentage of Area Median Family Income (MFI)			All Households	
			0-30%	31-50%	51-80%	No.	%
Renter	Small Related (2 to 4 persons)	Total Households	3,780	2,219	2,649	12,057	
		Households with Housing Problems	2,918	1,609	689	5,413	44.9%
		Cost Burden >30%	2,790	1,489	453	4,762	39.5%
		Cost Burden >50%	2,404	211	24	2,640	21.9%
	Large Related (5 or more persons)	Total Households	1,308	658	800	3,361	
		Households with Housing Problems	1,124	558	445	2,349	69.9%
		Cost Burden >30%	963	463	90	1,516	45.1%
		Cost Burden >50%	800	54	0	853	25.4%
	Elderly (1 or 2 persons)	Total Households	3,123	1,184	768	5,508	
		Households with Housing Problems	1,874	700	153	2,743	49.8%
		Cost Burden >30%	1,843	700	143	2,704	49.1%
		Cost Burden >50%	1,330	165	14	1,509	27.4%
	All Other Renter Households	Total Households	4,455	1,929	2,468	12,227	
		Households with Housing Problems	3,234	1,564	748	5,673	46.4
		Cost Burden >30%	3,181	1,551	728	5,526	45.2%
		Cost Burden >50%	2,914	440	10	3,362	27.5%
Total Renter Households	Total Households	12,666	5,990	6,685	33,153		
	Households with Housing Problems	9,145	4,432	2,032	16,178	48.8%	
	Cost Burden >30%	8,777	4,205	1,417	6,558	43.7%	
	Cost Burden >50%	7,447	868	46	8,354	25.2%	
Owner	Non-Elderly Owner	Total Households	742	703	1,666	10,123	
		Households with Housing Problems	627	612	1,056	3,467	34.2%
		Cost Burden >30%	622	609	1,022	3,231	31.9%
		Cost Burden >50%	604	354	287	1,368	13.5
	Elderly Owner	Total Households	716	589	730	3,759	
		Households with Housing Problems	662	444	190	1,461	38.8%
		Cost Burden >30%	662	444	190	1,461	38.8%
		Cost Burden >50%	534	185	65	797	21.2%
	All Owner Households	Total Households	1,458	1,292	2,396	13,882	
		Households with Housing Problems	1,289	1,056	1,246	4,928	35.5%
		Cost Burden >30%	1,284	1,053	1,212	4,692	33.8%
		Cost Burden >50%	1,138	539	539	2,165	15.6%

Source: HUD CHAS Data Report- 2000

Burdens on Renter Households: Of the 33,153 renter households in the City of New Haven, 43.7% report their rent exceeds 30% of their income. 25.2% of all renters pay more than 50% of their household income for housing costs.

Cost Burden/Income: The 2000 data discloses more than 76% of all renter households qualify for assistance as their incomes are at or below 80% of the Area Median Family Income. Cost burden is the biggest problem facing renters in the City especially for households earning less than 50% of the median. Of the 18,656 extremely low and low-income renters, 44% pay more than 50% of their income while an additional 25% spend between 30 and 50% of their income. Of the 6,685 renter households earning between 51 and 80% of the median family income, 21.2% paid more than 30% of their income for housing. Less than 1% of these moderate-income households were severely cost burdened or paying more than 50% of their income.

One of the main issues related to households that are forced to spend more than 50% of their income on housing is the shortage of units available for subsidized rental and the fact that federal and state funding for subsidized rentals has been diminishing. It has been suggested that a resource directory that includes a listing of programs and units available should be created and maintained. Tenant training and revised tenant screening criteria for issues such as credit history, police record checks and previous rental history would help to establish a more stable and reliable tenant base.

Cost Burden/Family Composition: Cost burden is significant across family size. As depicted in Table B, 39.5% of small family renter households, 45.1% of all large family renter households and 49.1% of all elderly renter households were experiencing cost burden problems.

Cost Burden/Race & Ethnicity: The special tabulation 2000 Census data shows that 57% of all households in New Haven are minority. Slightly more minority households are renter households. In fact, 62.4% of all renter households are minority households. A large proportion bear a rent burden because they have low or very low family incomes. 51.2% of all minority-headed households report housing problems. Hispanic households report problems at a higher rate than both White and Black households within each income group.

Over-Crowded Conditions: Families with household incomes between 51 and 80% of the Area Median Income report the highest rate of over-crowding. Most rental assistance is provided to families and individuals at 50% of the Area Median or below. Families earning 51 to 80% of the Area Median adjust by having less than adequate bedroom space for the number of children in the household or have doubled up with other families. As shown in Table B, of the estimated 2,349 large family households reporting some sort of housing problem, 1,516 had cost burden problems. It can be assumed that the near 800 other large family households reporting problems experienced overcrowding or inappropriate housing size.

Substandard Conditions: As an older urban community, the City's housing stock suffers from age, deterioration and neglect. Along with the growing number of vacant or abandoned buildings, the condition of many structures requires significant attention. The condition of much the City's affordable housing stock puts low and very low-income families at risk of the presence of lead-based paint and building code violations. Rehabilitation is needed to meet current State and local building and housing codes, to eliminate lead hazards and to provide safe and energy efficient housing. The median age of the City's housing stock being more than 50 years of age indicates that system replacements (roofs, plumbing, heating, electrical) or other major repairs are likely to be needed.

There is a need to devise a more effective housing inspection and enforcement program to bring substandard housing up to code. The Livable City Initiative (LCI) has implemented a targeted inspection program focusing on reducing substandard housing in the City's neighborhoods which also includes a Section 8 housing inspection project that is done in conjunction with the Housing Authority. This effort will be continued over the upcoming five-year strategy period.

Burdens on Owner Households: Urban areas such as New Haven must encourage and support housing ownership opportunities. Whether in new or rehabilitated single or duplex homes, co-operative or mutual housing, home ownership stabilizes neighborhoods and provides increased taxes for City services. Creative financing from City, State, and Federal resources can be combined to subsidize first time owners of new or rehabilitated units. The success of current and past City sponsored programs reaffirms the ability of low and moderate-income families to become homeowners. The City's HOME and American Dream Downpayment Initiative (ADDI) program have made homeownership a reality for dozens of families at or below median income. Public subsidies for land, financing and downpayment assistance have helped lower income, hard working families to achieve homeownership. It is necessary to continue ownership subsidies to provide ongoing opportunities for owner occupied housing in order to assure a balance of housing tenure, stable neighborhoods and improved City tax base.

Cost Burden/Income: As reported by the 2000 Census, 29.6% of all dwelling units are owner occupied, a drop of 2.2% since 1990. 37.0% of the City's homeowners earn less than 80% of the Area Median Family Income. As shown in Table A, 4,928, or 35.5% of all homeowners, report some type of housing problem. 33.8% pay more than 30% of their household income for housing costs and 15% pay more than 50% of their resources for housing expenses. As income declines the cost burden increases for existing homeowners.

Burden/Family Composition: While 27% of all owner-occupants are elderly, those with the most limited incomes report cost burden as their most serious consideration. Half of all the homeowners earning less than 30% of the Area Median are elderly with limited incomes. Their homes may require the most rehabilitation but they have the least capacity to deal with deteriorated conditions.

Burden/Race & Ethnicity: 43.5% of all homeowners are minorities and 44% of these earn less than 80% of the Area Median. Black and Hispanic households report a higher incidence of housing problems. Wherein 35.5% of all owner households report housing problems, 45.3% of Black and 52.6% of Hispanic owner occupants report housing problems. More than 80% of all owner families below 51% of the Area Median report housing problems.

Supply/Demand Mismatch: Many families wishing to purchase a home face financial obstacles. Families between 50 and 80% of the Median have difficulties meeting underwriting criteria without subsidies. Without downpayment and closing cost assistance, credit repair counseling, and lenient debt and income ratios, homeownership is still a distant dream.

Homeownership Counseling: In addition to providing financial support and subsidy to encourage first-time homeownership, there is a need to provide homeownership counseling to assist in successful homeownership. Budgeting and property maintenance are important skills for successful homeownership.

Provision of Homeownership Choice: Many lower income residents often relocate out of New Haven as their incomes rise and they move from rental housing to homeownership. By providing attractive middle income homeownership opportunities the City can retain some of these upwardly mobile residents.

Disproportionate Need: HUD asks communities to evaluate the extent that any racial or ethnic group has a disproportionately greater housing need in comparison to the needs of the population as a whole. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need, who are members of a particular racial or ethnic group, is at least ten percentage points higher than the percentage of persons in the category as a whole. Based upon Special Tabulation Census 2000 data, 44.7% of all households in the City have a housing problem or need. 36.3 % of White and 47.4% of Black households have a housing problem or need which is in the acceptable proportion or range. Hispanic households have a slightly disproportionate need (59.6%) as compared to the population as a whole. The City has several programs which target the Hispanic population and offer classes and information in Spanish in efforts to assist households in need.

Future Projections: The need for affordable housing opportunities within the City of New Haven must be balanced against the lack of affordable housing and the availability of land in the suburbs. The need to diffuse racial and economic impact throughout the region is obvious. New Haven has traditionally accepted the responsibility for providing the vast majority of subsidized units for the region's need. While representing only 15% of the region's land, New Haven has more than 60% of the subsidized units (using numbers provided by the State of Connecticut Department of Housing).

Fair share allocations proposals indicate a minimum of 10% of a city or town's housing stock should be affordable. Currently, it is estimated that the percentage of housing subsidized with local, state, or federal grants or mortgage subsidies including public housing exceeds 30% in New Haven. Most efforts to create affordable housing in the suburbs meet with resistance except where the construction of elderly congregate housing is proposed. Infrastructure and density concerns are the most cited reasons to deny sub-division projects which contain affordable unit set-asides. Proposals rejected by Connecticut municipalities are reviewed under the State's affordable housing appeals process.

The New Haven region faces a housing crisis, which is negatively impacting the economy, natural environment and most importantly, the thousands of households that cannot reasonably afford housing. In 2003-2004, the region, under the direction of the South Central Regional Council of Governments, prepared a Regional Housing Market assessment that was finalized and adopted in June 2004. As part of this study an extensive analysis and assessment of the housing market in the region was undertaken. Principles were developed to guide the development of a regional strategy and a strategy to meet identified needs. The implementation of this strategy and active participation by all sectors of the region will be key to overcoming regional disparity in the provision of affordable housing.

2) Nature and Extent of Homelessness (91.205c)

Homeless Population Characteristics:

Like many communities across the nation, New Haven has struggled with conducting a systematic count of the homeless. Part of the problem is the definition of homelessness and determining a means to count or enumerate the "invisible" homeless or those who do not use homeless shelters or supportive services. For instance, families or individuals who double up with others and share housing may be extended family or may be homeless in need of appropriate shelter. Additionally, due to the lack of shelters outside the boundaries of New Haven, the number of homeless in New Haven tends to be large. The location of shelters and services greatly impacts homeless statistics.

The New Haven Continuum conducted a homeless count in February 2003. The purpose of the count was to provide an estimate of the number of single adults, families, underage children and unaccompanied youth who were homeless during the third week of February 2003. The count also gathered information regarding the length of time respondents were homeless and the use of emergency shelters and other housing arrangements. A housing and service needs assessment of respondents was also part the study. According to survey results, a total of 1,305 persons were characterized as homeless during the index week. Survey results indicate an estimated 3,938 persons in New Haven experience homelessness at some point during the year.

Single adults comprised 60% of the total homeless population. Nearly 70% of the single adults were men with 29% women. Persons in families represented 40% of the total homeless population. Minor children in families and unaccompanied youth under 24 years of age represented 35% of all persons reported as homeless during the index week. In terms of race and ethnicity, the homeless population in New Haven mirrored the general population with similar proportions of racial and ethnic groups represented. Forty-three (43%) of the homeless counted during the index week were Black, 34% were White, and 31% were Hispanic.

Twenty percent (20%) of the homeless responding to the survey were employed in some capacity. All of the respondents described having significant service needs, including assistance with basic needs (e.g. financial aid,

food, clothing, and medical insurance), and a significant percentage identified the need for behavioral health and/or medical treatment.⁴

Of the persons surveyed during the index week 55% indicated a current or past history of mental illness, while 49% indicated substance abuse problems. More than one half (51%) self-reported a need for vocational or educational assistance. Of those who met the HUD criteria for chronic homelessness, 65% indicated having a current or past history of mental illness, while 60% reported having medical problems and 59% reported having a substance abuse problem. A large proportion of the chronically homeless reported having multiple co-occurring disorders. Persons categorized as chronically homeless also reported needing supportive services and other assistance at a higher rate than the general homeless population.

The Homeless Population and Sub-Populations Chart from the Continuum of Care Application follows:

Continuum of Care

Homeless Population and Subpopulations Chart

Part 1: Homeless Population		Sheltered		Total
		Emergency	Transitional	
1. Homeless Individuals		276	222	627
2. Homeless Families with Children		43	59	172
	2a. Persons in Homeless with Children Families	145	166	486
Total (lines 1 + 2a)		421	388	1113
Part 2: Homeless Subpopulations		Sheltered		Total
1. Chronically Homeless		203		252
2. Severely Mentally Ill		171		197
3. Chronic Substance Abuse		150		203
4. Veterans		90		112
5. Persons with HIV/AIDS		223		223
6. Victims of Domestic Violence		271		271
7. Youth (Under 18 years of age)		336		481

Part 3: Homeless Needs Table: Individuals		Needs	Currently Available	Gap
Beds	Emergency Shelters	406	277	129
	Transitional Housing	1,002	232	770
	Permanent Supportive Housing	2,210	329	1,881
	Total	3,618	838	2,780
Chronically Homeless		252*		252*
Part 4: Homeless Needs Table: Families		Needs	Currently Available	Gap
Beds	Emergency Shelters	320	201	119
	Transitional Housing	317	189	128
	Permanent Supportive Housing	1,237	261	976
	Total	1,874	651	1,223

Source: New Haven Continuum of Care, 2004 Continuum of Care Application.

*Based on 2004 Homeless Count numbers, over the Strategy Period the City will work to better quantify this number.

⁴ "Homeless Count 2003: New Haven Final Report", September 2003

The unsheltered population is difficult to enumerate as they are not readily visible and the count is often underestimated. Homeless providers and advocates estimate that for every unsheltered homeless person counted there are several others who remain “invisible” and undocumented. The City through the Continuum of Care process will continue to work to better quantify the number of unsheltered homeless.

Chronic Homelessness:

A chronically homeless person is defined by HUD as an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. For purposes of chronic homelessness, a disabling condition is a diagnosable substance abuse disorder, serious mental illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.

Overcoming chronic homelessness is a daunting task, especially given the fact that over the past year, the number of people experiencing chronic homelessness has risen throughout the State of Connecticut. This has also been the trend nationwide⁵. The New Haven Homeless Count 2003 identified 247 chronically homeless individuals. An updated count was prepared as part of the 2004 Continuum of Care application which indicated the number of homeless had increased to 252.⁶

Members of the New Haven Continuum have been at the forefront in the City in the development of housing and supportive services needed to address the myriad of needs presented by the chronically homeless population. Over the next five years the City, together with the Continuum of Care membership, will continue their efforts to address chronic homelessness. The Continuum in particular is committed to advocating at the local, state and federal levels to secure policy and funding changes that would address the root cause of homelessness. The Continuum is also committed to seeking funding resources and support with which to provide housing and the supportive services so desperately needed by persons suffering from chronic homelessness and its associated impacts.

The City of New Haven has committed to creating a 10-year plan to end homelessness, under direction of its Homeless Advisory Commission. The Continuum of Care network will play an active role in the preparation of this plan since they are the ones who meet the needs of the homeless on a daily basis. It is estimated that in New Haven, over the next 10 years, 720 units for singles and 530 units for families will be needed to address the numbers of households facing long-term homelessness.⁷

Homeless Needs:

Homeless families and individuals have a host of service and support needs. The following table illustrates the prevalence of need as reported by respondents to the 2003 Homeless Count Survey. An obvious need, voiced by most respondents, is the need for income or financial support. Basic living needs such as shelter, food, clothing and health insurance were also cited as priority needs.

Self-Reported Service Needs Homeless Count 2003 New Haven, CT

Area of Need	Total Number of Respondents	Single Adults and Youth	Chronically Homeless	Families
Income	67%	65%	77%	61%
Insurance	57%	56%	68%	57%
Basic Needs	57%	55%	60%	75%
Mental Health	55%	56%	65%	39%
Substance Abuse	48%	51%	59%	20%
Medical	49%	51%	60%	30%
Vocational, Educational	51%	51%	59%	54%
Legal	29%	30%	33%	23%
Family, Child Services	22%	16%	17%	56%

Source: Homeless Count 2003: New Haven, Final Report, September 2003.

5 Continuum of Care Application 2004

6 Continuum of Care Application 2004

7 Continuum of Care Application 2004

Members of the New Haven Continuum of Care have identified the top barriers to self-sufficiency for the homeless. The top barriers identified were:

- Substance Abuse prevention and early intervention
- Lack of safe, affordable housing at all levels
- Lack of effective/easy access to substance abuse treatment for special populations
- Lack of employment
- Lack of a comprehensive range of services for women and children
- Insufficient income
- Lack of after-care/follow-up services
- Lack of relapse prevention/strategies/programs
- Lack of appropriate job training/readiness

As part of the community planning process undertaken in late 1999 to determine needs and develop strategies to address homelessness in New Haven and as re-affirmed by the Homeless Count 2003 Study, the following needs and recommendations to address homelessness remain valid:

- People who are experiencing homelessness need an array of comprehensive, flexible housing and support services.

Recommendations:

Shelters should have more flexible hours and referral mechanisms. There should be comprehensive and accessible services during and after the transition from homeless to housed. There should be assistance with access to and maintenance of employment that pays a living wage or continuation of supplemental support. There should be a full array of traditional and non-traditional services for people who are dealing with addictions. In addition, there should be an increase in the availability of safe affordable housing and support services in order to obtain and maintain housing stability.

- Substance abuse and mental health issues are significant problems for a large percentage of the homeless population.

Recommendations:

There is a need for a full continuum of housing and support services for persons with substance abuse disorders, including dual diagnosis of mental illness and co-occurring substance abuse, particularly for people who chronically relapse.

Needs of Persons Threatened by Homelessness:

Any family or individual whose income is below 30% of the Area Median and does not reside in public housing or does not receive rental assistance (tenant or project based) should be considered vulnerable to homelessness. Locating appropriate and affordable housing for individuals and families leaving shelters is most difficult. This group which often requires access to other services also requires stable living arrangements to achieve continued self-sufficiency. Currently, there are 2,687 units of public housing. In addition, 3,092 households receive Section 8 vouchers administered by the Housing Authority, and 1,801 households families and individuals receive benefits from the State managed Section 8 program, or have State of Connecticut Rental Assistance benefits. This is a total of 7,580 renters. 18,656 renter households or 56% of all renters are currently eligible for rental assistance. The difference between assisted units and households eligible for assistance represents households “at risk” of homelessness. These families and individuals are likely to reside doubled up or use emergency housing when financial or personal difficulties threaten their lives. Waiting lists maintained by all agencies administering renter assistance exceed the availability of affordable housing.

In addition, there is a significant population of low-income households who are receiving housing assistance and because of under-treated behavioral health problems, should be considered “at risk” of homelessness. In the Housing Authority’s mixed population developments serving elderly persons and persons with disabilities, roughly two-thirds of apartments are small efficiencies that increasingly are occupied by persons with mental health disabilities or other behavioral health problems, often including a history of substance abuse. In many cases, residents also have a history of homelessness. In the absence of effective attachment to services, many residents have difficulty maintaining lease compliance, placing them at risk of eviction and likely homelessness. The Housing Authority estimates a need for supportive services for persons with behavioral health disabilities for 15-25% of residents in its mixed population developments. According to its waiting lists, the Housing Authority estimates that this need for supportive services will continue to increase. In the absence of a funding commitment for homelessness prevention that provides for effective on-site supportive services for public housing residents with behavioral health disabilities, the ‘revolving door’ syndrome associated with homelessness will continue. This issue is discussed in more detail in Sections III.A.3, “Populations with Special Needs for Supportive Housing”, and III.B.2, “Public and Assisted Housing”.

Minimum wage and incomes have not kept pace with the cost of housing. Previously marginally housed employed individuals and families are having difficulties affording housing and are becoming homeless and entering the shelter system. In the New Haven- Meriden PMSA a worker earning the Minimum Wage (\$7.10 per hour) must work 98 hours per week in order to afford, a two-bedroom unit at the area’s Fair Market Rent.⁸

The 1999 Homelessness Needs study presented the following needs of persons or families threatened with homelessness which continue to be valid today:

- Income support in the form of rent subsidies or “rent bank” programs, would be a significant support to people threatened with homelessness.
- Increased access to employment training to enable housed individuals to attain a “living wage”.
- Access to health benefits for those in marginal jobs.
- Education for tenants and landlords about the eviction process, legal aid for tenants and mediation services to reduce the eviction rate.
- Service and income support are required particularly for individuals in transition from the criminal justice and substance abuse treatment systems as well as those newly placed into permanent or transitional housing.
- Easier access to substance abuse treatment (with transportation and childcare available) for people whose substance abuse threatens their housing.
- Outreach and education, including peer support, to those at risk of homelessness. This should include access to 24-hour crisis centers.
- Targeted services for at-risk youth and young parents are needed.

3) Populations With Special Needs For Supportive Housing (91.205d)

It has become increasingly clear from information provided by social service providers and housing managers that the availability of affordable housing alone will not address the identified needs of those persons with special needs requiring housing. Support services and case management are important components of a comprehensive housing strategy. Those families and individuals who present the greatest risk of becoming homeless require concentrated social services in order to preclude a return to emergency shelter. These are the most vulnerable citizens for whom social service agencies require increased funding resources. Sub-populations with special needs are discussed individually.

⁸ National Low Income Housing Coalition, website, [Out of Reach 2004](#).

Mental Health: According to the Mental Health Assessment, conducted for the 1999 Consolidated Plan as a means to quantify problems and unmet needs of adults in New Haven with psychiatric disorders, 16,640 adults, or 18.5% of the general population, have a psychiatric diagnosis of low to moderate severity. The total number of individuals with serious mental illness in New Haven is approximately 4,960 or 5.4% of the general adult population. Of the approximately 4,960 adults in New Haven who have a serious mental illness, about 4,500 are utilizing services provided through the DMHAS-funded mental health system including Psychiatric Treatment, Residential, Social and Vocational Rehabilitation, Case Management, and Homeless Shelter Services. It appears that most persons with serious mental illness in New Haven receive some type of mental health service during a 12-month period. However, this factor does not speak to the quality of life of the individuals who are utilizing services, and that they would benefit from additional housing and support services if these resources were available. Mental Health Needs Assessment undertaken as part of the Consolidated Plan preparation process in 2000 highlighted the following housing-related problems and unmet needs:

There is a lack of community-based transitional and permanent housing with a “dry” environment. Resources of this type are necessary to address the needs of people who have serious mental illness with co-occurring substance abuse disorders.

- Mental Illness with co-occurring substance abuse is a sizeable problem for over 75% of clients utilizing Social Rehabilitation and Crisis Services. Nearly two-thirds of those using Homeless Shelter and almost half of the clients enrolled in Clinical Services have a co-occurring substance abuse disorder.
- Staff from local inpatient psychiatric units noted that an increasing number of clients are presenting with dual disorders such as substance abuse induced psychosis. Many have no income or insurance coverage. Due to the limited availability of appropriate housing options, and shortened lengths of stay, inpatient units increasingly have been forced to discharge patients to local shelters or to return them to less than ideal environments, where they often resume substance usage.
- Untreated substance abuse contributes in considerable ways to housing instability, homelessness and reliance on a system of expensive, crisis-driven services (e.g., emergency room care, psychiatric hospitalization, detoxification centers, criminal justice system) to respond to the health needs of people who are disabled.

A significant percent of people with serious mental illness receive some type of governmental income assistance and/or rental subsidies, but the level of funds are often insufficient to meet housing and other needs.

- The majority of clients receive some income from a variety of sources including earned income, Social Security Disability Income, Supplemental Security Income, Social Security Benefits, State Administered General Assistance, Unemployment Compensation, Food Stamps, family or spouse contribution, and/or rental supplements.
- Public benefits have not increased enough in Connecticut to buffer poor families from homelessness.
- Many clients will require financial support on an ongoing basis. The level of subsidy provided through SSI or General Assistance is not sufficient to meet the demand for housing and other living costs. Also, due to economic disincentives built into the social welfare system, individuals who remain on disability are faced with untenable choices. These include: 1) staying on entitlements, thereby locking them into a substandard housing market (or homelessness), or 2) for those who are able, choosing to work, often in entry-level jobs that do not include health insurance and do not provide enough wages to obtain suitable housing. Due to the cyclical nature of their illness and the possibility of becoming more symptomatic, many of these clients will have difficulty maintaining consistent employment.

A significant number of clients within the Managed Service System have difficulty obtaining and maintaining safe, affordable, decent housing.

- This is especially true for the majority of clients using Homeless Shelter, Crisis, and Family Case Management Services. Nearly half of all clients using Social Rehabilitation and Clinical Services have difficulty obtaining and maintaining housing, and are currently dealing with housing eviction and/or late rental payments, are temporarily staying with others or are in shelters.

Affordability of housing is a significant problem for many clients.

- A substantial portion of clients *cannot afford* housing that is available in New Haven. The amount of funds these clients have available to spend on housing from various income streams (median family income, median renter household income, TANF, SSI) is not in concert with the amount of funds needed for a typical apartment in New Haven. In many situations, the cost of paying rent exceeds total monthly income for a sub-population of the homeless.
- Agency leader respondents stated that the limited availability of safe, affordable housing with case management support is one of the most common barriers clients have to stable tenancy.
- Staff at the Managed Service System Crisis and Respite programs, which are short-term community-based interventions, designed to avoid more costly inpatient hospitalizations and to promote community integration, have reported an alarming recent service utilization trend. The majority of clients using these services presently are homeless. Due to the need to secure housing for clients with restricted incomes and the decreased availability of safe, affordable housing, lengths of stay have had to be extended. This has created bottlenecks in the system of care, rendering these resources unavailable to other clients who then have to rely on more costly, less community-integrated, inpatient admissions.
- Given the recent increased demand for, and decreased supply of, affordable housing stock, this is a problem for all New Haven residents with low income. However, it can be even more problematic for those with a serious mental illness or mental illness and co-occurring substance abuse disorder.

There is a Lack of Services, Housing and Residential Options

- A significant number of residents who have obtained affordable housing lack the effective attachment to the supportive services that they need to maintain their housing and live independently and effectively in their communities.
- There is a need for on-site supportive housing services in public housing.
- There is a significant population of low-income households who are receiving housing assistance but because of under-treated mental health and behavioral health problems, many have difficulty maintaining their housing and living independently and effectively in their communities. In the Housing Authority's mixed population developments serving elderly persons and persons with disabilities, the Housing Authority estimates 15-25% of residents are persons with mental health disabilities or other behavioral health problems, often including a history of substance abuse. In many cases, residents also have a history of homelessness. Without an effective attachment to supportive services, many residents have difficulty maintaining lease compliance, placing them at risk of losing their housing assistance.
- A significant portion of individuals and families cannot afford the rental housing available in New Haven. This results in many individuals being in substandard housing, in unsatisfactory living arrangements, or homeless. This situation pertains not only to those with a serious mental illness or a mental illness with co-

occurring substance abuse but to the general population as well. It is likely that those with serious psychiatric and substance abuse disorders will have even fewer resources with which to access housing.

- There is a need to expand affordable long-term housing opportunities for persons with Serious Mental Illness or co-occurring psychiatric and substance abuse disorders and other special needs populations. Subsequently, there is a need to increase the availability of rental subsidies, security deposit assistance and money management programs; increase the supply of safe, affordable, quality housing stock with state and federally funded incentives; and develop supportive housing with case management support.
- For many low-income residents with serious mental health disorders and other behavioral health problems, maintaining permanent affordable housing depends upon effective attachment to supportive services. In the absence of supportive services, many persons with behavioral health problems have difficulty maintaining lease compliance, thus jeopardizing their housing assistance and perpetuating the 'revolving door' syndrome associated with homelessness.

Single Mothers with Children: 2000 Census data indicates that there are 6,966 female-headed households representing 48.5% of all households with children. These female heads of household live in poverty at an astonishingly high rate. For female-headed households with children under 18, 47.8% live below the poverty line. This figure does not represent families in shelters or other non-traditional housing. It is also unknown how many households share units. The incidence of such situations has increased due to changes in eligibility criteria by State agencies. Additionally, education, employment, parenting, and homemaking skills are also needed to prevent homelessness among families in this category.

Over 90% of the families with children who live in New Haven's public housing apartments are headed by a single-mother. With an average annual household income less than \$12,000 for an average household of 3 persons, the majority are extremely low-income. Only 40% report any income from employment. Many public housing parents and their children face barriers related to mental health, substance abuse, developmental disabilities, physical disabilities, and serious health problems. There is a substantial need for supportive services to help at-risk low-income families maintain stability and move toward self-sufficiency.

Persons with Disabilities: With 24% of New Haven's general population between the ages of 21 to 64 and 45% of the population aged 65 and over having one or more disabilities, and 60.5% of the homeless population reporting having a severe disability, the need for supportive services for this population is critical. Of the persons with disabilities surveyed as part of the 1999 New Haven Disability study, 15.7% stated that they are or have been at risk of becoming homeless. Difficulty finding accessible and affordable housing is a significant barrier for persons with disabilities. As the elderly population grows the incidences of disabilities will likely go up as will the need for barrier free and affordable housing⁹.

Providers of housing for persons with disabilities state that the main issues relative to accessible housing are the shortage of accessible units, the lack of adequate funding available to fund accessibility modifications and the need to provide funding for modification improvements to existing or first-time homeowners with disabilities. The cost and difficulties of accessibility-related modifications are compounded by the age of New Haven's housing stock, including its public housing stock, with most rental units built according to design standards that do not promote accessibility. For example, most public housing units for families are townhouse-style, two-stories with stairs and with all bathrooms and bedrooms on the second floor.

⁹ New Haven Disability Study, July 1999.

In addition to the critical shortage of accessible units for persons with mobility-related disabilities, there is a critical shortage of appropriate affordable housing with supportive services for people with mental health and other behavioral health disabilities, as described above.

AIDS/HIV Positive: HIV/AIDS continues to be a classic illustration of health disparities. Over 2,385 persons living with HIV/AIDS reside in New Haven. Although New Haven comprises four percent (4%) of the Connecticut's total population, the prevalence of AIDS cases in New Haven represents 17% (2,385 of 13,887) of all AIDS cases in Connecticut. A comparable disparity exists in HIV prevalence data. Fourteen percent (14%) of Connecticut's total HIV cases reside in New Haven. Additionally, the Department of Public Health estimates that approximately 1,000 additional persons living with HIV/AIDS reside in New Haven, but are not receiving any primary care services.

The demographic profile of persons in New Haven living with HIV/AIDS reveal further disparities: 65% are male, 25% are White, 52% are Black, and 23% are Hispanic. The overwhelming majority of persons living with HIV/AIDS are between the ages of 25 and 60 years of age, most live at or below the federal poverty level and rely on Medicaid or other public funding to pay for their healthcare and supportive services. In Connecticut, more than seven out of 10 individuals are White, and approximately half of the total population is female. The primary risk or mode of transmission is intravenous drug use (51%) followed by heterosexual intercourse (20%) and men who have sex with other men (16%).

The demographics and needs of persons living with HIV/AIDS closely reflect the characteristics of respondents who participated in the New Haven Homeless Count 2003. For example, 65% of homeless individuals were men, 80% were unemployed, and 67% of homeless individuals fell between the ages of 30 and 59 years of age. The needs of homeless individuals as reported in the Homeless Count 2003 also closely resembled the needs of persons living with HIV/AIDS. Homeless individuals reported their top needs as insurance (67%), basic needs (57%), substance abuse treatment (48%), and medical care (49%). Among the chronically homeless, 46% of respondents reported combined substance abuse and mental health disorders, 43% reported physical health and mental health disorders, and 37% reported combined substance abuse, mental health and physical health disorders.

A 2002 Needs Assessment conducted by the Ryan White Title I Planning Council revealed that needs differed for persons living with HIV/AIDS who had not received medical care during the past six months (i.e., "out of care"). Fifty six percent (56%) of the "out of care" group reported homelessness during the past 12 months compared with 19% of their "in care" counterparts. Sixty eight (68%) of "out of care" respondents indicated that they needed help with housing. Fifty two percent (52%) of "out of care" respondents reported that they needed help finding housing. Forty five percent (45%) of out of care respondents experienced exposure to substance abuse as compared to 26% of their "in care" counterparts. "Out of care" respondents were more likely to report having received substance abuse treatment during the 12 months prior to survey administration (32% v. 26%).

The top five unmet needs, in order of priority for the "in care" group included: dental care (30%), complementary health care (22%), help paying for housing (19%), emergency funds (17%), and nutritional counseling (17%). A second group of service categories received more than 10 percent of responses: food (15%), help finding housing (15%), transportation (12%), and outreach (11%). The "out of care" group reported unmet needs that differed significantly from the in care group. The top five unmet needs in priority order for the "out of care" group included: emergency food (65%), help paying for housing (63%), help finding housing (59%), transportation (54%), and food (50%). One out of two out of care respondents reported unmet needs for essential services such as dental care (49%) and medical care (45%), and one in three out of care respondents reported an unmet need for case management (35%).

It is critical for persons infected with HIV/AIDS to have access to safe and affordable housing. Due to the debilitating nature of this disease, it is difficult for persons infected with AIDS to maintain stable and steady employment. Without steady employment and income, independent living becomes impossible.

Stable, quality, and affordable housing, continues to be a significant concern for persons living with HIV/AIDS, particularly those with low-income levels. However, the use of federal Title I funds increasingly targets enrollment into medical care (v. other supportive services). In 2004, HRSA identified six primary care services and required local Title I Planning Councils to allocate at least 50% of their funds toward these services. The six core HRSA services include: primary care, case management, substance abuse treatment, mental health services, medications, and oral health. Other support services such as housing or transportation are expected to be paid for with other funding sources. Employment related services are nearly non-existent for persons living with HIV/AIDS. Many individuals would benefit from employment services, helping them return to work, and perhaps to receive health insurance – allowing federal resources to benefit other individuals.

Supportive services are an integral component to improving the quality of life of persons living with HIV/AIDS. Homeless individuals with HIV/AIDS stated that permanent housing was important because it was difficult to find a job and obtain certain benefits with a shelter as their address. In addition to permanent housing, homeless persons with HIV/AIDS cited the need for a drop-in resource center for job training, job opening information and medical/supportive service information.

The need to provide decent safe, affordable housing and fulfill basic life needs is imperative to the overall health of persons living with HIV/AIDS. New medication regimens prolong life. These medication regimens, however, require stable living environments, where utilities and food are available (e.g., to keep medication refrigerated and since some medications can be taken only with food). However, as HIV/AIDS care service system emphasizes enrollment of individuals into primary medical care, housing-related concerns must be addressed through other housing-specific mechanisms.

With the new drug treatments, a new type of client is emerging. This client is one who does not belong in a hospital or skilled nursing facility, but is unable to live independently and yet, cannot live alone without some assistance. Scattered site housing is too independent and supportive housing is too dependent. Currently there is no agency or facility that will accommodate these people, so they end up either staying in the hospital or at a skilled nursing facility unnecessarily.

Other trends in HIV/AIDS statistics include an increase in the number of clients, both male and female, who simultaneously suffer from HIV/AIDS, substance abuse and mental illness. The lack of appropriate housing options creates an unstable environment for the AIDS/HIV client making it difficult to deal with both the physical and mental health needs necessary to become healthy again. There is a need for immediate, transitional or short term housing (for both individuals and families) in order to create a stable environment and increase the likelihood that health will be regained. Ideally, clients would then be moved into some type of permanent, affordable housing.

Victims of Domestic Violence: Domestic Violence Services of Greater New Haven provides outreach, crisis intervention, counseling, referral and shelter to victims of domestic violence and their children. In the 2003/2004 Program Year Domestic Violence Services provided a safe haven for 110 battered individuals and children in their 15-bed emergency shelter and in local motels when the shelter was full. Domestic Violence Services has indicated a current need for 15-20 extended stay beds in shelter type facilities and approximately 150-200 affordable rental units on a regional basis. Although there is a 60-day length of stay policy at the shelter, many of the women are forced to stay an additional period due to their economic situation and lack of discreetly located affordable rental units. Domestic Violence has been very flexible about the 60-day limit. As a result the inability to locate alternative living quarters has also prevented women and children from leaving their violent households.

The 110 individuals sheltered from July 2003 through June 2004 consisted of 55 women and 55 children. About 80% of the families were from outside of New Haven. This is a common trend due to partners stalking the women seeking shelters. Therefore, the majority of New Haven clients receive shelter outside of the City. The racial breakdown of clients is as follows: 33% Black, 33% Hispanic and 34% White. However, clients that consider moving to New Haven for permanent housing usually changed their minds for the following reasons: DSS offers no financial

benefits, cost of housing is too high, the availability of living wage jobs, and additional benefits which are needed aren't available. The educational level of the clients served consisted of 16% never attending high school, 13% with some high school education, 27% had a high school degree or a GED, 33% some college or a degree, 2% did some type of graduate work and 9% were unknown. The major sources of income were as follows: 11% were employed, 11% received SSI, 11% received AFDC, 5% received income from a partner or other and 62% had no form of income. Substance abuse and mental health problems are significant issues for the majority of clients in the shelter. An increase in the number of transitional housing units would lead to a permanent and stable living environment. Affordable housing to meet the ultimate housing needs of the escaping domestic violence is also important.

Persons with Developmental Disabilities: As a means to assess the housing and supportive service needs of persons with developmental disabilities, the Institute of Professional Practice, Inc., an agency that advocates for the needs of persons with disabilities was contacted. According to their statistics there are 460 individuals who have mental retardation in New Haven. Of these, 112 are on the Waiting List for Residential Services. In Greater New Haven, which includes the City of New Haven and the outlying communities of East Haven, West Haven, Hamden, North Haven, Woodbridge, Branford, and Guilford, there are 1,280 people who have mental retardation. Of these, 130 are on the Waiting List for Residential Services.

There are several types of housing available to meet the needs of this population in addition to the standard handicapped accessible apartment without supportive services. They include:

- Community Living Arrangement (CLAs): Commonly known as group homes.
- Supported Living Services (SLAs): Apartments or condominiums rented by the individuals themselves in which an agency provides staffing and other support services.
- Community Training Homes (CTHs): Homes where a family takes primary care of an adult individual in their home and receives a stipend and supports from an agency.
- Professional Parenting: Individuals who take primary care of a child in their home and receive a stipend and supports from an agency. It also includes individuals who provide respite care in their home for children.

There is a need to provide affordable housing of all types, a proportion of which are handicapped accessible, to meet the housing needs of persons with developmental disabilities. Locations on or within walking distance to bus lines are necessary. There are currently more people on the Waiting List than the number of units available and financial resources can accommodate. There is also a need for improved transportation, skill appropriate jobs and supportive services for elderly parents still taking care of adult children in their home.

A model of flexible special needs housing is provided by the Connecticut Department of Mental Retardation (DMR) which furnishes various supported living arrangements for its client base. This model can be replicated for those individuals and families who need more intense counseling and structure for their health and living arrangements (group homes, supervised apartments, and monitored apartments). Financing from state and federal resources is combined with client entitlement to provide medical, social service and life skill training as appropriate for each client. DMR also has criteria for property acquisition, which prevents the concentration of its client base in any town or neighborhood.

At-Risk Youth: The Youth Continuum provides outreach, counseling, referral and shelter to runaway, homeless, and at-risk youth. Several needs relative to homeless and at-risk youth exist. According to the Youth Continuum there is a need for a residence for homeless girls with babies and a shelter or group home for teenagers to avoid placing them in an adult shelter.

It was brought forth during the development of this Consolidated Plan that there is a need to provide counseling, technical assistance, referral and improved access to affordable housing both supportive and market rate housing to youth or young adults moving out of supportive environments or the foster care system. Young mothers with children are also at risk and in need of both permanent affordable and supportive housing.

Elderly: The Housing Authority manages 1,126 public housing apartments in mixed population developments serving elderly persons and non-elderly persons with disabilities. Approximately 4% of residents are elderly. As part of the Housing Authority's plans to transform its public housing into housing of choice for low-income residents, the Housing Authority has designated four developments (147 units) for elderly residents only, in order to accommodate the needs of low-income elderly who prefer a senior housing environment. These four developments are currently undergoing major modernization (with construction completion dates providing for re-occupancy from 2005-2007). One major objective of the modernization work is to make these apartments accessible or adaptable to the needs of elderly residents as they age. According to its Moving to Work Plan for FY 2006-2007, the Housing Authority is considering the possibility of designating a fifth development for elderly residents only.

Frail Elderly: The frail elderly are defined as those who are at least 85 years old. There are 1,984 persons over 85 years of age living in New Haven. Although some elderly may still be living in their own homes their housing options include public housing and other housing programs, assisted housing and nursing homes. The elderly are also just as likely to reside with their children or other family members as they are to reside alone. Senior centers located throughout the City provide hot lunches and access to social services. The Community Action Agency provides meals (Meals on Wheels). Ella B. Scantlebury, a congregate housing facility for 20 frail elderly citizens was completed in the early 1990's and combines independent living units with appropriate services to ensure the health and security of the residents.

