

*THE TRAINING, EDUCATION
AND
MANPOWER, INC.*

~ TEAM, INC. ~

COMMUNITY ACTION PLAN

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**Stephane Skibo, Chairman, Board of Directors
Richard Knoll, President & CEO**

Service Delivery Area (SDA):

Ansonia, Beacon Falls, Bethany, Derby, Milford, Orange, Oxford,
Seymour, Shelton, Woodbridge – New Haven and Fairfield County

June 30, 2012

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Section I. OVERVIEW

Mission:

TEAM Inc. is a multi-service nonprofit corporation registered in the State of Connecticut since 1965. The mission of TEAM is to connect individuals and families with solutions that lead to well-being, self-sufficiency and full participation in the community.

TEAM achieves its mission by conducting activities that focus on the needs of economically disadvantaged individuals and families residing in the Naugatuck-Housatonic Valley region including resource mobilization, education, advocacy and service delivery.

The overarching goals that TEAM strives for are:

- Low-income people become more self-sufficient
- Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems;
- The conditions in which low-income people live are improved;
- Low-income people own a stake in their community

The majority of administration and program service functions take place at 30 Elizabeth Street in the Derby and at the 80 Howard Avenue (Ansonia) Early Education facility, in addition to seven child development centers in the region. Social services, which are focused on the ten contiguous communities of the Naugatuck Valley and suburban New Haven County, are designed to empower and support economically and socially disadvantaged individuals and families. Eighty percent of resources for programming stems from federal appropriations, and the agency is a responsible steward of public funds. TEAM services currently are focused on;

- The social, cognitive and nutritional growth of preschool children
- The maintenance of the health and independence of the elderly
- The development of skills and assets in low-income families
- The promotion of housing stability and the avoidance of homelessness
- The understanding and utilization of public and private resources
- The development of assets in lower-income families

The agency employs approximately 90 staff, many of whom reside in the area, and injects over eight million dollars into the local economy annually. TEAM employs a performance-based “Results Oriented Management and Accountability” (ROMA) system that utilizes outcomes and indicators to track the success of clients and results of programs.

Clients:

TEAM administers over 20 effective, community-based programs and services that reached 12,733 people in 5,723 families in 2011. Services characteristically have age and income restrictions, and benefit individuals residing in the communities of Ansonia, Beacon Falls, Bethany, Derby, Milford, Orange, Oxford, Seymour, Shelton and Woodbridge. Sixty-two percent of 2011 clients were women; 37% were below the age of 18. Seventy-five percent were Caucasian, while 65% had only between grade and high school education. All but 12% had medical coverage; 11% had a disability. Adults over the age of 55 were the second highest group at 21%.

The household size most common were families with four or less members (one=39%, two=23 %, three=17%, four=11%). The majority of the household living arrangements (65%) were reported as rentals with 33% reporting home ownership. The majority of families (85%) reported their household income below 200% FPL. Families gained their income from a variety of sources with the majority (36%) reporting income from Social Security. In addition, 15% of families reported income from employment as their only source, and 9% reported income through TANF, SSI, or General Assistance.

Community Action Activities:

Linkages with other agencies in the community improve coordination, avoid duplication and enhance service delivery. The agency undertakes state-wide and local strategic planning, and develops new and renewed partnerships annually with other public/private agencies to improve services under a variety of service headings:

Education and employment training: Statewide planning is conducted with the CT Association of Community Action (CAFCA) which meets monthly and of which TEAM is a member. CAFCA meets regularly with the DSS Commissioner and applies for funds to meet regional needs in CT. TEAM is also a member of the Board of Directors of the Workplace Inc., the regional workforce investment board, which plans, funds and delivers employment services in the region. Locally, the agency conducts strategic planning with the Valley Council for Health & Human Services, a unique regional planning agency, and its Early Childhood and Senior Services task forces. The agency is currently assisting the Council in two new employment/educational endeavors: promoting high school success and evaluating secondary education workforce preparation systems. (See CBG-IS Report narrative for a detailed description of these efforts.) In addition, a TEAM vice president plays a significant role on four school readiness councils and participates on two more in the region. He is also a member of the Governor's Early Childhood Cabinet, the State's key planning body on the subject. The agency also is an active member of the local Chamber of Commerce and the BH Care Employment Coalition.

Income management services: Statewide planning is conducted by CT Association of Human Services (CAHS) of which the agency is a member as well as a grant recipient. Other statewide work is conducted by the Governor's banking task force to increase the use of checking and savings accounts. Locally, the agency used federal EITC funds to conduct financial literacy classes, and create a regional VITA coalition to expand and improve free income tax services for area residents. The coalition combined and supported the efforts of Plumb Library in Shelton and developed a new site at Derby Neck Library. These efforts were supported by grants from the Naugatuck Savings Bank Foundation and CAHS. Further, TEAM was an early member of the regional banking effort, Bank-on-CT, and was awarded a grant by Webster Bank to educate unbanked and under-banked families in the region. Lastly, the agency is a partner with CAFCA, receiving IDA grant funds and guidance for the program, to match families' savings for the purpose of securing assets (e.g. homes, autos, education). It is currently in its tenth year, managing a five year commitment.