Substance Abusers: New Haven has a strong grass roots anti-drug coalition, but still has a large drug abusing population. According to statistics from the Office of Substance Abuse Policy and Prevention (OSAPP), formerly New Haven Fighting Back, it is estimated that between 7,000 and 11,000 New Haveners abuse drugs and alcohol. In 1998, 5,158 individuals - - 4.3 percent of the population - - received substance abuse treatment in publicly funded programs in New Haven.

Substance abuse is an issue which underlies many of the problems experienced by thousands of individuals throughout the City. It limits human potential, undermines families, divides the community and threatens public safety.

OSAPP, as a division of the City's Community Services Administration, spearheads the City's fight against substance abuse. As part of this effort, a pilot program entitled Families FIRST was implemented at Quinnipiac Terrace, a local public housing community. Families FIRST is a comprehensive intervention program with a mission to promote self-sufficiency and drug-free lifestyles to at-risk residents and their families. The key elements of this intervention program are an innovative, on-site, comprehensive services model which includes both clinical and non-clinical components (e.g. extensive outreach, family support; childcare; community organization, job training and placement) as well as high profile police involvement.

While treatment and aftercare facilities for substance abusers is critical, the provision of services which empower individuals to overcome their obstacles or barriers to opportunity so that they may live healthy and productive lives is needed. Detoxification and aftercare programs, childcare, education, counseling and employment preparedness are key to empowering individuals dependent upon chemical substances.

OSAPP has identified the following needs to address substance abuse:

Prevention/Social Marketing:

The use of both legal and illegal substances among youth continues to be a concern of society at large and in communities such as New Haven. There is growing evidence that if young people avoid substance use up to the age of 20 years old, they are far less likely to start after that point. Most respondents to the LPC poll perceive that youth seem to be both starting drug use at a younger age and experimenting with a wider variety of drugs.

In the 2000 Social and Health Assessment Report of the New Haven Public Schools, 19% of 6th graders, 31% of 8th graders and 41% of 10th graders answered “yes” to the question “Did you have a drink (not a sip or taste) of any alcohol in the past 30 days.” For binge drinking –defined as five or more drinks in a row-in the past 30 days-5% of 6th graders, 10% of 8th graders and 14% of 10th graders responded in the affirmative. Marijuana use was slightly below alcohol: 15% of 8th graders and 23% of 10th graders stated that they had smoked during the past 30 days.

Almost one-third (32%) of children ages five to seventeen live in poverty in New Haven. Poverty represents a major risk factor and contributes significantly to the substance abuse problems prevalent in the city. In addition, substance use and abuse is a major contributor to other risk-taking behaviors such as sexual intercourse at an early age, unprotected sex and driving a vehicle while under the influence. For young people, drugs are seen as easy to obtain and easy to use and are naïve about the results of such drug use. Kids seem to think that they can use a few times and then stop-“it won’t happen to me.” Most adolescents maintain the belief that smoking a joint is not really doing drugs. They do not know or believe that marijuana is a gateway to “harder” drugs such as heroin, cocaine and designer drugs such as ecstasy.

In 2000, there were 2050 arrests of young people under the age of 17, 13% (or 266) of which were for drug abuse violations. Many other youth crimes such as disorderly conduct, vandalism, assault and larceny/theft are conducted while youth are under the influence of drugs and/or alcohol. There continues to be a great need for multiple strategies of early intervention and pathways to recovery.

Early Intervention and Pathways to Recovery:

In 2000, the Housing Authority of New Haven conducted a survey among 3000 low-income families who live in public housing. Over 92% of those residents stated that drug abuse was a major problem and approximately 40% of the households stated that they had a substance-abusing member. Of 22,000 Emergency Department patients screened in the past two years (up to Nov. 2004), 45% of those screened drink alcohol and 15% use drugs, the most commonly used being: cocaine 59%, heroin 38%; and marijuana 36%. Of those that drink alcohol, 84% exceed low-risk guidelines: 50% are at-risk/hazardous drinkers; 17% are binge drinkers; and 34% are dependent on alcohol.

There is a need for more early intervention strategies that can identify and refer substance using and abusing individuals for the services they need to become and remain sober such as Project ASSERT. Currently at the Yale New Haven Hospital emergency room, the strategy needs to be expanded to that of the Hospital of St. Raphael and to community-based health centers.

New Haven has the highest number of incarcerated individuals (2,882) of any community in the state (Council of State Governments). An estimated 75% of these individuals require substance abuse or mental health services. In 2002, about 1,800 sentenced offenders returned to the New Haven community after completing their sentences. According to federal statistics, of the twenty-four hundred men from New Haven who reside in the neighborhoods of Dixwell, Newhallville, Hill, West Rock, Dwight and Fair Haven and have been incarcerated, there is a 62% likelihood of them being re-arrested within 3 years of their release from prison. The number one cause is ongoing substance use/abuse. Intervention strategies targeted at this audience would greatly reduce recidivism and create more contributing members to our community.

The substance abuse providers in the region point out the ongoing and critical need for clean and sober housing and community supports for recovery in New Haven. These 'pathways to recovery' must exist if we want to rid New Haven of the scourge of substance abuse and are critical in reducing addiction rates.

Substance Abuse Infrastructure in New Haven:

New Haven lacks a coordinated and comprehensive substance use/abuse prevention plan that can target and address youth use of legal and illegal substances, especially at the very early ages of onset of usage. At this time, there exists enough youth in leadership development and training activities to give meaningful input into citywide prevention strategies. Efforts are afoot by OSAPP to address and strengthen this aspect of substance abuse prevention planning. Another need at the infrastructure level is data collection on the nature and extent of the substance abuse problems in New Haven to help address prevention and early intervention of substance abuse through City leadership and citizen involvement. OSAPP is seeking to build the necessary citywide infrastructure that will align all substance abuse efforts to prevent or reduce substance use and abuse.

Ex-Offenders: Project More, Inc. is a non-profit community based organization, which assists ex-offenders and their families to re-integrate into their chosen communities. Project More manages both the Alternative Incarceration Program and Multi-Service Center Program for the State Department of Corrections and the Federal Drug Referral Program. Length-of-stay periods range from 30 to 180 days and clients may be discharged only when permanent housing is approved. Project More serves approximately 100 clients per month, of which 30 to 50 per year have had trouble locating permanent housing which is affordable to them and their families. In addition to permanent housing, Project More has indicated that supervised housing is also needed. Increased access to social services such as family counseling, employment counseling and placement, drug abuse prevention, and money management, are also important for long term success.

As brought forth during the needs assessment update process undertaken as part of the preparation of this Consolidated Plan there is a need for housing for former offenders released from incarceration. For the past several years the issue of inappropriate discharge planning has been a topic of discussion and brainstorming between the City, New Haven Continuum representatives, the State Department of Mental Health and Addiction Services and the State Department of Corrections. These discussions have centered on addressing the housing and service needs of ex-offenders, specifically those who were homeless prior to entering prison or those who will likely become homeless upon release.

Over the next several years this group will work to create alternatives for ex-offenders entering the community and seeking the resources with which to make these alternatives for successful re-entry a reality. Central to successful re-entry into the community from incarceration is the resolution of housing and financial issues.

Special Needs Housing Summary

In summary, many service users fit into more than one client population and require mental health treatment; flexible case management programs including education and job training; substance abuse treatment; family planning; personal financial strategies; parenting skills; home management techniques; and rehabilitation services. Whether providing housing for the homeless, victims of domestic violence, current and former drug abusers, persons with physical or mental disabilities, or HIV positive clients, it is clear that social service providers must work cooperatively with each other and with not-for-profits that develop, rehabilitate, and manage affordable housing. The most pressing need articulated by those who run emergency shelters for various special needs groups is for housing after shelter 'length-of- stay' terms have expired. Homeless shelters allow 90-day stays, Victims of Domestic Violence 60 days, etc. Moving clients to unsupported and individual dwelling units often leads to relapse or a return to emergency facilities. The need for permanent transitional housing and for continued social service support is clear (congregate or group homes, shared, supervised, or monitored apartments located in public housing or private subsidized properties).

The primary provider of affordable housing in our community is the Housing Authority. The Housing Authority increasingly serves a population with a tremendous need for supportive services to help them maintain their housing and live independently and effectively in their communities, particularly in its mixed population developments.

The ability to create housing flexible enough to serve a growing and diverse special needs populations is important. A continuum of housing which can help move individuals and families out of emergency shelters to congregate, group homes, or transitional housing to subsidized rentals and finally to market rental or ownership should be available to meet the requirements of the multi-racial and diverse socio-economic population who reside in New Haven and the surrounding towns. The City must facilitate joint efforts among housing providers and agencies seeking housing for their clientele.

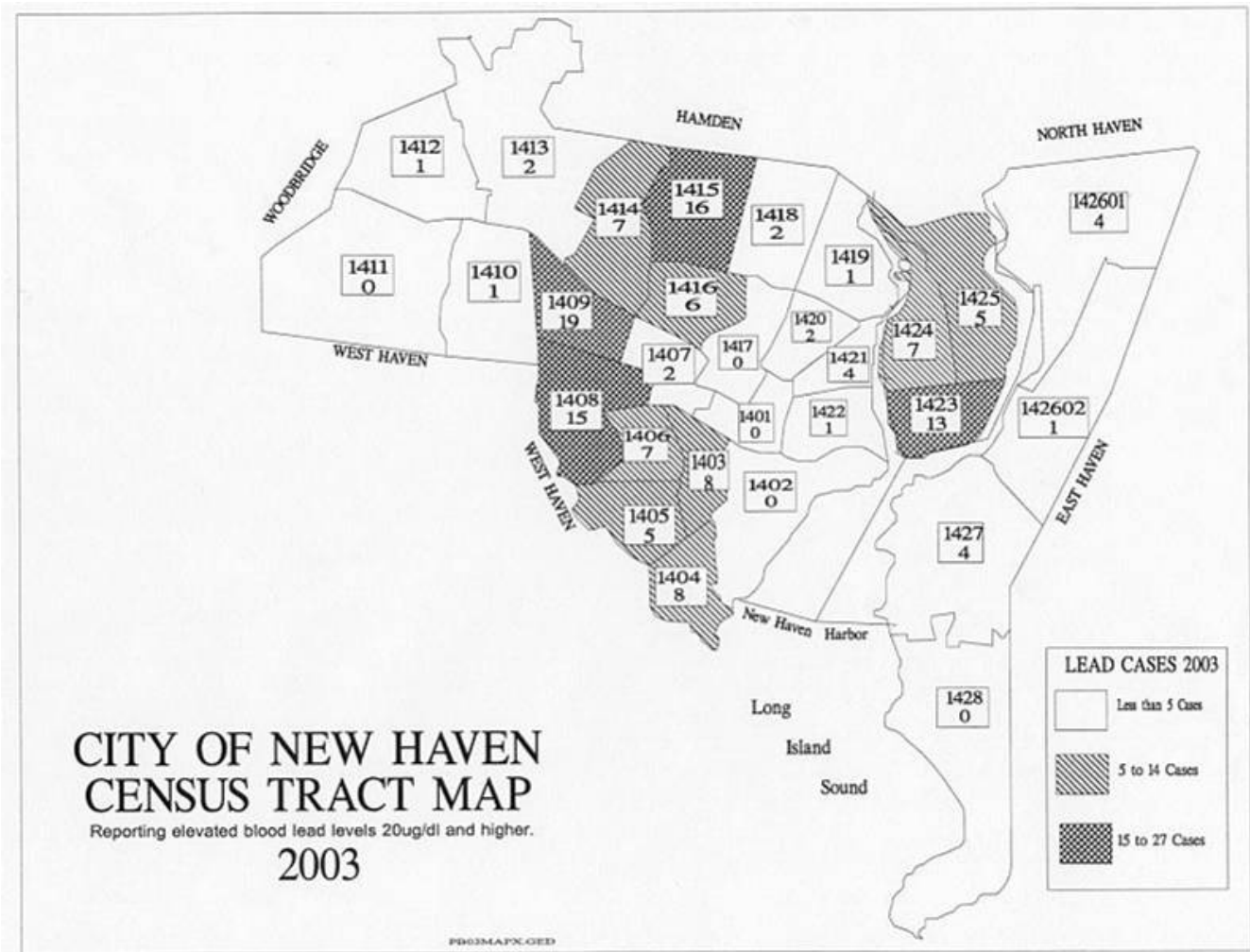
In summary, it is important to address the needs of the special needs population in accordance with the Continuum of Care initiatives being advanced by the U.S. Department of Housing and Urban Development along with those special needs homeless populations who may not meet eligibility restrictions that accompany current HUD continuum of care programs.

4) Lead-Based Hazards (91.205e)

The following charts, organized by Census Tract, indicate the level of risk of developing childhood lead poisoning evident in the City from 1999 through 2003. During this time period there were 878 confirmed lead poisoning cases and 639 housing units were lead-abated. The map on the following page depicts the number of lead poisoning cases reported from January 2003 through December 2003 by census tract.

The City of New Haven fits the general profile of a jurisdiction with a high level of risk for exposure to lead-based paint by young children. There is an old housing stock, 87.8% of all housing units were constructed before 1980. There is a significant low-income renter population: 76% of all renter households earn below 80% of the Area Median Income. There is a high incidence of childhood poverty: 34% of all children under the age of 6 years live below the poverty line. There is a significant number of children with elevated lead levels in their blood. Although the number of children reported with lead poisoning has decreased 72% over the past ten years, there continues to be a significant number of children with elevated lead levels in their blood. In 2003 the City of New Haven had 121 children reported to the Health Department with venipunctures greater than 20µg/dL and 155 children reported as being greater than 10µg/dL; a dramatic decrease from 427 children reported in 1994 with lead poisoning. Efforts are underway to ensure clinicians universally screen for lead poisoning all children below six years of age.

Using a formula suggested in recent literature to calculate the total number of homes with a high risk for lead-based paint hazards, there are between 21,000 and 26,000 renter households with lead-based paint and between 10,700 and 13,100 owner occupied units with lead-based paint. In total, between 31,700 (59%) and 39,100 (72%) housing units in New Haven are at the highest risk for lead-based paint hazards.



Availability of Lead-Safe Housing/Supply: 87.8% of the City's 52,941 housing units were constructed prior to 1980. Subsequently, there are approximately 6,400 units built after 1980 that are assumed to be lead-safe. Even though there has been significant amounts of substantial housing rehabilitation since that time using private and public resources, the level of lead-based paint abatement cannot be ascertained. Interior surfaces may have no lead or may be considered lead-safe, but exteriors, windows, and soil may still contain significant amounts of lead. While units now under rehabilitation using public resources must be tested for the presence of lead-based paint, this is not true of past practices.

The Housing Authority of New Haven tested its family units in accordance with the HUD final rule regarding lead-based paint in Public and Indian Housing. The Housing Authority engaged the services of a contractor to perform risk assessment of their properties and provided written notice of the results to all public housing families. The Housing Authority works in close cooperation with public housing families and the Department of Health to minimize lead-based paint risks to children..

Demand: The demand for lead-safe housing far outstrips the availability of such units. The Special Tabulation 2000 U.S. Census data reports that 63% of all low and moderate income renters report some housing problem. Poor housing conditions and high rents present few options for low-income families who require lead-safe housing.

Of particular concern is the level of demand occasioned by the number of children who have confirmed high blood lead levels. The least intrusive form of therapy for lead poisoning is removing the child from the hazardous housing. For the past ten years the number of children reported to the Health Department as having elevated blood lead levels above 20 µg/dL has been steadily decreasing. Despite this decrease, the City of New Haven has the highest number of reported cases of pediatric lead poisoning of any city in the State. This clearly indicates a continued need for lead poisoning prevention activities in addition to financial assistance in support of creating lead safe housing. To assist in this activity, applications for funding from various State and Federal agencies have been pursued, with limited success. Through one such grant, with funding provided by HUD, over 638 units of lead-safe housing have been created. As part of this program a Lead Safe House was created to provide temporary housing for the families of lead poisoned children while their current housing was delead or until new lead safe housing was located. This Lead Safe House contains four dwelling units, is operated by the Yale Lead Program and has been successfully operating since February 1998. Since that time over 75 families have lived there temporarily and availed themselves of the educational services which are also provided by Yale social workers.

Incorporation of Lead Abatement Strategies into Housing Rehab Programs: By incorporating lead abatement strategies into rehabilitation programs funded by the federal Community Development Block Grant (CDBG) or Home Investment Partnerships (HOME) funds, the City of New Haven has created in excess of 150 dwelling units of "lead safe" housing over the past few years. These units are in addition to the 151 dwelling units which were completely lead-abated utilizing lead hazard control funding provided by the U.S. Department of Housing and Urban Development.

To abide by the spirit and intent of the concepts established by the Residential Lead-Based Paint Hazard Reduction Act of 1992, otherwise known as Title X (ten) of the Housing and Community Development Act of 1992, New Haven Health Department Lead Poisoning Inspectors provide lead and asbestos inspection services to homeowners and non-profit developers seeking to perform housing rehabilitation utilizing CDBG and/or HOME funding. The federal funds are provided through the Livable City Initiative (LCI). A thorough and detailed evaluation for the presence of lead and asbestos is produced and provided to the property owner. The department relies upon its four (4) RMD LPA-1 XRF units in addition to the State Health Department Laboratory for the provision of this service.

The inspection reports are incorporated into the general rehabilitation plan for the structure. If the homeowner is planning on a limited scope of work, discussions are held between all concerned parties until a compromise is reached which provides for lead abatements where necessary. If additional city funding is not accessible the homeowner is encouraged to seek private funding.

With the issuance by HUD, of the new regulation entitled “Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance” much more emphasis shall be placed upon inspecting, lead abating and clearance examination of properties benefiting by the provision of federal funding.

The City of New Haven has made great strides in reducing pediatric lead poisoning by employing a unique and comprehensive approach that looks at the disease from a medical, housing and economic as well as, an environmental perspective. The approach would not have been possible if not for the support and assistance of both the State and federal governments in addition to the Yale Lead Program. The number of children reported to this department with an elevated blood lead level greater than 20µg/dL has decreased from 427 cases reported in 1994 to 121 cases reported last calendar year. These cases were reported from the two hospitals and two community health centers located within the City which provide the bulk of childhood lead poisoning screening.

To summarize, the number of New Haven children with lead poisoning has decreased over the past ten years by 72%. Moreover, screenings provided by the medical community remains relatively constant at 75% of 1-2 year olds and educational outreach efforts towards all groups (contractors, homeowners, parents, daycare workers, realtors, and health providers) is well-established and accepted. To date, the City of New Haven with HUD funding has created over 638 fully lead-abated housing units. The bulk of these units are currently occupied by low-income families with children, many of whom were previously lead poisoned.

**New Haven Health Department: Bureau of Environmental Health Lead
Cases Processed 1999-2003**

Census Tract	% of Housing Built Before 1980 ¹	Confirmed Lead Poisoning Cases 1999 - 2003 ³	Rank by Total Cases of Confirmed Lead
1	71	0	28
2	85	3	23
3	86	39	11
4	83	33	12
5	79	42	10
6	85	53	6
7	95	32	13
8	95	57	5
9	97	69	4
10	98	7	21
11	92	2	25
12	95	27	14
13	76	12	20
14	90	46	8
15	91	104	1
16	84	45	9
17	98	1	26
18	94	20	15
19	98	19	17
20	93	4	22
21	86	13	19
22	99	3	24
23	74	79	2
24	84	52	7
25	87	77	3
26	84	20	16
27	82	18	18
28	92	1	27

Five Year Total = 878

¹ 2000 U.S. Census Data

² City of New Haven

**New Haven Health Department
Bureau of Environmental Health
Five Year Census Tract Breakdown for Cases of Childhood Lead Poisoning**

Census Tract	1999	2000	2001	2002	2003
1	0	0	0	0	0
2	1	0	1	1	0
3	5	16	4	8	6
4	7	4	5	9	8
5	8	10	6	13	5
6	17	7	12	10	7
7	8	12	9	1	2
8	8	9	9	16	15
9	12	20	8	10	19
10	2	2	0	2	1
11	1	1	0	0	0
12	6	7	6	7	1
13	4	4	1	1	2
14	9	9	9	12	7
15	23	27	17	21	16
16	5	13	8	13	6
17	0	1	0	0	0
18	5	2	6	5	2
19	5	5	2	6	1
20	1	1	0	0	2
21	2	1	0	6	4
22	0	1	0	1	1
23	11	21	17	17	13
24	6	20	8	11	7
25	13	21	18	20	5
26	5	4	2	4	5
27	6	2	3	3	4
28	0	1	0	0	0
	170	221	151	197	139

Above values reflect venipunctures greater than 20 µg/dl.

B. Housing Market Analysis (91.210)

1) General Characteristics (91.210a)

Housing Characteristics: According to the 2000 Census, there are 52,941 housing units of which 47,094 (89.0%) are occupied while 5,847 (11.0%) are vacant. Most vacant units are structurally sound and are available for rent or may be occupied after rehabilitation. The City estimates that in 2004 there are nearly 500 vacant residential or mixed use buildings.

Most of the City's housing stock is contained in structures with two to four units. Of the 52,941 units 21,879 (41.3%) are in two to four family dwellings. Single-family dwellings are in detached (20%) or townhouses or condominiums (4.0%). Buildings with more than 5 units represent 33.7% of all housing units. Over 70% of the dwelling units in New Haven are renter occupied. The City of New Haven estimates that at least 100 buildings require demolition.

The City Plan Department estimates that less than 2% of all assessed property in the City is vacant residential. The dearth of available land is compounded by a variety of site constraints, including steep slopes, ledge, tidal wetlands and infrastructure. Development of these sites raises a number of environmental sustainability issues, largely related to carrying capacity and appropriate density. When permitted, the higher cost of developing an environmentally sensitive site often exceeds that of more typical suburban locations.

Characteristics of Vacant Buildings: In December of 2003, the City's Livable Initiative Bureau, together with the Building and Fire Departments conducted a survey of vacant properties. As shown in the following table, 517 vacant properties were located in the City. Of these, 465 vacant properties were residential buildings. Over one-half of the properties are privately owned and 221 were in poor or blighted condition. The Hill, Dwight, Newhallville, and Fair Haven neighborhoods have the most vacant properties.

As indicated by the chart below the City has a designated use for all of the vacant properties it has acquired. The majority of the properties will be used for future affordable housing units. Although the City continues to redevelop vacant properties the number of sites continues to increase as abandonment of older urban properties remains constant. The City has made great strides in addressing and reducing the number of vacant and abandoned properties through its demolition program and various revitalization initiatives. Over the past five years the number of vacant structures was reduced by 233 properties. The goal of the City is to have no more than 300 vacant properties at the end of this five-year plan.

Characteristics of Vacant Buildings

RESULTS OF SPRING SURVEY		
All Vacant Properties w/ unknown status in:		
	Good Condition	56
	Fair Condition	126
	Poor Condition	95
Total:		277
Designated purpose:		
Properties to be developed by the City		53
Properties to be demolished		22
Properties currently being rehabilitated by non-profits/private		101
Properties to be rehabilitated by non-profits/private		54
Sale pending to private individuals		10
Total:		240
Vacant Property Distribution:		
All Vacant Single Family Properties:		132
All Vacant Two Family Properties:		175
All Vacant Three-Six Family Properties:		139
All Vacant Seven plus Family Properties:		9
All Other Vacant Properties:		4
All Vacant Mixed Use Properties:		27
All Vacant Commercial Properties:		31
Total:		517
All Vacant Properties in:		
Downtown	LCI District #1	25
Westville	LCI District #2	20
Hill South	LCI District #3	80
Dwight	LCI District #4	60
Hill North	LCI District #5	65
Dixwell	LCI District #6	40
Newhallville	LCI District #7	61
Fair Haven	LCI District #8	103
East Shore	LCI District #9	8
Whalley/Beaver Hill	LCI District #10	55
Total:		517

Housing Supply and Occupancy Characteristics: Based upon 2000 Census statistics 29.6% or 13,927 dwelling units are currently owner occupied. 56.9% of all owner occupied units are in single-family detached structures and 5.9% are in single-family attached structures. Home ownership in multi-family structures is also common in New Haven. 30.4 % of owner occupied units are in structures with 2 to 4 units. Renters are almost equally split among buildings with less than four units or more than four units. 59.7% of the City's rental units contain at least two bedrooms. While the current owner/renter ratio is not unusual for a city the size of New Haven, the City has

increased its emphasis on providing ownership opportunities as a way of increasing housing choices, stabilizing neighborhoods and encouraging a better mix of incomes within the City.

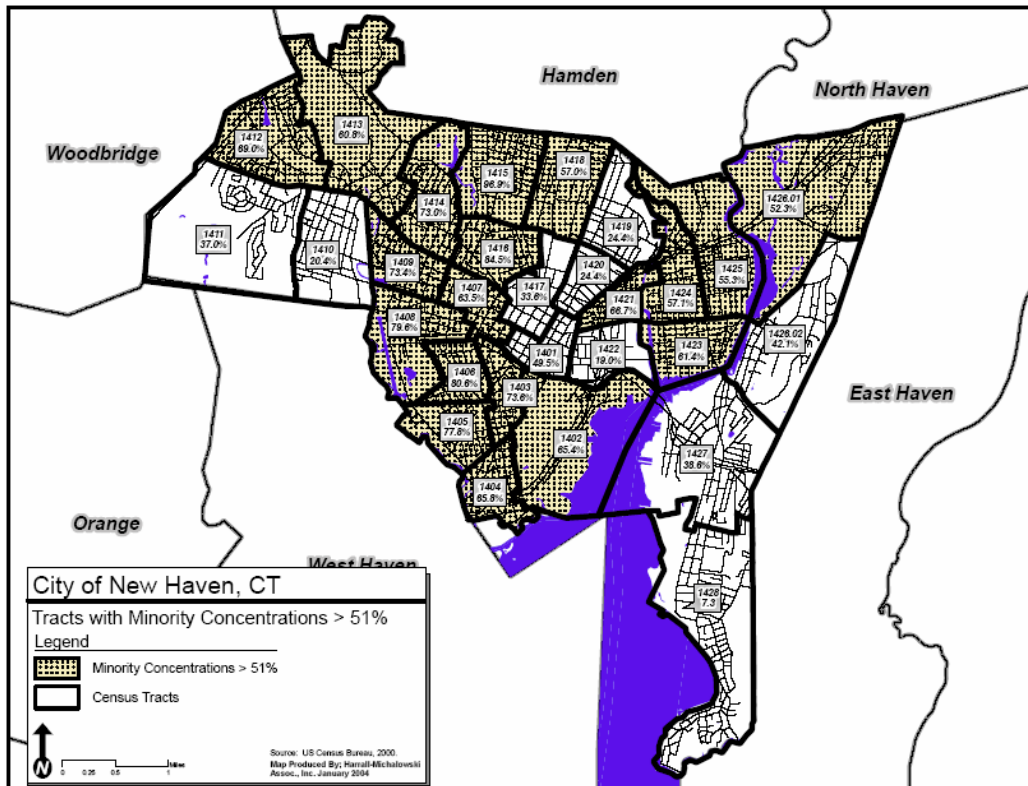
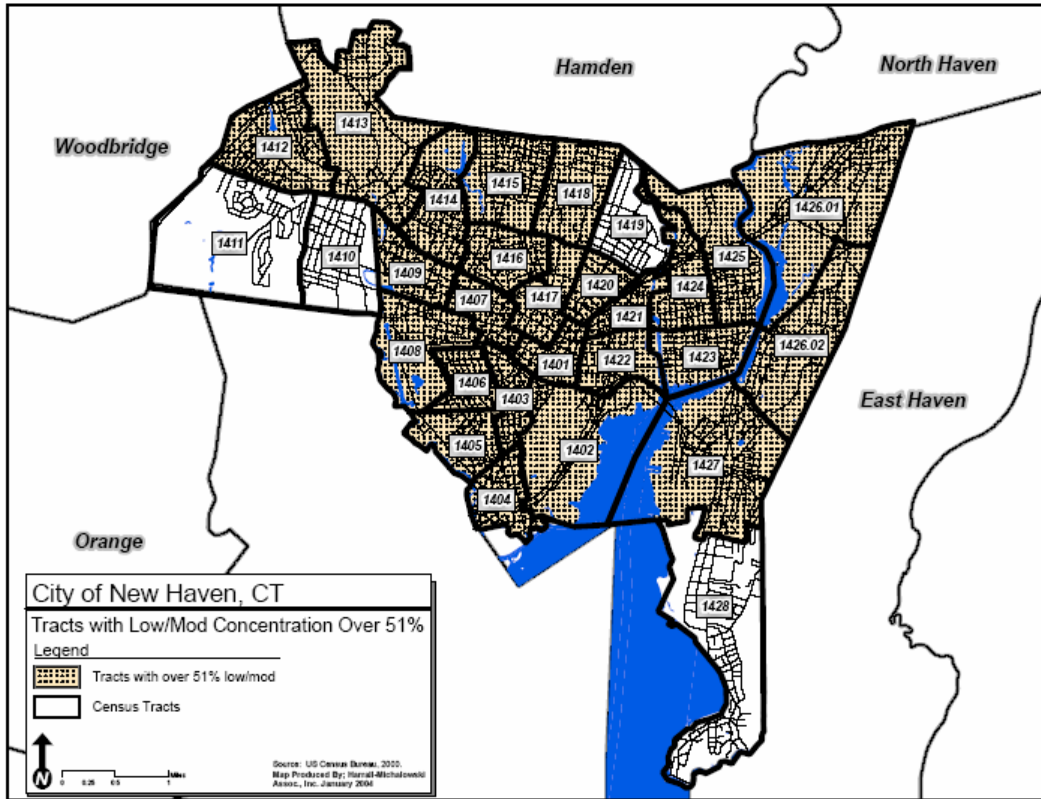
Age of the Housing Stock: As an older city, 36.7% of the New Haven's housing units were constructed before 1940, 73.3% were completed before 1960 and 87.9% were built prior to 1980. While creating a remarkable urban fabric for preservationists and students of American architecture, the costs of maintaining, renovating and preserving the older housing stock often places a severe economic burden on those least able to afford these costs.

Negative aspects affecting the housing stock are inherent with the type of construction materials. The vast majority of residential structures are stick built with clapboard or shingle exteriors. Weather conditions and high energy costs add to the total housing expenses. Many older homes have a myriad of Building or Housing Code problems. Heating, plumbing and electrical systems may have been updated since original occupancy but may not be code compliant due to recent changes.

Assessment of Hazards in Housing Stock: Lead paint still poses severe health problems in many structures where young children are at risk. The cost of removing this health hazard is beyond most low and moderate income owners. Using the suggested formula to calculate the total number of homes with the highest risk for lead-based paint hazards, there are between 21,000 and 26,000 renter households with lead-based paint and between 10,700 and 13,100 owner occupied units with lead-based paint. In total, between 31,700 (59%) and 39,100 (72%) housing units in New Haven are at the highest risk for lead-based paint hazards. Although the number of reported lead poisoning cases continues to decline each year, there continues to be a serious demand for lead-safe housing that is affordable to low-income families. The locations of reported cases resemble the areas where there are high concentrations of poverty. The City estimates that it costs an average of \$8,000 per dwelling unit to make interior, exterior, and soil conditions lead-safe. The City has adopted a policy to make all housing rehabilitated with public funds lead-safe.

There are fewer financial barriers associated with asbestos abatement. Because the preponderance of housing structures contain less than five units, encapsulation techniques usually suffice and actual removal is limited. Larger structures have higher development costs and require funding assistance for the removal of hazardous substances.

Areas of Low- and Moderate- Income Populations and Minority Population Concentrations: The maps which follow this page depict the areas in the City where the minority population is greater than 50% of the total population and the low and moderate income population is greater than 51% of the total.



2) Public and Assisted Housing (91.210b)

The City of New Haven offers a wide selection of affordable and assisted housing opportunities. As one of the original Model Cities, New Haven received a great number of housing development grants through the '1980's. Additional subsidy mechanisms including tax credits, mortgage revenue bonds, and Urban Development Action Grants, helped to create affordable housing for low and moderate income families. New Haven has also benefited from two HOPE VI grants as well as federal and state funding support for the revitalization of some of its earliest public housing developments. Nonetheless, many of the City's public and assisted housing units are in need of substantial renovations or redevelopment in order to extend the useful life of the developments and provide quality affordable housing for New Haven's low-income residents. There is also a need to increase accessible units for persons with mobility-related disabilities, both in public and private housing

Current subsidized and assisted housing units in the City include the following as of June 2004:

Inventory of Assisted Housing

Assisted Housing Type	Units
Public Housing	
HANH Family housing	1,561
HANH Elderly/Disabled housing	944
HANH Elderly-only housing	147
Monterey Place Family housing	195
Monterey Place Elderly housing	145
Total	2,992
Section 8/Housing Choice Vouchers	
Tenant-based vouchers	3,551
Project-based vouchers	362
Total	3,913
Other Tenant-Based Rental Assistance	
State Rental Assistance Program	827
State Section 8 Program	358
Time Limited Rental Assistance Program	4,479

The City has two (2) existing HOPE VI projects, which replaced older outdated housing authority complexes with a new configuration of units. Brief descriptions of the City's two (2) HOPE VI projects follow:

Monterey Place (old Elm Haven): Elm Haven consisted of 462 units in low-rise buildings at the time the HOPE VI Grant was awarded in 1993. It was transformed into Monterey Place (rentals) and The Homes at Monterey (homeownership), with the following unit mix:

- 53 homeownership units (30 units under construction at Eaton Row)
- 43 tax credit units
- 15 market rate units
- 281 public housing units (including 99 units of rehab at Edith Johnson & William Griffin/elderly-only developments)

Total New Monterey Units: 392

In November 1995 the CCA vs. Cisneros lawsuit was settled making it mandatory for HUD, HANH and the City to replace 183 public housing units outside minority-concentrated neighborhoods and provide 183 Section 8 vouchers

to be used in non-impacted areas (totaling the 366 units in high-rise buildings at Elm Haven that were demolished in 1989, prior to the HOPE VI award). There are approximately 29 scattered site units remaining to fulfill the 183-unit obligation.

Quinnipiac Terrace/Riverview: The Quinnipiac Terrace site consists of 244 units in low-rise buildings. The Riverview site consisted of 12 units in row-house two-story buildings that were demolished in October 2003. Through the HOPE VI Grant awarded in March 2003, the Quinnipiac Terrace/Riverview site will be revitalized and consist of the following unit mix:

Trinity QT Units:

- 114 public housing units (29 of which will be located off-site, St. Anthony parcel)
- 46 project-based Section 8 units
- 19 homeownership units

ECCO QT Units:

- 25 2-family homeownership units; total of 50 units

ECCO Riverview Units:

- 8 2-family homeownership units; total of 16 units

Total New Quinnipiac Terrace/Riverview Units: 245

Public Housing: The Housing Authority of New Haven owns and manages 2,652 public housing apartments, including 944 mixed population units (for elderly persons and persons with disabilities), 147 units are designated for elderly residents only, and 1,561 general occupancy units for families with children.

An additional 340 public housing units, in the Monterey Place HOPE IV redevelopment, are managed by BCJ, a private management company. These include 195 family units and 145 units for elderly persons or persons with disabilities. In addition, the Monterey Place redevelopment includes 53 affordable homeownership units targeted to low-income families. Thirty (30) of the units are under construction at Eaton Row.

The following table summarizes the unit size of the Housing Authority’s public housing apartments:

Housing Authority of the City of New Haven Unit Analysis by Bedroom Size							
General Occupancy	0	33	717	597	214	0	1,561
Elderly-Designated	30	108	7	0	0	2	147
Mixed Population (Elderly & Disabled)	585	328	8	0	0	23	944
Totals	615	469	732	597	214	25	2,652

In 2001, the Housing Authority was awarded HUD Moving-to-Work status. The Housing Authority is one of about 30 public housing agencies nationwide selected to participate in the HUD Moving-to-Work De-Regulation Demonstration Project, which provides substantial flexibility from regulatory requirements in order to more effectively meet the local needs and priorities of our community. A primary purpose of the Housing Authority’s Moving-to-Work plan is to transform New Haven’s public housing stock into housing of choice for our community’s low-income residents and families. The Housing Authority is engaged in an aggressive plan of redevelopment and major capital improvements of its public housing apartments.

Because of redevelopment and major renovation plans, a large number of public housing units have been off-line and unavailable for occupancy. Routine vacancies account for about 7% of apartments in on-line apartments, but at

present the Housing Authority projects a vacancy rate of about 9% of apartments in order to reserve apartments for relocation needs of households affected by renovation or redevelopment activities.

The Housing Authority completed a Section 504 Needs Assessment, as required, to plan for the development of accessible housing apartments for persons with mobility-related disabilities. All major renovation activities incorporate aggressive plans for making units accessible or adaptable. Nonetheless, there is a tremendous need for additional accessible apartments. Accessibility modifications and renovations of existing public housing apartments are extremely difficult. In mixed population developments, two-thirds of the units are efficiencies and cannot meet Section 504 requirements without major renovations including break-throughs (breaking through the wall between two apartments to combine them into a single apartment). In family developments, almost every public housing apartment was built townhouse-style, with two stories, and generally with all bedrooms and bathrooms on the second floor.

Extremely low-income households occupy more than 85% of public housing units. The following table summarizes the income categories of current residents in the Housing Authority’s public housing developments.

Housing Type	Household Incomes as % of Area Median Income			
	<30%	30-50%	50-80%	> 80%
Family Housing	82%	14%	3%	0%
Elderly/Disabled Housing	92%	7%	1%	0%
Total	86%	11%	3%	0%

Housing Choice Voucher/Section 8 Program: The Housing Authority of New Haven manages the Federal Section 8 program within the City of New Haven. The Housing Authority receives HUD funding for 3,551 tenant-based vouchers. These include vouchers designated for specific purposes such as relocation.

Project Based Assistance: The Housing Authority administers a number of project-based vouchers for affordable housing apartments developed under the former HUD Model Rehab program; these include 80 SRO units and 61 Fair Haven elderly units.

2001 statutory changes increased the flexibility for housing authorities to support, with project-based Section 8 assistance, the development of new affordable housing for low-income persons and families. The Housing Authority has been aggressive in taking advantage of these statutory changes in order to support the development of affordable housing responsive to the needs of our community, particularly supportive housing with services for persons with disabilities.

Home Ownership for Low-Income Households:

In past years, Section 8 housing assistance could be used only to support rental housing costs. HUD now permits Section 8 housing assistance to support mortgage payments and other housing costs of first-time homeowners. The Housing Authority has implemented a Section 8 Homeownership Program to help Section 8-assisted families become homeowners. Through a HUD ROSS grant, the Section 8 Homeownership Program is also to public housing residents who have effectively prepared for self-sufficiency and homeownership.

One of the existing two regional Housing Mobility Programs, New Neighborhoods Program, is housed in New Haven. The Housing Authority contracts with Home, Inc. to provide 458 families assistance in finding rental housing in non-impacted areas. In order to ensure successful leasing in deconcentrated areas, two counselors provide in-depth counseling and housing search services to participants in this program. Counseling covers issues such as transportation, employment, education, skills training, financial management and daycare.

State of Connecticut Rental Assistance Program: The Program is managed by J. D'Amelia and Associates and is funded through DSS. The program currently provides approximately 1,500 households Rental Assistance Program Certificates. In New Haven there are 581 households receiving rental assistance.

State Section 8 Program: The contract to administer the State of CT Section 8 program is held by J. D'Amelia. The total number of vouchers for the State of Connecticut is 5,900. The amount of lease up varies monthly which on the average totals 5,876. There are 1,180 lease ups in New Haven.

Transitional Rental Assistance Program: This program is designed for heads of households who have come off welfare in the last 6 months and are working a minimum of 12 hours a week. Under the program they are given transitional housing assistance for a year. The J. D'Amelia has 150 clients participating in this program, forty (40) of which are New Haven residents.

Through the implementation of all three programs J.D'Amelia and Associates serves 1,801 households. All of these programs allow for portability of housing assistance, which allows a person originally leasing in New Haven to move to another town in Connecticut and secure housing with rental assistance. Households can also move into the City with portable assistance.

Temporary Rental Subsidy Program: The program is administered by the Connecticut Counsel of Family Services, the individual vouchers/rent checks are distributed through the United Way. Clients eligible for the program must be receiving TANF or transitioning off of TANF. At one time the program allowed for a client to receive the benefit up to 18 months. Last year there were 150 vouchers available. This year there are 120 vouchers. This program is funded through July 2005 and its future existence is unknown at this time.

Condition and Strategy: Five years ago, when the previous Five-Year Consolidated Plan was developed, the Housing Authority was classified as a 'troubled agency' with significant management problems. Since then, the Housing Authority has been removed from HUD's troubled agency list and today, is one of 30 PHA's nationwide awarded Moving-to-Work status as part of a HUD De-Regulatory Demonstration project. One of the Housing Authority's primary goals of its Moving-to-Work plan is to transform its public housing into housing of choice for New Haven's low-income families. The Housing Authority is engaged in aggressive plans for the renovation or revitalization of its public housing apartments. The Housing Authority has also been engaged in aggressive plans for improving its management and administration of federal housing programs to more effectively meet the needs of New Haven's low-income residents.

3) Homeless Facilities (91.210c)

The City of New Haven is home to the majority of the region's resources for the homeless. It is still a common occurrence for suburban communities to bring their homeless to the City. Once in New Haven, it is unlikely that individuals or families will return to their town of origin unless special resources are made available. All social, medical, and psychiatric services are located within the City. Public transportation is also inadequate in suburban locations making access to services difficult. Until there is legislation and resources, which limit an urban center's obligations, cities such as New Haven bear a disproportionate share of the region's obligation to homeless and at-risk individuals and families.

Emergency Shelter Facilities: There are nine (9) emergency shelter facilities in New Haven. Three (3) serve individual adults, three (3) are for families, one (1) is for youth, one (1) is for single women and women with children, one (1) is for victims of domestic violence and one (1) is used solely for seasonal overflow. In the early'1990's one former shelter, Grant Street, became a treatment facility for drug addicted individuals. In addition, the City also lost emergency shelter beds at the YWCA.

The City of New Haven is strongly committed in a variety of ways to end chronic homelessness within its boundaries as soon as possible. To this end, the City continues to budget approximately 1.5 million dollars exclusively for basic emergency, homeless shelter services and accompanying homeless support services. The City uses the emergency shelter grant funding to supplement these initiatives. The amount of single women in shelters for fiscal year 2003/2004 totaled 14,212. The average daily count was 39. Single males that were provided with shelter from Immanuel Baptist totaled 25,266, a daily count of 69. The Columbus House total was 15,862 and the average daily count was 43. The City also funds up to 75 additional beds during the winter months for homeless single males from November through April. The count for this program totaled 21,399 and the average daily stay was 72. In addition, three emergency family shelters are provided with funding through the City's General Fund. These are Interfaith Cooperative Ministries, Life Haven and New Haven Home Recovery. There are a number of Homeless support services supplemented with financial support from ESG and the City's General Fund. These include New Haven Homeless Resource Center (day respite services), Community Mediation (rent security deposits), Columbus House (security), Youth Continuum (homeless youth outreach and substance abuse) and South Central Behavioral Health Network and Hill Health Center (health services).

Emergency Shelter Facilities in New Haven

	Capacity	Population Served
Individuals		
Columbus House	81 Beds	46 Men / 35 Women
Emergency Shelter Management	75 Beds	75 Men
Women In Crisis-New Haven Recovery	18 Beds	18 Women
Veteran's Administration-Q House	28 Beds	28 Men
Total Individuals	202 Beds	189 People
Winter Overflow	75 Beds	75 Men
Families		
Life Haven	20 Units	20 Families
Women in Crisis- New Haven Home Recovery	2 Units	2 Families
Christian Community Action	17 Units	17 Families
Domestic Violence Services	6 Units (15 Beds)	Flexible based upon women & their family size
CareWays - New Haven Home Recovery	10 Units	10 Families, 40 Beds
Total Families	55 Units	

The Youth Continuum assists about 1,500 homeless and at-risk youth a year from throughout Connecticut. Several needs relative to homeless and at-risk youth remain. According to the Youth Continuum there is a need for a residence for homeless girls with babies and a shelter or group home for teenagers to avoid placing them in an adult shelter.

Drop-In Centers: In addition to emergency shelters, there are the drop-in centers run by Fellowship Place, AIDS Interfaith Network, New Haven Homeless Resource Center, Marrakech and Youth Continuum.

Soup Kitchens and Pantries: Free breakfast is served at all elementary and middle schools in the public school system. The Connecticut Food Bank is a regional supplier of groceries to soup kitchens and food pantries. There are a number of food pantries located throughout the City that are located in churches, public housing projects, schools and other neighborhood facilities. Soup kitchens, while they don't serve only people who are homeless, are good indicators of the housing state of their clients. People who are hungry tend to be so for a variety of reasons. The leading one is of course poverty. They are often living on the streets (under bridges and/or in abandoned buildings) or in other substandard housing (unsafe quarters that the health or building departments have or would

condemn) without water, heat or other utilities. They are often “rooming” with someone in very tenuous situations or hoping to stay with someone that night. They are also often barred from local shelters because of inappropriate behaviors or other factors. Of those who are housed, their living situation is in constant jeopardy and changes from day to day. Soup kitchen attendance is also an indication of the stresses being placed on the people relying on poverty relief programs. In 2003-2004 the Downtown Evening Soup Kitchen served 27,614 meals, 10,000 meals more than reported in 1999. As the economy shifts so does the need to seek additional help in making ends meet. Seeking free or low cost food is the leading barometer as to the financial health of people living on the edge.

Soup Kitchens

	Meals Served	Schedule
Community Soup Kitchen	breakfast/lunch	M/T/TH/F/SA
Downtown Evening Soup Kitchen	dinner	SU/M/T/W/TH/F/SA
Fair Haven Soup Kitchen	breakfast/lunch	Mon - Fri
Macedonia Church of God	breakfast/lunch	Sun
St. Luke's	lunch	T/TH
St. Thomas More Chapel	lunch	Wed
Varick Soup Kitchen	dinner	Mon
Immanuel Baptist Sunday Soup Kitchen	lunch	Sun
Morning Star Church	breakfast	Sat/Sun
St. Ann Soup Kitchen	lunch	M/T/W/TH/F

Pantries

LOCATION	RESTRICTIONS
Bethel AME Church	3rd Saturday, 1:00-3:00 pm
Community Children and Family Services	By Appointment
Glorified Deliverance Church	By Appointment
Mt. Zion Adventist Church	Mon. - Thur., 7:00 am-4:00 pm
Pitts Chapel Baptist Church	Sat., 9:00 am-11:00 am; 5:00-7:00 pm
St. Luke's Episcopal Church	Wed. and Fri., 10:0- am -2:30 pm
Christian Community Action	Mon.-Fri., 9:30 am-12:00 pm
JUNTA Progressive Action	Mon.-Fri., 9:00 am-4:00 pm
Fair Haven Parents Ministry	Mon.-Fri., 1:00-2:30 pm, by appointment
Mt. Olive Holy Ghost Church	Tues., 12:30-1:45 pm
Second Star of Jacob	Mon., Wed., Fri., 9:00 am-2:00 pm
Immanuel Baptist Church	Tues., Thurs., 10:00 am-12:00 pm
Salvation Army	Mon.-Fri., 9:00 am-4:00 pm, by appointment
Community Action Agency	Mon., Wed., Fri., 10:00 am-4:00 pm
St. Paul's Episcopal Church	Sat., 10:00-11:00 am
FISH, Inc.	7 days per week, food delivered

Special Social Services: Social services for the homeless are often available where medical attention or emergency shelter is provided. Neighborhood based medical clinics, the Connecticut Mental Health Center and the hospitals, all located in New Haven, have social workers and psychologists available to assist those who present themselves for care. The Veterans Hospital has a special program for homeless veterans, which provides acute care, follow-up social services, mental health and medical care as well as housing assistance.

Outreach and Assessment: The City of New Haven was home to a five-year research demonstration program called ACCESS (Access to Community Care and Effective Services and Supports). Administered by the Connecticut Mental Health Center, ACCESS provided services through an inter-agency homeless outreach team to engage homeless

mentally ill individuals at local soup kitchens, shelters, under bridges and on the streets to offer them a range of housing assistance and supportive services. Due to the success of the demonstration program, funds were sought to continue the services. State of Connecticut funds through the Department of Mental Health and Addiction Services have been made available to support a multi-agency “outreach and engagement” team. Again implemented through the Connecticut Mental Health Center the new program has a broader target population that includes persons with substance abuse problems in addition to persons with mental illness. The program engages over 100 people annually.

Transitional Facilities: There are thirteen (13) transitional housing facilities in New Haven. Three (3) programs/facilities service families; eight (8) serviced single adults, one (1) program serviced veterans and one (1) was a facility for youth. The table below lists the Transitional Facilities that currently exist in the City.

Transitional Housing Facilities in New Haven

Facility Name	Provider Name	Capacity	Population Served
Individuals:			
Pendleton House (MHN/SHP)	ALSO-Cornerstone	20 Beds	Single Males & Females
On the Move	Columbus House, Inc.	20 Beds	Single Males & Females
Sojourner’s Place	Columbus House, Inc.	16 Beds	Single Females
Frank Street (MHN/SHP)	Continuum of Care	12 Beds	Single Males
Grant Street Partnership	Hill Health Center	44 Beds	Single Males, Substance Abuse
Transitional Living Program	Liberty Community Services	16 Beds	Single Males & Females HIV/AIDS
Regional II Recovery House	The Connection	20Beds	Single Males & Females
Adult Rehab Center	Salvation Army	45 Beds	Single Males
Families:			
Stepping Stone	Christian Community Action	18 Units	18 Units, 51 Beds
Homeless Families Transitional Collaborative	New Haven Home Recovery	10 Units	10 Units, 30 Beds
Supportive Housing for Families	New Haven Home Recovery, DCF, ALSO Cornerstone, The Connection	36 Units	36 Units, 108 Beds
Other:			
Veterans’ Housing	Veteran’s Administration	21 Beds	2 Houses, 21 Beds for Veterans
Umoja House	Youth Continuum	18 Beds	18 Beds for Youth

Source: Continuum of Care Application: 2004

Permanent Supportive Housing: The City of New Haven and the New Haven Continuum have been focusing their efforts of providing transitional and permanent housing as the most effective means of addressing and reducing homelessness in the City. For many individuals, permanent supportive housing is necessary in order to ensure they receive the medical, life skill, mental health and/or other supportive services they need to ensure the most productive, safe and self-sufficient way of life available to them. The City has a variety of permanent supportive housing facilities within its borders. Over the upcoming strategy period the City and its affordable and supportive housing providers will continue their efforts to provide a variety of transitional, supportive and permanent, affordable housing options to address the needs of the homeless and low and moderate income individuals and families in the City.

The New Haven Continuum of Care Network and its housing providers have several supportive housing facilities and programs on-line. Many of these receive or have received funding from HUD through the Continuum of Care Grant

Program; the Shelter Plus Care Program and the Supportive Housing Program and through the City's entitlement programs HOME, CDBG, HOPWA and ESG. Together, Columbus House and HOME, Inc. manage the Cedar Hill facility with its 25 beds for single males and females. The Consultation Center (Connecticut Mental Health Center) oversees the New Haven Shelter Plus Care Program. In 2004 the Shelter Plus Care Program had 34 certificates for family units (87 family beds) and 143 certificates for individual beds. Fellowship Place operates Fellowship Commons, which has 5 family units and 18 individual units. Liberty Community Services provides permanent supportive housing for persons living with AIDS. Liberty Community Services currently manages 24 beds in its Independent Living Program and 7 beds in its Supportive Living Program. New Haven Home Recovery manages the New Haven Family Partnership Program which serves 21 families (63 family beds) and the Supportive Housing Program which serves 35 families living with AIDS. The Veterans Administration manages 55 Section 8 vouchers with support services for individual veterans; funding for 10 individuals under the Section 811 Program; and 4 beds in a group home setting. The Coastal YMCA has 80 bed units at its West Village apartments, which serve singles males and females. Youth Continuum manages the Community Housing Assistance Program (CHAP) for youth. CHAP funding supports 8 housing units with 24 beds.

At the time this plan is being written several permanent supportive housing initiatives were underway with completion targeted for early in the Consolidated Plan Five Year Strategy Period. HOME, Inc. has 12 units of SRO housing; Liberty Community Services has a 33 bed "Safe Haven" project underway for persons living with AIDS and Columbus House/HOME Inc. have 29 beds underway for persons with severe mental illness and substance abuse problems. Fellowship Commons under the Fellowship Place Supported Housing Programs intend to develop and implement a supported housing program for homeless individuals suffering from severe and persistent mental illness. The program will provide an independent living option for 9 individuals in a 5-unit building.

Barriers to Housing the Homeless: As part of the 1999 Homeless Needs Study, several barriers to housing the homeless were identified. While some progress has occurred (e.g. the TAP program to deal with substance abusing homeless persons) the barriers and suggested recommendations follow and remain valid today:

Income Support/Availability of Funding

- Lack of sufficient and/or consistent income is a significant barrier to homeless individuals' efforts to access and maintain permanent housing. Welfare reform has dramatically decreased the number of people eligible for public benefits, making other sources of income such as employment and rental subsidies more important.
- In many cases income support during temporary transitions, such as moving from one apartment to another, or during job training, is lacking.
- Policies regarding the transition from public benefits to wage income do not provide sufficient economic or medical insurance incentives to encourage progress towards economic independence. This in turn prevents people from being able to obtain affordable housing.
- Cuts in funding particularly cuts in Section 8 funding have made it increasingly difficult for families and individuals to acquire permanent housing.

Recommendations

- Provide income support to individuals in job training or substance abuse treatment programs so that they can access or maintain housing.
- Modify current public benefit policies to increase the incentives for moving to gainful employment.
- Provide services that assist homeless people in accessing employment that offers a living wage with which people can afford decent housing.

Systematic Barriers

- Individuals with histories of involvement in the criminal justice system, particularly for drug-related or violent crimes, are ineligible for HUD funded housing programs or are often shut out of the private market until they have demonstrated rehabilitation.
- Additionally, there is limited and sometimes no coordination across systems and people commonly fall “through the cracks” between housing, treatment, criminal justice and other government systems.
- Termination or reductions in the HUD “Section 8” Voucher program will negatively affect the ability of homeless persons and families to access permanent housing, as well as, impede the ability of New Haven to reduce and/or end chronic homelessness, which is the mission of the U.S. Interagency Council on Homelessness.

Recommendations

- Coordination mechanisms among various systems including criminal justice, substance abuse treatment, homeless service providers and mental health organizations must be formalized to reduce the number of people who become homeless in the transitions from one system to another.
- Develop additional transitional housing or alternative housing resources with services and supports to assist individuals with criminal justice involvement until they are eligible for mainstream HUD-funded housing assistance.
- Develop an effective Discharge Planning Strategy and Procedures to assist with transitions.

Shelter-related Barriers

- Current funding for services does not allow enough flexibility in the length of stay and nature of services to help individuals progress from the shelter system to housing (90 day policy).
- Due to low salaries for shelter staff, it is difficult to retain workers who have the level of skills required to effectively assess and intervene around the needs of homeless people. Available funds for training shelter staff are limited.

Recommendations

- Modify the policies regarding design and operation of shelters such as hours of operation and the availability of supportive services.
- Improve the access of shelter users to services both by providing more services at the shelters and by adding/ improving referral services to community-based resources.
- Institute case management services that stay with an individual after she/he leaves the shelter for transitional or permanent housing. Support services are needed that can fluctuate to meet the needs of the individual (e.g. tapered supports).
- Due to the complicated social problems experienced by people who are homeless, shelter staff should include positions that require skills and experience in addressing these problems. Additionally, provide more training for shelter staff regarding assessment and service delivery.
- In many specific cases, limited services, such as ongoing money management, are all that is required to access or maintain housing.

Substance Abuse

- Use of alcohol, cocaine, heroin and other drugs alone or in combination can be major factors contributing to homelessness. Managed care, current treatment policies and lack of transportation make eligibility, qualification and access to detoxification, treatment and aftercare highly problematic.
- Crack cocaine is not recognized as a “detoxable substance”. No local treatment centers provide detox services to crack addicts, yet most substance abuse treatment programs require that people be substance free as a condition of entering the program.
- Post treatment, rehabilitative, easily accessible, clean and sober environments and ongoing supports are only available on a limited basis at this time.

- Many opportunities to engage people in recovery are lost due to lack of connection between treatment/rehabilitation and the court system.
- Response to the pervasive problem of alcohol and polysubstance abuse needs to be addressed in a collaborative fashion both with and between service systems.
- 24-hour response capacity is needed citywide for individuals who do not require medically supervised detoxification, but need to have connections to treatment and rehabilitation facilitated.
- Communication amongst providers and case managers needs to cross system boundaries.

Recommendations

- Expand the range of substance abuse service program and community support components to include community sobriety/recovery centers to increase pathways to recovery and the capacity to support individuals and families from relapse, extended follow-up support for after treatment, and services for those who chronically relapse.
- Create and implement a comprehensive social marketing plan to gain support for drug prevention and early intervention citywide.
- Long term clean and sober social, vocational and educational environments should be available on a voluntary, unlimited basis serving both recently housed and homeless individuals who have embarked on the path to recovery.
- Formalize coordination mechanism between the criminal justice system and substance abuse service

4) Facilities for Other Special Needs (91.210d)

A variety of other alternative living environments exist in New Haven. Because of the availability of medical, psychiatric and social services within the City, facilities for persons with special needs are usually located in New Haven.

Persons with Mobility Impairments: New Haven's Department of Services for Persons with Disabilities conducted a survey of the disability population in New Haven in July of 1999. Resulting data found that persons with disabilities make up 26% of the New Haven's population, with 60.5% of the homeless population having one or more disabilities. Of the disability population 45.4% have a physical disability with 50.6% of the respondents stating that they had a somewhat or very severe disability¹.

Lack of housing continues to be a significant problem for persons with disabilities. According to Priced Out in 2002, people with disabilities receiving SSI benefits pay 90.2% of their SSI check to rent a one-bedroom at HUD Fair Market Rents in New Haven². The Report for 2002 shows that people with disabilities receiving SSI benefits needed to triple their income to afford a decent one-bedroom unit.

Clearly, New Haven has a need for additional accessible or adaptable rental units. While Federal accessibility laws and the State Building Code will, by their adoption, create more units, there are other policy changes which need revision. The Housing Authority has undertaken aggressive plans to develop accessible or adaptable apartments in renovations/revitalization projects of its public housing stock, but nonetheless the need for accessible housing is much greater than the available, affordable, accessible units in New Haven's public housing. Additionally, the public and non-profit agencies need to be made aware of the differing needs of the elderly who are disabled and younger individuals with disabilities. City agencies, particularly the Department of Services for Persons with Disabilities, must encourage not-for-profit developers and human service providers to develop and operate the housing needed.

While New Haven has recently seen an increase in new or renovated private apartment buildings, many being adaptable or accessible and suitable for individuals with disabilities, they are often too expensive for the population in need. As a result, it can take an individual with a disability at the low end of the economic spectrum six months to

in excess of two years to find suitable, accessible housing. The wait for an accessible unit at the Housing Authority is currently one to two years.

Substance Abuse: According to statistics from the Office of Substance Abuse Policy and Prevention (OSAPP), formerly New Haven Fighting Back, it is estimated that between 7,000 and 11,000 New Haveners abuse drugs and alcohol. New Haven has a variety of programs and resources available that provide services to substance abusers. A representative listing of the programs and resources available in the City includes:

New Haven Substance Abuse Resources

Detox:

South Central Rehabilitation Center

Out-patient Treatment:

Adolescent Day Hospital
 ALSO/Cornerstone
 Central Treatment Unit
 Evening Chemical Dependency Program
 Grant Street Partnership
 Hispanic Clinic
 Apt Foundation, Legion Ave. Clinic
 Multi-Cultural Ambulatory Addiction Services (MAAS)
 Northside Community Out-Patient Services
 Substance Abuse Treatment Unit (SATU)
 Women in Treatment

Residential Treatment:

Amethyst House (women & children)
 Crossroads
 Grant Street Partnership (men)
 Teen Challenge

Transitional Housing/Aftercare:

ALSO/Cornerstone-Pendleton House
 Christian Community Action-Stepping Stone
 Columbus House, Inc.-On the Move
 Columbus House, Inc.-Sojourner's Place
 Continuum of Care-Frank Street
 CT Women's Consortium—Homeless Families Transitional Collaborative
 Davenport House
 Fellowship Place
 Gibbs Restoration House
 Hill Health Center-Grant Street Partnership
 Hope House
 Liberty Community Services-Transitional Living Program
 New Haven Home Recovery, DCF, ALSO Cornerstone, The Connections-Supportive Housing for Families
 The Connection-Region II Recovery House
 Salvation Army-Adult Rehab Center
 Veteran's Administration-2 Houses
 Youth Continuum-Umoja House

Developmentally Disabled: There are several private agencies in the Greater New Haven area providing residential and vocational support to persons with mental retardation. Although these agencies provide a variety of living arrangements and supportive services there is a continuing need to provide additional affordable housing and services.

Private Provider Agencies in Greater New Haven Serving the Needs of Persons with Mental Retardation

Residential

Opportunity House
 HART
 Institute of Professional Practice
 SARAH Seneca Residential Services
 SARAH Tuxis, Inc
 Continuum of Care, Inc.
 Chapel Haven
 New Samaritan, Inc.
 Vantage, Inc.
 Marrakech, Inc.

Hamden
 Hamden
 Woodbridge
 Branford
 Guilford
 New Haven
 New Haven
 East Haven
 North Haven
 New Haven

Vocational

ACES/ACCESS
 ARC of Greater New Haven
 Benhaven Adult Vocational Services
 Easter Seals Goodwill Industries
 Institute of Professional Practice
 SARAH, Inc.
 South Central CT Agency on Aging
 Marrakech, Inc.

North Haven
 Hamden
 East Haven
 New Haven
 Woodbridge
 Guilford
 West Haven
 New Haven

Serious Mental Illness: The Mental Health Needs Assessment, conducted by The Consultation Center as part of the Consolidated Plan update process in 1999, estimates that there are approximately 21,597 (24% of the general adult population) who have a diagnosable mental disorder of low to serious severity. Based on this calculation, 16,640 adults (18.5% of the general adult population) have a diagnosable mental disorder of low to moderate severity and approximately 4,960 or 5.4% of the general adult population have a serious mental illness. Of the 4,960 adults in New Haven who have a serious mental illness, about 4,500 are utilizing services provided through the Department of Mental Health and Addiction Services (DMHAS) including Psychiatric Treatment; Residential, Social and Vocational Rehabilitation; Case Management and Homeless Shelter Services. It appears that most persons with serious mental illness in New Haven receive some type of mental health service during a 12-month period. However, this factor does not speak to the quality of life of the individuals who are utilizing services, and that they clearly would benefit from additional housing and support services if resources were available.

The Connecticut Mental Health Center has worked to expand outreach to the homeless mentally ill. It is difficult to account for and help all seriously mentally ill as they do not present themselves at emergency shelters. Active outreach is required on the streets, in shelters, under bridges, at Soup Kitchens and through service providers such as Fellowship Place in order to locate and then help this group.

The Mental Health Needs Assessment provided an assessment of needs for Persons with Serious Mental Illness (SMI) and Persons with Psychiatric Disorders of Low or Moderate Severity. These needs are summarized below:

- The co-occurrence of medical problems is an issue for over one half of the clients served through the mental health system receiving homeless shelter, vocational and residential services. Local research has shown that this may make it more difficult for this group to find and maintain stable housing. This does not mean that members of this group are unable to have meaningful productive lives if provided sufficient supports and opportunities to do so.
- There is a lack of community-based transitional and permanent housing with a “dry” environment necessary to address the needs of persons who have SMI with co-occurring substance abuse disorders.
- Agency leaders across all service types report that a large number of their clients are a victim of family violence, either currently, in the past or both. The scarcity of safe, affordable housing and limited housing assistance force many women and their children to move into temporary or unsafe situations that invariably lead back to homelessness.
- Adults with SMI often have difficulty adjusting to the community. Therefore, while housing subsidies are crucial to allow this group to obtain housing, additional case management supports are also needed to support community integration.
- A significant percent of persons with SMI receive some type of governmental income assistance and/or rental subsidies, but the level of funds are often insufficient to meet housing and other needs.
- A significant number of clients within the Managed Service System have difficulty obtaining and maintaining safe, affordable and decent housing.
- Affordability of housing is a significant problem for many clients.
- The three most needed housing and residential options identified by agency leaders were supervised cooperative apartments, supervised group living and shared housing with off-site case management support. Agency leaders also report a need for more substance abuse and dual diagnosis services and money management programs.

- Agency leader respondents stated that poor client housing skills, inability to manage funds, a lack of formal education, and an unhealthy social network are all client-related barriers that can lead to unstable housing and homelessness.

The National Low Income Housing Coalition (NLIHC) published a report titled “Out of Reach 2004”, which is available in their website that documented housing affordability issues. Using the published Fair Market Rents and the HUD guideline that households should not spend more than 30% of their income for housing it is clear that a significant portion of individuals and families cannot afford the rental housing available in New Haven. This results in many individuals or families occupying substandard housing, being in unsatisfactory living arrangements or becoming homeless. Although housing affordability impacts all segments of the community it is likely that the majority of those with serious psychiatric and substance abuse disorders have even fewer resources with which to access housing.

The New Haven Shelter Plus Care Program, administered locally by The Consultation Center of the Connecticut Mental Health Center, provides permanent, supportive housing (five year rental subsidies for tenant and sponsor-based housing and 10 years for Project-based Rental Assistance) for 177 individuals and families who are street or shelter homeless and have either serious mental illness, chronic substance abuse, dual diagnosis of serious mental illness and substance abuse and/or HIV/AIDS-related disorders.

At-Risk Youth: The Youth Continuum provides outreach, counseling, referral, and shelter to runaway, homeless, at-risk or street youth. Youth Continuum administers several housing assistance and supportive housing programs for at-risk youth. The Umoja House is a transitional housing program serving 17-23 year old homeless youth as well as youth preparing for independent living. The Umoja House can serve up to 15 youth in a congregate care apartment, with 24-hour/day staffing. The HOSTS program, which is co-located with the Umoja House, provides support to homeless youth in the City of New Haven. HOSTS offers street outreach services to identify homeless youth, and provides case management services to link youth to appropriate health, mental health/substance abuse, job and educational training programs, and emergency housing options within the community.

The Community Housing Assistance Program (CHAP) is a State Department of Children and Families (DCF) funded transitional, scattered site apartment program for youth ages 17-23. Clients must be DCF committed, enrolled in an educational program and be employed part-time. Apartments are leased to Youth Continuum and sublet to program participants. The Forbes Group Home and the Uno Group Home are both 13-bed long-term residential group homes, which serves youth between the ages of 12 and 18. Support programs are designed to prepare the youth participants for independent living. Youth Continuum also administers one juvenile justice program for pre-adjudicated youth, the JUST program, which can serve up to 12 male youths, ages 10-16. This program offers residential services geared toward juveniles detained on a pre-trial basis, who with the appropriate level of services and supervision can benefit from a community program.

The Education, Job Training and Enrichment Center (ETEC) offers tutoring, job training skill development, life skills classes and cultural enrichment opportunities for youth served by Youth Continuum programs. This program provides service enhancements for at-risk youth that are not funded by State or Federal contracts.

Elderly: According to the 2000 Census, the total population of the City of New Haven is 123,626. Of those, 16,232 individuals, or 13.1%, are over the age of 60. The 1990 Census figures revealed that 21.7% of all households were headed by people 65 years or older. In the 2000 Census that percentage dropped slightly to 18.18%. In 2000, there were 47,094 total households in the City of New Haven. Of these, 3,728 householders over the age of 65 owned their own homes (26.7% of all owner occupied) and 5,133 householders over 65 rented (15% of all renter households). In addition, there are 2,988 grandparents living in households where grandchildren under the age of 18 reside. Of those households, 54.9% or 1,641 are responsible for raising those children. Another interesting and underrepresented group are individuals over the age of 60 that identify themselves as having a physical, mental or sensory disability. According to the 2000 Census, 11,876 individuals over the age of 65 consider themselves living

with a disability. The need for affordable, universally accessible housing, which can accommodate nontraditional family structures, is greatly needed. Concerns have also been raised about suitable housing and services for grandparents who are the legal guardians of very young children.

In October of 2002, the State of Connecticut Department of Social Services conducted a needs assessment as part of its State Plan on Aging. The ten (10) highest ranked needs of the elderly ranked in order of priority are prescription drugs, concerns over social security, Medicare and pension income, high medical costs, concern over finances, home care and nursing homes, poor health, understanding Medicare and other health options, transportation, housing and inadequate medical care.

The South Central Connecticut Area Agency on Aging in its three-year plan (FY '02-'05) identified these 12 needs, via focus groups, as the most pertinent for our service area: transportation, help with prescription drugs, friendly visiting/companion programs, affordable housing, information and assistance, chore/in-home assistance, deteriorating health, nutrition, loss of independence, need for information, and need for advocacy, public safety.

The City of New Haven, Department of Elderly Services has identified the following needs of the City's older population based on questions arising from inquiries of the general public as well as via casework performed by the Department. The needs identified by the Department include:

- **Home care** - Affordable or subsidized in-home services (housekeeping (inside and outside), bathing, dressing which will allow individuals to reside in their homes for a longer period of time resulting in a higher quality of life. Allowing individuals to sustain the life that they are used to living will result in shorter stays in nursing homes, which is a financial drain to our state economy, and leads to rapid health deterioration.
- **Transportation** - Affordable and accessible transportation readily available during the week as well as on weeknights and weekends keeps individuals active, independent and promotes self-sufficiency.
- **Senior housing** - Affordable, accessible housing for elderly only individuals which should include assisted living housing developments as well as housing developments for grandparents raising grandchildren
- **Prescription drug assistance** - The rise in cost of prescription drugs continues to escalate as does prescription co-pays. Individuals are often faced with the burden of choosing to pay either for their medications or other household necessities. Often, individuals choose to go without their medications in order to pay their rent or buy food. The result of choosing one necessity over medications is deteriorating health, illness, hospitalization and/or death. Financial assistance for individuals who do not meet state or federal programs as well as advocacy around the cost of these scripts is vitally important
- **Socialization and recreational programs** - Symptoms of loneliness and depression are common among the elderly, especially for those whose family members and friends have passed away, as many are engaged in less activity. The need for socialization, recreational and educational programming is important for ones self esteem, mood, and overall health. It is important to provide stimulating experiences within daily. This is easily achieved via the City's network of senior centers, as well as other community resources.
- **Nutrition** - Older adults who live in poverty are more likely to suffer from poor nutrition. Good nutrition plays an integral part maintaining a healthy lifestyle. It is known that good nutrition delays or prevents disease. We need to support food programs, which aid in providing nutrition to our older population. These programs include congregate meals, meals on wheels and food subsidies.
- **Finances** - Many older adults are rightly concerned with meeting the high cost of living as their incomes do not meet the demand. Housing costs are high as are other expenses (i.e. insurance premiums) and older

individuals live on a fixed income. Older women are especially vulnerable as they are less likely to receive pension income and usually receive less Social Security income due to lower wages.

- **Supportive programs** – The increase in grandparents raising grandchildren as well as caregivers to the elderly indicates that the caregivers need services to maintain their physical and mental health so that they may function at an optimal level. Funding for respite care programs for caregivers needs to increase so that there are more opportunities for respite programs and more resources for the caregivers.
- **Public safety** - Every individual deserves to feel and live safely in their homes whether they reside in single, multi or private or public housing complexes. Older individuals often are the targets of exploitation, fraud and abuse. In addition, many older adults are afraid to leave their homes after dark and even during the day resulting in further isolation.

As the City's older adult population increases over the next years, the number of individuals who will seek assistance will increase. The Department has already seen an increase in non-English speaking older adults requesting services. The City needs to recognize the need to hire staff who are bilingual and bicultural and train those who are not in the various populations we will encounter and serve in future years.

Housing For Persons with HIV/AIDS: The Housing Opportunities for Persons with AIDS (HOPWA) program administered by the New Haven Health Department provides permanent housing, community and group residences, transitional housing, scattered site residence, emergency shelter and independent living programs. In addition to housing all of the programs provide supportive services including but not limited to case management, substance abuse counseling, life skills and education training, as well as food and clothing services.

As of July 2004 there are more than 420 housing slots designated to persons and their families living with AIDS. Of the designated slots, 260 are in the form of scattered site and 160 are in the form of transitional and community residences.

The New Haven EMA HOPWA program funds the following programs:

- Columbus House Inc.- 101 bed Emergency Shelter servicing the homeless since 1986. Columbus House provides a day program for 5-10 homeless persons with AIDS who must utilize the shelter. This keeps the AIDS clients from being in the streets during the day when the shelter is closed. The program provides case management, supervision, substance abuse counseling, meals, emergency clothing and transportation to all clients.
- Liberty Community Services, Inc. (LCS)- For over ten year LCS has provided permanent and transitional housing with supportive services to homeless and near homeless people living with HIV/AIDS. LCS was funded to maintain its current 7 permanent housing units and 16 transitional housing units and 61 scattered site and rental assistant subsidies, additional case management and outreach referral advocate.
- Leeway, Inc.- Leeway is a 30-bed skilled nursing home facility that services HIV/AIDS patients exclusively. Leeway was funded to help support and maintain its drug counselor, client advocate and transportation services. Patients receive counseling for drug and substance abuse, assistance in housing placement leading up to and upon discharge as well as transportation to non-medical appointments.
- New Haven Home Recovery, Inc. (NHHR)- NHHR began offering services to clients in 1993. It's an AIDS Scattered Site Housing Program for families infected and affected by HIV/AIDS. NHHR also offers supportive services including but not limited to HIV counseling, testing and education, vocational training, daycare programs, and housing resources for low-income families NHHR currently subsidizes 93 units, 42 of which are supported by HOPWA funds.

- Independence Northwest Center, Inc. (INC)- Independence Northwest Center is a consumer-controlled, community-based and cross disability independent living center. INC was funded to maintain its current Transitional Housing Opportunities Program, which provides subsidies to 10 individuals and families living with HIV/AIDS for a period of 18-24 months with 6-month extensions granted under extenuating situations.
- New Opportunities, Inc. (NO)- NO is a community action agency for Waterbury and 26 surrounding communities. NO was funded to help maintain the case management staff which is primarily responsible for providing case management. Homeless or near homeless clients infected with HIV/AIDS work with the Case Managers to stabilize their situation to progress on self-sufficiency goals and obtain and/or maintain permanent housing.
- Valley Mental Health Center (VMHC)- VMHC was established to provide quality services, which focus on the recovery and well being of individuals and the health of the community. VMHC was funded to hire a Housing Coordinator to conduct a needs assessments on incoming clients during the first 30 days of the program and to offer transitional support assistance. HOPWA funds will be designated for servicing a minimum of 7 households through the Transitional Rental Assistance component and emergency rental assistance for at least 50 clients.

Effects of Changes in the Allocation of Housing Opportunities for Persons with AIDS (HOPWA) Funding:

Over the next five years, because of the advances in AIDS treatment, the number of persons living with AIDS will continue to decline. The CDC calculates that HIV will infect 50,000 people annually in the United States and that twenty-five percent of these individuals will not know that they have the virus. In the Connecticut Epidemiological Profile for 2004, we know that twenty-one percent (21.7%) of those diagnosed as having HIV progressed to AIDS. Clearly more persons will be living with HIV than AIDS in the coming years. Since the formula allocation for HOPWA is based upon the number of new AIDS cases, we may expect to see a decline in our funding. The decline may be compensated by the priority requirement of CDC to public health to increase its effort to find, test, and get into treatment individuals who do not know their HIV status. Yet, even with enhanced outreach to find HIV infected individuals, we expect to see a decrease in our HOPWA funding which is based upon AIDS cases reported and confirmed to CDC.

Those individuals infected by HIV/AIDS will have a greater need for housing and supportive services to provide them the opportunity to adhere to treatment protocols. Cuts in funding will make many of those infected homeless and increase the number of individuals progressing from HIV to AIDS. The increase in homelessness will further burden the City of New Haven and its limited resources to cope with the demands of those infected by the HIV/AIDS virus. Equally important is the real fear that those now currently in treatment that become homeless will develop resistance to the protease inhibitors because homelessness will interrupt their treatment. The consequence of a resistant strain of the HIV/AIDS virus and failure of treatment will create a re-emergence of the deaths experienced earlier in the epidemic.

It is hoped that the Department of Housing and Urban Development (HUD) will change its HOPWA formula allocation to address the increase in HIV positive individuals seen nationally and provide more permanent funding to its grantees. The City of New Haven is committed to work with local housing providers to reduce homelessness and ensure the receipt of adequate funding to support the needs of persons infected with HIV/AIDS.

5) Barriers to Affordable Housing (91.210e)

Real Estate:

New Haven, as with many cities and towns in Connecticut, recently experienced a dramatic rise in residential property value. From 1990 and 2000, housing cost in the city increased dramatically. Median contract rent is up

33.7% from \$487 to \$651. Median monthly owner costs (including mortgage) is up 24.5%, from \$989 to \$1,231. The rise in housing cost is attributed in part to the revitalization of New Haven and increasing private market interest in market rate housing development. In 2002, three market rate developments (approximately 750 units) were completed. Affordable housing proposals, such as the Quinnipiac Terrace Hope VI and a portion of Ninth Square Phase II, however, were largely government-initiated.

Neighborhood Development and Site Selection:

The development pressure for market rate products has led to difficulty in identifying suitable sites for affordable housing. The city is comprised of just 18.9 square miles and is generally considered to be a fully-developed, high density community (approximately 6,500 residents per square mile) compared to the region (1,500 residents per square mile).

The city's most stable neighborhoods, in general, are pedestrian-oriented, aesthetically pleasing and environmentally sound. There are walk-to-work options and convenience goods in accessible locations. Community services, including schools, parks and playgrounds are within a reasonable walking distance of many homes. Tree-lined residential streets, as well as the surrounding commercial areas, enhance this urban environment.

With this in mind, there is increasing consensus that city priorities for housing development should be aimed at the existing stock, including blighted buildings, troubled condominium complexes and suitable adaptive reuse possibilities. In addition, there is continuing efforts to develop contextual infill residential development at the single- and two-family scale.

These objectives often are more expensive than large-scale, multi-family affordable housing complexes. However, the strategy is more sustainable over the long-term and will create lasting neighborhoods of mixed income.

The City Plan Department and Empower New Haven recently completed neighborhood plans in three of the Empowerment Zone neighborhoods. In addition, City Plan released a new comprehensive plan of land use and development. The new comprehensive plan recommends support for new and redevelopment of government-assisted housing in a manner that enhances the urban environment through contextual urban design, appropriate density and integration with the surrounding area. The plan emphasizes the urban environment (including aesthetics and energy efficiency) as central components to the city's approach to housing development. In doing so, there is an inherent need to focus on more projects of smaller scale.

Need for Redevelopment Planning:

As the City continues to renovate and rehabilitate housing within its neighborhoods it has been becoming more difficult to easily acquire vacant buildings or purchase homes from the private market suitable for rehabilitation. It is becoming apparent that the City, in support of its community development and neighborhood revitalization efforts, may need to utilize the Redevelopment Plan Process as a means to acquire buildings and properties that are key to neighborhood revitalization but not easily acquired.

Negative Effects of Blighting Properties:

The City's investment of HOME and CDBG resources is compromised by certain blighting influences (generally vacant buildings and blighting rental properties) that are not City-owned or otherwise controlled. In some cases, investors buy and hold property, allow it to deteriorate and still keep the taxes current. In other cases, investors demonstrate little or no regard for the general welfare of tenants or surrounding properties. This is disturbing since blighting properties have an adverse effect on the public's prior investment on the same street or area. Now, if one or more properties become a nuisance to the public health, safety and welfare, the City takes a more aggressive approach. The following techniques either are in effect or proposed: (1) zoning enforcement; (2) negotiated acquisition; (3) anti-blight ordinance; (4) rental business license; and (5) redevelopment plan. Using this graduated set of techniques, the City has a full range of options with which to address blighting influences. In turn, HOME and

CDBG investments are more sustainable and lasting given the neighborhood-wide coverage of local regulatory enforcement.

Land Use and Zoning:

Land use development is regulated by a zoning ordinance, which controls both the number of units on a site and the placement of units on a site. Even in the most restrictive zone, the development of affordable housing is possible. An RS-1 zone allows for approximately six units per acre. (By comparison, the RM-2 zone allows approximately 22 units per acre). The permissible densities allow developers to build at higher densities than in surrounding communities, thereby reducing per unit development costs.

Through a new site plan review and approval process, the City Plan Commission controls the placement of buildings, landscape planning and other site improvements. In this manner, the Commission advances the objectives of the new comprehensive plan of development: high quality design and sense of place. This is an important local consideration, because certain zoning regulations, over time, have eroded the inherent and prevailing character of New Haven's neighborhoods. In ways quite similar to the objectives of the HOPE VI program, affordable housing must blend more seamlessly with its surroundings.

At times, the city has successfully worked with affordable housing developers (e.g. Mutual Housing and Neighborhood Housing Services) to achieve a lasting balance of density and urban design. At other times, affordable housing projects have failed to gain approval, in part due to the public deliberation and site design review process. There are many lessons learned from failed attempts, including the need to build community support early in the process; the need to respect the site and its environs; and the need to demonstrate the community benefits and expected outcomes.

The new comprehensive plan provides a framework to assist developers through the site selection and zoning approval process. The plan recommends both neighborhood target areas and zoning amendments, which over time will contribute positively to the land use pattern of the city.

Mass Transportation:

State and national investment in Connecticut's mass transportation system is declining in recent years. This trend is having a profound and adverse impact on efforts to implement a regional affordable housing plan and efforts to promote livable neighborhoods here in the city. In 2002 and again in 2003, Connecticut DOT has reduced bus service to its 9 million New Haven riders. Long waits are now common. In 2001, peak hour headways on the J line were between 15 and 20 minutes. Today, headways have increased to over 30 minutes at most times of day, including rush hour. To compound the problem, CT Transit is increasing its fares from \$1.00 to \$1.25, which further burdens transit-dependent commuters (as the state's highways remain free to all users).

The City of New Haven, however, continues to support a comprehensive and intermodal transportation system in the city. The City actively supports restoration and enhancement of existing CT Transit service, the development of a new "cross -town west" commuter bus route and a new commuter railroad to Hartford and Springfield.

Access and Circulation:

The city is considering amendments to its zoning ordinance to better accommodate vehicular traffic in the city. There are parking shortages in the city, which are most acute downtown and in the 14 residential parking zones. Although current zoning requires one parking space per family unit and .5 spaces per elderly unit, this is plainly insufficient for user needs and must be amended. Companion initiatives - promoting non-motorized transportation - are being pursued as well. These include bicycle lane striping, greenways/trail development and pedestrian safety initiatives.

Environmental Constraints:

The City has an expressed environmental policy, striving to protect sensitive natural resources from over-development. The City is mindful of these impediments, especially given that many vacant residential parcels are located on or near tidal wetlands, coastal zones, traprock ridges and similar natural features. Similar constraints – related to air pollution – are found in developed neighborhoods as well. New Haven is located at the intersection of two major highways and hosts a large deepwater port. Potential sites adversely affected by these facilities raise environmental justice and public health issues.

Building Stock Constraints:

The City is fortunate to have a large inventory of historic structures, with over 5,000 buildings listed in the Historic Building Database. Although the City strives to maintain and preserve this historic fabric, the rehabilitation cost is substantial. These buildings have a high incidence of lead-based paint and asbestos. These costs (plus the cost of renovation to the Secretary of the Interior's standards for historic preservation) often exceed a "build new cost".

Commercial and Residential Compatibility:

The City is advancing a number of policies designed to encourage more mixed-use redevelopment. The Board of Aldermen recently passed an amendment to the Zoning Ordinance which allows conversion of upper stories in commercially-zoned mill buildings to live-work spaces.

Regional Issues:

Suburban responses to the development of affordable housing (except for elderly housing) often meet with regulatory or public opposition. While low mortgage rates have encouraged affordable homeownership – particularly in the inner suburbs – there are few opportunities for affordable rents outside of New Haven.

The central city is by far the largest center of government-assisted housing in the region. New Haven, with 17,823 (33.7%) units, has the highest percentage of assisted housing of any municipality in the region and over half of all assisted units in the region. In fact, one in every ten listed units in the state is located in New Haven; three in every ten are located in Hartford, New Haven or Bridgeport.

In 2004, the South Central Regional Council of Governments approved a new regional housing strategy. The plan - a landmark effort for regional planning in Connecticut - seeks regional solutions for affordable housing.

Reductions in Funding:

The reduction of funding on both the State and federal level significantly impairs the City's ability to provide affordable housing. The potential reduction or discussed elimination of HUD entitlement programs or funding, the continued reduction in Section 8 allocations and most recently the reduction of HOPWA (Housing Opportunities for Persons with AIDS) funding results in the reduced ability to provide assistance to individuals and households most in need. In terms of HOPWA funding, over the next five years experts estimate that the number of persons living with AIDS will decline and the number of persons living with HIV will increase. HIV will continue to exist in our society in epidemic proportions. New Haven's African American and Hispanic populations will continue to be infected in disproportionate numbers. As New Haven's poor population increases, safe and affordable housing will be in greater demand. Those infected with HIV will have a greater need for housing and supportive services in order to adhere to the complicated drug regimens required to keep the onset of AIDS at bay. With the current formula allocation of HOPWA program, formula funding for the 2005/2006 year was cut by **26%** because of a drop in new AIDS cases, which put the New Haven EMSA below the national average.

Since the formula allocation is based on the number of new AIDS cases for our New Haven EMSA, we will continue to see cuts in funding as the numbers of new AIDS cases continue to decline. In 2004 the EMSA was expanded to include the Valley, Waterbury, and Meriden. In 2005 the City was notified that it was to receive bonus dollars totaling \$716,044, which off set the loss in formula funding. These bonus dollars were, however, a one-time allocation. We must remind ourselves that formula funds will continue to decline over time as AIDS cases decline.

Without this necessary funding, we will see more homelessness for our HIV and AIDS infected citizens. This increase in homelessness will further burden the City of New Haven's limited resources. We will begin to see more sick people as we did in the earlier days of this disease if there aren't adequate housing and support services to help this population adhere to their drug regimens and healthcare treatments.

It is hoped that within the next five years the Department of Housing and Urban Development (HUD) will change its HOPWA formula allocation to address the huge increase in HIV+ individuals and provide more permanent funding for grantees. The City of New Haven was notified in late December that the New Haven and Hartford EMSA's would be hit with substantial cuts. New Haven was cut by **26%**. The reason for the cuts is due to a drop in the number of newly reported AIDS cases for those areas and the subsequent loss of the HOPWA "bonus", also based on the number of newly diagnosed AIDS cases. While the drop in AIDS cases is good news, we are being penalized for keeping our patients healthy. ***Housing is Healthcare.***

The following points highlight the effects of the cut in HOPWA funding:

- New Haven received \$944,329 in formula dollars and \$716,044 in bonus dollars for fiscal year 2005-2006.
- The allocation for the fiscal year 2005-2006 is a 26 percent loss in dollars for the New Haven area.
- Homeless shelters will be overburdened by an increase in consumers.
- Consumers not obtaining housing will not be able to adhere to their complicated medication regimens.
- Emergency rooms and other medical facilities will see a patient increase because without the medication regimens, patients will become sick again.

Recent discussions at the Federal level regarding significant changes and/or cuts in HUD entitlement funding will greatly affect the City's ability to provide affordable housing, supportive housing and the programs and services necessary to improve the standard of living of its low and moderate income population and the neighborhoods within which they live.

Even in eliminating the financial barriers to the development of affordable housing there still remain several problems, which are more difficult to diminish. There is little available land suitable for housing construction. The rate of building abandonment has been increasing due to a combination of high taxes and slowed economic growth in the region. There already exists a substantial portion of subsidized housing. Regional government does not exist and the City of New Haven bears a disproportionate service burden as a result. Economic development efforts and tax policies must address issues, which negatively impact older urban centers.

C. Community Development Needs (91.215e)

In addition to the housing needs presented in the previous section, the City of New Haven has a variety of non-housing community development needs. The City has analyzed and evaluated its Non-Housing Community Development Needs in a variety of forums. The administration meets on a regular basis with the public to hear issues and concerns. The City prepared for and received Enterprise Community status in 1994; in 1998 the City built upon its Enterprise Community status to become an Empowerment Zone and several neighborhoods have utilized the "visioning" process as part of the development of their neighborhood plans. In Autumn of 2004, the City undertook a computerized needs assessment process, queried service providers with a needs assessment questionnaire and solicited public input and comment as part of its Consolidated Plan update and Community Development program analysis. All of these efforts have helped the City formulate and determine its community development needs.

In 2004 the City Plan Department completed a Comprehensive Plan of Development for the City. The Plan serves to guide City policy in regards to housing and neighborhood development and preservation, economic development and transportation. This plan also provided invaluable data and input into the Consolidated Plan updates.

The focus of the non-housing community development needs discussion that follows will be on areas of need, which have the potential to be addressed by the CDBG program. Many of these needs will be addressed with CDBG funds. At the same time, general funds, capital funds as well as state, federal and private funds will be utilized to address the City's needs.

The following narrative briefly summarizes the City's non-housing community development needs under three broad categories: public improvements and facilities; public services; and economic development. These categories fit the areas of eligible activities for the CDBG program.

Public Facility and Infrastructure Needs: The main thrust of the City's community development efforts is to strengthen its neighborhoods. To achieve this, a variety of programs, activities, projects and outreach efforts have been implemented to remove blight, provide decent and affordable housing, empower residents and improve quality of life. To remove blight, the City has focused its efforts on the demolition of vacant derelict buildings and the disposition of cleared properties for community-focused reuse. In addition, through local, State and federal funding programs the City has been assisting with the assessment and remediation of brownfields in the City, particularly in its industrial areas. There is a need to continue this effort.

In support of efforts to strengthen neighborhoods there is a need to provide neighborhood beautification improvements such as street and sidewalk improvements; provide lighting and open space improvements; provide park and recreational facility improvements; community gardens and green spaces, and support neighborhood senior and youth centers.

Handicapped accessibility improvements and improvements to public services facilities, especially those providing educational services, health services and child care services are crucial. Improvements in support of economic development efforts and affordable housing development are also needed as project specifics dictate.

Public Service Needs: While the City has a wide range of public service needs, the vast majority of these needs are addressed by a range of local, state and federal resources which are separate from the CDBG Program. The City has identified several areas of need, which meet its overall CDBG objectives. These include childcare and early childhood education, youth programs; elderly support services; job training and skill development programs; community-based health services; community empowerment and awareness programs; and programs and activities that address the needs of special needs individuals.

There is a need to provide affordable childcare and early education opportunities, which will enable parents to obtain the education, skill development and employment opportunities necessary to provide financial stability for their families. Cost, convenience of location, and the potential for 2nd and 3rd shift care is also important. There is a need to provide after-school and youth enrichment programs which provide for supervised and structured recreational activities; educational development; cultural awareness and positive adult interaction. As a means to ensure young parents are able to continue and complete their education, childcare, support services and parenting assistance should be available to teenage parents. To achieve this, the childcare/student parenting model implemented at Wilbur Cross High School should be replicated throughout the City.

Elderly programs are needed to ensure that the basic day-to-day living needs of the City's senior population are met. Senior Centers in the City are integral to the provision of services and programs including nutritional programs, preventive health programs and recreational and social activities. Transportation services are needed to ensure the needs of the homebound elderly are met and to reduce the isolation of seniors from their peers and the community.

There is a need to continue to keep the elderly integrated into the community and active through recreational activities, day trips, physical fitness programs and cultural and social events.

Job training, skill development and educational enhancement activities in support of economic development and the empowerment of individuals throughout the community were identified as needs on a variety of levels. Assistance with obtaining and maintaining employment is also warranted.

Health service programs, especially those which emphasize preventative activities are needed to promote the concept of healthy individuals, families and communities. Immunizations; epidemiological testing; pre-natal health; infant, children and maternal health; asthma initiatives and educational and outreach programming are all key components to community health services. Lead testing and lead-based paint poisoning prevention, drug and alcohol addiction services and disease prevention programs need to be supported in a variety of configurations and locations. A growing concern in the healthcare industry is the increase in the number of uninsured individuals. The lack of health insurance impacts healthcare choices on a variety of levels. Individuals faced with the high cost of healthcare and prescriptions often forego necessary treatments, medications and preventative measures. Pregnant uninsured women may not get the pre-natal care they need to ensure a healthy delivery and oftentimes give birth to high-risk infants. The City's community health centers and local hospitals provide care or treat the uninsured but to many specialty care is out of reach.

It was brought forth during the development of this plan that depression screening and the screening for other behavioral health issues is critical to providing individuals with the support they need to achieve success in all areas of their lives. Depression and mental health problems affect a persons day to day functioning in all areas including housing, childrearing, life choices, employment and personal care.

Community awareness programs covering issues such as substance abuse, crime prevention, domestic violence, teen pregnancy prevention and community mediation techniques have been successful components of the City's community development efforts. These programs need to be continued in support of neighborhood stabilization and empowerment of City residents. Programs which encourage neighborhood residents to become involved in the future of their neighborhood and the City as a whole also need to be implemented.

There is a need to provide transportation services to employment, medical services and outlying support services. This is especially critical to ensure that jobs available in outlying areas are accessible to low and moderate income persons. In addition to transportation to jobs, access to affordable quality child care is also crucial to ensure long-term employment stability.

Finally, programs which work in tandem with housing and supportive services activities, especially those meeting the needs of special needs individuals such as the homeless, persons threatened with homelessness, persons with substance abuse problems, individuals with HIV/AIDS and/or persons with disabilities (physical, mental, developmental) need to be supported. By providing services in concert with housing assistance, success rates of individuals transitioning from a supportive housing environment to a traditional permanent housing environment will be increased.

Economic Development Needs: As part of its various planning process the City has identified its Economic Development Needs and has developed several programs and strategies to assist in business development and job creation.

The following weaknesses were identified as part of the Empowerment Zone Process and have been used to direct economic development activity:

- The City is home to several large institutions which are exempt from paying property taxes. Among these are Yale University, Southern Connecticut State University, Yale New Haven Hospital and the Hospital of St.

Raphael, as well as the City's 3,500 units of public housing. Although the State does reimburse the City for a percentage of the real property taxes foregone on all the properties except public housing, that reimbursement does not allow the City to set a mill rate as low as those of its neighbors.

- The City supports a number of regional facilities such as the train station, the airport, theaters, the harbor, and the hospitals, while carrying the lion's share of the region's social burdens. As a result, it costs much more to provide services such as police protection, drug treatment facilities and homeless shelters. The City's inventory of environmentally impacted buildings and vacant underutilized industrial properties (brownfields) and lack of developable sites deter efforts to retain expanding local manufacturers as well as make it harder for it to increase its tax base by attracting corporate headquarters and large manufacturers.
- Burdened by average payroll costs, business health care costs, average unemployment compensation rates, energy prices, gasoline tax rates, and per capita corporate income and property taxes that are the highest or among the highest in the nation, Connecticut remains a costly state in which to conduct business.
- The Public School System is critical to employers and their families. Most recent educational attainment and drop-out statistics point to the serious problems confronting poor, urban areas.
- Public safety remains a concern for individuals who are entering the City.
- Low-income residents limit market growth of small, neighborhood businesses.
- The New Haven community must address a number of critical factors affecting the City's attractiveness as a business location, the foremost being high overhead costs, infrastructure, availability of financing, and a supportive public-private effort to promote development and expansion.
- Technology drives job creation in Connecticut: For this reason, the employment outlook is bleak for those who do not have higher education.

There is a need to develop programs and to target resources to overcome the weaknesses identified above. The need to address unemployment and underemployment is crucial if the City is to have vibrant and economically viable neighborhoods. In terms of the City's physical infrastructure there is a need to effectively utilize or redevelop sites occupied by older, obsolete industrial structures. Tied to this is the need for the environmental remediation of contaminated sites or Brownfields. Site clearance, assembly and clean-up are integral to ensure developable sites for future economic activity. Infrastructure improvements in support of economic development are also key to attracting new businesses.

Access to capital and technical assistance for businesses; appropriate job training and job skill development; affordable day care to support parents during job training and once employed; and adequate transportation to employment are all needed to support the City's economic development efforts.

Listing of Community Development Needs

The following list of needs - - Human Service Needs, Transportation Needs, Neighborhood Revitalization Needs, Economic Development Needs - - were developed as part of the Enterprise Community process, the neighborhood visioning process, and the community development citizen participation and consultation processes undertaken over the past several years.

Human Service Needs

Strengthening Families

- Implement welfare reform initiative and develop clear paths toward self-sufficiency
- Establish some form of family support center in each neighborhood
- Coordinate day care with training, education, employment and treatment systems
- Increase quantity and improve quality of child care

Education

- Expand the Community Schools program and provide resources and activities for the whole family
- Pursue various curriculum redesign efforts to align curriculum with requirements of new employment opportunities
- Expand drop-out prevention efforts
- Seek resources to expand pre-school education
- Continue to seek resources to upgrade badly deteriorated physical plant of school system

Positive Youth Development

- Provide technical assistance to youth groups, utilize challenge and special projects grants to achieve goals, and work with them to develop a plan
- Enhance and expand neighborhood-based social and recreational opportunities for youth
- Implement a training of trainers program so youth leaders can better impact the community
- Promote job opportunities for youth through employment initiatives and community service

Seniors

- Work with seniors to develop a comprehensive recreational, educational, and health plan for seniors
- Expand opportunities for seniors to participate in community service
- Improve early response and intervention systems for seniors in need of emergency/ medical assistance

Healthcare

- Emphasize preventive health care for all individuals
- Promote provision of community health services
- Expand pre-natal, early childhood and maternal health
- Expand health education and outreach efforts
- Support lead-testing and lead-based paint poisoning prevention, asthma initiatives, drug and alcohol avoidance; and disease prevention program

Breaking the Hold of Drugs

- Expand treatment capacity to reach goal of "treatment on demand"
- Link treatment system with housing, education, and employment systems
- Expand housing options for people not yet clean and sober
- Expand treatment services for adolescents
- Develop city-wide policy for substance abuse prevention
- Develop a strategy to provide effective treatment to the offender population
- Eliminate barriers to employment upon release from treatment programs

Homelessness Needs

- Develop and enhance a progressive system of housing from emergency housing beds to permanent housing
- Develop continuum of services that link with employment, healthcare, substance abuse and mental health treatment and other systems.

Transportation Needs

- Provide transportation to elderly and disabled individuals.
- Provide transportation to employment opportunities and employment support services (i.e., child care, job training).

Neighborhood Revitalization Needs

- Reduce blight through an aggressive campaign to rehabilitate or demolish vacant structures
- Increase home ownership and provide opportunities for education and counseling
- Reduce isolation of public housing residents, enhance supportive services for them, and improve public housing, structures, environment, and management
- Develop clear regional system for producing affordable housing and expanding housing choice
- Implement coordinated code enforcement and neighborhood clean-up program
- Expand and improve neighborhood recreation opportunities and spaces
- Revise neighborhood commercial area zoning to create more viable districts
- Develop standards and criteria for reuse of vacant lots and abandoned housing
- Expand and support community gardening and green space initiatives.

Neighborhood Development/Redevelopment Needs

- Encourage and support the redevelopment of government-assisted housing in a manner that enhances the urban environment through contextual urban design, appropriate density and integration with the surrounding area.
- Consider the impact of new development on the existing urban fabric, relative to traffic, noise, public convenience, public safety, aesthetics, site design and layout, etc.
- Strengthen neighborhoods by encouraging the construction of single- and two-unit housing in manner consistent with the prevailing neighborhood character.
- Allow new construction of multi-unit developments only in appropriate locations and/or with a companion homeownership plan.
- Encourage the conversion of vacant and / or deteriorated multi-unit structures to appropriate densities for the surrounding area.
- Encourage public and private employers to participate in government homeownership programs.
- Encourage the rehabilitation of the city's existing housing stock and, where this is not feasible, new construction on buildable lots in a manner consistent with the prevailing character.
- Revise relevant sections of the Zoning Ordinance to prevent the inappropriate conversion of residential-class properties to higher densities and to restrict the inappropriate development of high density, multi-unit buildings where such development is not in keeping with the prevailing neighborhood character.
- Reinforce the urban environment and sense of place through site plan and design review of private development and through contingencies on public funding.
- Reinforce the urban environment through historic preservation, design standards and / or the establishment of new local historic districts. Assist the preservation movement – particularly in low-income areas – with technical and financial assistance.

- Use redevelopment and other tools to address nuisance and deterioration issues, including uses that are deleterious to the neighborhood in general.
- Encourage the development of dramatically new neighborhood forms as part of revitalization programs at select locations, including West Rock, Quinnipiac Terrace, Belle Dock and Church Street South.
- Enhance the waterfront residential communities in Hill / City Point, Fair Haven and elsewhere by encouraging compatible development and land uses with minimal adverse impacts on the surrounding area. Waterfront development should relate to the water, be compatible with the city's coastal program and be designed in a manner consistent with the fabric of the surrounding area. In Fair Haven, the Quinnipiac River National Historic District is an appropriate geography for more intensive neighborhood planning, including consideration of zone changes consistent with the aforementioned land use objectives, neighborhood-scale traffic planning and potential expansion of the local historic district.
- Encourage the revitalization of distressed, privately owned property through enforcement of existing regulations for interior and exterior maintenance and through the creation of clear consequences for delinquent private owners, moving aggressively to Housing Court and other necessary actions while protecting the rights and needs of non-owner occupants.
- Encourage the stabilization and revitalization of publicly-owned property through a timely disposition process. Use the Land Disposition Agreement to advance other housing and neighborhood objectives, including appropriate densities, homeownership and contextual design.
- Establish systematic code enforcement sweeps to correspond with neighborhood planning and housing revitalization programs. Seek to protect the city's investment in its neighborhoods by ensuring the stewardship of private property.
- Encourage the de-centralization of government assisted housing across the south central Connecticut region.
- Encourage low- and moderate-income housing developers, including quasi-public entities, to operate on a regional basis and to partner with market-rate development opportunities.
- Encourage the development of low- and moderate-income housing, including government assisted housing that is in harmony with regional plans for transportation improvements.
- Amend the Zoning Ordinance to further restrict the siting of potentially nuisance uses. Such uses include, but are not limited to, junk and scrap processing facilities; motor vehicle junk yards; storage facilities with limited product turnover; construction staging yards; etc.

Economic Development Needs

Business Expansion and Retention:

- Coordinate and expand availability of and access to technical assistance for businesses (for both pre- and post-loan needs)
- Advocate the use of existing State tools to lower business costs
- Advocate for more State assistance to urban companies as business development and retention tools
- Provide environmental remediation of old industrial sites for new industrial development with State & Federal Assistance
- Market existing financing tools to businesses
- Seek new loan resources
- Coordinate and expand training, technical assistance, and financing for start-up businesses

Neighborhood Commercial Development:

- Foster development and growth of neighborhood business associations
- Market neighborhood districts
- Continue public improvements to neighborhood commercial districts

Marketing:

- Create regional marketing plan to attract and retain new businesses

- Create promotional plan for City to increase tourism
- Develop new attractions (e.g. festivals)
- Create regional economic development plan

Workforce Development and Support

- Link major job training entities with community service agencies
- Establish regional job bank for coordination of job development & placement
- Establish "one-stop shopping" system for both employers and job seekers
- Create mechanisms to expand resident employment within businesses assisted with public efforts
- Expand access to and quality of basic skills and pre-employment training programs
- Create model for successful training and employment of welfare to work clients
- Expand School-to-work Transition programs in schools, including paid internships
- Develop pre-apprenticeship programs in construction and other trades
- Establish Youth Career Center
- Expand part-time job opportunities for youth through School-to-work and PIC Programs
- Develop stronger links to support services, particularly child care, transportation and housing

Physical/Land Planning Needs

- Elevate site development standards by reducing the amount of on-site impervious surface, increasing landscaped areas, lowering the maximum allowable FAR and reducing allowable signage.
- Establish a systematic policy of compliance with environmental regulations as administered by the city, the Connecticut Department of Environmental Protection and the United States Environmental Protection Agency. Compliance should be included as a condition of a city land use approval (e.g. special exceptions, special permits, site plan review, etc.).
- Continue to prepare suitable business locations. This can be achieved by aggressively completing existing initiatives at Science Park and at River Street and through new initiatives, CT Transit, James Street; Clock Factory, Hamilton Street; Gateway Community College, Sargent Drive; Wyatt / Williams Energy; Chapel / Grand / Hamilton; Exit 59 Area / Amity; Lower Middletown Avenue ; Boulevard Area; Whalley Avenue Area.
- Promote industrial ecology and the compatibility of industries to share waste streams and minimize adverse environmental impacts. For example, reuse of certain properties in and around the Mill River could benefit from the waste streams generated by Simkins Industries and others.
- Encourage green building design by encouraging the development of environmentally sustainable buildings that meet or exceed energy targets (e.g. Energy Star, LEED certification); provide for day lighting; minimize transportation movements; and recycle and/or control waste streams.
- Attract basic industries that enhance the city's established business clusters: education, advanced manufacturing and health care.
- Promote neighborhood commercial districts (Grand Avenue, Westville Village, Whalley Town Center, Kimberly Square, and State Street, including Cedar Hill) through enhanced target marketing, improved land use and design standards and coordinating efforts.

Access and Circulation Needs

- Facilitate connections between transportation and employment centers. Encourage "walk to work" and transit-oriented developments as a way to enhance the urban environment and to reduce vehicle miles traveled. Encourage pedestrian access and amenities to everyday errands by creating walkable, pedestrian-scale built environments.
- Establish a greenway and trail system through completion of the Farmington Canal Line; design and subsequent construction of the Harborside Trail; reconstruction and enhancement of the Vision Trail; completion of a Fair

Haven and Quinnipiac River trail system with waterfront connections to Willow Street (via the Conrail pedestrian bridge) and to the Harborside Trail (via Chapel Street); and completion and designation of a West River Greenway trail.

- Encourage transit-oriented development of Church Street South, the Shartenberg Site, New Haven Coliseum, the east side of State Street and the Whalley / Boulevard area.
- Move freight in a sustainable manner with attention paid to neighborhood preservation, environmental protection and traffic congestion.
- Encourage the growth and development of the Port of New Haven within the district of the New Haven Port Authority. Advance a more sound land use policy by relocating and/or closing tank farms to appropriate areas.
- Revise the Zoning Ordinance to restrict the locations of high turnover storage and warehousing uses to areas with adequate access to highways and/or freight railroads.
- Encourage full access between freight railroads and the port district, in particular by extending rail service along Waterfront Street and the North Yard.
- Establish a truck routing system which curtails truck traffic on local streets and promotes the use of designated arterial connections. As a parallel effort, work with the Department of Motor Vehicles and local police to better enforce existing truck regulations
- Enhance Connecticut Transit by capturing a greater share of discretionary ridership through improved routing (cross town routing), improved headways (to 10 minutes as density warrants) and improved facilities (shelters, signage, information, etc.).
- Enhance commuter rail through the establishment of new service to Hartford and Springfield.
- Enhance air transportation by implementing limited hub service in a manner that protects nearby residents from undue hardship.
- Establish intra-coastal and cross-sound ferry services at Belle Dock.
- Work with Rideworks and local employers to develop more extensive car pooling and car sharing programs. Recruit a car sharing program to operate in New Haven
- Develop bicycle facilities, including dedicated bike racks, bike lanes and signage. Supporting educational programs are likewise encouraged.
- Encourage high quality design of the transportation system in a manner contextual to the surrounding area. Plans for public streets, sidewalks, signage and traffic control / intersection improvements should be reviewed by the City Plan Commission in order to enhance the urban fabric and to help mitigate adverse effects.
- Emphasize context-sensitive design on Whalley Avenue, Chapel Street, Ella Grasso Boulevard, Kimberly Avenue and Foxon Boulevard. Along Long Wharf, seek to maximize land and access to Vietnam Veterans Long Wharf Park and to create signature connections from Sargent Drive to the waterfront.
- Encourage transportation activity, including construction, construction staging and expansion, within existing rights-of-way.
- Advocate for a final product and sound land use plan at Route 34 / Oak Street Connector as an urban, tree-lined boulevard with improved connectivity at Air Rights Garage.
- Advocate for sound regional land use policies to preserve capacity along Foxon Boulevard, Whalley Avenue and in the Hill / Dwight area.
- Advocate for a new Exit 59A off the Wilbur Cross Parkway, thereby enhancing access to West Rock and SCSU.
- Advocate for new interchange connections at Route 34 and Long Wharf, supporting a new local road and Harbor Access project.
- In areas of highway system preservation and expansion, aggressively seek noise pollution controls for the protection of residents, recreation facilities, schools and other sensitive locations.
- Seek improvements to the traffic control system and street pattern which will mitigate congestion and minimize idling times.

Environmental Needs

- Pursue broad reductions in particulate and air toxic emissions, from point, area and mobile sources, according to priorities identified by the air toxics inventory. Diesel-powered on and off-road vehicles are among the mobile sources targeted for reduction. This strategy should include consideration of
- Implement a vehicle miles traveled (VMT) reduction strategy which is designed around walk-to-work, bicycle and transit-based initiatives. Promote residential densities and land use patterns which reduce local VMT movements. Aggressively recruit a car-sharing company to open a location in New Haven.
- Implement a far-reaching energy program focused on the use of renewable power sources for municipal and community purposes. The program must include a parallel effort of energy conservation and green-building designs – including appropriate green building standards, use of green technologies and careful site planning.
- Seek improvements to upstream wastewater treatment facilities and support statewide regulation of non-point sources of pollution.
- Promote a land use development pattern which protects salt marshes, tidal wetlands, inland wetlands and other riparian assets from inappropriate development.
- Prepare a new Flood Hazard Mitigation Plan, consistent with the Disaster Mitigation Act of 2000.
- Update the New Haven Coastal Program and update city land use policies with new coastal area management efforts.
- Establish a Harbor Management Commission and prepare a new Harbor Management Plan to guide in-water activities in Long Island Sound.
- Pursue specific value-added improvements to the city's park system in a manner consistent with the Parks Master Plan. Scantlebury Park, in particular, provides a unique opportunity to better bridge supporting facilities at Yale University with new housing in the Dixwell neighborhood. Also, pursue full implementation of the West River Memorial Park Master Plan and Edgewood Park improvements. Protect and enhance coastal parks to curtail shoreline erosion and to provide maximum land area for public enjoyment. In addition:
- Enhance the image of all parks to make them accessible, inviting, exciting and well maintained. This can be accomplished through landscape improvements, turf renovations, fence renovations, new signage and furniture.
- Repair deteriorated infrastructure such as bulkheads, restroom buildings, parking lots, roadways, irrigation systems and other support amenities.
- Demonstrate the value of urban spaces through the revitalization of public plazas in and around the central city. Seek to expand the park system in under-served neighborhoods by capitalizing on site and resource opportunities when available.
- Continue to support community garden programs, plan short-and long-term locations with defined leases; and provide resources when possible.
- Emphasize the value of urban forestry and tree programs to the city's quality of life through intensive community education and implementation programs. Undertake efforts to monitor, maintain and enhance the city's Elm trees. Integrate citywide urban tree improvement programs as part of the city's maintenance and capital planning, through site plan review and other means.
- Preserve open space: Crow Hill, Morris Creek and Marion Street Area, Quinnipiac River Marsh, Essex Street Marsh, The Reservoir, Roosevelt Street Extension, Russell Street Area and West River Open Space.
- Pursue amendments to state grant programs, which would allow for acquisition and remediation of brownfield sites and allow for the use of condemnation in order to facilitate a public-purpose taking.

Results from the 2004 Needs Assessment Update Processes

In October and November 2004, the City through the Office of Management and Budget conducted a Consolidated Plan outreach and needs assessment process as a means to update its Five-Year Consolidated Plan. In an attempt to develop new outreach methods the City undertook a computerized needs assessment process wherein all city agencies and departments, non-profit organizations and housing and social service providers receiving Federal funds and/or providing housing and community development services, programs or projects were invited to

participate in a needs assessment workshop. The workshop was held as an open house format for two days, October 6 and 7, 2004 from 9 a.m. to 4 p.m. Participants were asked to come at their convenience to provide input into the computerized system. Eighty (80) individuals representing a cross section of the City's housing and community development providers participated in the needs assessment process over the two-day period.

Some of the key outcomes of the two-day Needs Assessment process were the following:

Special Needs Population and Elderly

- There is a need to provide affordable, accessible and supportive housing for those with special needs.
- There is a need to support the elderly population especially the homebound elderly through the provision of transportation, health services, and other supportive services.

Youth

- There is a need to focus on teens and young adults helping them to transition from high school into the workforce.
- There is a need for positive recreational activities for youth and expanded youth programs.

Early Childcare

- There is a need to provide affordable childcare (including 2nd and 3rd shifts) and early childcare/Headstart education.

Housing and Neighborhood Development

- There is a need for supportive transitional housing for families and individuals. People in shelters have nowhere to go when it is time to leave.
- There is a need for increased homeownership opportunities for persons and families of all income levels.
- There is a need for homeowner education, financial education, financial assistance and post-homeownership education.
- There is a need for improved neighborhoods for all residents in the City.
- There is a need for neighborhood resource centers to serve resident needs.
- There is a need for affordable housing and programs that create affordable housing development, homeowner readiness training and other enabling activities for the citizens of New Haven.
- There is a need for the expansion in number of programs offered in emergency and homeless shelters that serve the citizens of New Haven.

Economic Development

- There is a need to increase access to capital for small businesses and community-based businesses.
- There is a need to clear, remediate, and prepare sites for business and industry.
- There is a need to create and attract new business to provide economic opportunity and jobs.
- There is a need to expand business development training.

Education

- There is a need for improved training and employment opportunities.
- There is a need for employment and financial literacy training.
- There is a need to better inform residents of the programs and services available.
- There is a need to provide life-skill training, health education, and health services to residents.

Healthcare

- There is a need for affordable healthcare for all citizens.

Substance Abuse

- There is need for improved intervention, supportive involvement and services to address substance abuse issues.

A full copy of the Program Needs Assessment Summary, which resulted from the computerized Needs Assessment process, is attached as Appendix C.

In early November 2004, a written questionnaire was sent to more than 300 agencies, organizations and service providers to further define housing and community development needs and to ask for input on the City's existing programs. A copy of the survey and its tabulated responses is attached as Appendix D.

Some of the key responses in terms of needs, which were not previously described, include:

- There is a need for housing for former offenders released from incarceration.
- There is a need for affordable housing for working individuals/families earning near minimum wage, which are not eligible for housing assistance but cannot afford current market rate rents.
- There needs to be a method for inspecting rental properties.
- There is a need for assisted living for low-income seniors.
- There is a need for apartments and homes which are accessible for the elderly.
- Funds to allow individuals to age in place by providing ramps, chair lifts and modifications to their homes are also needed.
- There is a need for more units with services attached.
- There is a need to invest more into supportive housing rather than depend upon the shelter system.
- There is a need for emergency, transitional, supportive and long-term housing for adolescents.
- There is a need to actively pursue regional solutions to meeting affordable housing and homelessness needs.
- There is a need to provide year-round shelter to all who need it. As such, there is a need to extend the overflow shelter to year- round.
- There is a need for more services to prevent homelessness for increased resources to properly house all in need.
- There is a need for the State to fund housing for paroled/released inmates who end up in shelters because they have no other place to go.
- There is a need for more outreach to the homeless who exist outside of the shelter system.
- There is a need to provide support for homeless minors who have children.
- There is a need for permanent affordable shelters so people can move out of emergency shelters and transitional housing.
- Employment, job readiness training and education are needed to find "living wage jobs."
- There is a need to assign long-term case managers to homeless clients to prevent them from becoming homeless again.

Overall, the majority of the respondents to the questionnaire indicated that there was a need for more permanent affordable housing units for persons transitioning from homelessness and those unable to afford housing in the private market. Case management and supportive services are crucial to the successful transition from homelessness to independent and stable living. Education, employment, transportation, and affordable, accessible childcare are important to ensure that income needed for housing and other basic living needs are achieved.

A copy of the questionnaire and a summary of the responses are attached as Exhibits C and D.

***IV. HOUSING AND COMMUNITY DEVELOPMENT
STRATEGIC PLAN***

IV. HOUSING AND COMMUNITY DEVELOPMENT STRATEGIC PLAN (91.215)

A. Strategy, Priorities and Objectives (91.215a)

Over the past several years, the City of New Haven has undertaken an intensive process of planning and visioning in order to identify strengths, needs, priorities, objectives and strategies to guide the community. As a result of these past planning processes, various objectives have been established. These objectives have been further validated during the Consolidated Plan update process. The following listing presents these objectives which will help the City set its funding priorities.

Community Development/CDBG Program Objectives

The City has developed the following objectives to address its housing and community development needs over the long term.

- Preservation and rehabilitation of existing housing stock serving low and moderate income persons and families;
- Development of additional critically needed flexible housing options principally benefiting very low, low and moderate income persons and families including transitional and permanent housing, and increasing the number of housing units accessible to persons with disabilities;
- Provision of emergency housing and services to individuals seeking shelter services in the City of New Haven;
- Provision of prevention and maintenance services to families and individuals which will reduce the risk of becoming homeless;
- Provision of supportive housing for persons with special needs (e.g., persons with HIV/AIDS, the elderly, persons with disabilities);
- Production of more decent affordable housing through new construction/renovation, rental subsidies and home ownership incentives;
- Development of services that target at-risk populations, particularly substance abusers, during the transition from homelessness or institutional settings to permanent housing; and
- Creation of supportive services to prevent and reduce homelessness within the community, providing transportation when required, and offering flexible hours.
- Retention and creation of additional living wage jobs with benefits for low and moderate income residents of New Haven
- Expansion of living wage jobs and economic opportunity as the foundation for neighborhood revitalization; including micro-enterprise development (businesses employing five or fewer individuals);
- Acquisition, Relocation, Demolition and Disposition activities in support of eligible activities that are the City's priorities;
- Elimination and remedy of adverse conditions caused by vacant or abandoned buildings in blighted or dilapidated condition;
- Provision of neighborhood improvements which eliminate blight and promote livability
- Improvements to or development of public facilities which further the City's overall Consolidated Plan and development efforts in regard to the City's low and moderate income children, the elderly and persons with disabilities;

- Provision of Public Services that promote and enhance opportunities for self-sufficiency among low and moderate income families or which provide for an unaddressed fundamental need of the low and moderate income family or individual. Specific focus areas may include:
 - Addressing infant and maternal health needs;
 - Childcare and early childhood education;
 - Addressing the needs of the City's elderly and disabled population;
 - Fostering positive image and reinforcement for children and youth;
 - Achieving and enhancing intergenerational communication;
 - Job training and support consistent with the City's welfare and job training system reform;
 - School-community partnerships;
 - Homeownership counseling and support;
 - After-school and evening activities;
 - Supportive services for essential medical care;
 - Psychiatric treatment, rehabilitative and support services, community education, training, consultation and advocacy to assist in transition and re-entry into the community;
- Planning in support of the City's overall Consolidated Plan and development efforts;

Housing/HOME Program Objectives

In addition to the objectives/funding priorities listed above, the City has several guiding objectives for housing activities. They are as follows:

- To preserve and improve the existing housing stock.
- To improve access to homeownership for low and moderate income families.
- To create a regional approach to housing and housing related services while coordinating and improving interagency collaboration.
- To provide a continuum of Housing and Related Support Services to expand housing opportunities for special needs and low and moderate income individuals and families.

HOPWA Program Funding Priorities and Objectives

HOPWA funds may be used to assist all forms of housing designed to prevent homelessness for persons living with HIV/AIDS, including emergency housing, shared housing arrangements, apartments, single room occupancy (SRO) dwellings and community residences. Appropriate supportive services must be provided as part of any HOPWA assisted housing.

The following program objectives and funding priorities have been developed to guide HOPWA fund allocations:

- Acquisition, rehabilitation, conversion, lease and repair of housing units or facilities to house persons with HIV/AIDS
- Support new construction of additional critically needed housing options for persons living with HIV/AIDS
- Provide project or tenant based rental assistance payments to make supportive units affordable to those in need.
- Provide short-term rent, mortgage and/or utility payments to prevent homelessness of persons living with HIV/AIDS
- Provide technical assistance, housing information services and supportive services necessary to ensure persons living with HIV/AIDS and their families have access to treatment, shelter, services and the basic living needs they require.

The overriding HOPWA funding priorities are:

- To maintain essential housing services for people living with HIV/AIDS
- To ensure access to safe, permanent, affordable housing units
- To coordinate housing services to ensure that all available housing programs are utilized effectively

As a result of its many ongoing planning processes, New Haven has developed a vision for the future of the City which has at its base the achievement of the three goals embodied in its federal entitlement programs. These goals are to:

- Provide Decent Housing
- Provide a Suitable Living Environment
- Expand Economic Opportunities

Neighborhood, Revitalization Strategy Area Description (91.215e)

As shown by the map on the following page the community development target area has been delineated to include all census tracts with low-moderate income population concentrations above 51%. The locator map shows the low-moderate income target areas within the City boundaries. The City considers its neighborhood development target area to be its Neighborhood Revitalization Strategy area for funding allocation purposes.

It is within this Neighborhood Revitalization Strategy Area that the City will focus coordinated CDBG, HOME, ESG, HOPWA and other available federal, state and local resources leveraged by private investment to achieve its vision.

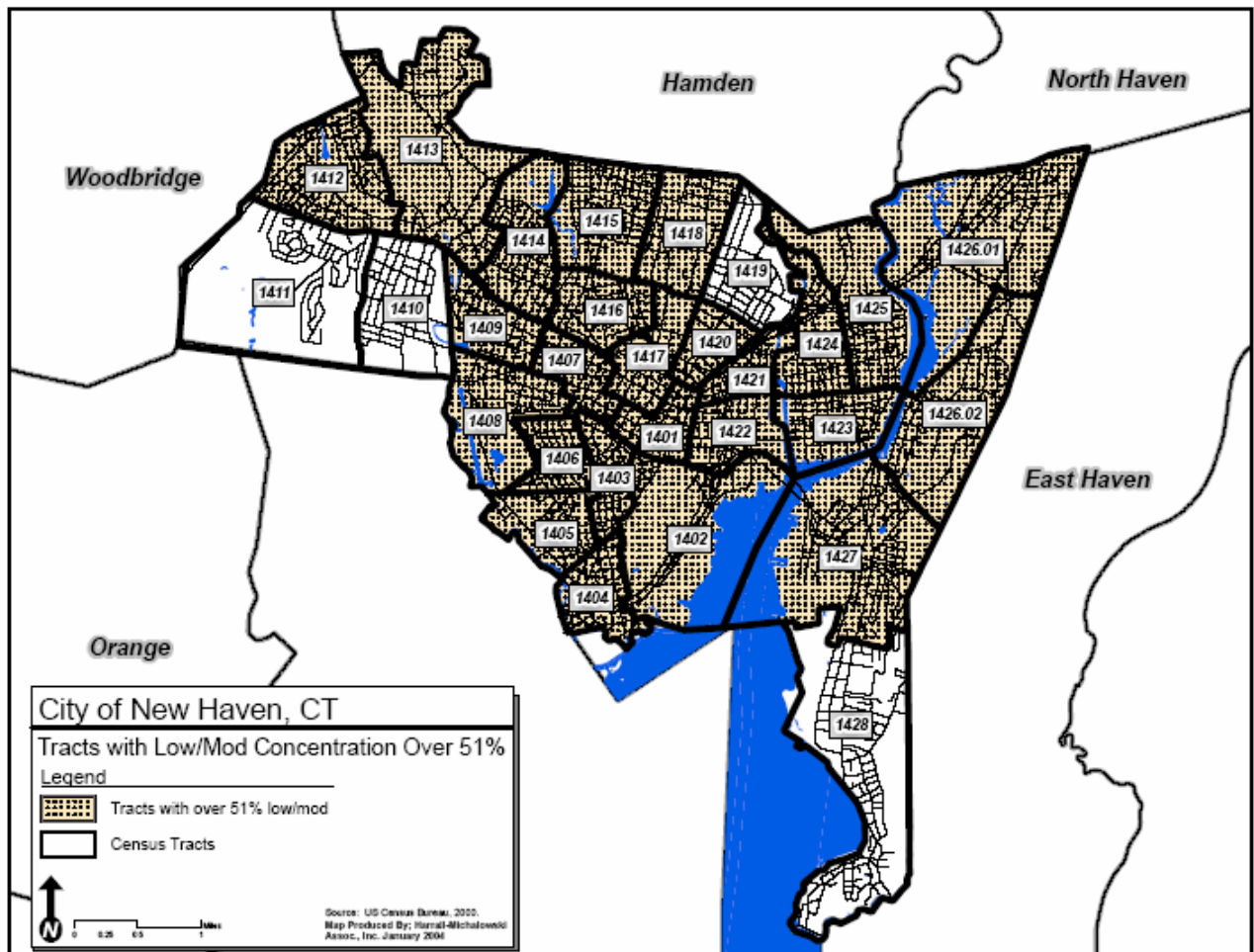
B. Priorities for Housing and Community Development

Housing and Community Development Strategy

The City's Strategy for Housing over the next five years is driven by several factors. Although statistics show that the need for affordable housing far outstrips what is currently available it is impossible for the City in and of itself to address the need on its own with the limited resources available. The City is limited by the amount of financial resources at its disposal, the amount of staff required to implement programs significantly larger than it is currently implementing and the lack of readily developable land or infrastructure. In combination with these limitations is the reality that the City already provides the mainstay of the region's affordable housing and housing for special needs populations within its borders. With this in mind, over the course of the five-year strategy period the City will focus its efforts on the following:

- The creation of affordable homeownership units. This will occur in both single unit and two- to three-unit structures. Ownership of a two- or three-unit structure provides an income stream to assist the homeowner with the mortgage payment through the rents collected in the rental unit.
- Rehabilitation of existing rental and homeownership units to meet housing and building code.
- Removal of lead-based paint hazards and other hazardous conditions such as asbestos, mold and asthma triggers.
- Support of existing homeless and special needs population shelters, developments and programs.
- Development of permanent supportive housing for homeless and special needs populations.
- Active participation in the Regional Housing Partnership and promotion of a regional approach to meeting affordable and supportive housing needs.

The Housing Authority of New Haven currently provides the majority of the housing to meet the needs of persons earning less than 50% of the Area Median Family Income (MFI). As part of its efforts to provide affordable housing the Housing Authority will continue to rehabilitate existing units within its inventory, apply for and maintain existing Section 8 vouchers and replace antiquated housing developments with housing in configurations more appropriate to today's living standards. The Housing Authority, with the use of HOPE VI funding has reconfigured two major developments - - Elm Haven and Quinnipiac Terrace/Riverview developments - - through the replacement of units in developments with less density and a mix of rental and ownership opportunities, supplemented by scattered site housing development. This has been a successful approach to replacing outdated Housing Authority Units with units to meet contemporary housing needs. The City uses it's general fund, bond fund and CDBG resources to provide public facility and infrastructure improvements, neighborhood beautification improvements and public services which benefit residents living in public housing in the City.



In terms of Special Needs Housing, the City allocates ESG and HOPWA funds exclusively for homeless and special needs housing. CDBG and HOME funds are used to support special needs housing, however, a projection as to what will be provided over the next five years is difficult due to the fact that allocations are dependent upon the receipt of applications for funding from housing providers. These applications are “market driven” as they address specific need.

The membership of the New Haven Continuum has been the most active in providing special needs and supportive housing for homeless and near homeless households and households with special needs for supportive housing in the City. The City supports the Continuum’s efforts to meet the underserved needs of the special needs population and will support their efforts to obtain the financing and resources necessary to provide a continuum of housing and supportive services.

The City has set the following goals over the Strategy Period with the use of its Federal Entitlement Funding (CDBG, HOME, HOPWA and ESG).

<u>Description</u>	<u>Units Projected</u>	<u>Target Population</u>
Homeownership Opportunities	100 per year	Households @ 50-80% MFI
Downpayment Assistance	10 per year	Households @ 50-80% MFI
Rental Units (special needs, low-income)	30 per year	Households @ 0-80% MFI (depending upon type of project)
Emergency Rehabilitation/ Accessibility Improvements	5 per year	Households @ 0-80% MFI (depending upon type of project)

The unit goals indicated above represent what is achievable given the resources currently available through the City’s federal entitlement programs at present funding levels. The amount of resources available determines the number of units that can be completed. According to LCI staff, demand for homeownership is currently limitless. Slow turnover and vacancy of completed homeownership units upon completion does not signify the lack of need but rather inability on the part of the potential homeowner to meet underwriting criteria or complete the paperwork necessary for closing or in some cases to find the appropriate tenant for their rental unit.

The Housing Needs Table included in Appendix B illustrates the need for affordable housing in the City according to the Special Tabulation Census Data prepared for HUD (Comprehensive Housing Affordability Strategy (CHAS) data). As described above, unit goals for the entire 5 Year Period by household size and income range have not been projected. These statistics will be projected annually, to the extent possible, dependent upon funding levels and requests for funds by housing providers or families in need. The goals established in the narrative above will provide the measure by which the City will evaluate its housing provision performance.

The Non-Homeless Special Needs Housing and Supportive Services Needs Table is also included in Appendix B. Again, goals for the entire Strategy Period have not been set but will be set and evaluated on an annual basis dependent upon funding allocations. Over the course of the Strategy Period, Special Needs Housing and Service Providers will work to quantify needs and gaps in housing and services. The City and its housing and service providers, especially those who are members of the New Haven Continuum are committed to accessing the financial resources necessary and providing a continuum of housing and supportive services to populations with special needs. All of the categories of Special Need highlighted in the table - - elderly, frail elderly, persons with severe mental illness, developmentally disabled, physically disabled, drug/alcohol addicted, persons with HIV/AIDS and their families and public housing residents – are in need of housing and supportive services and have advocates in

the community seeking the resources with which to address or assist them. As with non-special needs affordable housing, the City will promote regional solutions to the needs of the special needs population.

Estimates for the dollars needed to address special needs housing were not made as part of this strategy. However, during the strategy period the City will support efforts by special interest organizations to create affordable and supportive housing for special needs populations. The Continuum of Care process; ESG, HOME, CDBG and HOPWA funding; and a variety of state, federal, institutional and private resources will be channeled to address housing of special needs families and individuals in keeping with the Consolidated Plan goals.

The Homeless Needs Table is also included in Appendix B. The City of New Haven has an active Continuum of Care process energized by a collaboration of special needs housing and service providers, the City, developers, formerly homeless, funders, the faith-based community and other interested volunteers. Over the past nine years Continuum of Care awards in excess of \$30 million have been received through HUD and the State Department of Mental Health and Addiction Services in support of Homeless Housing and Support Services. With these resources, a variety of supportive housing programs have been made available to the homeless and special needs population. In order to continue to meet the needs of the disabled population, the special needs population and persons with HIV/AIDS, resources at or exceeding these levels will be needed. Over the Strategy Period, the City will work with the Continuum of Care network to apply for funding in support of housing and supportive services to meet the needs of the City's population.

The New Haven Continuum is continuously seeking ways to meet the housing needs of people who are homeless including transitional and permanent supportive housing and furthering the development and accessibility to safe, affordable, market housing. The Continuum is working in accordance with the statewide efforts to create 10,000 units of supportive housing in the next ten years in an effort to end chronic homelessness. Through the identification of existing units and the development of new units, the Continuum will seek to close the gap in the current inventory of independent housing and service enriched housing available in the City. To meet the needs of people who are homeless with mental illness and substance abuse, this will include transitional housing, permanent supportive housing and scattered site supportive housing, with subsidies from Shelter Plus Care and Section 8 certificates. Outreach services on the front end and flexible case management support are a critical component in prevention and housing stability. Multi-level interventions are needed from the community to the individual level in order to create conditions that are supportive to community reintegration and that break the cycle of repeated homelessness.

Over the next five years, because of the advances in AIDS treatment, the number of persons living with AIDS will continue to decline. The CDC calculates that HIV will infect 50,000 people annually in the United States and that twenty-five percent of these individuals will not know that they have the virus. In the Connecticut Epidemiological Profile for 2004, we know that twenty-one percent (21.7%) of those diagnosed as having HIV progressed to AIDS. Clearly more persons will be living with HIV than AIDS in the coming years. Since the formula allocation for HOPWA is based upon the number of new AIDS cases, we may expect to see a decline in our funding. The decline may be compensated by the priority requirement of CDC to public health to increase its effort to find, test, and get into treatment individuals who do not know their HIV status. Yet, even with enhanced outreach to find HIV infected individuals, we expect to see a decrease in our HOPWA funding which is based upon AIDS cases reported and confirmed to CDC.

Those individuals infected by HIV/AIDS will have a greater need for housing and supportive services to provide them the opportunity to adhere to treatment protocols. Cuts in funding will make many of those infected homeless and increase the number of individuals progressing from HIV to AIDS. The increase in homelessness will further burden the City of New Haven and other housing providers throughout the EMSA and their limited resources to cope with the demands of those infected by the HIV/AIDS virus. Equally important is the real fear that those now currently in

treatments that become homeless will develop resistance to the protease inhibitors because homelessness will interrupt treatment. The consequence of a resistant strain of the HIV/AIDS virus and failure of treatment will create a re-emergence of the deaths experienced earlier in the epidemic.

It is hoped that the Department of Housing and Urban Development (HUD) will change its HOPWA formula allocation to address the increase in HIV+ individuals seen nationally and provide more permanent funding to its grantees. The City of New Haven is committed to work with local housing providers to reduce homelessness and ensure the receipt of adequate funding to support the needs of persons infected with HIV/AIDS.

Over the five-year strategy period, the grantees in the New Haven HOPWA program will continue to provide an average of 10 categories of supportive services per application funded. Supportive services are vital in achieving the primary goal of the HOPWA program, which is to provide low-income persons and their families infected and affected with HIV/AIDS with affordable, adequate, healthy and safe housing. Supportive services provided through these programs will include but are not limited to; case management, outreach, life management skills training, nutritional services, education, employment assistance, alcohol and drug abuse counseling services, mental health services, and permanent housing placement.

As programs begin to evolve with the disease, the services provided to the program participants will also evolve to create a more comprehensive individual development work-plan that takes into consideration a longer life expectancy. Supportive services, have in the past, accounted for approximately 20-25% of the total funding awarded. As times change and people began to live longer, the demand for living a full, healthy, and stable lifestyle has become more evident. In the next five years there will be a shift to focus on not only housing but supportive service programs as well. There will be a 50% increase in funds devoted to supportive services to meet the demand of the program participants and their families.

The following housing goals have been set for the strategy period for the HOPWA program:

Facility Based Housing Development	40 units
Short-term Rent/Mortgage/Utility Payments	500 households
Tenant-based Rental Assistance	2,500 households

The Community Development Needs Table included in Appendix B provides a cumulative goal for a variety of community development categories. In most instances, the cumulative goals reflect past experience with providing facilities, improvements, programs and services with Community Development Block Grant (CDBG) funds. Categories with no goal or low production goals for the Strategy period do not necessarily mean that no need exists but rather such needs are typically met with other funding sources such as City Capital Bond Funds or General Funds or with other state, federal, private or foundation funding sources.

Again, a quantitative Needs and Gaps Analysis was not conducted for City facilities and services. As the City has within its borders hundreds of public facilities and service providers meeting a myriad of needs, pinpointing or expressing needs in a quantitative way is not possible. The City relies on its service providers and municipal departments to assess their needs and the needs of their clientele on an annual basis as part of its request for applications for CDBG, ESG and HOPWA funding. Over the term of the Strategy Period annual goals will be set and monitored based upon specific requests and expenditures.

The City has set the following Non-Housing Community Development goals over the Strategy Period with the use of its Federal Entitlement Funding:

Description/Category	Annual Goals*	Strategy Period (5 Years) Cumulative Goals
General Public Facilities/ Improvements	7 facilities	35 facilities
Senior Centers	1 center	5 centers
Youth Centers	1 center	5 centers
Neighborhood Facilities	2 facilities	10 facilities
Sidewalks	3 projects	15 projects
Child Care Centers	1 center	5 centers
Health Facilities	1 facility	5 facilities
Demolition/Clearance	3 sites	15 sites
General Public Services	6 programs	30 programs
Senior Services	3 programs	15 programs
Youth Services	12 programs	60 programs
Substance Abuse Services	>1 program	3 programs
Battered/Abused Spouses	>1 program	1 program
Employment Training	>1 program	1 program
Child Care Services	>1 program	3 programs
Health Services	1 program	5 programs
Abused & Neglected Children Services	>1 program	1 program
Relocation	5 households	25 households
Lead Hazard Testing/Abatement	100 units	500 housing units
Code Enforcement	150 units	750 housing units
ED Direct Financial Assistance	3 businesses	15 businesses
ED Technical Assistance	40 individuals	200 individuals

*Annual goals "on average". Based upon past community development experience and projected needs.

Non-Housing Community Development goals will be set on an annual basis as individual projects, programs and activities are funded. The cumulative projections and the annual goals will provide a measurable outcome by which the City will evaluate its overall program and strategy goals as well as the effectiveness of individual programs and activities.

C. Specific Objectives and Strategies (91.215)

As part of its ongoing planning and Consolidated Plan development process the City adopted several comprehensive strategies to address its housing and homeless needs. The first focuses on the preservation and rehabilitation of housing including existing affordable housing. Goals for both public and private housing are addressed in this priority. The second emphasizes the importance of homeownership in a number of formats: single-family, cooperative, sweat-equity, lease-purchase and others. Homeownership is a key element for neighborhood revitalization and stabilization.

The third strategy concentrates on opening lines of communication and developing coordinated programs among interrelated service agencies and housing providers. The urban centers of Connecticut bear the financial and programmatic burdens without sufficient public investment. Cities have little authority over State agencies and regional municipal governments. As there is no county government, the availability of resources is dependent upon local political policies. The fourth through eighth focus on the provision of support services and appropriate housing

for the homeless beyond shelters, improved access to self-sufficiency programs for the underemployed, and housing for special needs households.

1) **Affordable Housing (91.215b)**

BASIS FOR ASSIGNING PRIORITIES

In the development process for this submission, the City examined its priorities and strategies developed for the 2000-2004 Consolidated Plan concluding that the existing strategies and implementation plans remain valid.

For the past decade, LCI has served the role as lending institution and information clearinghouse as well as the provider of technical assistance, project oversight and monitoring. Over the past year, LCI has shifted its focus to serving as “developer” in addition to its previous roles. In this manner LCI will reduce the cost of housing production and has increased the number of housing units available. In this capacity, the City acquires these properties through foreclosure, condemnation and in rare instances purchase; contracts for construction services; and upon completion, disposes of the property through sale to an income-eligible homeowner. Infill housing (either new construction or modular construction) may also occur if the availability of vacant property dictates such configuration.

Because the City itself prefers not to own or manage housing, its role is to act as a local financing intermediary and short-term developer. It makes every effort to return these units to the housing market for private ownership.

The public housing authority, as a quasi-independent public entity, develops and manages both family and elderly units and manages the local Section 8 program. The City provides financial and other assistance to encourage expanded affordable housing opportunities for very low, low and moderate income households.

INVESTMENT PLAN PRIORITIES

It is the City's policy to leverage the maximum private investment with the minimum public expenditures. By requiring units to be set-aside on a long term basis or by limiting profits, the City seeks a balance between the local housing needs and investor costs. In assisting affordable housing projects, the City seeks to maximize the number of units and households assisted. Use of Federal and State resources often requires local matching funds. While municipal dollar resources are limited due to local economic problems, the City tries to provide alternative incentives such as land, site development, technical assistance or public improvements to bring down costs. Because of undue economic pressures on the existing tax base, the City rarely approves fee waivers, PILOTS (Payment In Lieu of Taxes) or tax abatement agreements and when it does it does so only for projects which have unusual merit. Local contribution often exceeds program requirements.

The rehabilitation of substandard housing represents the highest investment priority across tenure type and occupancy profile for housing. With over 517 vacant and boarded buildings, high vacancy rates and a substantial number of homes requiring code improvements and general repairs, it is incumbent upon the City to provide assistance to remedy such problems. By subsidizing homeowners who wish to make repairs, developers who rehabilitate or develop new houses for first time homeowners and not-for-profits and others that own and manage rental housing, housing is improved and is made affordable by the infusion of public

funds. Because the age of the City housing stock places children at risk of exposure to lead based paint, all units receiving assistance occupied by children under the age of six will be required to become lead-safe.

The City directly assists projects that are not likely to receive other forms of assistance and is most likely to assist projects that benefit households earning between 50-80% of the Area Median Income. Extremely low and very low families and individuals are most likely to receive assistance through the Housing Authority of New Haven. The Authority is responsible for the management of 2,992 units of public housing and 3,913 Section 8 Vouchers. Renters who have Section 8 subsidies live in units that are inspected yearly. Additionally Tenant Based Rental Assistance (TBRA) is provided by the State through the Rental Assistance Program funded with State Bond funds. TBRA assistance may be used in conjunction with units that are rehabilitated with City HOME or CDBG funds.

Again, the rehabilitation of substandard units and selective demolition of severely blighted property for new development benefits the quality of life in neighborhoods. New Haven is an old city with overly-dense development in its inner core neighborhoods. Through selective demolition of severely blighted buildings and decreased unit configuration in some buildings, neighborhoods acquire open space, community gardens off-street parking and more living space.

There is less urgency associated with assistance to elderly housing. The future stability of elderly housing is tied to the availability of resources to maintain affordability. Competition from suburban subsidized elderly housing developments may affect New Haven more often than other affordable housing types. Quality of life issues for seniors affect their housing choices.

Assistance to owners is an extremely high priority for the City of New Haven. Homeownership is one way to help stabilize neighborhoods. By supporting both existing and new owner families and individuals, they are empowered to influence and create community livability and viability. Downpayment and closing cost assistance and other gap financing formulae lower the "effective sales" price of a home and thereby lower the income required to cover the first mortgage requirements. The City also assists the local chapter of Habitat for Humanity an organization that provides a "sweat equity" model of ownership that assists low-income families. Support for the rehabilitation and creation of cooperatives and mutual housing provide other ownership models.

ACTIVITIES

Acquisition/Disposition: Due to the glut of vacant and blighted structures in the City, New Haven shall support all efforts to return properties to use and to the tax rolls. Acquisition combined with rehabilitation will be encouraged in particular for housing. Acquisition alone, as turnkey projects, will be limited to special situations and previously identified funding such as public housing replacement. If allowed by funding resources, property acquisition to enhance existing projects by adding parking or play space, rather than units will be supported.

Rehabilitation: The preservation of existing affordable housing is the highest priority for families in New Haven. While there is considerable need to provide additional affordable units to meet demand, the City cannot continue to accommodate the vast majority of subsidized housing. Low-income households must have opportunities outside the City borders. The City continues to endorse efforts to create ownership opportunities in various configurations. Preference is given to not-for-profits who create affordable homeownership opportunities for low-income households. The City encourages not-for-profits to acquire vacant buildings from banks, HUD, FDIC, RTC, or the City. Preference will also be given to those not-for-

profits, which will own and manage affordable rental units and provide supportive services to tenants as needed.

For New Haven, housing rehabilitation must be the primary activity. Those who live in affordable units must have assurances that these units may remain available for their use. Financial resources must remain available to maintain and improve the existing housing stock, both public and private. The number of vacant units and abandoned buildings is sufficient to produce much of the needed housing.

New Construction: New Haven has limited amounts of vacant, buildable land. Much of the vacant land is composed of urban renewal parcels located in areas requiring revitalization. Therefore, new construction should be limited to projects of unusual merit or as part of revitalization plans in neighborhoods where vacant lots and buildings are blighting influences.

Rental Assistance: The Housing Authority of the City of New Haven and the State of Connecticut already provide assistance to approximately 5,000 households residing in New Haven through Section 8 and the Connecticut Rental Assistance Program. Although, the need for more certificates and vouchers exists, the City will not enter as another provider of these benefits at this time preferring instead to subsidize the construction and rehabilitation of housing and reducing the rent structure by reducing debt service requirements.

Homebuyers' Assistance: In addition to the rehabilitation of the existing housing stock, the City of New Haven shall continue to focus its resources through technical assistance and investment in homeownership. Many participants in City-sponsored ownership programs are the first owners in their families and require information and guidance through the purchase and post-purchase process. Credit information and money management issues often prevent households from immediate mortgage qualifications. Homeownership counseling and classes are provided through LCI, Neighborhood Housing Services, Hill Development and local banks. Downpayment and closing cost assistance provides working families with sufficient funds to make homeownership a reality. The City's support for ownership will continue.

Support Facilities and Services: The City of New Haven is home to the majority of supportive housing in the region. Whether emergency, transitional, group or supervised housing opportunities for families and individuals with specific needs, housing is available though not to the extent needed. Additional resources must be sought for support services that promote self-sufficiency and increased opportunities for economic independence. However, it must be stated that the City also promotes the regional development of such special needs housing.

Targeted Investment

Very Low-Income Households (< 30% Area Median)/Low-Income-Households (31 - 50% Area Median):

For purposes of this discussion the needs of these two categories are similar and will be taken as a whole. 45% of all households in New Haven earn less than 50% of the Area Median Income.

- Public housing units should be improved and maintained for those families and individuals with the greatest need.
- Continuation of existing Section 8 vouchers are essential. Mobility and portability efforts should be increased.
- Support facilities and services should be made available to all families living in subsidized housing but particularly those at the very lowest incomes.
- Support of specialized homeownership opportunities should be expanded.

- Increase the number of accessible units for persons with disabilities in public housing.
- Programs which increase self-sufficiency should be encouraged to lessen the reliance on public subsidies.

Moderate Income (51 - 80% Area Median)

Households earning between 51 to 80% of the Median Income represent 19% of all households. Primary attention should be paid to maintaining existing housing affordability and increasing income potential through job training expansion. While nearly 30% of this group reports paying more than 30% of their income for housing only 4% have severe cost burdens.

- Support rehabilitation of existing housing for renters and owners.
- Encourage homeownership opportunities.
- Increase the number of accessible units for persons with disabilities.

OBJECTIVE: TO PRESERVE AND IMPROVE THE EXISTING HOUSING STOCK

ACTIVITIES AND PROGRAMS

1. Improve Substandard Housing

Improve and Augment Housing Code Inspections

Objective: a. Create Code Violation Tracking System. b. Improve response to problems which affect low and very low-income families. c. Develop evidence and Proof of blight. d. Implement Clean Sweep targeted code enforcement program.

As part of creating and implementing a City-wide Anti-Blight Program, it is important to develop an interactive complaint system which will provide evidence of chronic housing, building, health, and/or safety violations. Currently, there is no system to track complaints or problem resolution. Systems are under development and an interagency task force has been assembled to increase effective and timely intervention.

Anti-Blight Program:

Objective: a. Implement a program to combat blight and building abandonment. b. Preserve housing stock for occupancy by low and very low-income households. c. Create homeownership opportunities for low-income households.

Lists of candidate buildings and vacant lots will be certified by the Board of Aldermen as blighted properties. Owners of these properties will be notified and fined if the blighting condition is not remedied. The subsequent administrative hearing and remedy process for designated properties will result in either rehabilitated properties or the commencement of a fine/lien to property owners which may end with an acquisition by the City'. It is the City's intent to provide below market financing to property owners who wish to cooperate and who will commit to maintaining units for low and very low-income renters over time. Federal CDBG and HOME funds will be used in conjunction with available City and State rehabilitation resources and private investment.

Two potential activities to combat blight and building abandonment were suggested as part of the Consolidated Plan consultation and development process. They are:

Tenant and Landlord Training: The need for this type of training comes from a growing trend in which rental housing is poorly maintained on the part of tenants and/or landlords to the point of being abandoned. Tenants claim that landlords are not doing enough, and landlords respond in a similar fashion. The focus of the training would be on the rights and responsibilities of both groups in maintaining a unit. The expected impact would be a decrease in the number of rental units that are either not up to code or abandoned.

Ombudsman: Another factor adding to abandonment is access to legal redress and the time with which court decisions are made. Other cities have increased access and decreased the time through an ombudsman who listens to both sides, and secures a consensus with a legal merit. The consensus is then presented to the judge for an official ruling. This approach serves to educate both landlords and tenants about relevant housing laws, and to arrive at a workable solution that is timely and enforceable. Through this approach accountability for conditions leading to the sub standard housing and possible abandonment is assigned early enough for corrective action to be taken by either a tenant or a landlord or both.

Tax/Bank/HUD/CHFA Foreclosures

Objective: a. Develop resources to assist not-for-profits acquire and rehabilitate vacant and deteriorated housing. b. Expand availability of housing resources for low and very low-income renters and low-income owners. c. Provide rehabilitated properties for service enhanced housing.

Not-for-profits that acquire and rehabilitate residential properties for sale to first time buyers or which own and manage rental units for low-income families and individuals will be encouraged to apply for available resources. Particularly, social service agencies will be given technical assistance to develop or purchase and manage housing needed for their clients. Preference for funding will be given to CHDO's.

Public Housing Improvements:

Objective: Continue and expand current efforts to renovate and revitalize public housing developments to provide housing of choice for New Haven's low-income individuals and families.

2. Residential Rehabilitation Program

Offer rehabilitation services to low and very low-income owners and renters.

Objective: a. Assist existing owners with rehabilitating their homes. b. Expand the availability of housing particularly to low and very low-income households. c. Improve service to elderly or households with family members who have disabilities.

The City will support and encourage neighborhood based not-for-profits to coordinate rehabilitation efforts in their particular service area. It is more efficient for a neighborhood-based organization to market rehabilitation efforts to area homeowners who qualify for various local and state programs. These organizations can assist homeowners by coordinating technical assistance provided by the City regarding hazardous substance abatement and rehabilitation plans and specifications. The City

will work with the not-for-profit to find appropriate financing for such projects. All properties must be brought up to all applicable codes. Lead and asbestos abatement funds will be available as part of a total financing plan. On a case by case basis, in emergency situations, funding may be made available for emergency rehabilitation and for the correction of code violations to private homeowners.

CDBG and HOME funds in addition to other City funds will be made available for these projects on a case by case basis based on rehabilitation requirements and income eligibility.

Lead-Based Paint Hazard Reduction Program

Objective: a. Develop a cost effective method to address lead-based paint hazards in the City's housing stock. b. Increase the number of lead-safe units within the City's housing stock by stimulating private investment with public incentives. c. provide lead testing to non-profit housing development corporations prior to rehabilitation activities.

- Coordinate Public and Private Efforts
- Advocate for additional lead-safe units
- Participate in City-wide public interest groups
- Integrate lead-based paint abatement into all housing activities
- Require lead inspections and plans of abatement prior to the commitment of rehabilitation assistance
- Investigate program which requires lead-based paint inspections as a condition of a certificate of occupancy for rental units
- Create a lead-safe housing registry for referrals of families needing to locate housing
- Provide training to staff as needed
- Develop Interagency Cooperation
- Increase the number of blood screenings through outreach
- Consult with the State Health Department to develop legislation requiring universal testing
- Modify existing database to improve tracking of children with elevated blood lead levels
- Continue to advocate for abatement through landlord and tenant groups
- Publicize importance of abatement and availability of abatement incentives

Provide Weatherization Assistance and Energy Efficiency Improvements

Objective: a. Reduce the energy cost burden of families. b. Provide energy-efficiency repairs and improvements as part of rehabilitation and weatherization activities.

Much of New Haven's affordable housing stock is older stick-built wood frame housing. New England weather conditions and high energy costs increase total housing expenses and place an economic burden on household occupants. Energy efficiency and weatherization improvements help to relieve cost burdens.

Although not in and of itself a rehabilitation program, the Community Action Agency of New Haven offers weatherization assistance to low-income families in Greater New Haven. The focus of the weatherization program is reducing the energy burden of a family thus reducing their utility bills. The program partially funded by the United State Department of Energy (DOE) has been supplemented

with funds from utility companies. Most services are free but there is a required landlord contribution for the DOE program.

The Weatherization program primarily insulates houses. High tech air sealing, heating plant improvements, and water and electric measures round out the types of items installed where needed. Nationally, the Weatherization Program is directly responsible for an 18% savings rate on utility bills and has a savings to investment ratio greater than 100%. Low-income families and the elderly become eligible to receive the benefits of this program by applying for energy assistance or hardship with their local utility.

Homebuyer Education/Assessments/Counseling/Landlord Training

Objective: a. Improve capacity of homeowners to manage their properties. b. Provide support to low-income homeowners. c. Increase the number of informed and prepared first time homebuyers through homebuyer education programs.

The City in conjunction with cooperating not-for-profits will recommend that each homeowner who wishes to apply for a loan receive technical assistance to prepare them for homeownership. Many low and moderate income families who come to the City for a loan have high debt to income ratios which result in an unnecessarily high default rate. In order to assist families more fully, the organization's ability to provide personal attention in a confidential manner will allow applicants to consolidate debt and budget their income more easily.

3. Rehabilitation of Rental Housing

Objective: a. Encourage private investment in low-income housing by providing financial incentives. b. Increase the availability of rental housing for low and very low-income households.

The City will continue to support the preservation of rental housing through rehabilitation. HOME funds will be utilized to support these efforts. Future funding may be targeted to not-for-profits who will own and manage the units rehabilitated.

4. Third Party Rehabilitation

Objective: To rehabilitate existing low/moderate income housing for: a. special needs housing; b. permanent housing for the homeless; c. maintaining existing housing for income eligible renters; d. creating homeownership units for first-time homebuyers; or e. assist with property acquisition.

The City will assist not-for-profits which own, manage or develop housing for very low and moderate income people. The participation and creation of additional CHDO's will be encouraged.

GEOGRAPHIC DISTRIBUTION

Housing units requiring rehabilitation are distributed throughout the City. Every vacant structure and blighted parcel has been catalogued. This research reveals that there are vacant and boarded buildings in almost all census tracts. Based on program regulations, income eligible property owners will be assisted on a citywide basis. Projects will be evaluated using an objective set of criteria and funds will be allocated based on feasibility, leveraging of funds and past performance. Some funds

may be awarded outside the NOFA or Request for Proposal process based on emergency need or because the overall project has superior merit.

SERVICE DELIVERY AND MANAGEMENT

Where the City of New Haven is the recipient of funding, appropriate staff will work with Community Housing Development Organizations (CHDO) and other not-for-profit organizations who are interested in developing, owning, managing or funding rehabilitation projects. Additionally, where third parties apply independently for funding, the City will evaluate each request for a "certification of consistency with City goals and objectives." Reviews of funding sources and use of funds will guide resource allocation procedures.

RESOURCES

The City of New Haven will consider the use of all funds at its disposal for rehabilitation, the abatement of hazardous substances and full code compliance. Currently, rehabilitation activities are funded from Federal grants and allocations (CDBG and HOME), Revolving Loan Funds, local bond funds, Section 108 funds and state bond funds.

OBJECTIVE: TO IMPROVE ACCESS TO HOMEOWNERSHIP FOR LOW AND MODERATE INCOME FAMILIES

Stable neighborhoods require anchors to secure the foundation of community. Homeowners provide stability and examples of self-sufficiency within healthy neighborhoods. As taxpayers, owners take a more active role in governance as their major investment is their homes. Downpayment assistance and deferred second mortgages have been apart of the City's housing tools for a long time. In addition, sweat equity, lease-purchase programs, cooperative and mutual housing programs are alternatives now available to very low-income families. By providing an ownership stake with participation in community governance, more households become involved and interested in neighborhood activities. Abandonment of property is less likely when owners live in the property they own. This strategy will be employed within the City's neighborhoods. Technical assistance and funding for homeownership-type programs will be assisted through resources from LCI, banks, foundations and third party funding resources.

Providing technical assistance, post-purchase counseling and education to potential homebuyers, first-time homeowners and existing low and moderate income homeowners is crucial to ensure successful homeownership. Issues such as budgeting, property maintenance, the importance of maintaining good credit and property insurance, and the need to keep current on mortgage and tax payments are all subjects which will assist homeowners. Predatory lending, has become a major issue in the City mainly affecting the elderly, persons with limited education or command of the English language and lower-income persons. Seminars, community outreach and directed technical assistance regarding the dangers of dealing with predatory lenders will help address the problem.

In addition to creating new ownership opportunities, there must be support for existing owners. Not only should rehabilitation loans be affordable but owners should have the opportunity to learn how to do household repairs. Access to affordable insurance should be pursued. In addition, owners of two to four family structures should receive landlord training, tenant screening education and networked into service referrals for their tenants. Mediation and counseling opportunities will help diminish problems within neighborhoods. A home repair skills course can be accomplished and coordinated through job training seminars. Elderly and persons with disabilities can receive assistance from job trainees who need on-the-job experience.

In New Haven, creating homeownership incentives is necessary to maintain a base of solid taxpayers. Employers such as Yale University and St. Raphael's Hospital provide downpayment assistance. The City also provides deferred loans, grants and second mortgages to income eligible homebuyers.

ACTIVITIES AND PROGRAMS

1. Homeownership Financial Assistance

Objective: a. Expand opportunities for homeownership to low-income households. b. Develop homeownership resources for residents of public housing.

The City has set aside funds to assist first time buyers. Low-income households who purchase homes through City assisted programs, projects developed by not-for-profits or units offered through the Housing Authority are eligible for assistance from this fund. Funds are provided to cover down payment and closing costs to income eligible households.

The City will work with the Greater New Haven Community Loan Fund (GNHCLF), the local Housing Authority and local non-profit homeownership organizations to structure and implement a program and plan which maximizes the number of low and moderate income households assisted in becoming first-time homeowners. The Housing Authority will work to ensure families whom are eligible to become homeowners are referred to the program. This ties in directly with the Housing Authority's Family Self-Sufficiency Program.

The Housing Authority's Section 8 Homeownership Program helps low-income families with Section 8 assistance to move from renting to homeownership. The program targets Section 8 households who are participants in the Housing Authority's Family Self-Sufficiency program and who have completed pre-purchase homeownership training. The vouchers are applied toward mortgage payment and are available over a 15-year period.

2. Homeownership Preparation

Objective: a. Develop interest in homeownership. b. Improve financial awareness and preparation for homeownership. c. Market City related ownership programs.

The City will sponsor seminar series for first time buyers. The seminars will focus on financial planning and individual counseling. The course has been designed to meet local need and available resources. Prospective buyers referred by not-for-profits and the Housing Authority will receive valuable information and improve their capacity to maintain a successful homeownership status. The City will also work to offer after-purchase home maintenance workshops.

The City will work with local banks to ensure that conventional first mortgages will be available from local banks for those who graduate from the course and who meet specific underwriting standards. Financial assistance will also be made available from the first-time buyer's program funds. Potential homeowners will be educated as to the hazards of dealing with predatory lenders.

Hill Development Corporation, Neighborhood Housing Services and local private lenders also provide homebuyer training in the community. Prospective first-time homebuyers are referred to these classes as appropriate.

All families participating in the HOME and/or ADDI funded downpayment and closing cost assistance program must complete a First-Time Homeownership Training Counseling and Support Program offered by Hill Development Corporation; Neighborhood Housing Services, New Haven Homeownership Center; LCI; or other homeownership preparation classes accepted by LCI. Such preparation will assist families and ensure the suitability of homeowners receiving the funds to undertake and maintain homeownership.

3. Encourage Employer Assisted Housing Efforts

Objective: Encourage private sector investment in housing particularly for low and very low-income households.

The City will encourage local employers to provide financial assistance directly to employees who wish to purchase or renovate their own homes. Yale/New Haven and St. Raphael's have programs that assist employees in purchasing homes. In addition, the City will support efforts of not-for-profits to solicit Housing Tax Credits through the Connecticut Department of Economic and Community Development. This program allows corporations to 'donate' a portion of its tax liability to the development of low and moderate-income housing.

4. Promote Home Repair

Objective: To provide the resources and technical assistance necessary to ensure low and moderate-income homeowners can maintain their homes.

Home repair resources and property repair instruction, which prevents deferred maintenance or non-maintenance of property due to lack of resources or knowledge, would benefit neighborhood revitalization and property maintenance efforts. The provision of weatherization and energy efficiency improvements to reduce cost burden are also needed.

5. Assist with Property Acquisition by Non-Profits

Objective: To ensure the ability of non-profits to acquire vacant buildings or property for the rehabilitation or construction of affordable homeownership units.

Absentee ownership of abandoned and blighted properties, HUD or bank foreclosures and holdings of vacant properties by out-of-state mortgage companies or tax lien companies have made it difficult to acquire buildings for rehabilitation as ownership units. Efforts to streamline the acquisition process and assist with the timely transfer of property at a reasonable cost will be undertaken. A process to effectively deal with utility liens and back taxes will be developed and implemented. Currently, the City is utilizing JE Roberts Co. to force the sale of tax delinquent vacant properties. This will continue until there is 100% collection of real estate taxes.

GEOGRAPHIC DISTRIBUTION

It is the City's intention to encourage home-ownership throughout the City. To accomplish this, properties acquired through foreclosure or through other available means will be evaluated for suitability for rehabilitation and tenure type. Practical single family, condominium, cooperative or mutual housing opportunities will be developed. In addition, the City will be selling property subject to a five-year owner occupancy requirement. This will help stabilize the neighborhoods throughout the City. The City will also encourage buyer's of multi-family properties to rent units to low/middle income tenants.

SERVICE DELIVERY AND MANAGEMENT

The City encourages CHDO's, community development corporations and other not-for profit developers to implement homeownership programs. Funding from the City and other financing intermediaries will be leveraged to secure private resources as well as to reduce the final costs to the consumer.

RESOURCES

The City has committed both HOME and ADDI resources for first time home buyer programs. Additionally, CDBG, HOME and State resources are available for site development or abatement cost grants to not-for-profit developers to reduce the construction costs of developing affordable housing.

PRIORITIES

The City has indicated a need to encourage households who make at least 50% of the Area Median to consider various types of homeownership opportunities.

OBJECTIVE: TO CREATE A REGIONAL APPROACH TO HOUSING AND HOUSING RELATED SERVICES WHILE COORDINATING AND IMPROVING INTERAGENCY COLLABORATION

ACTIVITIES AND PROGRAMS

1. Regional Housing Plan

Objective: a. Expand affordable housing opportunities throughout the region, b. Increase capacity of suburban towns to encourage and develop affordable housing.

During 2003-2004, a Regional Housing Market Assessment was prepared for the New Haven Region and adopted by the South Central Regional Council of Governments in June 2004. Representatives from the City of New Haven and its housing providers actively participated in the needs assessment process and development of a regional housing strategy. This assessment and strategy shall guide regional housing activities during the next five years and beyond.

The Needs Assessment outlined the public policies that have impacted the supply of affordable housing and will impact future potential initiatives to meet affordable housing needs. The public policies are:

- Community land use and zoning regulations
- Infrastructure investment, particularly sanitary sewer and public water
- Transit service to increase mobility in the region

- Allocation of public financing for affordable housing

While land use and zoning policies are subject to the limits of municipal boundaries, the balance of the public policies can be addressed at the regional level. Just as housing markets cross municipal boundaries, affordable housing policies must be advanced on a regional basis. It is recommended that a Regional Housing Partnership be formed by the Council of Governments to increase the supply of affordable housing in the region. The Partnership would be a separate 501(c)(3) non-profit organization housed within the COG and governed by a Board of Directors with representation from each municipality. It would be staffed by individuals with housing and finance experience and supported by public and private funds as well as program fees as specific programs are implemented.

The underlying policy goals of this regional affordable housing program include the following:

- Target resources towards individuals and families most in need
- Develop a strategy which addresses housing needs within a market-based approach without the limits of municipal boundaries
- Address special needs housing as a regional issue even though in the past the central cities have assumed the bulk of the burden for provision of resources and services
- Increase the limited financial resources for affordable housing
- Remove the obstacles which current land use and zoning policies present to increasing the supply of affordable housing
- Recognize the need for a regional structure to implement a responsive and efficient affordable housing program

The proposed Regional Housing Partnership would facilitate the achievement of the housing goals by: a. information sharing through a regional housing clearinghouse and convening function; b. assisting with financing and technical assistance to member communities, non-profit and for-profit housing developers; and c. assisting with and monitoring the adoption of regulatory initiatives at the community level to encourage provision of affordable housing. Forms of affordable housing initiatives include:

- Conservation subdivisions which encourage a variety of housing construction types and have a required common open space area, with an affordable component
- Accessory apartments
- Neighborhood center / local route small-scale development
- Mixed use development
- Apartments over retail/office
- Traditional apartment / rental developments with an affordable component
- Single room occupancy facilities (SROs) and boarding houses
- Home ownership programs funded through public/private partnerships

The affordable housing production goals for the region presented in this study have been allocated at the sub-regional level, rather than the individual municipality level, for several key reasons described in the report. The data analyzed, the built form and the transportation realities of the region clearly indicate the need for affordable housing production strategies that cross multiple municipal boundaries. It is also important to note, however, that the achievement of affordable housing production goals at the sub-regional level should focus on those municipalities, which have

traditionally lacked a notable affordable housing component in their respective housing stock. However, this focus should not be exclusive to the point where the provision of additional affordable units in those communities with a past record of achievement, are not permitted if such additional units effectively address housing needs in the region.¹⁰

Regional housing policies will be guided by the Regional Council of Governments. The planning staff of the COG and member towns have been developing the concept of a Regional Housing Partnership to address affordable housing and effectively target resources.

2. Regional Section 8

Objective: Improve access to regional housing opportunities by low and very low-income families.

The Section 8 Vouchers managed by the New Haven Housing Authority and the State of Connecticut are portable and allow for household mobility. Both agencies promote and encourage Section 8 program participants to move to non-impacted areas both in and outside New Haven. The Housing Authority has expanded its role to provide more informational assistance to program participants to increase their success in renting in alternative locations. Program participants can receive transportation information, maps, apartment listings and information on housing authorities in suburban towns.

There are three regional Housing Mobility Programs: HOME, Inc. in New Haven, Housing Educational Resource Center in Hartford and Family Services of Woodfield in Bridgeport. Families receiving Section 8 assistance receive assistance in finding rental housing in non-impacted areas. Counselors provide in-depth counseling and housing search services to participants in the program. Counseling covers issues such as transportation, employment, education, skills-training, financial management and day care.

GEOGRAPHIC DISTRIBUTION

This goal is directed toward resource development and the expansion of affordable housing opportunities throughout the region. Historically, the City of New Haven houses the vast majority of low and very low-income families and individuals.

SERVICE DELIVERY AND MANAGEMENT

By working with regional planning agencies and area wide CHDO's and other not-for-profit organizations, suburban towns may be more comfortable with accessing resources for affordable housing projects.

RESOURCES

While the City is required to spend its funds within its borders, it will advocate at the State and Federal levels to provide funding criteria based on existing levels of subsidized housing. Section 8 programs can increase portability and mobility programs.

10 Regional Housing Market Assessment, prepared for the South Central Regional Council of Governments; June 2004

PRIORITIES

The City will support and advocate for the fair distribution of affordable and supportive housing on a regional basis. City staff will actively participate in regional efforts as part of a Regional Housing Partnership or Housing Task Force.

2) Homelessness (91.215c)

The City through an analysis of its homeless needs undertaken collaboratively with its Continuum of Care service providers have identified the following objectives and priorities to address homelessness.

OBJECTIVE: TO IMPROVE ACCESS TO A RANGE OF CHOICES OF SAFE, SUPPORTIVE AND AFFORDABLE HOUSING OPPORTUNITIES FOR ALL NEW HAVEN CITIZENS WHERE THEY BECOME PART OF DIVERSE NEIGHBORHOOD ENVIRONMENTS.

OBJECTIVE: TO PROVIDE A CONTINUUM OF CARE SYSTEM OF HOUSING OPPORTUNITIES THAT PROVIDE SAFE SHELTER WHILE HOMELESS INDIVIDUALS WORK THEIR WAY TOWARD SELF-SUFFICIENCY.

BASIS FOR ASSIGNING PRIORITIES

Homelessness is a pressing challenge for New Haven and our nation. Initial responses—to homelessness - providing "emergency shelters" - have been somewhat successful at providing shelter, but have been ineffective in reducing the incidence of homelessness. The provision of emergency shelters addresses the immediate need for housing but does little in and of itself to address the underlying social and economic problems that result in homelessness.

The City of New Haven's "Continuum of Care System" has been evolving over the past several years beginning with the 1995 New Haven Continuum of Care Super NOFA initiative. New Haven's Continuum of Care planning process has developed into an organized, broad-based, collaborative process (called the "Continuum") that meets on a regular basis throughout the year. The Continuum has a membership of over 200 people including persons who were formerly homeless, service providers, interested citizens and representatives from the City administration. The Continuum continues to work to identify gaps and needs; develop programs and processes and seek resources to meet the long-term needs of the City's homeless population and those at-risk of homelessness.

Over the past decade, the New Haven Continuum of Care membership has worked to develop an integrated and coordinated system of care with an emphasis on securing additional funding for future supportive housing resources.

Although the City and the Continuum continue to ensure that the City has the emergency shelter resources it needs the focus has been on the development of transitional and permanent supportive housing resources; the provision of improved case management, and directed services; the advocacy for affordable housing statewide and within the region; and the application for funding resources by which to reach their goals for addressing homelessness.

In the next five years, HUD funding will greatly depend on the use of technology to provide accurate data on the homeless population. HUD has already mandated the use of HMIS (Homeless Management Information Systems) technology. The future role of technology and the financial implications of implementing and

maintaining that technology must be addressed. New Haven has selected an HMIS and is working on raising funds for the hardware, software and on-going support necessary to be successful.

Over the strategy period covered by this plan, the Continuum, through its membership will continue to develop the means to implement the programs necessary to meet identified gaps and needs. Both housing and supportive service programs will be identified for implementation. A listing of the Continuum membership is included as part of the Continuum of Care Application 2004 in Appendix E.

INVESTMENT PRIORITIES

Outreach/Case Management

- Coordinate case management services that will continuously track an individual as she/he moves through the continuum of housing and services.
- Develop targeted services for individuals and families in transition from the criminal justice and drug treatment systems.

Emergency Shelter

- Ensure that adequate housing and supportive services are available to people who are homeless.
- Add more beds to the system that are targeted to special needs populations such as youth and families and provide easy access to services for these populations.
- Make the length of stay in shelters more flexible to better accommodate individual needs.
- Improve the physical environment of New Haven's shelters by offering more space for shelter users as well as space for supportive service staff.
- Focus on supports that will ease the transition to the next step in the continuum, either transitional or permanent housing.

Transitional Housing

- Transitional housing should serve the goal of helping individuals and families move from homelessness or an institutional setting to permanent housing in the community.
- Develop a variety of transitional housing models with flexible services. Some programs should serve special needs populations (e.g. substance abusers, pregnant mothers), while other should be as inclusive and integrated into the community as possible.
- Scattered-site housing with services that decrease as residents' levels of independence increase should be developed.
- Provide more housing that practices harm reduction for people still using substances. Assist individuals in managing chronic relapse and provide ongoing support to foster and promote sobriety.
- Develop more housing for pregnant and parenting teens and transitional programs with relapse prevention services for those exiting drug treatment.
- Provide transitional services in a permanent housing setting, so that the services are reduce over time but the individual does not have to move.
- Offer skill development services to prepare individuals for permanent housing.
- Develop more transitional housing in the New Haven region for individuals with chemical dependency and dual diagnosis who are homeless or at-risk of homelessness.

Permanent Supportive and Affordable Housing

- The stock of affordable housing in New Haven must be increased.
- Subsidized scattered-site options should be expanded where residents are integrated into safe residential neighborhoods with adequate community services.

- People should have choices about where to live, which should include single occupancy and small group settings.
- Many individuals are unable to access or maintain affordable housing due to insufficient or inconsistent income. Income support through rental subsidies and “living wage” employment would address this issue.
- Services should be available as needed by residents. Some housing should have on-site services; some should have them off-site allowing specialized community centers to serve multiple housing locations and individuals living in different settings.

Homeless Prevention

- The development of new transitional and affordable permanent supportive housing is required to address chronic homelessness.
- Case management and crisis services on-site for vulnerable populations will promote housing stability and decrease relapse/recidivism. Long-term, flexible case management services should be offered.
- “Rent banks”, security deposit assistance, and access to Section 8 vouchers/certificates and Shelter Plus Care funds should be increased.
- Specific services and supports should include job training to build occupational skills and job retention services, income support while in job training and substance abuse treatment.
- Other homeless prevention measures to be pursued include housing placement assistance for individuals transitioning from incarceration and substance abuse treatment, education for landlords about how to avoid evictions by connecting their tenants with supports, legal assistance and education for tenants, mediation services and access to affordable health care.
- Many people become homeless because they are unable to earn enough to pay their rent or the costs of moving. Services that help individuals maintain sufficient income to stay housed would address this problem.
- There is a significant and growing need for supportive services in public housing developments to help many residents with disabilities to maintain their affordable housing.
- Specific services such as money management, transportation, and child care are needed to help households overcome homelessness.

Employment

- Increase accessibility of job training and coaching using “place and train” model for populations with disabilities.
- Help people navigate the myriad of training and employment programs to obtain full time employment.
- Provide adequate supports for the transition to employment and accessibility of job training and coaching using “place and train” model for populations with disabilities (e.g. medical, insurance, income support during training, childcare, transportation).
- Engage and connect individuals to training for skilled, “living wage” positions that have openings in Connecticut and offer health care to employees.
- Focus on job development with local/regional businesses, and on services that will enrich the community (e.g. infant care, child care, elderly care).
- Improve access to childcare, especially for odd hours and older children (12 - 18 year-olds).
- Increase availability of transportation to job sites.
- Provide supports that address cross cultural communication issues that arise in the workplace (e.g., norms of behavior and relationships with colleagues, subordinates and superiors).
- Target services to youth and young parents.

Community Services and Development

- Community conditions need to be modified in order to promote community reintegration within natural settings.
- A primary goal of all community services should be to increase the reliance of people on natural supports and help them build healthy personal relationship with their neighbors in the community.
- Make services flexible to meet the changing needs of individuals (i.e. services that taper off as individual need diminishes, but which can be restored easily in times of crisis).
- Increase services that provide continuity of care for all special needs populations as they transition from one system or service to another to minimize falling between the cracks.
- Increase domestic violence support services, including family and individual therapy, safety planning and transitional case management.
- Improve coordination, referral mechanisms and collaboration between service providers and promote cross-training across agencies.

3) Other Special Needs (91.215d)

The needs of the City's special needs population have been reviewed as part of the Continuum of Care process in addition to the analyses undertaken by the various supportive housing and services providers serving the elderly, persons with HIV/AIDS and persons with disabilities. The City supports the production of supportive housing and services to enhance opportunities for persons with special needs. Over the strategy period, specific programs which create housing opportunities for the City's special needs population and services or improvements directed toward reducing isolation or dependency will be promoted.

OBJECTIVE: DEVELOP ADDITIONAL CRITICALLY NEEDED FLEXIBLE HOUSING OPTIONS PRINCIPALLY BENEFITTING VERY LOW, LOW AND MODERATE INCOME PERSONS AND FAMILIES INCLUDING TRANSITIONAL AND PERMANENT HOUSING.

OBJECTIVE: INCREASE THE NUMBER OF HOUSING UNITS ACCESSIBLE TO PERSONS WITH DISABILITIES.

OBJECTIVE: PROVIDE SUPPORTIVE HOUSING FOR PERSONS WITH SPECIAL NEEDS (e.g. PERSONS WITH HIV/AIDS, THE ELDERLY, PERSONS WITH DISABILITIES)

The three common themes for action (based upon preliminary analysis) are:

1. Develop specific strategies to address legislative issues, increase awareness of supportive housing, promote consumer participation, advance the collaboration of all the players involved in supportive housing, initiate the development of appropriate information systems and monitor the current supportive housing environment.
2. Provide centralized information clearing houses/library of resources and information to be made available to developers, managers and users of supportive housing. This would include funding sources, successful model projects and programs, housing availability including barrier-free units, support services availability, advocate database and transportation options for consumers.
3. Develop a multi-pronged approach to secure future funding for supportive housing. This would include greater involvement in the legislative arena to lobby for supportive housing funding and collaborative efforts between and among housing and service providers.

4) Non-Housing Community Development Plan (91.215e)

Based upon the Community Development needs that were identified for previous Consolidated Plans and during the Citizen Participation phase of this Consolidated Planning process, and the federal objectives of the CDBG program, the City of New Haven has developed priorities to serve as criteria for the selection of non-housing activities during the five year strategy period. The guiding principles are:

- To develop viable urban communities by providing decent housing and suitable living environments
- To assist in the revitalization of neighborhoods
- To expand economic opportunities principally for persons of low and moderate income
- To foster community identity and a stronger sense of place and pride of ownership
- To provide a continuum of human services encompassing the "One-Stop Shopping " concept

NON-HOUSING COMMUNITY DEVELOPMENT ACTIVITIES AND PROGRAMS

Over the Five-Year Strategic Plan period, CDBG funds and other Community Development funding sources will be allocated within the following categories:

Public/Commercial Improvements: To assist in the revitalization of the City's neighborhoods and to provide more suitable living environments. The City will continue to allocate funding for street and sidewalk improvements, park and recreation facility improvements and improvements to neighborhood and social service facilities.

Demolition: Due to the abundance of vacant, blighted buildings in the city, CDBG funding will be used to assist in the Anti-Blight Initiative by funding the removal of structures that are a threat to public safety, present a blighting influence and hinder physical development.

Relocation: The City recognizes that persons who are forced out of their homes and businesses because of lead-based paint contamination, code-related condemnation or other government action are in need of relocation assistance. CDBG funds are utilized to assist displaced individuals, families and businesses on a temporary basis.

Acquisition: Faced with the increasing problem of decaying building stock, the City has been placed in the position of acquiring abandoned and blighted structures for rehabilitation and demolition. Through acquisition, the City can determine appropriate property usage in accordance with the City's policies and goals.

Disposition: CDBG funds will continue to cover expenses related to the disposal of CDBG acquired property or urban renewal parcels such as appraisals, surveys, and/or property management.

Special Economic Development Activities: Funds will be used to provide loans for commercial or industrial improvements and/or technical assistance to private-for-profit entities. CDBG funds will primarily be used in the promotion of economic development activities. Efforts will focus on the retention and expansion of existing businesses and the attraction of new businesses. The provision of on-going technical assistance to start-ups, newly created businesses and small business owners in order to ensure viability and long-term success will also be the focus. These efforts will result in an increase in the City's job base.

Public Services: Public services shall continue to be directed toward improving the community's quality of life; including, but not limited to: job training, crime prevention, child care, youth, healthcare, substance abuse, education, fair-housing counseling, energy conservation, welfare and recreational needs.

Interim Assistance: Utilized in situations determined by the Mayor to be emergency situations that threaten public safety.

The City of New Haven will focus upon five non-housing community development priorities during the five-year strategy period. The first priority under the Public Facility Needs category is the improvement of the physical environment. The second priority is to strengthen neighborhoods by building upon positive areas and activities. Under Infrastructure Improvement, the priority is to support neighborhood revitalization activities in targeted neighborhoods. For Public Service Needs, the activities will be guided by two priorities, to strengthen neighborhoods and to empower and assist individuals and families in order to sustain community development. The following narrative describes these priorities in greater detail.

Public Facility Needs

OBJECTIVE: TO IMPROVE AND STRENGTHEN THE COMMUNITY ENVIRONMENT

1. Improvement of the Physical Environment

Anti-Blight Neighborhood Clean-up

Many of the city's neighborhoods contain numerous vacant and deteriorated buildings and lots. These buildings and lots become eyesores when vandalism, deterioration and trash accumulation occur. The City will use federal funds where appropriate to stop continued deterioration and eliminate blighting influences from its neighborhoods.

Community Gardens/Neighborhood Open Space

In support of its anti-blight and neighborhood revitalization efforts the City supports the creation and maintenance of community/neighborhood gardens and open space. These pockets of green space have helped to establish a sense of place and neighborhood pride which together with other improvements have provided neighborhood stability.

Parks and Recreation Facilities

New Haven is a built up city with little additional open space available. The majority of the community development neighborhoods are dense, older, well-established neighborhoods that are plagued with poorly maintained streets, buildings and vacant lots. These neighborhoods generally may have the fewest parks and playgrounds. Parks and open spaces provide essential amenities to urban areas. Accessible and safe playgrounds and parks with recreational programs for a variety of age groups are fundamental to neighborhood stability and quality of life. Our parks need improvements both as important elements in the quality of life and as sites for youth development programs and environmental awareness efforts.

During the five year strategy period, General and Capital Funds, supplemented as appropriate with CDBG funds will assist in the completion of several park improvements projects that are currently underway. Shown below is a chart listing the site, neighborhood and current status of some of the park and recreation projects scheduled for the strategy period.

Park	Neighborhood	Status
Playground Replacements	City-wide	Design/Construction
Bowen Field Improvements	Newhallville	Conceptual
West River Memorial Park Reconstruction	Hill/West River	Master Plan Implementation
Trowbridge Square Park Improvements	Hill	Completed
Criscuolo Park	Fair Haven	Conceptual/Phased Construction Underway
McClain Park	Hill	Completed
Clinton Park	Fair haven	Under Construction via School Construction
Street Tree Planting	City-wide	Ongoing
Scantlebury Park	Dixwell	Conceptual
Master Plan Projects Implementation	Cityde	Ongoing

2. Strengthen Neighborhoods by Building Upon Positive Areas and Activities

Neighborhood Facilities

A key component in the development of pride of ownership is the creation of opportunities for all age groups to work, learn, and play together. In order to achieve this goal, CDBG efforts will build upon the existing network of community-based organizations to chart a course for all neighborhood initiatives. Neighborhood facilities are an integral part of planning efforts and are the instruments of implementation. These facilities offer ample opportunity for inter-generational activities, job training, meeting facilities, cultural enrichment, day care for the elderly, child care and after-school opportunities for youth, legal assistance, and homeless and transitional housing support services.

CDBG funding will be utilized to ensure facilities are up to building code standards and proper security measures are in place.

Health Facilities

Although there are a wealth of health-related programs and agencies throughout the City of New Haven, access to the needed services sometimes proves extremely difficult for low and moderate-income families and individuals, who for the most part, lack reliable means of transportation. The result is that many at-risk clients do not receive coordinated health care services. It is important that the City provide adequate facilities where citizens can receive the proper care needed to develop their physical, mental, and emotional capacities to the fullest extent. Local health facilities provide services to meet both the physical and emotional needs of all City residents. CDBG funding is used to provide physical improvements as needed to neighborhood health facilities such as Hill Health and Fair Haven Community Health Centers.

Over the five year strategy period CDBG efforts will be used to expand the physical capacities of local health facilities to serve the growing clientele and ensure compliance with ADA requirements, lead abatement guidelines and building codes.

Infrastructure Improvements

OBJECTIVE: SUPPORT NEIGHBORHOOD REVITALIZATION ACTIVITIES IN TARGETED NEIGHBORHOODS

Sidewalks

As a part of the City's Livable City/Anti-Blight Initiative, CDBG funds will be used to continue the City's policy of improving sidewalks and curbs in designated areas. The majority of the areas will be at sites where rehabilitation activity is undertaken to provide a comprehensive approach to neighborhood revitalization activities. In addition, CDBG funding is being used for the 50/50 Program, which subsidizes the cost of the homeowner's sidewalk program.

Neighborhood Beautification Improvements

In support of its neighborhood revitalization efforts the City will provide beautification improvements, such as lighting, trash receptacles, signage, landscaping, and other beautification improvements. Combined with housing rehabilitation, anti-blight efforts and facility and infrastructure repairs, these improvements will help stabilize neighborhoods through the creation of a positive physical environment.

Infrastructure Improvements

For infrastructure improvements, CDBG and other Community Development funding sources are generally used for activities, which support or enhance neighborhood revitalization efforts in the City's low and moderate income neighborhoods. These efforts are further enhanced by activities funded with the City's Capital Improvements Budget. According to the City's Five Year Capital Improvement Program which covers the same time period as the Consolidated Plan Strategy, the City will spend an estimated \$88,135,229 on a variety of Capital Improvement Programs which complement housing and community development efforts. Selected projects from the City's Five Year Capital Improvement Plan are summarized by improvement category in the following table.

Five Year Capital Project Summary

Needs Category	Activity	Amount
Economic Development	Land & Building Bank	840,000
Economic Development	Commercial Industrial Site Development	1,140,422
Economic Development	Facades	2,480,000
Economic Development	Neighborhood Comm. Public Improvement	1,500,000
Economic Development	Pre-Capital Feasibility	225,000
Housing	Demolition	3,480,000
Housing	Acquisition	1,080,000
Housing	Residential Rehabilitation	1,000,000
Housing	Property Management	1,377,036
Housing	Neighborhood Public Improvement	850,000
Infrastructure	Sidewalk Construction & Repair	5,000,000
Infrastructure	Bridge Repair	3,700,000

Needs Category	Activity	Amount
Infrastructure	Pavement Management	9,500,000
Infrastructure	Infrastructure Enhancements	750,000
Infrastructure	Street Trees	1,180,000
Infrastructure	Combined Sewer Overflow	12,300,000
Infrastructure	Street Reconstruction	3,400,000
Infrastructure	Street Lighting	225,000
Infrastructure	Combined Sewer Overflow Correction	11,250,000
Infrastructure	General Sewers	3,280,000
Infrastructure	Sanitary Sewers	2,650,000
Infrastructure	Collection System Rehabilitation	7,500,000
Public Facilities	General Park Improvements	1,450,000
Public Facilities	Playground Initiative	1,300,000
Public Facilities	Winslow Augustine	150,000
Public Facilities	Quinnipiac Terrace	625,000
Public Facilities	City Shelters Physical Improvements	275,000
Public Facilities	Senior Center Physical Improvements	125,000
Public Facilities	Canal Line	5,492,771
Public Facilities	Coastal Area Improvements	4,010,000
	Five Year Total	88,135,229

Source: Five Year Capital Plan for Fiscal Years 2005-2009

Public Services

OBJECTIVE: TO EMPOWER INDIVIDUALS AND FAMILIES AND STRENGTHEN NEIGHBORHOODS

The City of New Haven recognizes that efficient, effective and performance-based human service delivery systems must be integrated with economic development initiatives in order for poverty to be reduced. To that end, the Non-Housing Community Development Plan focuses on strategies to increase the connection between economic development and human services such that every resident regardless of age, gender, race and disability, engages in opportunities to develop him or herself into a healthy, economically self-sufficient and responsible member of our community who actively participates to keep the City vibrant and flourishing.

At the very heart of the City's human services strategy is the recognition that strong individuals, families, neighborhoods, and communities are built upon a common foundation: positive youth development and education.

The City of New Haven is committed to the empowerment of individuals and families to achieve economic self-sufficiency. The City and representatives of its diverse communities came together to articulate its

strengths and identify the gaps which impact its citizens and their futures. Addressing public service needs has been part of the City's focus in response to building a stronger community as evidenced by past actions and expenditures. Youth, the elderly and special needs population remain the City's focus.

The following sections summarize the City's public services focus over the strategy period.

1. Strengthening Families - Healthy Children/Healthy Families

GOAL: To ensure that every family in our community provides a loving, nurturing, and stable family environment.

In strengthening families, the City is striving to put into place a family-oriented, community-based service system, particularly for families with young children. New Haven is transitioning from a predominantly intervention/treatment approach to one which emphasizes prevention. Many programs are proactive as opposed to reactive. Through strengthening families, we will improve the future outlook for our children.

In addition to poverty reduction strategies the City's strategy incorporates some of the most innovative approaches in the nation to welfare reform and strengthening families. To accomplish our goal, we must embrace the following principles:

- Optimal family support promotes the growth and development of families, reaching and strengthening families before the onset of behavioral problems.
- A multi-generational approach is essential to family support.
- Social services must focus on individual, family and community empowerment and on interactive capacity building.
- Services must be provided in a comprehensive and holistic way.

Currently, New Haven is participating in Connecticut's welfare reform efforts which are designed to encourage family unity, create incentives to work and to place people on a path that leads them out of poverty, not just off welfare. On March 31, 1997 the State of Connecticut took over the administration of Welfare benefits for individuals who had previously been served by the City of New Haven's General Assistance (GA) program. The new services were known as State Administered General Assistance (SAGA).

The City, through the Department of Children and Family Services provides "SAGA Support Services". Programs and activities implemented by SAGA Support Services address the underlying barriers facing SAGA recipients and those tied to specific subgroups within the SAGA population. For instance, identification and referral to specialized job training, job readiness and job development programs targeted toward clients with criminal records; clients recovering from substance abuse; clients who cannot speak English; and other special needs clients. Advancement of client's goals is attained through collaboration with Empower New Haven, the Work Force Alliance / CT Works, State Department of Labor Job Service, the Greater New Haven Opportunities Industrialization Center, the Adult Basic Education program along with other community based non-profit and faith based agencies.

SAGA Support Services clients receive an intensive form of case management / social service in areas of help that include; individual assessment / identification of needs, development of Self Sufficiency Plans, Counseling and Problem Solving, transportation assistance (bus fare, gasoline vouchers, and where

appropriate drivers licenses) and some other areas of incidental need. Once clients secure employment or access appropriate skills training SAGA Support Services provides new work clothing / uniforms / shoes, textbooks and training materials, assists with testing / certification fees. Program staff then offers individuals job retention counseling to help with keeping their employment. With funding from the City of New Haven and Social Services Block Grant funds through the State Department of Social Services, the City is able to address some of the underlying issues that prevent an individual from attaining or retaining employment including: housing search assistance; Case Management Services, Social Service and community resources referrals. Previously provided SAGA Medical benefits for eye examinations and prescription eyeglasses were eliminated by the State in FY '02. The City's SAGA Support Services program has become a primary venue for gaining prescription eyeglasses for SAGA clients through program efforts nurturing non-traditional resources in partnership with philanthropic entities.

Over the five year strategy period the City plans to develop transitional housing resources in support of clients seeking or just entering employment; address the incidental supportive needs of clients seeking employment; provide more intensive case management; streamline record keeping; and develop and more fully utilize skill development and job training programs. The key to strengthening families is employment; the reduction of substance abuse problems; and a network of supportive services such as transportation, child care and health care.

The health of a community depends upon human well-being, economic strength, and environmental quality. It is critical to give children and youth the best possible chance to succeed in school and develop careers and healthy families. Therefore, the City will work to:

- Integrate service delivery to ensure employment success;
- Develop family support and resource centers in neighborhoods to facilitate access to services ;
- Provide training, technical assistance, counseling and other forms of assistance to family support programs already in operation or development;
- Provide access to affordable child care and child development programming;
- Develop programs that address child development needs and promote school-readiness for children ages birth to three as well as, pre-school aged children.
- Improve the quality of child care by exploring credentials, providing incentives for training and developing a strong support system for day care providers;
- Promote efforts to provide transportation in support of employment;
- Coordinate daycare with training, education, employment and treatment system

Successfully addressing community child care needs is in line with the City's employment and training and economic development strategies and will allow parents who otherwise might remain dependent on benefits to enter/re-enter the workforce.

2. Education

GOAL: To ensure that all residents of the City are given opportunities to learn and receive a quality education to the highest level to which they aspire.

The City of New Haven is committed to the strengthening of families and individuals so they can take advantage of the educational opportunities available to them. We believe the best way to do this is to involve parents, children and community members in the planning and operation of our public schools.

The Board of Education's goal is to maximize student learning by improving curriculum, instruction and assessment from early childhood through grade 12. Improvement of the physical conditions of existing facilities while planning for expanded facilities is planned. To reach the goal of ensuring every individual has the ability to prepare for meaningful, successful careers and a lifetime of continuing education and skill building the City, in a coordinated strategy with the Board of Education and other community partners, plans to:

- Ensure school success through school readiness programs, an increase in parental involvement, the provision of curriculum enhancements and educational technology improvements;
- Encourage school drop-outs to pursue their GED or job skill training;
- Work to end truancy and drop-out; and
- Promote life long learning and continuous self-improvement.

The Board of Education continues to maximize the use of community resources to create new opportunities for student experience and achievement. Efforts to return libraries to each school and add computer technology have been extremely successful. After school programs designed to give kids a safe supervised place to be after school will be made available to more students. Student health needs are better addressed with the addition of more school nurses and school-based health clinics, which offer routine physicals and other services. Employment programs include School-to-Work and Youth Fair Chance initiatives.

The City will also work to:

- Continue to seek resources to upgrade the school system physical plant
- Expand the community schools program and provide resources and activities for the whole family
- Pursue curriculum redesign to realign curriculum with requirements for new employment opportunities
- Expand drop-out prevention efforts
- Seek resources to expand pre-school education

3. Positive Youth Development

GOAL: To ensure that every child is fully prepared to make a successful transition into adulthood (i.e., labor market, higher education, parenthood, and citizens of the community)

The 1994 Enterprise Community Strategic Plan included a vision where young people would gain the skills necessary to help them move toward a positive future. The City supported that vision through youth-driven initiatives and positive youth development activities. The national campaign - America's Promise - The Alliance for Youth - - identified five resources necessary to maximize the potential of young people. The City is committed to providing its youth with these resources, which include:

- Providing ongoing relationships with a caring adult, mentor, tutor, coach;
- Providing safe places and structured activities during non-school hours;
- Providing a healthy start and healthy future;
- Providing youth with marketable skills through effective education; and
- Providing youth with an opportunity to give back through community service.

The City will work to:

- Provide technical assistance to youth groups to help them to develop and implement plans;

- Ensure that youthful offenders have equal and adequate opportunities to re-engage in the community;
- Enhance and expand neighborhood-based, social and recreational opportunities for youth;
- Act on youth-identified priorities including career and job preparation training and educational counseling in the neighborhoods;
- Enhance entrepreneurship opportunities;
- Adopt educational curricula which recognizes, celebrates and reinforces the cultural heritages of our youth;
- Provide safe, reliable transportation from neighborhoods to cultural events (public transportation is limited with service priorities determined by entities representing the State);
- Create neighborhood-based cultural and recreation centers;
- Support programs which provide incentive for youth to become more actively involved in education and positive enterprise;
- Focus on removing the attraction of crime and giving youth an opportunity to rechannel their talents - highlight positive activities which provide money, power, access, identity, self-esteem, etc.
- Explore use of senior centers for youth and intergenerational activities;
- Encourage youth-to-youth programs;
- Develop an after school and summer program for youth with disabilities ages 12 and up which will include recreational and vocational activities along with internships;
- Connect the Health Department, Youth Services Bureau, Office of Substance Abuse Prevention Program and the Parks & Recreation Department with community programming for youth;
- create a youth community service component which is directly linked to neighborhood needs and connect to existing community service strategies;
- assist sex offenders to develop and augment a positive self-concept; live in surroundings which encourage the questioning and exploration of alternative behaviors; develop relationships with appropriate role models; and have the support and camaraderie of peers.
- create an intervention strategy to identify youth-at-risk of entering the criminal justice system and support the youth in redirecting their lives toward positive personal goals.

Although there are numerous and effective programs operating in the neighborhoods, there are not enough and they tend not to be coordinated with other youth-serving programming in the e community.

The City has as one of its resources, the Youth Development Training and Resource Center (YDTRC). It was founded in 1993 in the spirit of collaboration by a network of youth-serving organizations in the Greater New Haven area and The Consultation Center, a training and consultation agency. YDTRC is an agency committed to serving the people and agencies dedicated to youth work. YDTRC's mission remains centered on **“promoting positive youth development by increasing the effectiveness of youth workers and youth-serving organizations.”** As such, YDTRC serves as an intermediary resource for local organizations and for statewide initiatives. YDTRC takes a two-pronged approach to enacting its stated mission: 1) training, and 2) ongoing consultation and assistance. YDTRC provides numerous training and professional development opportunities to youth workers, supervisors and youth leaders across the state.

The developmental approach to working with children and adolescents promoted by the YDTRC is built around the youth development framework and key concepts elaborated below. This approach leads to healthy youth-centered communities who utilize young people as resources and as vital contributors in their local neighborhoods and the larger community. A healthy community recognizes young people's talents, abilities, strengths, and skills, and assures that these abilities are used for the common good of the whole community.

The essential premise for this approach is the active involvement of young people in determining youth needs, planning for program activities, and having opportunities for leadership roles – whether in school, in community programs, or faith-based activities.

Community youth-serving organizations are essential if developmental outcomes are to be achieved for all young people. Community programs are dedicated to the overall development of young people, and are a powerful connector to the diverse youth and family members residing in New Haven. These front line youth workers and community volunteers keep young people engaged in healthy activities and connected to a wide range of positive experiences. It is critical that young people are supported to develop both a strong personal identity and multiple areas of ability. Rather than just “problem free”, our city’s young people must be fully prepared, developed, and engaged productively throughout the community.

Therefore, every neighborhood in the community should seek to promote a full set of youth competencies, including the areas of:

- physical health
- mental health
- intellectual ability
- employability
- civic and social ability
- cultural ability

These abilities are best nurtured through caring and supportive relationships with a number of adults who can serve as positive role models, meaning not just parents, family members or just teachers. Once supported, young people learn how to in turn support their younger peers or their elders, so the community really begins to thrive.

Community youth development can only occur if all sectors of the community are committed to seeing that all young people are fully developed and prepared for adulthood. New Haven is building the capacity to assure developmental youth outcomes for more young people. But to achieve these positive outcomes, the city must make youth development programming a higher priority. A wider range of developmentally, age-appropriate program options, which assure youth input into the planning, design and implementation, must be supported for community youth development to become a reality in New Haven. Networks of youth-serving providers like the City-Wide Youth Coalition (CWYC) must be recognized and fueled because this interagency approach is the most effective way to assure higher quality services for youth all across the city. And, frontline youth workers must have ongoing opportunities for professional development, educational opportunities, and career pathways for young people to reach their full potential and be mentored by well-qualified, caring adults.

4. Support for Seniors

GOAL: To maximize the ability of senior members of the community to live healthy, socially, and economically viable lives.

Seniors are a major force—in our community – socially as well as politically. Traditional forms of support are available: the City operates senior centers and provides outreach services, the Public Housing Authority devotes complexes to senior citizens and Community Action Agency provides medical transportation and some homemaker services. The State provides protective services and outreach, and State legislation provides some financial relief to eligible seniors. Some private organizations such as Sage Services and religious denominations such as Jewish Family Services provide additional points of contact.

Seniors are an integral population within the City. In support of this growing population the City will:

- continue to compile information regarding the needs of and resources for seniors in the community;
- expand outreach efforts;
- promote multi-generational programming;
- increase social, educational and recreational opportunities;
- provide transportation services;
- provide health screening and health care services;
- expand neighborhood-based mentoring and role modeling programs;
- create more opportunities for neighborhood-based health screenings and educational seminars.
- Expand opportunities for seniors to participate in community service.

Perhaps the greatest problem facing New Haven's elderly population is isolation. Seniors face isolation due to social, health and economic reasons. Limitations on income, difficulties obtaining health care, fear of violence in unsafe housing arrangements, lack of information, all contribute to a reduced sense of participation as socially productive citizens. The five year objective for New Haven's elderly services program is to increase the ability of seniors to live healthy and productive lives through the provision of recreational, outreach, social, educational and health screening services.

CDBG funds will continue to assist in the operation of community senior centers, as well as to expand social, recreational and educational programs and access to such programs. Special emphasis will be placed upon multi-generational programming by enhancing existing programs associated with youth activities. Neighborhood programs that stress mentoring and role "modeling such as "adopt a grand child" will be targeted to increase senior involvement. In addition, the City will collaborate with the Public Housing Authority to ensure information regarding available community resources, events, etc. is systematically disseminated.

5. Healthcare

GOAL: To ensure that all members of our community engage in proper health care practices and develop to the fullest extent possible their physical, mental, and emotional capacities.

In New Haven, we know that to deliver health care, it must be delivered within a continuum of care, in a holistic manner, and across numerous systems. Over the past decade, New Haven's social service providers have gathered to re-think the way they have traditionally done business, and in some systems, notably the AIDS-service providers and Homeless service providers, a continuum of care has emerged. For example, in the AIDS services network, the social workers at Yale-New Haven Hospital will not discharge a patient until safe and affordable housing has been secured. Under the homeless continuum of care, services including health care, education and job training are provided in a coordinated manner.

New Haven's goal in organizing health care services is to ensure coordinated and quality care which will meet the needs of city residents in a cost-effective, culturally relevant, and timely manner, with an emphasis on preventative care, and most of all with a clear definition of health as more than just physical health.

There is a need to close gaps in the provision of services and to coordinate health care with the provision of federal, state and municipal, social, economic and human services to alter the entire manner in which services of all kinds are provided in the City. Integration of health care with other services will maximize the

ability of each individual to attain a healthy, self-sufficient life. The City's prevention-oriented, community-based health care initiatives contribute to achieving this goal.

The following health components are identified as the most critical to New Haven's survival:

- Promote maternal, pre-natal, and child health
- Improve infant death rate, low birth weight, prenatal care and pediatric care and early childhood immunizations by creating an accessible, affordable and high quality health care system for women of child-bearing age and their children.
- Increase focus on preventive health and primary care. Provide health education and screening to reduce premature death and disability among New Haven residents from cardiovascular disease, cancer, stroke, accidental injury, tuberculosis, at risk behaviors and other life threatening conditions.
- Address mental health issues (large numbers of individuals with mental illness are returning to our community following the reduction of capacity at State hospitals for people with mental illness).
- Increase participation in community planning and implementation of comprehensive services that meet the needs of individuals with mental and/or emotional illness by supporting the full implementation of a regional managed service network;
- Target teen pregnancy prevention to increase the number of teenagers utilizing teen pregnancy prevention and family planning services and involve parents in this process whenever possible/reduce teenage pregnancies.
- Work through school-based health clinics teaching youth social skills, protection from AIDS, etc.
- Incorporate pregnancy prevention into positive youth activities.
- Prevent the transmission of HIV/AIDS in the City and provide services to improve and extend the quality of life of those affected by the virus;
- Support lead-poisoning prevention (90% of the housing stock was built before 1980 causing risk associated with childhood exposure to lead-based paint). Facilitate increased lead screenings;
- Establish a comprehensive educational campaign; insure proper abatement; and seek funding to finance medical services and lead abatement of housing.

6. Homelessness Services

GOAL: Provide a continuum of care system of housing opportunities that provide safe shelter while homeless individuals work their way toward self-sufficiency.

New Haven represents only 15% of the region's land but supports more than 60% of the region's subsidized housing units. Associated with this responsibility is a greater burden placed on human service and employment systems. Although New Haven has a strong tradition of providing meals and emergency shelter beds to those who are homeless, there are gaps in outreach, transitional housing, affordable and accessible permanent housing, job training and development and daytime programming. Funding sources, legal mandates to provide or limit services, transience of individuals and many other factors impact the delivery of shelter and related services to those who are homeless. Over the strategy period the City will:

- Develop and enhance a progressive system of housing from emergency housing beds to permanent housing;
- Engage homeless individuals and families in opportunities and services that move them toward self-sufficiency by establishing a continuum of housing, economic and social support services for individuals and families who are homeless;
- Develop a Continuum of services that link employment, healthcare, substance abuse and mental health

treatment, childcare and children's services;

- Develop services for homeless and chronically homeless children (i.e. childcare, cognitive development, health, healthcare).
- Support innovative projects, collaborative efforts and community-based agencies which work toward reducing homelessness;
- Facilitate livable wage job creation and systems change to prevent homelessness.
- Increase access to homeless assistance for persons with disabilities.

7. Supportive Housing Services

GOAL: Provide access to a range of choice of safe supportive and affordable housing opportunities where individuals can become part of diverse neighborhood environments. Create neighborhoods which develop and foster economic stability, personal health, safety, growth, civic involvement and a sense of community among the people of New Haven.

To achieve this, the City of New Haven will work to:

- Provide relevant services and affordable housing that are easily accessible and integrated into viable existing communities;
- Provide a range of support services that continuously support homeless individuals and families as they move through the continuum of housing and employment services, with an emphasis on prevention as well as supports during critical transition periods;
- Expand the range of substance abuse services to include more detoxification centers, increase aftercare, and services to the chronically relapsing; and
- Focus employment initiatives on guiding homeless individuals towards "living wage" jobs and other options and benefits that will enable them to access and maintain housing.

8. Breaking the Hold of Drugs

GOAL: OSAPP's main goal is the building and sustaining of a citywide infrastructure and acquisition of appropriate resources that will align efforts within the city. These efforts are aimed at: reducing substance abuse by 2007; reducing by 30% the number of arrests annually due to substance use/abuse by 2010; and formulating and implementing citywide policies to reduce and prevent substance use/abuse by 2007.

OSAPP and its partners have initiated the following services to address some of the needs:

- Project ASSERT, an acronym for Improving Alcohol and Substance Abuse Services and Educating Providers to Refer Patients for Treatment, is an innovative project using community outreach workers at the Yale-New Haven Hospital Emergency Department to identify and provide early intervention for patients with alcohol and drug (AOD) problems and high-risk behaviors.
- BABES (Beginning Awareness Basic Education Services), educating elementary school children about the dangers of substance use and abuse.
- The New Haven Coalition to Reduce Underage Drinking, a collaboration with the CT Coalition to Stop Underage Drinking to develop policy and intervention to reduce alcohol consumption in youth under 21 years of age.
- Buzz Without The Booze, a social marketing project to moderate alcohol consumption and risky behaviors associated with holiday and social festivities.
- Project INTACT, a partnership with Hill Health Center, which provides specific case management intervention and community support for African-American women with children who have substance abuse problems and risk of homelessness.

- New Haven Building Bridges Prison Re-Entry Project, a new initiative in its planning stages to facilitate successful transition back into the community.

This is but a start toward having a comprehensive system that can serve all substance use/abuse prevention, intervention and recovery needs of substance using and/or abusing New Haven residents.

Accessibility

OBJECTIVE: TO PROVIDE EQUAL ACCESS TO ALL CITY RESIDENTS

The City of New Haven is committed to the full inclusion of persons with disabilities in all aspects of community life in New Haven. The City is committed to compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other disability-related laws.' Through the City's designation as a HUD Enterprise Community, persons with disabilities are expected to participate in grassroots/ neighborhood planning which would improve economic and educational opportunities not yet enjoyed by many persons with disabilities New Haven.

A City department dedicated to disability issues was established in 1987 and is under the direction of corporation counsel. The department provides training on disability issues and technical support to City staff, and information and referral services to the general public. Before budget cutbacks in the early 1990's, the department provided outreach services and limited case management to New Haven citizens with disabilities. During the late 1990's many of those services were restored but more recent cost savings initiatives by the City resulted in the loss of those services.

The City recognizes the need for persons with disabilities to access the network of community service providers which have not yet been able to plan for and achieve physical and/or programmatic accessibility. Therefore, the City will establish a priority for funding public facilities proposals which address accessibility issues in future CDBG cycles.

To meet the requirements of the Americans with Disabilities Act (ADA) the City is currently developing a strategy and plan for the provision of equal access to all residents. Over the strategy period the City will use a combination of funds, including Capital Improvement and federal funds as needed to remove architectural barriers from buildings, public open space, streets and sidewalks.

Historic Preservation

OBJECTIVE: TO FIND A BALANCE BETWEEN HISTORIC PRESERVATION, ANTI-BLIGHT IMPROVEMENTS, REVITALIZATION AND THE PROVISION OF AFFORDABLE HOUSING

With the majority of its building stock built prior to 1940, the City has numerous buildings of historic significance or buildings which possess interesting architectural features. In a combined effort between the City, the New Haven Preservation Trust and Yale University an inventory of the City's structural resources was conducted in the early 1980's. The New Haven Historic Resources Inventory, which resulted from this collaborative effort contains information on all buildings which may be of historic interest. Due to the parties involved in the inventory effort, the list of buildings is extensive and covers a wide variety of building types. Over 4,000 structures, most of which are not located in one of the City's 18 National Register Historic Districts or two local historic districts, are on the list. Although the City is cognizant of the importance of

preserving its historic character to maintain neighborhood and civic pride and cultural awareness it must also face the reality of the physical condition of its neighborhoods. Over the past several years the City has found that numerous buildings have reached a point of severe deterioration following years of neglect and deferred maintenance. In some instances, preservation of the structures is not economically or physically feasible. In instances where buildings could be renovated for use as affordable housing, issues such as weatherization, low-cost maintenance, and the removal of environmental hazards such as lead paint covered windows and doors and asbestos-containing materials often conflict with historic preservation. Over the strategy period the City will work toward providing a balance between historic preservation and the need to provide decent, safe and affordable housing and create viable urban neighborhoods.

Economic Development

The most obvious benefit of a thriving business environment is the creation of jobs for all sectors of the population in general and for low and moderate income residents in particular. The benefits of a thriving business environment go beyond job creation to include the public services made possible by the business community's contribution to the City's tax base, such as schools, police, fire, public works, and cultural and entertainment events, as well as the provision and maintenance of sidewalks and streets, parks and public buildings.

New Haven has a strong labor force, education and training programs responsive to employers' needs, and a strong network of neighborhood organizations which have worked collaboratively with the public and private sectors to plan and implement neighborhood improvements, and to link physical improvements to human services to benefit neighborhood residents.

Our vision for New Haven is to synthesize its many resources and enable the City to become a gateway to economic self-sufficiency for all its citizens; providing education and training opportunities linked to good jobs. It is the City's goal to become:

- A cultural destination for arts and entertainment;
- A City with full employment for all residents, in jobs with living wages and opportunities for advancement;
- A center for biotechnology and biomedical industries;
- A nurturing environment for small businesses;
- An example of strong neighborhood commercial development;
- The core of a dynamic regional economy capable of attracting and growing new businesses;
- A City that successfully recycles its brownfields sites for new industry; and expanding industry; and
- A national model in linking economic development and job creation with neighborhood residents;
- A resource of diverse educational experiences within the ongoing growth of our schools and universities;
- A center for specialized healthcare.

Imbedded in this vision is the City's desire to increase investment, business development, job creation and access to jobs as a means to expand the tax base, support needed services, reduce commercial and industrial blight, and stabilize neighborhoods.

The City focuses its economic development efforts on retaining and attracting new businesses and promoting the City's strong points and market "market niches" as a means to attract spending and economic activity back to the City.

The provision of technical assistance to entrepreneurs, start-up and new businesses, and small business owners is key to business development and long-term success. In addition to providing start-up assistance and initial financial assistance it is important to provide on-going technical assistance so business owners have the information they need to succeed and grow. The provision of public improvements and on-going maintenance in commercial areas and the designation of Special Services Districts in neighborhood commercial areas will also support local economic development efforts.

OBJECTIVE: TO ASSIST IN THE RETENTION AND CREATION OF JOBS FOR LOW AND MODERATE INCOME RESIDENTS OF NEW HAVEN

ACTIVITIES AND PROGRAMS

Technical Assistance

Greater New Haven Business and Professional Association, Inc.

The Greater New Haven Business and Professional Association provides technical assistance to individuals interested in starting a business and retaining an existing business.

Regional Business Resource Center

The Regional Business Resource Center provides current and prospective business owners with comprehensive business assistance, resources and consulting services. Technical assistance covering all aspects of business start-up and business management is offered without cost.

EZ Employment Strategy

Through the Empowerment Zone process the City has created a collaborative effort with a focus on assessing the employment needs of the community and providing education, training, supportive services and case management in an effort to connect unemployed and underemployed residents with good jobs that allow opportunity for advancement. Activities include employer-driven training, potential employer outreach, the provision of job-linked training, the creation and implementation of employer incentives, and linked supportive services.

Small Business Center at Gateway Community College

Small Business Center at Gateway Community College at 60 Sargent Drive, New Haven works with the entrepreneurs who want to start their own business and with existing small businesses through a partnership which includes SCORE, SBA, and The Women's Business Development Center. The Small Business Center presents regular monthly workshops, distributes information and materials to community agencies and conducts individual counseling as needed. The Center operates out of Gateway Community College at their Long Wharf Campus.

The Business Assistance Center at the Greater NH Chamber of Commerce (BAC)

The BAC operation is part of the Chamber of Commerce Office has a Director who is paid by Empower New Haven. Their function is to help coordinate the effective utilization of existing technical assistance providers with needy clients and to help facilitate small business access to appropriate services and capital. The Director meet clients, refers them to appropriate TA providers and maintains a tracking system which ensures that no clients fall between the cracks and/or are under-served by the TA providers.

Spanish American Merchants Association (SAMA)

The Spanish American Merchants Association (SAMA) at 235 Grand Ave., New Haven provides start up costs and technical assistance to existing businesses primarily under Hispanic ownership. Services include the development of business plans and financial projections for merchants in need of loans. They prepare loan presentations for lending institutions and provide merchants with technical assistance in the development and management of a business. In addition classes on computer literacy are also offered.

Other Economic Development Needs

Section 108 Loan Guarantees: The City has requested that HUD provide Section 108 funds for economic development activities. Section 108 Loans currently assist in underwriting third party loans to fund eligible business activities, which result in substantial employment while assisting in the revitalization of New Haven's neighborhoods.

Section 3 HUD Act of 1968

The Section 3 HUD Act of 1968 requires employment of low-income area residents in HUD assisted construction projects as well as contracting opportunities for Section 3 businesses.

OBJECTIVE: TO PROVIDE FOR THE EXPANSION OF LIVABLE WAGE JOBS AND ECONOMIC OPPORTUNITY AS THE FOUNDATION FOR NEIGHBORHOOD REVITALIZATION

The New Haven community's economic development strategy is designed to create a system of incentives and supports for entrepreneurial, job-producing activity at all scales. Its goal is to retain and recruit businesses that will generate additional well-paying jobs for its residents.

ACTIVITIES AND PROGRAMS

Technical Assistance

Promote economic development. Activities will include providing information on commercial sites, technical assistance, loan recommendations and serve as a resource of low and moderate income applicants for available positions.

Promote Sectors in which New Haven has a Competitive Advantage

Action will be targeted toward promoting economic and business development within industry sectors where New Haven has a competitive advantage such as science and biotechnology, education, health care, the arts and entertainment. In terms of retail and services, efforts will be made to find and develop "market niches" to attract spending back to the CBD (Central Business District) and neighborhood areas.

Promote Downtown, Retail and Neighborhood-Driven Economic Development

Efforts will be undertaken in connection with the City's redevelopment and neighborhood revitalization. The production of entry-level jobs and employment opportunities for neighborhood residents will be promoted.

Identify, Remediate and Develop Brownfields

It has become clear that if New Haven is going to meet its goal of increasing its tax base and the number of quality jobs through the creation and/or retention of manufacturers or large employers the issue of sufficient space would have to be addressed. As a built-up city New Haven has limited acreage of developable property. A strategy or plan to address this problem will require the reuse of out-dated, abandoned, and underutilized industrial properties. The possible contamination of these "brownfields" requires identification and remediation of these properties prior to their effective reuse. Towards this end, the City initiated the River Street Municipal Development Project in 2002, in an effort to reclaim 25 acres of primarily riverfront, brownfield property for industrial commercial development.

Micro Business

The Small Business Revolving Loan Fund provides capital for start-up or expansion of small minority or disadvantaged businesses which are located within low to moderate income neighborhoods and provide goods and services to the residents. Businesses assisted by this program must be located in or must locate within 60 days to a New Haven low/moderate income or HUD designated micro-enterprise neighborhood. Such businesses must supply products and services, which benefit area residents or create jobs.

Small Business Initiative

The Small Business Initiative (SBI) was created to meet the needs of small businesses by providing unique loan products through the leveraging of private sector partners' resources and specialized services. In addition to providing unique loan products, SBI focuses on ensuring that small businesses have access to appropriate technical assistance. SBI focuses on enhancing the capabilities and capacity of other agencies. The provision of technical assistance and referral to other agencies is utilized to avoid duplication of services.

Commercial/Industrial Improvements

Neighborhood Commercial Public Improvement Fund makes funds availability to businesses, which work with the City's community-based Police program and the Office of Business Development. Improvements are designated for commercial areas, which are principally residential areas within CDBG neighborhoods. Specific tasks include improved lighting, tree trimming, sidewalk replacement and trash receptacle installation.

The Façade Improvement Program

The Façade Improvement Program operates in five neighborhood commercial districts and a portion of the downtown area. These include Westville Village, Whalley Ave., Dixwell Ave., Grand Ave. in Fair Haven, Kimberly Square in the Hill and portions of downtown on Chapel and Church and the Ninth Square. Commercial districts within Empowerment Zone Neighborhoods, low and moderate income target areas and portions of the downtown will have access to a variety of funding sources to support façade and business improvements.

OBJECTIVE: TO DEVELOP AND MARKET NEW HAVEN AS A CENTER FOR TECHNOLOGY-BASED INDUSTRY

Science and Biotech

South Central Connecticut is home to a critical core of healthcare and biotechnology businesses uniquely positioning the region to play a vital role in the rapid growth of these industries. The region contains two of the world's largest pharmaceutical firms and a diverse set of supportive offerings. Collectively, these constitute the major presence of the entire biotechnology industry in Connecticut. In particular, access to Yale makes New Haven an important contender for emerging new firms. Historically, New Haven has served as an important hub for outstanding health-related facilities, among them St. Raphael's Healthcare, Yale-New Haven Hospital, Yale's School of Medicine and Nursing, The Temple Medical Center, and numerous other medical practices, laboratories and other health-related facilities. The development of the bio-medical/bio-technology industry in New Haven is a logical extension of the City's traditional role.

Science Park

New Haven's center for technology is presently located at Science Park, the 80-acre site of the former Winchester Repeating Arms factories. It is the only university-connected business incubator in Connecticut. Founded in 1982, this non-profit joint venture of the State, the City and Yale University, Science Park is home to 85 firms employing more than 1,500 people with a sizable concentration of minority-owned businesses.

The original concept behind the development of Science Park was three-fold: 1) to create a small business incubator providing a supportive environment in which to attract, build and retain small technology based firms predominately in the biomedical field; 2) to transform a partly derelict, turn-of-the-century industrial complex into a technology park which could accommodate the needs of larger manufacturing and service firms either graduating out of the incubator or attracted from outside the City and region; and 3) through the successful development of the first two elements, build an enterprise that supports the surrounding community by encouraging entrepreneurial talent while creating jobs for low-income neighborhood residents.

Full implementation of this concept has been limited for a variety of reasons:

- It is expensive to convert old buildings such as those located at Science Park for high technology use.
- The jobs created by high technology firms, especially in the biomedical field, require a math and science background, even for entry-level lab jobs.
- The low-income neighborhood in which Science Park is located is not contiguous to any major transportation network or the Yale University medical complex, limiting its attractiveness.

Lyme Properties assumed responsibility for the new development of Science Park and has completed a \$25 million renovation of the Office and Laboratory space at 25 Science Park.

During 1997, the Science Park concept was revisited. Its new structure retains the project's successful components while eliminating its shortcomings. All of the existing science-bio-tech businesses will be consolidated into new, updated space. Older buildings at the park will be demolished to provide clear sites for new construction. Job creation activities will no longer be limited to industries related to biomedical research and manufacturing. Efforts to create new employment opportunities will shift to light manufacturing businesses requiring lower skills and less stringent training, which will go further in connecting the surrounding neighborhoods to Science Park

in a meaningful way. The State of Connecticut along with the City and HUD has agreed to invest \$100 million in Science Park and the surrounding neighborhood.

To address the need for training for biotech/biomedical jobs, a one year Biotechnology Certificate Program has been established with the input of the biotech companies at the community college, and a Career High School specializing in biomedical careers opened in 1998, adjacent to the Yale Medical School complex.

Other Related Projects Underway

The healthcare industry in New Haven continues to thrive and grow, in spite of the current trend in managed care, mergers and consolidations. The City is working hard to create the business and social environment necessary to attract and retain healthcare professional in New Haven. Both hospitals in the City are presently undertaking major renovation and expansion work to meet increasing demands for healthcare.

- St. Raphael's Healthcare is investing \$25 million to create a new in/out-patient surgery center at their main facility on Chapel Street.
- Yale-New Haven Hospital will spend \$27 million to renovate its south Pavilion, including \$8 million initially at its Intensive Care Facility and eventually undertaking complete renovation of its various patient facilities.
- The development of 300 George Street, a 600,000 square foot building across from the Yale Medical Center, for use by the biotechnology industry has been renovated at a cost of more than \$100 million. The developer has commitments from initial tenants for 100,000 square feet. The facility is 50 % occupied
- Yale Cancer Center Development
- Yale Medical School building completed
- Pfizer clinical research building near completion

OBJECTIVE: SUPPORT DOWNTOWN AND CULTURAL DEVELOPMENT

The revival of a City's neighborhoods is tied to the health of its Central Business District which is a significant source of jobs for neighborhood residents and tax dollars to support services as well as a center of retail, culture and other services.

The overall goal is to create a thriving, mixed-use downtown in which people want to live, work, shop, and recreate. Downtown's future economic vitality will rely on the community's ability to define a market niche for downtown, which takes full advantage of New Haven's architectural heritage, location advantages and natural assets.

New Haven's CBD has over the past decade seen gains and losses. Downtown has suffered as most retail activity has moved from the center city to the suburbs. The circa 1965 Chapel Square Mall which occupies a central location adjacent to the New Haven Green has declined in recent years. The second of its department stores, Macy's, moved out in 1993.

However, the CBD retains several vibrant mixed-use commercial districts, which continue to develop despite setbacks, including the College Street Entertainment District, Audubon Street, and Upper Chapel areas. Other districts, the Ninth Square and Broadway areas, are undergoing major revitalization. The strategy for downtown balances continued efforts to develop these districts as special urban environments, which can compete successfully by distinguishing themselves from cookie-cutter malls and cluttered strip

developments, with efforts to improve overall marketing and management of downtown and to pursue larger anchor projects.

Many residents and leaders feel that the benefits of the large expansion in downtown activities in the 1980's did not provide benefits to their neighborhoods commensurate with the public subsidies that were being provided. Under the City's Enterprise Community/Empowerment Zone employment strategy and the City's SAGA support services will work with developers and employers from an early stage to ensure that residents are provided job opportunities resulting from all development projects. Customized training programs will be developed where needed to facilitate this.

Yale's expanding presence downtown and significant reductions in crime, have precipitated a renewed interest on the part of developers for downtown properties. In response, the City is presently developing a Downtown Strategic Plan addressing such pressing concerns as parking, signage, office expansion, arts and entertainment facilities needs, safety and security, in addition to the residential and retail markets. The Town Green Special Services District created in 1996, is now focusing its efforts on retail recruitment and marketing, in addition to its primary concern with cleanliness and safety. The overall objective of all of these activities is the expansion of jobs for City residents and an increased tax base.

In view of the City's architectural, historical and cultural attractiveness and potential for increased tourism, the Office of Business Development pays special attention to how to take advantage of such opportunities. The major capital investment of two national hotel chains - Omni Hotels--and Susse Chalet - underscore the recognition that New Haven has the potential to become an important tourist destination. Opportunities for job creation in the hospitality industry are anticipated.

The details on this objective are as follows:

Major Recent Accomplishments

- Public improvements to Temple Street, including new sidewalks, lighting and other pedestrian amenities;
- Creation of the new 153-room Grand Chalet Inn & Suites at Long Wharf, with direct shuttle access into the downtown;
- Recent opening of 65 new stores and restaurants in downtown (2001-2004);
- Major renovations of the former Holiday Inn on Whalley Ave. now owned by Marriott Courtyard;
- Eighty-three (83) market rate units of historic rehab located on the corner of Church and Chapel St.;
- Historic 80 Temple St., formerly known as the United Illuminating headquarters, has been renovated into a five screen movie theater and 44 market rate residential units;
- Acquisition of the former Chapel Square Mall and office complex. A 35 million dollar renovation creating 100 new residential units, renovated store fronts, retail space and the renovation of the office tower which is 95% occupied;
- In the summer of 2004, the Ikea furniture and home furnishings store opened up its only store in New England along Long Wharf Drive. The 310,000 square foot facility is located at the crossroads of Interstate 95 and Interstate 91 in New Haven. The store has created 350 jobs, 60% of them full-time and provides significant benefits for its employees.

Projects Underway

- Development of a Retail Recruitment program to fill storefronts in the downtown;
- Development of a comprehensive Downtown Strategic Plan designed to expand the residential, office and retail markets, while addressing the needs of the Arts & Entertainment Industry;

- parking, transportation and signage issues; marketing needs, and urban design irregularities.
- One hundred (100) units of mixed-income housing in the Ninth Square located in two historic rehab buildings and one infill building. Forty percent of the units will be low/moderate income (50% of median income);
- Renovation of street level retail in the vacant Macy space in the Temple Street Garage, 16,000 square feet of vacant space under development for retail use;
- Marketing Campaign to promote downtown New Haven as a destination for shopping, arts & entertainment, residential, medical and educational services; and
- Pfizer is constructing a three-story, 65,000 square foot clinical research unit adjacent to the New Haven Hospital on Park St. and Frontage Rd. The construction began in October 2003 and will be completed by the fall of 2005. The facility will employ between 50 and 70 people. Pfizer has worked with Gateway Community College and Career High School to create four internships and has donated over \$10,000 for several scholarships and science prizes. The property value after development will be \$11,950,000 and will bring in \$184,598 in property taxes during the first five years thereafter it will bring in \$307,665 annually.

Projects Proposed or in the Planning Stages

- Gateway Community College is proposing to consolidate two facilities into one new state of the art, 400,000 square foot facility on the former Macy and Malley department store sites vacant since the early 1990's. State funding of 140 million.
- Demolition of the vacant former New Haven Coliseum and reuse property for a hotel, conference center, retail, housing complex and Long Wharf Theatre is proposing to relocate from Long Wharf along I-95 to a portion of the New Haven Coliseum site.
- Newhallville Renewal and Redevelopment Plan is an important part of the City's comprehensive development program that tries to take an active role in the elimination of blight in its neighborhoods through a combination of redevelopment and rehabilitation. The initiatives outlined in the plan combine public support, private initiative and local community efforts to strengthen the re-emerging neighborhood of Newhallville.
- Marketing Campaign to promote downtown New Haven as a destination for shopping arts and entertainment, residential, medical and educational services.
- The River Street MDP was approved in 2002 with the aim of revitalizing the southern, riverfront area of Fair Haven. The goal is to clean up the vacant industrial buildings and bring in new businesses and jobs to the riverfront. The project will also create a landscaped walkway along the Quinnipiac River to give pedestrians access to the river.
- Third Phase of Ninth Square mixed-income housing along George Street.

Arts and Entertainment

New Haven has traditionally enjoyed a fine reputation as a center for arts, culture and entertainment. From the distinguished museums at Yale, to the Shubert Broadway Series, to countless individual artists and local performance groups, the City has a far greater share of artistic and cultural organizations, activities and performances than many cities several times its size.

One of the great strengths of New Haven's cultural scene is the quantity and concentration of existing cultural activities. This diversity is important because it provides a significant base upon which the City can build. The wide range of art and entertainment options attract visitors and residents from diverse economic and ethnic backgrounds, providing a true urban cultural experience. These add tremendously to the area's quality of life, critical to the social and economic health of the entire region. It is what sets New Haven apart. Development in this category involves investing the City's cultural community system as opposed to just individual organizations.

In line with this thinking, the City, as part of the Regional Cultural Plan for Greater New Haven, is planning to conduct a series of research studies designed to prepare its arts and entertainment industry for the next century. In addition to undertaking a complete market and trend analysis for the industry, this study will produce an economic impact analysis and identify long-term facilities needs for five of New Haven's largest arts and entertainment institutions. A goal of the Plan is to develop or attract the many "support" facilities that grow up around healthy arts communities. These would include live/work spaces for artists and for-profit businesses that supply the industry, such as sound and video production, musical instrument and sheet music suppliers, as well as bookstores, cafes, galleries, trendy boutiques, gift stores and restaurants.

Major Recent Accomplishments

- Restructuring of debt and interior renovations to the Shubert Performing Arts Center;
- Completion of and implementation planning for the Regional Cultural Plan for Greater New Haven;
- Creation of the Temple Courtyard Plaza and Shubert walkway connecting to the new Omni New Haven Hotel at Yale to College Street, the Shubert and the heart of the Entertainment District;
- Creation of Town Green Services District;
- Renovation and opening of the Omni New Haven Hotel at Yale, 270-room, four star hotel;
- Temple Street Garage;
- Downtown commuter train station for Shoreline East;
- 866 Chapel Street just opened as Center Pointe in the historic Cutler Building on the corner of Church and Chapel, opposite the historic New Haven Green. This sixteen million-dollar project includes 83 new residential units for lease. Two months after opening, fifty of the eighty-three units were occupied. The project also includes 17,000 square feet of street level retail which is now available for leasing. Block 235 Development Associates, LLC, a development entity of C.A. White Real Estate, developed the building;
- The City of New Haven has created a Port Authority that will be involved in four main areas: 1) the relationship of the Port to the local, regional, and state economy, 2) Port governance and policy, 3) Land use and environmental issues, and 4) Port security
- A new School of Art at Yale, housed on Chapel Street in the former Jewish Community Center, representing an investment of \$22 million; and
- \$85 million in other new and renovated Yale facilities to support a major new focus on arts in the next decade.

Projects Proposed or in the Planning Stages

- An arts feasibility study to address the full range of facilities-related issues in downtown;
- A new program of public art sculptures enhancing various entry points into the downtown area;
- Ongoing, critical renovations to the Shubert Performing Arts Center; and
- A new facility in downtown for Long Wharf Theatre to replace its existing performance space.

Parking Strategy

Another disadvantage downtown businesses face when competing with suburban retailers is a lack of convenient, usually free parking. Many of the City's major parking structures are in need of repair. Maintenance costs alone require that parking fees be periodically increased. The City will seek state funds for repair of these facilities. To address the parking cost issue, the Downtown Special Services District revenues would be used to offset some of the parking expense for customers of downtown businesses.

Other Economic Development Needs

Public And Private Sector Collaboratives have been developed to link job creation and training agencies together more closely to the human services and neighborhood networks. These collaborative efforts include the active participation of neighborhood residents with the ultimate goal of providing increased opportunity for employment and business growth in New Haven's neighborhoods.

5) Obstacles to Meeting Underserved Needs (91.215a)

The greatest obstacle to meeting underserved needs is the lack of financial resources. Budget cuts, the reduction of funding from State and Federal sources, and proposed further cuts or elimination of federal housing and community development programs all greatly impact the ability of the City and its housing and community development service providers to meet the needs of the low and moderate income or special needs populations.

The reduction of funding on both the State and federal level significantly impairs the City's ability to provide affordable housing. The potential reduction or discussed elimination of HUD entitlement programs or funding, the continued reduction in Section 8 allocations and most recently the reduction of HOPWA (Housing Opportunities for Persons with AIDS) funding results in the reduced ability to provide assistance to individuals and households most in need. In terms of HOPWA funding, over the next five years experts estimate that the number of persons living with AIDS will decline and the number of persons living with HIV will increase. HIV will continue to exist in our society in epidemic proportions. As New Haven's poor population increases, safe and affordable housing will be in greater demand. Those infected with HIV will have a greater need for housing and supportive services in order to adhere to the complicated drug regimens required to keep the onset of AIDS at bay. With the current formula allocation of HOPWA program, formula funding for the 2005/2006 year was cut by **26%** because of a drop in new AIDS cases, which put the New Haven EMSA below the national average. Since the formula allocation is based on the number of new AIDS cases for our New Haven EMSA, we will continue to see cuts in funding as the numbers of new AIDS cases continue to decline. Without necessary funding we will see more homelessness for our HIV/AIDS infected citizens. This increase in homelessness will further burden limited resources. We will begin to see more sick people as we did in the earlier days of this disease if there isn't adequate housing and support services to help this population adhere to their drug regimens and healthcare treatments.

Recent discussions at the Federal level regarding significant changes and/or cuts in HUD entitlement funding will greatly affect the City's ability to provide affordable housing, supportive housing and the programs and services necessary to improve the standard of living of its low and moderate income population and the neighborhoods within which they live.

It is the City's understanding that HUD is poised to have legislation introduced that will drastically change how affordable housing programs operate and who they serve. The bill will affect the Section 8 voucher program, the public housing program and residents of project-based Section 8. The proposed changes will impact low-income tenants, including persons with disabilities and their families.

HUD's Changes to the Voucher Program Include:

- Changes to income targeting guidelines. Today, 75% of vouchers must go to families with incomes below 30% of area median income (those with the greatest housing need, by far). The HUD bill will require that at least 90% of vouchers go to families with incomes up to 60% of area median income.

[This means persons with the lowest incomes will compete for housing with persons whose incomes are higher.]

- Allows public housing authorities to impose time limits on voucher assistance.
- Allows public housing authorities to change how rents are calculated, so that rents may no longer be a percentage of resident income. Rents could be market-based and unaffordable.
- Housing authorities would set their own rent subsidy levels without relying on a fair market rent from HUD.
- Vouchers would only be portable between agencies if both agencies had a standing agreement. And, this could only be done within the same state or region, with some limited exceptions.
- After January 1, 2009, voucher policy changes could also apply to new elderly and disabled families, at the discretion of the local housing authority.

HUD's Proposed Changes to the Public Housing Program Include:

- Allows public housing authorities to change how rents are calculated, so that rents may no longer be a percentage of resident income. Rents could be market-based and unaffordable.

The City and its disability and affordable housing advocates are concerned about how these changes may affect the provision of affordable housing to persons and families in need. Proposed changes should be re-evaluated to ensure low income persons and families in need are not negatively affected.

Even in eliminating the financial barriers to the development of affordable housing there still remain several problems, which are more difficult to diminish. There is little available land suitable for housing construction. The rate of building abandonment has been increasing due to a combination of high taxes and slowed economic growth in the region. There already exists a substantial portion of subsidized housing. Regional government does not exist and the City of New Haven bears a disproportionate service burden as a result. Economic development efforts and tax policies must address issues, which negatively impact older urban centers.

6) Strategy to Remove Barriers to Affordable Housing (91.215f)

The current housing market is ideally suited for rehabilitation. The number and configuration of vacant buildings lend themselves particularly for resale to owner-occupants. One and two-family houses are now available to a wider income group due to the combination of lower interest rates offered by banks, mortgage companies and the state housing finance agency and the availability of gap financing or downpayment assistance programs offered by State agencies and the City through ADDI and HOME programs.

In response to market forces, the City along with several non-profit agencies has focused its efforts on developing successful homeownership programs. Geared to first-time buyers, these programs prepare people for the financial requirements and the on-going responsibilities of homeownership. Recognizing that low-income families may require additional support and time to qualify for a mortgage, these agencies have

committed staff and resources to assist motivated families in correcting credit deficiencies through budgeting and counseling.

Another opportunity presents itself for the reuse of buildings containing between three and ten units for supported housing projects. Individuals and families, once homeless or at risk need appropriate and affordable housing. These units can be connected to non-housing service programs.

The City is faced with certain economic and physical development dilemmas which impact the housing market. There is little market rate housing being developed. The amount of tax exempt properties seriously affects the financial status of the City. With 40% of the Grand List not providing tax income, the existing poverty rate, the generalized needs within the community, and more the than 20,000 units being subsidized through development or tenant based assistance, the City cannot continue to absorb all the needs of the region. It is cheaper and easier to develop outside the City's borders. There is no regional or county form of government and the City cannot expand through annexation. The City is left in a peculiar position having to balance extraordinary need with a fiscally prudent plan of development.

The following strategies to remove barriers to housing homeless people have been identified part of the Homelessness Need Assessment:

Income Support

- Provide income support to individuals in job training or substance abuse treatment programs so that they can access or maintain housing.
- Modify current public benefit policies to increase the incentives for moving to gainful employment.
- Provide services that assist homeless people in accessing employment that offers a living wage with which people can afford decent housing.

Systematic Barriers

- Coordination mechanisms among various systems including criminal justices, substance abuse treatment, homeless services providers, and mental health organizations must be formalized to reduce the number of people who become homeless in the transition from one system to another.
- Revise policies that systematically prevent individuals with criminal justice involvement from accessing housing.

Shelter-related Barriers

- Modify the policies regarding design and operation of shelters such as hours of operation and the availability of supportive services.
- Improve the access of shelter users to services both by providing more services at the shelters and by adding/improving referral services to community-based resources.
- Institute case management services that stay with an individual after she/he leaves the shelter for transitional or permanent housing.
- Due to the complicated social problems experienced by people who are homeless, shelter staffing patterns should include positions that require skills and experience in addressing these problems.
- Provide more training for shelter staff regarding assessment and service delivery.

Substance Abuse Barriers

- Expand the range of substance abuse service program components to include community sobriety/recovery centers – a hub for vibrant recovery activity, extended follow-up support for after treatment, and services for those who chronically relapse.
- Each major neighborhood should have “walk-in” facilities where an addict can seek help outside of regular

business hours. Persons not requiring medically supervised detox should be accommodated while “sobering up” and connected to appropriate treatment, transported, and plans made for their eventual return to the community. Comprehensive assessment should be made of the suitability of their housing (or lack there of), and all arrangements made immediately engage individuals upon their discharge from treatment to prevent relapse, and have a plan in place for the provision of clean and sober housing and related services that begin immediately upon return to the neighborhood of origin.

- Existing related service providers in each neighborhood should be selected for this purpose. Funding should be enhanced to enable selected providers to deliver 24-hour capacity to engage, refer, and remain connected upon return from treatment to ensure a continuum of support until acquisition of sobriety and suitable housing is secured.
- Long term clean and sober social, vocational and educational environments should be available on a voluntary, unlimited basis serving both recently housed and homeless individuals who have embarked on the path to recovery.
- Neighborhood “walk-in” centers should be aligned with the Department of Mental Health and Addiction Services crisis services to facilitate access to treatment and other programs.
- Coordinate and connect “walk in” facilities and other similar neighborhood initiatives to the developing 24-hour crisis services.
- Formalize coordination mechanisms between the criminal justice system and substance abuse services.

7) Efforts to Decrease Homelessness

Currently cities across the country are engaged in developing ten year plans to eliminate chronic homelessness within their jurisdictions, the result of federal and state initiatives. The types of policies/programmatic inventions that are common to these efforts, fall into three general areas and address all types of homelessness (transitional and chronic; youth, singles and families). They are preventive measures, shelter services with length of stay policies/conditions and a variety of group/singles, temporary/permanent, supportive, subsidized affordable housing options.

The homeless population in New Haven is diverse, representing the variety of reasons, that persons and families initially become homeless and why some stay homeless. Regardless of the reasons that lead to homelessness, the homeless can be divided into two groups, transitional and chronic. While definitions vary, transitional homeless are homeless for a year or less, utilizing homeless services both intermittently or constantly during that period; and chronic homeless are homeless for periods longer than one year and who also may utilize homeless services both intermittently or constantly during these longer periods of time. In addition, there are the “near homeless” who will from time to time utilize homeless supports such as soup kitchens and food banks, free standing case management services, etc.

Efforts to Meet the Needs of Transitional Homeless

Working Poor:

Between 40 and 45% of the persons (and families) utilizing New Haven funded homeless shelters, work, earning minimum wage or near minimum wages. Many of these individuals or heads of household cannot afford available housing and usually respond to case management and suggested interventions designed to hone job skills in order to achieve higher paying employment that offers the opportunity for better housing opportunities. Many in this category come to New Haven from other communities, because supportive services are either not available or not known.

Individuals and families that enter an emergency homeless shelter located in New Haven, have the availability of case management services, with some (Immanuel Baptist, Columbus House, New Haven Home Recovery, etc.) offering job placement; and housing opportunities (Immanuel Baptist, Columbus House, New Haven Home Recovery, Christian Community Action, etc.). Some homeless do not seek shelter at the emergency shelters yet rely on extended family, church connections and/or the variety of self-standing non-profit agencies (Jewish Family Services, Catholic Family Services, several drop-in centers, etc.) that are available in New Haven. Among homeless groups, this is a difficult group to track, mainly because of lack of visibility in the community.

Additional programs that offer affordable housing, not only in New Haven, but regionally, will go a long way in reducing this homeless population. Those communities that offer a diverse employment base (not solely based on a service oriented business economy, a rich mix of affordable housing options, public transportation options) have lower percentages of homelessness among the working poor.

Domestic Violence/Divorce:

Many victims of domestic violence or divorce who end up in single women or family homeless shelters, have not worked outside the home or have limited marketable employment skills. They respond well to case management interventions and are generally motivated to move out of a shelter environment as soon as they are able.

Case management services, job skill development and placement, housing and a variety of support services for victims of domestic violence or divorce are available at a variety of New Haven family and single women shelters, several of which are supported by City of New Haven resources. Support, particularly for Domestic Violence Services of Greater New Haven, would be of benefit, as shelter services for this homeless population are limited with demand far exceeding supply. Other New Haven shelters serving this population, do not have the comprehensive level of services directed exclusively to their needs.

As an outcome of its discussion on issues related to homeless families, The New Haven Homeless Advisory Commission together with the CT Department of Children and Families (DCF), has developed a program at five family shelters. Specific DCF case workers have been assigned to each shelter, with agreements for a variety of follow-up steps that will help families transition to permanent housing, particularly in situations where children may be put in jeopardy of being separated from a parent.

As long as divorce rates (approximately 50% of all marriages nationally) remain high with the societal issues not addressed, significant reductions in this homeless group will not occur.

Passers Through:

Mostly single men, some families, will utilize emergency homeless shelters for a couple of days and leave. Sometimes they will sleep in their cars. Long distance truckers have utilized shelter services to avoid the costs of a motel room and meal or the necessity of sleeping in their vans. Some individuals, released from Connecticut correctional facilities will spend a week or two in a homeless shelter, awaiting reinstatement of their General Assistance (SAGA) benefits and utilizing some shelter case management services.

The City of New Haven's Shelter Length of Stay Policies provide guidance on the appropriateness of admitting clients who work and can afford other housing options. Over the past several years, many attempts have been made with appropriate state agencies to develop a system that expedites the process of reinstatement of general assistance for those being released from correctional institutions, in an effort to avoid the emergency homeless shelter step, however, drastic funding/staffing reductions at the CT Department of Social Services (DSS) and the CT Judicial Support Services, have curtailed these efforts. More recently, the New Haven Building Bridges effort that is far broader in scope in addressing the needs of transition of ex-offenders back into the community includes "coordination of housing and entitlement procurements".

Efforts to Meet the Needs of the Chronic Homeless

Special Needs:

Most of the City's Special Needs Homeless population have mental illness problems, are dually diagnosed, or may have additional physical disabilities and will utilize shelter services intermittently over long periods of time. HUD offers supportive housing programs (permanent and transitional) for this group through the CT Department of Mental Health and Addiction Services (DMHAS) (e.g. PILOTS) and the New Haven Continuum of Care, with outreach and engagement offered by DMHAS/CT Mental Health Center. Many of these individuals, those who are not eligible for supportive housing (i.e., convicted felons) or those who have relapsed, end up for long periods of time in emergency shelters during, and between treatment placement, while some remain in various states of denial. Those that do not meet HUD qualifications, such as those with less severe mental illnesses, also become long-term shelter users. The City of New Haven's Office of Disability Services assists in the counseling and placement of persons who have disabilities and may be homeless.

Substance Abusers:

This group is difficult to engage. There is an overlap between those described as special needs homeless and substance abusers since many substance abusers may have various levels of mental illness that feed the basis of their substance abuse. This group is made up of homeless men, women and women with children of different cultures. Some Vietnam era veterans and those with corrections histories also make up this group. Some are in denial and stay in shelters for long extended periods of time. In fact, sheltered homeless that are substance abusers in New Haven (80%) exceed the national average for this population in other cities. The Connecticut Mental Health Center Outreach and Engagement team (which recently added a veteran's representative to its outreach team) seeks out these individuals for treatment programs. The outreach and engagement of substance abusers is a process that could take several years.

In addition to an array of shelter case management services, treatment and other supports, the City of New Haven funds the Treatment Assistance Program (T.A.P.) that coordinates outreach and engagement services with treatment and non-shelter housing during and after treatment. These case management services address the needs of this homeless population, dealing with their substance abuse issues. It offers counseling, treatment and temporary (sober house) housing and has been very successful in moving individuals out of emergency homeless shelters, into safer, supportive settings. There is currently an effort underway to double the funding level for this type of program, which is needed to address the needs of this high-risk, high maintenance, high percentage homeless population in New Haven that requires significant resources and forms the core of its chronic homeless population.

Marrakech's "The Taking Initiative Center", is a drop-in center where people can get a sandwich and/or cup of coffee and have a warm place to stay. While they are there they are encouraged to begin and/or continue recovery. Of those offered services, 25 to 80% choose to go into or back into treatment for recovery. The center serves as an area of engagement for the homeless and substance abuse users.

A sub-group of this population is single men who receive money through family, jobs, general assistance or disability payments, choosing to live for long periods in a shelter environment. They are substance abusers and on weekends when they have resources, they will pool their resources for shelter (motel or hotel rooms), binge on drugs until the money runs out and then return to City-funded shelters until the next opportunity becomes available to repeat this cycle. They have no desire to break this routine. They drain shelter resources and are hard to engage. There is currently no program or effort that has broken this cycle, although the City's Shelter Length of Stay policies were to a large degree developed to address this situation. The policies do work with other homeless populations and have worked in instances with this group when cooperation of all shelters and related supportive efforts, such as outreach and engagement efforts are in sync.

DMHAS has recently received federal funding for "Access to Recovery" (ATR) an effort that is designed to target persons in early stages of substance abuse with the emphasis on access to recovery, not access to treatment. ATR will have broader eligibility than current HUD programs, however, as a statewide effort, the limited funds available to New Haven may limit its impact.

"Alternative shelter" is another approach to addressing chronically homeless persons who may have substance abuse, mental health and/or "institutional" issues preventing self-access to the traditional approaches of sheltering. Alternative shelter is less structured than mainstream shelters, allowing clients access to a safe and clean bed (or room) for the night with few or no barriers to entry. With minimal staff, clients can stay as long as they desire, with the goal of engaging and developing trusting relationships, as a basis for addressing specific addictions. This is an option for implementation in the City.

Individualists:

This is the most difficult group to engage, although CMHC Outreach & Engagement have made inroads in reaching this population in New Haven and providing for some basic needs. Many in this homeless category have been traumatized from past experiences, i.e. war, state mental institutions, etc. They refuse shelter or other social services or supports, although a few will show up at shelters on the coldest days, or for assistance, such as obtaining identification like a social security card. Most "reside" in hidden outdoor locations, such as protected wooded areas, under bridges or in vacant houses. Drug abuse and mental illness is high among this group which is made up of mostly single men, with increasing numbers of single women and women with children. For the most part, they really want to be left alone and comprise the most vulnerable of homeless groups.

In New Haven, in addition to the "sweeps" of CMHC Outreach and Engagement, the New Haven Police Department has specific protocols designed to protect both the homeless and the public, and will help move persons at-risk to warm places in winter and those in need of detox or emergency health care year around. Other volunteer groups also reach out (clothing, blankets, food) to those who are receptive. The Mayor's "no-freeze" policy is intended to ensure that this population has the availability of shelter during the most inclement of winter weather.

Released/Paroled Felons (Including Sex Offenders):

The highest numbers in the state of released or paroled felons (2,000+) are dropped off in New Haven, annually. Most of these men and women have local or regional family ties and reestablish those ties. Many do not. They end up in shelters (dumped, discharged or find them on their own). Those who have had General Assistance before entering the correctional system will stay for a short time in the shelter until the reinstatement paperwork is completed. Those with no ties to the community tend to remain in shelters, utilizing local homeless supports. Having a felony on one's record, prohibits many opportunities available to homeless persons without felonies, such as jobs and affordable housing (i.e., Section 8). Add to this the increasing number of sex offenders, that nobody wants, along with Court supervision requirements, that local shelters are not equipped to provide, and the challenges of working on joint solutions with state entities, becomes apparent. Policies, programs and procedures should be explored and developed to help re-entry obstacles faced by ex-offenders or felons.

In New Haven, attempts have been made to initiate the General Assistance paperwork within DOC, before the date of release but this issue remains to be resolved. The overall issue of prison overcrowding will be a major issue that will be addressed by the CT General Assembly in the upcoming 2005 session. Alternative incarceration and reentry strategies will highlight these deliberations and will serve as a basis for what becomes doable with this population in the future. As a step leading up to this, \$500,000 has been made available to New Haven to pilot a model program "New Haven Building Bridges" which "supports the successful transition of ex-offenders back into the New Haven community and workforce, thereby reducing jail and prison confinements due to addiction without compromising the safety of the public." Emphasis will be placed on meaningful employment, a stable place to live, supports for

treatment and sobriety and positive social bonds within the community (e.g. family, mentor, pastor), and hopefully will reduce the numbers of those seeking shelter services upon reentry from a correctional facility.

The issue of reentry into society of sex offenders is a universally difficult one, as no one wants them. Publicly available registration lists further minimize housing options and further increases the number that end up in community homeless shelters, along with those who are discharged there. Until appropriate options are developed for this group, the problem will remain, along with the consequences.

Supportive Housing Efforts

Given the variety of homeless populations, efforts to develop or create housing opportunities are as varied as the needs of the homeless. Options have included transitional housing (usually defined as housing up to two years; and, permanent (long-term, as long as needed by the occupant). Recent federal funding is placing more emphasis on permanent housing options and less on transitional or temporary options.

Housing for homeless singles and families can address their needs with a variety of levels of supportive services and rental/ownership subsidies. Supportive housing efforts, particularly those with federal funding, have targeted housing for homeless with “special needs” mainly those with mental illnesses and substance abusers, who meet restrictive federal eligibility requirements. Subsidized housing based on the ability to pay (sliding scale) is best represented by the Section 8 rent voucher program, arguably one of the most successful of all federal programs, providing subsidized housing for thousands of families and singles across the country that would otherwise be homeless. Very recently, local housing authorities are creating innovative Section 8 housing options that include a mix of subsidized housing with supportive programs. Unfortunately, there have been recent attempts in Congress to drastically cut or to eliminate altogether the funding for the Section 8 Program, the results of which could significantly increase homelessness across the country, not reduce it. In addition, due to economic realities and developmental policies, less and less of New Haven’s available housing stock is affordable to low-income citizens. Zoning policies for group housing must be flexible to permit the development of low-income, affordable housing options in New Haven.

Given the characteristics of New Haven’s homeless populations, the need for additional supportive housing is critical. There is consensus that if New Haven is to reduce homelessness, significant development of all levels of subsidized housing must be made available. While some housing with on-site supportive services exist in New Haven through CT DMHAS-PILOTS for those who meet eligibility requirements (primarily special needs populations with severe levels of mental illnesses and substance abuse habits), more of this type of housing is needed. Unfortunately, for those who are under the PILOTS radar (special needs populations with less severe mental illnesses and substance abuse habits, who do not meet PILOTS eligibility– a significant percentage of New Haven’s homeless, non-shelter housing choices do **not** exist. Supportive housing with on-site case management both in group and Single Room Occupancy (SRO) options, need to be created. The City of New Haven’s Community Services Administration has begun this task.

In Connecticut, the CT Interagency Council has developed a draft supportive housing plan that mirrors the “Reaching Home” campaign that is supported by both the City of New Haven and the South Central Connecticut Council of Government’s Affordable Housing Plan. These efforts promote the creation of 1,000 units of affordable, service-supported rental housing, statewide, over the next four years (350 apartments for families, 650 for single adults, including 100 for youth). 350 of these units will target special needs households.

New Haven is fortunate to be able to draw upon a wide variety of non-profit organizations with expertise in dealing with the needs of homeless populations. Elsewhere, many cities have the onus of creating both the affordable housing and the support services, necessary to address their hard-to-serve homeless populations.

In addition to state DSS and New Haven Housing Authority Section 8 vouchers, other programs, such as the City of New Haven Livable Cities Initiative, Neighborhood Housing Services, HOME, Inc., Habitat for Humanity and Yale University's employees in-city housing program, provide affordable housing options in New Haven. While all these programs are locally successful, demand far outpaces supply for these housing options.

Mayor John DeStefano, Jr., recognizing that any successful effort to address these issues must take place in and involve the entire New Haven community, has requested that the City of New Haven Homeless Advisory Commission, develop a doable 10-year plan to end chronic homelessness in New Haven. This effort, in its initial phases, will bring together traditional and non-traditional stakeholders to develop innovative approaches to deal with chronic homelessness. Areas to be considered include prevention activities, strengthening shelter services/policies, the City's Shelter Length of Stay Policy and the development of adequate supportive housing opportunities with the appropriate levels of supportive services.

Once the process has been completed, the City will present the results to the greater New Haven community. These approaches will form the basis for New Havens' collective efforts in the next decade to end chronic homelessness in our community. It will benefit homeless persons and families, as well as the overall economic and social viability of the entire city.

8) Activities to Remove Obstacles to Meeting Underserved Needs

The City and its housing and community development service providers make every effort to leverage and seek the financial resources necessary to meet the needs of its low-moderate and special needs populations. With reductions in funding and recent and pending budget cuts, the City and its providers are finding it increasingly difficult to meet underserved needs. Because of this it is hoped that HUD and other funding agencies will take this into account when considering programmatic changes or future reductions in funding.

Strategy to Remove Barriers to Fair Housing Choice: In 1991, Christian Community Action and several public housing residents and applicants filed a lawsuit in federal court against the United States Department of Housing and Urban Development (HUD), the Housing Authority of New Haven (HANH), the Mayor and the City of New Haven and officials responsible for the City housing programs (the City of New Haven defendants). The plaintiffs claimed that the defendants discriminated against them on the basis of race and national origin by locating public housing units only in areas of minority concentration in the City of New Haven.

In 1995, the plaintiffs settled their claims against HUD and the HANH. On June 1, 1999 the City of New Haven and the plaintiffs reached a settlement agreement. As part of the settlement the City of New Haven, as the defendant, agreed to:

- 1) The creation of a regional mobility counseling program which will assist low-income families in finding rental housing outside of high poverty neighborhoods and outside areas of minority concentration, with special emphasis on assisting families to move to suburban towns in the Greater New Haven area.
- 2) The creation of a fair housing testing agency for the New Haven region. Fair Housing testing will focus on the rental market in the Greater New Haven area.
- 3) The incorporation of fair housing efforts into the local housing plan.
- 4) Undertake a regional fair housing planning process that will include the involvement of suburban entities with the goal of expanding housing opportunities for low-income residents.

During the Consolidated Plan Strategy Period, the City, through efforts administered by LCI and ongoing efforts of the Commission on Equal Opportunities, has set the following Fair Housing Objectives. Implementation of the report known as “Increasing Housing Choice in New Haven and the Region: Recommendations related to Fair Housing Planning and Implementation in the City of New Haven.”

- Continue to promote residential opportunities for low-income City residents.
- Enhance the current relocation services offered by the City.
- Continue to update the analysis of Impediments to Fair Housing Choice.
- Determine compliance with fair housing requirements in the rental and purchase real estate markets.
- Reduce the incidence of steering and other practices perpetuating segregation.

The following ongoing activities will be undertaken to address fair housing:

a. Regional Mobility and Tenant Counseling Program

The mobility counseling program assists low-income City families in finding rental housing outside of high poverty neighborhoods, and outside area of minority concentration, with special emphasis on assisting families to move to suburban towns of their choice in the Greater New Haven area. On the average, the mobility counseling program receives approximately 100 referrals of families seeking to move from areas of minority concentration and high poverty per year.

b. Fair Housing Education and Enforcement

New Haven has one of the first local fair housing ordinances in the nation. Section 12.5 of the City Code of Ordinances which gives the City’s Commission on Equal Opportunities the responsibility and power to enforce fair housing laws in the City. Through this effort the City will provide:

- 1) fair housing discrimination awareness announcements via radio, community, television and newspapers;
- 2) educational outreach i.e. management team meetings, Annual Day of Diversity Open House
- 3) a bilingual guide on “Fair Housing Referral Guide”, which contains referrals and information on housing and public accommodations
- 4) a PowerPoint presentation explaining functions and obligations of employment , contract compliance and the fair housing program

c. Relocation Program

The City’s relocation program works if households displaced either by redevelopment activities plan construction or code enforcement activities. This program ensures that the fair housing guidelines are followed and that the clients are provided with alternative housing and relocation benefits.

In addition, the Connecticut Fair Housing Center provides community education, technical assistance and capacity building in the area of fair housing; provides assistance to individuals pursuing legal rights and remedies related to fair housing; offers fair housing referrals and counseling services; promotes community involvement and resource development; conducts research and develops models related to fair housing; investigates complaints through fair housing testing program to assist people who have experienced housing discrimination; participates in legal actions regarding fair housing; and advocates for policies and programs, which expand available housing opportunities.

The Center accepts complaints from individuals who have experienced housing discrimination in Connecticut. Clients in the Greater New Haven area contact the Center through referrals from the New Haven Legal Assistance Association and the City’s Fair Housing Program and self-referral.

Over the Strategy Period, the City will also work collaboratively with the Housing Authority to improve the condition of its public housing stock with an emphasis on eliminating severely distressed public housing as an impediment to fair housing choice.

Using HOPE VI grant funds and other public and private capital, the City and HANH intends to replace antiquated public housing developments such as housing at Elm Haven, and Quinnipiac Terrace with mixed-income housing communities. In all its revitalization efforts, to ensure fair housing choice by existing public housing residents, The Housing Authority has guaranteed residents the right to secure housing in the revitalized complex, and it will assist residents who choose not to return to find fair housing opportunities elsewhere through Section 8 vouchers, relocation assistance, and regional mobility counseling, as described above.

9) Lead-Based Paint Hazards Reduction Actions (91.215g)

Over the next five years, the City of New Haven intends to continue to implement a comprehensive policy to significantly reduce the lead-based paint hazards in all privately owned housing and redesign said policy where appropriate. This effort shall continue to be the product of a public/private planning process that considers health, housing conditions and financial resources in the formulation of public policy. This Strategy is a synthesis of four broad goals:

Coordinate Public and Private Efforts: The Mayor's Task Force on Lead Paint, a group of private and public sector representatives reviews existing laws, regulations, and policies and proposes amendments as appropriate. One such revision to the City's Code of Ordinances occurred in June of 1998. The Task Force recommended to the Mayor and the Board of Alderman a change in the definition of "lead based paint". New Haven's ordinance now reflects the standard set by HUD (0.50 percent of dry weight or 1.0 mg/cm² by XRF) which has also been adopted by the State of Connecticut. The Task Force will work with property owners and developers to determine the financial impact of lead-based paint abatement and work to develop appropriate financial incentives to encourage abatement efforts. This group will also provide advocacy and support on local, state, and federal levels in conjunction with efforts provided by the City's Department of Health.

Integrate lead-based paint abatement into all housing activities: The Livable City Initiative implements housing policy by providing grants and loans to aid in the rehabilitation of housing. All housing assistance programs will require lead-paint inspections as a condition for all financial assistance requested for housing rehabilitation. The Livable City Initiative through its Building Department reviews building permitting processes to include lead-based paint testing prior to permit issuance. The Livable City Initiative will work with agencies responsible for tenant based rental assistance to require lead-based paint testing to receive occupancy certification. A registry of lead-safe housing units has been developed and shall be maintained.

To abide with the spirit and intent of the concepts established by the Residential Lead-Based Paint Hazard Reduction Act of 1992, otherwise known as Title X (ten) of the Housing and Community Development Act of 1992, New Haven Health Department Lead Poisoning Inspectors provide lead and asbestos inspection services to homeowners and non-profit developers seeking to perform housing rehabilitation utilizing CDBG and/or HOME funding. The federal funds are provided through the Livable City Initiative (LCI). A thorough and detailed evaluation for the presence of lead and asbestos is produced and provided to the property owner.

The inspection reports are incorporated into the general rehab plan for the structure. If the homeowner is planning on a limited scope of work, discussions are held between all concerned parties until a compromise

is reached which provides for lead abatements where necessary. If additional City funding is not accessible the homeowner is encouraged to seek private funding.

With the issuance by HUD, of the new regulation entitled "Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance" much more emphasis shall be placed upon inspecting, lead abating and clearance examination of properties benefiting by the provision of federal funding.

Increase access to federal, state, and local funding: In order to improve the quality of housing, lead-based paint abatement must become a priority for all housing. In addition to requiring abatement when providing public resources for lead-based paint abatement, the City and the Mayor's Task Force should consider advocating for alternative and non-cash financial incentives such as tax credits, or partial assessment freezes to assist in the abatement efforts. The City shall continue to apply for financial assistance from available sources to provide much needed dwelling units rented to families with children under the age of six years.

Create a Comprehensive Public Health Effort: The City's Department of Health will work with the State of Connecticut in addition to the various health providers located within the City to create a universal blood screening program for children. The Department maintains an improved database to follow-up cases of childhood blood lead poisoning. The Department shall also work with health providers to create a Community Education and Outreach Program and provide technical assistance to others wishing to improve knowledge about the hazards of lead-based paint. This collaborative effort shall continue to inform property owners of their responsibilities and liabilities regarding lead-based paint in addition to instructing interested property owners of lead-safe abatement techniques.

The City in collaboration with Yale Medical School and its Regional Lead Treatment Center was successful in 1994 and 2001 with efforts to receive two grants totaling \$5.7 million dollars of federal funds from the U.S. Department of Housing and Urban Development for lead-based paint abatement financial assistance to private homeowners. To date, over 639 housing units have received full lead-hazard reduction measures. These dwellings units are located within census tracts identified as having the highest incidence of pediatric lead poisoning children and therefore are areas posing the greatest risk of lead poisoning to children. An additional thirty (30) million dollars from public/private funding has also been leveraged towards this program to expand the availability of grant funds for code related work and for educational, medical and social outreach efforts. The City intends to reapply for additional Lead Hazard Control Funds once the Super NOFA(s) are made available by HUD.

This HUD funded program provided the basis for the collaborative effort still presently employed within the City to reduce the risk of childhood lead poisoning. Continual efforts are pursued to secure additional resources to expand upon program initiatives. Once success with a grant application to provide homeowner assistance has been achieved, it shall be a simple matter to increase the involvement of the collaborative partner.

10) Anti-Poverty Strategy (91.215h)

The City of New Haven is one of poorest municipalities in the State. Connecticut's older urban areas are pockets of poverty surrounded by middle and upper income suburbs. In order to decrease the incidence and effects of poverty, the City must take full advantage of the programs it creates by augmenting coordination among economic development programs (job training, job placement, business retention, and business

growth), social services (preventative health programs, drug addiction services, child care), education (drop out prevention, adult education), and housing rehabilitation and construction (appropriate and affordable housing). This coordination effort must take place using City resources in addition to and in combination with State and federal offerings. By building coalitions of service providers, duplication of services will decline while providing resources to the maximum number of recipients.

The following information provides background data for determining adequate responses to reduce poverty levels.

Poverty Rate: Although the 2000 US Census indicates modest gains in median family and median household income, the overall poverty rate among New Haven residents continues to increase. In 2000, 24.4% of all residents were below the national poverty level, up from 19.5% in 1990. The percentage of families below the poverty level increased as well, from 18.5% in 1990 to 20.5% in 2000. Approximately 10,000 children live in families below the poverty level. Among Connecticut's major cities, only Hartford has higher individual and family poverty rates.

Employment / Unemployment: The 2000 Census reported a wide gap between state and city unemployment rates. There were 57,265 New Haven residents in the civilian labor force, of which 7,907 were unemployed (8.3%). This compares with a statewide unemployment rate of 5.3%.

Education: The 2000 Census reported that 73.6% of New Haven residents over age 25 had a high school degree or higher and 27.1% have a bachelor's degree or higher. Of residents without a high school diploma (or equivalent), 9.3% have less than a 9th grade education and 17.2% have an education between 9th and 12th grades. By comparison, educational attainment statewide is considerably higher: 84% high school and 31.4% bachelor's degree.

Goals and Programs

For issues such as homelessness, New Haven recognizes that it is not just providing shelter to solve a problem. Programs which create pathways to self-sufficiency must break down artificial agency territorial barriers. Government must facilitate coordination and cooperation in order to help people find their own way out of poverty. While jurisdictions such as New Haven can help facilitate program coordination locally, many of the programs or resources are dependent upon agency realignment on the state level. The local anti-poverty strategy must be viewed in relation to the State of Connecticut's plans to reduce the number of persons living below the poverty line. The primary means to reduce poverty is to increase the income of those living below the poverty line. City effort and investment is more appropriately spent on activities which support self-sufficiency and promote economic stability within its borders.

Empowerment Zone: In 1998, the City of New Haven was designated as an Empowerment Zone by HUD. The Empowerment Zone initiative, administered by Empower New Haven, Inc. as a separate 501(c)(3) organization, will assist City residents, especially those within the six Empowerment Zone neighborhoods, in achieving personal accomplishment and economic achievement. Empowerment Zone activities will not only focus on the creation of jobs and development of employment skills but will also focus on developing the skills necessary to be successful in the current labor market such as sound education; development of "soft skills"; access to opportunity; affordable convenient child care and transportation; as well as the provision of supportive services or treatment. Through sound employment and the provision of necessary services City residents will be empowered to achieve success.

Economic Development: The Office of Business Development of the City of New Haven encourages business growth and retention, targets the growth of minority and disadvantaged businesses, links job training and

education to economic development, and promotes regional cooperation to achieve economic goals. Perhaps the most important aspect of Business Development mission as it relates to poverty reduction is the job training and education component of economic development. The Office of Business Development works with the Workforce Alliance, a regional employment coordination service, that specializes in training and placement services for adults and teenagers. Programs run by Workforce Alliance include: adult classroom training, on the job training, older worker retraining and counseling, education remediation, pre-employment skills for single-parents. The SAGA Support Services division of the Department of Children and Family Services will also work to reduce the barriers to employability of unemployed and under-employed persons. The goal of the program will be to identify resources that support housing, transportation, case management and employment referrals.

Greater New Haven Business and Professional Association, Inc.

The Greater New Haven Business and Professional Association provides technical assistance to individuals interested in starting a business and retention of existing businesses.

Regional Business Resource Center

The Regional Business Resource Center provides current and prospective business owners with comprehensive business assistance, resources and consulting services. Technical assistance covering all aspects of business start-up and business management is offered without cost.

EZ Employment Strategy

Through the Empowerment Zone process the City has created a collaborative effort with a focus on assessing the employment needs of the community and providing education, training, supportive services and case management in an effort to connect unemployed and underemployed residents with good jobs that allow opportunity for advancement. Activities include employer-driven training, potential employer outreach, the provision of job-linked training, the creation and implementation of employer incentives, and linked supportive services.

Small Business Center at Gateway Community College

Small Business Center at Gateway Community College at 60 Sargent Drive, New Haven works with the entrepreneurs who want to start their own business and with existing small businesses through a partnership which includes SCORE, SBA, and The Women's Business Development Center. The Small Business Center presents regular monthly workshops, distributes information and materials to community agencies and conducts individual counseling as needed. The Center operates out of Gateway Community College at their Long Wharf Campus.

Business Assistance Center at the Greater NH Chamber of Commerce

The BAC operation is part of the Chamber of Commerce Office has a Director who is paid by Empower New Haven. Their function is to help coordinate the effective utilization of existing technical assistance providers with needy clients and to help facilitate small business access to appropriate services and capital. The Director meet clients, refers them to appropriate TA providers and maintains a tracking system which ensures that no clients fall between the cracks and/or are under-served by the TA providers.

Spanish American Merchants Association (SAMA)

The Spanish American Merchants Association (SAMA) at 235 Grand Ave. in New Haven provides start up costs and technical assistance to existing businesses primarily under Hispanic ownership. Services include the development of business plans and financial projections for merchants in need of loans. They prepare loan presentations for lending institutions and provide merchants with technical assistance in the development and management of a business. In addition classes on computer literacy are also offered.

Section 3

Section 3 HUD Act of 1968 requires employment of low-income area residents in HUD assisted construction projects as well as contracting opportunities for Section 3 businesses.

The following programs are also provided regionally by the Workforce Alliance in a one stop shopping approach to job training and employment:

Activity/ Program	Target Population	Service Delivery Model/Program Description	Outcomes
One-Stop Computer Lab	Universal Access – everyone eligible (5,000 + users each year).	Two labs which operate like outplacement centers. Internet access, resume prep and mailed for jobseekers.	Resumes, cover letters, job search tools, job leads.
One-Stop Career Library	Universal Access – everyone eligible.	Resource materials on job search/career development, business development available for perusal or loan.	Enhanced knowledge about area of research.
One-Stop Sponsored Job Fairs	Universal Access – everyone eligible (5-6 times a year).	Large scale event where jobseekers and employers are brought into One-stop, Community College or elsewhere to market themselves and job openings.	Job leads, job offers, experience in on the spot interviewing. One-stop partners play important role in job fairs to get their clients there.
One-Stop Career Workshops	Universal Access – everyone eligible (varies by month)	Short term instruction on job search and related topics. Usually half day in duration.	Enhanced knowledge about topic of workshop.
Assessment	Universal Access – everyone eligible.	Test instruments administered and interpreted that measure academic achievement, aptitude and /or career interests.	Results of assessment used in career planning.
Career Counseling/Case Management	Universal Access – everyone eligible.	Assistance, guidance, information, support, tracking and follow-up of participants efforts provided.	Guidance and support attained through the education/training/employment process.
Direct Job Placement	Universal Access – everyone eligible.	Job Matching and referral through the One-stop.	Individuals placed in jobs.
Information Services	Universal Access – everyone eligible.	Labor market info, financial aid info, training info, support services information and referral. Tax Credit info.	Enhanced knowledge about topic of information to assist in career development.
Individual Training Accounts (ITA's)	WIA-eligible adults and dislocated workers, TANF recipients	Customers select training options from the state-approved provider list of vendor institutions. Services are arranged through the One-stop.	Successful completion of training; placement into training-related employment, 6-month retention in employment.
On the Job Training (OJT)	WIA-eligible adults and dislocated workers, TANF recipients	Individuals who are job ready but who lack specific occupational skills are likely candidates for OJT. One-stop Job Developers match jobseekers with employers who are willing to provide the skills training, and are reimbursed for a specific period to offset training costs.	Entry into unsubsidized employment upon completion of the training. Six-month retention in employment.
Customized Training/Sectoral Training	Varies by funding source.	Employer or consortium of employers design curriculum and agree to interview and/or hire successful program graduates. Gateway has been primary education partner.	Placement into full-time employment at participating company. "Win-Win" situation for employers and jobseekers.
In-School Youth Programs	WIA-eligible youth (14-21) who are matriculating in school.	Vendors procured through RFP to deliver year round services as prescribed. Youth Council recommends vendors.	Increase in basic skills, work readiness, employability, job exposure.
Out of School Youth Programs	WIA-eligible youth (14-21) who are dropouts or high school graduates.	Vendors procured through RFP to deliver year round services as prescribed. Youth Council recommends vendors.	Increase in, work readiness, employability, job exposure, employment.

Activity/ Program	Target Population	Service Delivery Model/Program Description	Outcomes
Incumbent Worker Training	Underemployed workers, workers needing skills upgrading for promotion or to learn new technology.	Employers submit a training/upgrade plan and funds are available to support those activities.	Enhanced knowledge of training area, possible job upgrade, and possible increase in wages.
Computer-based Training	Universal access – everyone eligible.	Computer software packages available on-line or via distance learning. Example: Element K.	Competencies in software packages attained and documented by computer.
Regional Growth Connection	Low-income individuals, TANF recipients.	Transportation to and from work provided through distribution of bus passes and fixed route enhancements of transit companies. Auto repair program for auto owners.	Elimination of transportation barrier to employment for participants.

The Office of Business Development also administers federal and state economic development programs. Through a not-for-profit development corporation, the City offers federal Small Business Administration loans. In the past, this office has worked with the Economic Development Administration to establish revolving loan funds. There is a designated Enterprise Zone tax abatement program. Of the many state programs for which Business Development offers technical assistance, the Urban Lending program provides assistance to small and medium sized businesses with special emphasis on lending to minority and women owned businesses.

Health and Social Services: The City of New Haven is fortunate to have wide-variety of services available to those in need. Daycare, family support services, drug treatment and prevention, AIDS services, senior citizens centers are some of the programs coordinated through the Community Services Administration and the departments which it supervises. The Health Department plays a significant role within this service sector supervising pre-natal, lead-based paint, AIDS, immunizations, family planning, general health education, and public nursing. There are several areas which provide a connection to poverty reduction:

In 1991, the Maternal and Child Outreach activities broadened its scope from prenatal, labor, and delivery to addressing pediatric care for the whole client family. This includes health education and support services to ensure ongoing preventative pediatric care. The case management aspect of this effort was extended and strengthened to provide families with services and referrals beyond health. Healthy Start workers track clients into pediatric care, record pregnancy data and when appropriate refer clients to family-based social service agencies. This division offers the following programs:

- Health Education and Outreach to families with infants and children
- Medical Liaison for infants and children under 6 who lack insurance
- Physician Outreach and Liaison to increase the number of pediatricians who participate in Medicaid, and to track these clients
- Intensive Family Support for High Risk Families
- Education of parents regarding pediatric care, child care options and parenting skills
- Case management and support services for at-risk infants and children
- Outreach services for school-aged children with no health care providing links to school based health clinics.

AIDS Division: The City of New Haven continues to have the highest reported incidence of AIDS in the State of Connecticut. While the incidence rate of AIDS within the gay/bisexual community slows, the number of cases within the rise of infection in the heterosexual community affects drug users, their partners, and their children. The AIDS Division is responsible for planning, coordination, implementation and evaluation of HIV

prevention and control program. This division provides community education and support services to people with HIV disease and their families. Major services include a street-based needle exchange project which focuses on education and prevention; drug treatment counseling and advocacy, school and employer based education and in-service programs, confidential testing, medical and case management referrals.

Environmental Health: In addition to inspections of food service establishments, monitoring of water quality at public beaches and pools, and other health and sanitary issues, the Bureau of Environmental Health investigates and resolves lead paint poisoning cases. Lead-based paint poisoning cases are most usually found in the same Census Tracts where there are young children living in poverty. The Bureau has representation on the Mayor's Lead-Based Paint Task Force and works closely with other members from the Livable City Initiative, community based health care agencies, community development corporations, the State Housing Court, and community advocates.

Community Health Centers: In addition to the two major hospitals, the City of New Haven has two community health centers and a community mental health center which provide many services beyond primary care for low-income persons. Problems facing families who use the centers include substance abuse, HIV/AIDS, lead-based paint poisoning, crime, homelessness, infant mortality, under or unemployment, and poverty. Each of these diagnoses exacerbates the stress under which the families live. These centers have developed collaborative relationships with local and State agencies dealing with special needs populations. For example, homelessness is addressed through coordination of services offered through local soup kitchens.

Education: There are over 20,000 pupils in the public schools. Additionally, an Adult Education Center is the focal point in the community for those over 16 years of age wishing to complete their high school education. There are three types of programs to obtain a high school diploma. Counseling and job related skills are offered in addition to academic courses. Currently, there are 24 sites at which programs are offered including neighborhood centers, job sites, schools, and social service centers.

Coordinating Anti-Poverty Strategies with Affordable Housing and Other Continuing Efforts

The City of New Haven notes the importance of coordinating housing with other anti-poverty efforts. While housing neither creates nor resolves poverty, the availability of quality affordable housing provides opportunities to add to the stability of neighborhoods and provides impetus to neighborhood revitalization through economic development. In its previous Housing Strategy submissions, the City promoted these inter-agency efforts by calling for expansion of regional affordable housing efforts and fostering connections between special needs housing and the agencies which provide social services. The City continues to offer vacant City owned properties and other technical assistance to groups which provide shelter care for transitional housing or permanent housing sites for the client base.

The City of New Haven actively seeks to enhance coordination among various federal, state, and local efforts. Many of the attempts to create interagency cooperation and coordination depend upon the State to adopt region based interagency planning. Because subsidized housing and poverty are contained in urban clusters, there must be a focus on comprehensive neighborhood revitalization including health care, education, job creation, child care, transportation. Reorganization of state and local programs should be used to improve access to services through neighborhood based service centers which assist families and individuals with various interconnected programs.

11) Institutional Structure/Service Delivery (91.215i)

A continuing fiscal crisis on the Federal, State, and local level has created further reductions or changes in staff assignments. Additionally, complex regulations promulgated by State and Federal agencies are not accompanied by adequate training. Service delivery can not be enhanced without funding to train those individuals that provide such services. While service delivery has been impacted to some extent by staff changes and reductions in funding, there is diminished interest in existing programs by investors and homeowners. Most housing assistance programs provide loans at low interest rates or deferred loans rather than outright grants in order to recapture and recycle funds for rehabilitation or construction.

There are a number of community-based, not-for-profit developers, for-profit developers and managers of affordable housing. The City encourages these entities to acquire vacant lots and abandoned properties for the use of development and public subsidy to leverage private financing. With assistance provided by national and local financial and planning consultants, these local groups increase their capacity to successfully develop homeownership opportunities, or own and manage rental housing. Many of these groups have formed an association of not-for-profits to exchange ideas and to purchase goods and services at better prices.

Another area which addresses the inter-relationships among housing, social services and poverty status is the creation of linked programs. Again, the capacity of client-based not-for-profit groups must be enhanced to develop and manage housing. Religious organizations must be encouraged to support housing development by working in collaboration with existing developers and social service agencies, leveraging the strengths of each constituent. The City also encourages the creation of faith based organizations by providing funding resources and technical assistance. In addition, the ongoing programs within other city departments such as education and health, should complement or enhance social service provision, economic development resources and housing opportunities.

12) Coordination (91.215j)

Coordination

The Office of Management and Budget (OMB) has provided oversight of the Consolidated Plan development process. In this role, OMB has structured a process of citizen participation, consultation, coordination and cooperation to meet the statutory requirements of the plan development. To achieve its housing and community development goals, the City must rely on several of its departments and agencies, the Housing Authority, housing and public service providers, agencies meeting the needs of the homeless and special needs population and other community partners.

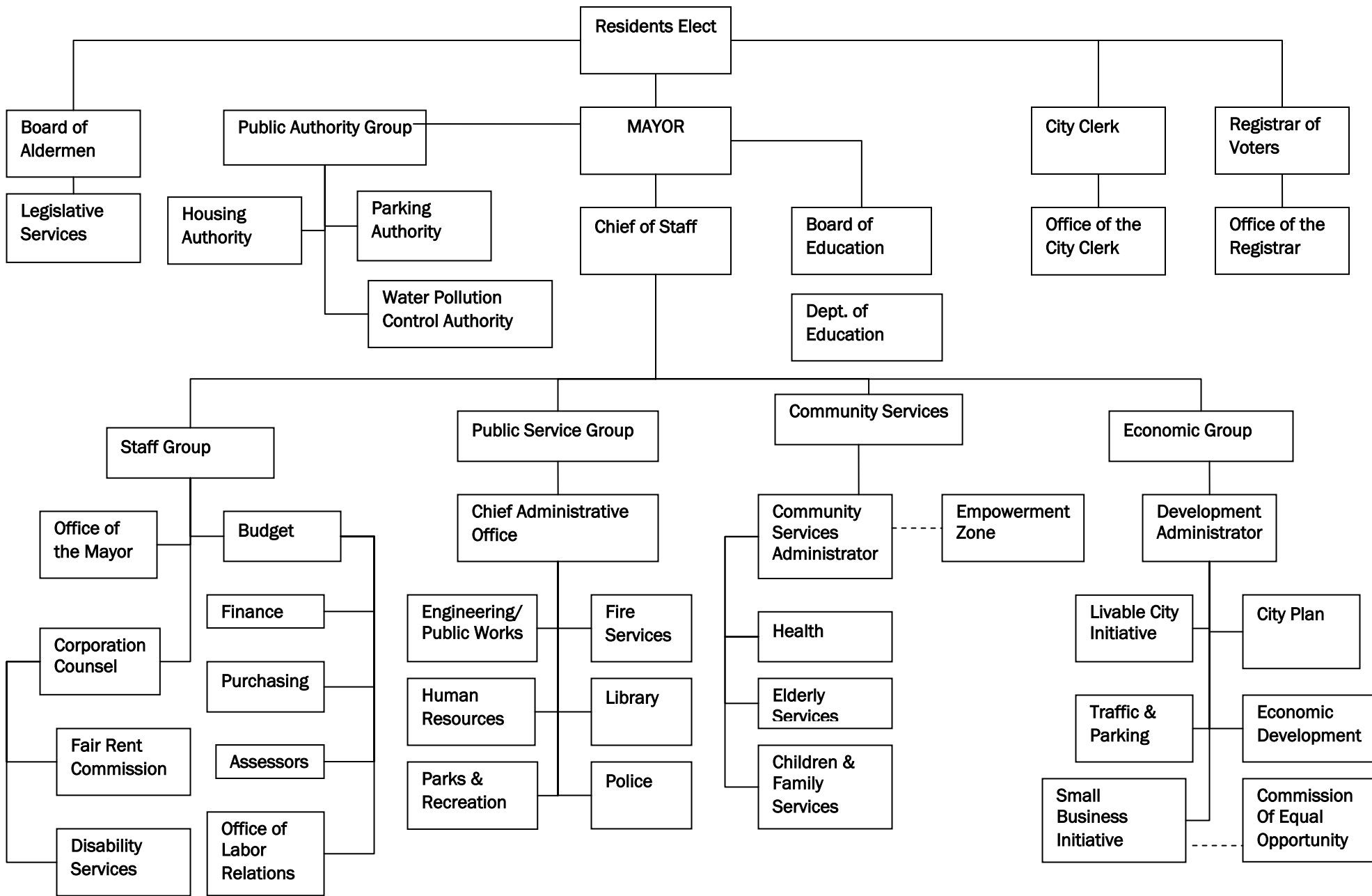
The Community Services Administrator and the Economic Development Administrator will provide administrative oversight ensuring that various City departments and agencies maintain open communication and perform the tasks necessary to meet the City's housing and community development objectives.

The organizational chart, which follows these pages illustrate the relationship between various City departments.

The Mayor, in an effort to reach out to the neighborhoods, has instituted two programs. The first is called the Mayor's Night in where the Mayor invites the public to come to his office at City Hall and voice their concerns about the well being of the City. The information the Mayor obtains at these meetings is distributed to the coordinators. The second program is called Mayor's Night Out. With this program the

Mayor holds meetings at a different neighborhood every six weeks. One of the requirements of all coordinators and department heads is that they attend these meetings. This effort allows for direct contact with citizens who have particular concerns. Information obtained by these initiatives, along with the public meetings which are held throughout the year, provides the City with a focus on the problems which need to be addressed through the ongoing consolidated planning process and funding allocations.

Coordination with city residents is further enhanced by utilizing the City's ten (10) community-based Police Substations and their management teams as liaisons between the neighborhoods and the City's administration. In an effort to gear administrative actions to specific neighborhood needs and to promote citizen involvement in crime prevention activities and neighborhood revitalization the City has returned to the concept of community-based policing.



13) Public Housing Resident Initiatives (91.215k)

Resident input and involvement remains at the heart of efforts to improve the quality of life within public housing developments in New Haven. Residents participate in most aspects of planning and priority setting. All residents are encouraged to participate in the tenant councils at various projects. In addition, New Haven's public housing residents are represented by a city-wide resident organization, VOICES.

Homeownership: The Housing Authority encourages its residents to attend and participate in ownership programs.

Senior Services: City funded senior centers are located in several developments. The Hospital of Saint Raphael provides Project Elderly Care clinics in Crawford Manor, Ribicoff Cottages, McQueeney Towers, and Edith Johnson.

Community Based Policing: As part of a City-wide effort to reduce crime and build positive neighborhood relationships, there are several police substations located within or close to five large family developments. In addition to programs and projects designed to foster safety, officers assigned to these substations develop community activities for children and adults. The Police Athletic program also provides opportunities for recreation, tutoring, socialization, and motivation. Through the associations fostered between officers and residents, adults and youths experience healthy relationships with positive roles models.

Comprehensive Grant Program: Capital improvements to Housing Authority properties are funded for the most part through HUD's Comprehensive Grant Program (CGP). Based on a formula, the Housing Authority receives annual CGP funding to address physical and management needs that have been identified in the Authority's five year plan. The CGP process involves a partnership with residents, staff and local City officials to identify and implement the physical and management improvements needed throughout the Authority. Activities included in the Housing Authority's annual Comprehensive Grant Program are developed through this collaborative process which includes resident involvement. These activities are further coordinated with the CDBG, HOME, and ESG programs to provide maximum benefit without duplication.

14) Monitoring Plan (91.230)

The activities described in this Plan funded with CDBG, HOME, ESG and HOPWA funds will be monitored by the Community Services Administration, LCI, the Small Business Initiative, Economic Development, the Office of Management and Budget, the Division of Finance and the Division of Internal Audit. This monitoring will be carried out in accordance with applicable regulations for each program. This will include monitoring of all sub-recipients and activities carried out by such, as well as activities performed by City departments. As appropriate, this monitoring process will be coordinated with the reporting requirements encompassed by the Grantee Consolidated Annual Performance and Evaluation Report (CAPER) and similar documents. Programs may be monitored up to two times per year. Each recipient undergoes a financial and programmatic review of their activities. These reviews are done during two (2) separate visits. If problems or inconsistencies are found at the time of monitoring, the recipients receive a written letter describing the issue or problem and asking for resolution. Recipients are given the opportunity to respond and technical assistance is provided as needed. If corrective actions are required there is a re-monitoring to ensure the problem or issue has been addressed. If issues are not or cannot be resolved all expenditure of funds will be stopped.

In addition to the monitoring of active construction under the HOME Program, LCI, on behalf of the City, provides post-construction monitoring of housing units during the agreed upon "Affordability Period" as defined in the project's Loan Agreement. This monitoring ensures continued affordability and availability of HOME-funded units.

The Commission on Equal Opportunities serves as the monitoring entity to ensure compliance regarding Davis-Bacon requirements, Section 3 and usage of Minority and Women-owned Business Enterprises. The hiring of minority contractors and low- and moderate-income individuals is facilitated by resources and contacts of the Commission on Equal Opportunities, the Regional Business Resource Center and the Greater New Haven Business and Professional Association. The City maintains a listing of MBE and WBE contractors. Outreach is accomplished through active community involvement, participation in the Empowerment Zone process, networking and service on various City boards, commissions and organizations.

On September 3, 2003 HUD issued CPD Notice 03-09 regarding the development of local Performance Measurement Systems for Community Planning and Development (CPD) Formula Grant Programs.

The purpose of the Notice was to strongly encourage each CPD formula grantee to develop and use a local Performance Measurement System. The purpose of a performance measurement system is to develop an organized process for gathering information to determine how well programs and projects are meeting established needs and by using that information to improve and target resources. A local Performance Measurement System should measure both productivity and program/project impact.

Each year, as part of the application process to determine the use of funds and to develop the Annual Action Plan, organizations are asked to describe how their programs and projects will meet the goals and objectives established as part of the Five-Year Consolidated Plan. The amount of funding requested is also reviewed to determine whether the proposed products, accomplishments, productivity and/or beneficiaries represent the best use of funds. Such review helps the City target its resources to projects and programs which will provide the most benefit in a timely and efficient manner. Once the agency has been approved for funding the performance measurements are reviewed and in some cases the amount of services are reduced based upon any reduction in the funding request. These indicators are then adjusted and incorporated into the individual contracts and the annual action plan. Project/program performance, productivity and impact statistics are collected as part of the City's annual monitoring of program participants. If an agency has not met their goal, the performance is reviewed which could result in a reduction in funding and/or jeopardize future awards. Performance measurement policies will be reviewed and modified as necessary over the strategy period. The performance measurement policy and changes or modifications will be provided to potential funding recipients as part of the annual application process.

Performance Measurement Monitoring and Reporting

As part of the application process each grantee will be notified of the City's monitoring and performance measurement requirements and the type of data to be collected for projects, programs and activities funded with HUD funds. The following information, as applicable will be required from each grantee as part of the City's monitoring and as part of close of year reporting. Recipients that are unable to provide measurable outcomes or progress appropriate to the eligible category will jeopardize future funding.

- Amount of money leveraged (from other public or private sources)
- Number of persons or households served
- Income levels of persons or households by very low, low or moderate income categories
- Demographic breakdown of persons or households served
- Number of female-headed households served

- Description of special needs (i.e.: disability, frail elderly, chronic homeless, etc.)
- Number of housing units created (owner and/or rental)
- Number of housing units rehabilitated (owner and/or rental)
- Number of homeless persons who obtained permanent housing
- Number of persons with HIV/AIDS who obtained supportive or permanent housing
- Number of new businesses created
- Number of businesses retained
- Number of jobs created or retained
- Number of businesses assisted through technical services
- Number of commercial facades improved or commercial structures rehabilitated
- Acreage, square footage or linear footage of infrastructure improvements