Housing services: the agency belongs to the CT Coalition to End Homelessness, which supported TEAM's application for a regional Beyond Shelter grant in 2005. In 2010, the agency became a partner with New Haven-based Columbus House to secure HUD Stimulus funds, and as a result, managed the Homelessness Prevention and Rapid Re-housing Program (HPRP) in the Valley area. As part of this south central CT collaboration, TEAM was awarded \$400,000 over a three year period. Locally, the agency maintains an advisory council of shelter operators (Milford, Ansonia and Shelton) and realtors to assist with its planning and service delivery. The agency receives an eviction prevention grant from Community Mediation (New Haven based) as part of another state-wide and regional effort. TEAM also joined the regional Furniture Bank (and directs donations there) so customers can purchase items affordably.

Emergency service: the agency remains a member of the Valley Council Emergency Response Team which is called upon to assist with disasters, special needs and employer downsizing. A major past success for the agency was the mobilization of a \$40,000 relief fund for 150 employees who were economic victims of the Latex Foam Co. fire.

Nutrition services: the agency belongs to the CT Association of Nutrition Assistance Service Providers (CANASP), which conducts statewide planning and assessment. Locally, it has created a network of senior service providers to offer nutritious lunches under the congregate meal program model. TEAM also provides Meals on Wheels and provides nutrition education through both of these programs to customers. The Valley Council Senior Services Task Force convenes bimonthly to consider local needs, and is recently offering caregiver workshops (under a grant to TEAM.) TEAM created a senior meal site in 2010 in cooperation with Griffin Hospital and expanded it in 2011.

Programming is designed to improve the “Self-sufficiency” of the individual and family, a development that leads to greater self-reliance. The agency embraces customer goal setting and planning and offers an array of program services.

Programs and Services:

TEAM’s programs serve a wide variety of people ranging from preschool aged children from low-income families to senior citizens. Clients are of diverse racial and ethnic backgrounds with limited educational and economic successes, most often lack transportation as well as stable and affordable housing. Individuals and families present at TEAM with ongoing, complex life situations as well as those confronted with a one-time crisis.

Current services offered are:

Family Support Services:

Housing Assistance:

- Eviction/Foreclosure Mediation & Rent Bank – prevents homelessness
- Housing Crisis Intervention – assists families in crisis
- Beyond Shelter Transition/Support – moves shelter clients into stable housing

Elderly:

- Meals on Wheels – maintains frail seniors in least restrictive environment
- Senior Community Cafés – socialization and nutritious meals in community settings
- Homemaking Support – supports frail seniors in their homes
- Medical Demand Transportation – health rides are subsidized
- Valley Interfaith Caregivers – incidental services (e.g. transport) for needy residents

Economic:

- Financial Literacy – educational, budgeting workshops
- Individual Development Accounts – asset purchasing program
- Volunteer Income Tax Assistance – free income tax filing assistance
- Bank-on-CT – reduced rate banking features and training

Case Management:

- Pre-Assessment and Full Social Needs Assessment (HSI)
- Information/Referral Service

Energy Assistance:

- CT Energy Assistance Program (CEAP) – heating assistance payments to vendors
- Federal Emergency Management Agency (FEMA) – emergency fuel assistance
- Operation Fuel, Utilities Matching Payments – incidental energy assistance
- Utility Customer Assistance – client advocacy
- Warm Hearts Fuel Bank – private assistance

Holiday Giving:

- Valley Toys for Kids – annual toy drive and distribution

Other Services (on-site):

- International Institute – refugee, immigrant counseling
- R.O. Belden Dental Clinic – federally qualified health clinic

Early Education Services:

- Head Start: (160 slots) Preschool Child Development (with family support; *Around the World Literacy/Raising Readers*; Fatherhood initiative; NAEYC Accreditation)
- Child Day Care: (75 slots) Preschool Care includes Derby Day Care Center Inc.
- School Readiness: (72 slots) Accredited preschool sites in the communities of Ansonia, Beacon Falls, Derby, Shelton, Seymour
- Child Care Food Program: A component of Head Start, Child Daycare & School Readiness offering nutritious breakfast, lunch and snacks to children.
- Family Resource Center: Free Play groups, Focus & Advisory Groups, Family Activities, Parenting Workshops, *Ages and Stages*, and Information/Resource referrals
- Child and Adult Food Care Program: Nutritional guidance & reimbursement for snacks & meals served by licensed care providers
- Maternal, Infant, Child Development Home Visiting Program: Head Start Early Care model used to improve the health outcomes for low-income children in Ansonia and Derby.
- Derby Discovery Project: a municipal planning effort focused on preschool and child development systems.

TEAM Inc. Service Area

★ ADMINISTRATIVE OFFICE &
PROGRAM SERVICE CENTER

DERBY

30 Elizabeth Street

★ EARLY EDUCATION CENTERS

ANSONIA

80 Howard Ave, Ansonia

MILFORD

35 Matthews St, Milford

SEYMOUR

211 Mountain Rd, Seymour

29 Maple St, Seymour

SHELTON

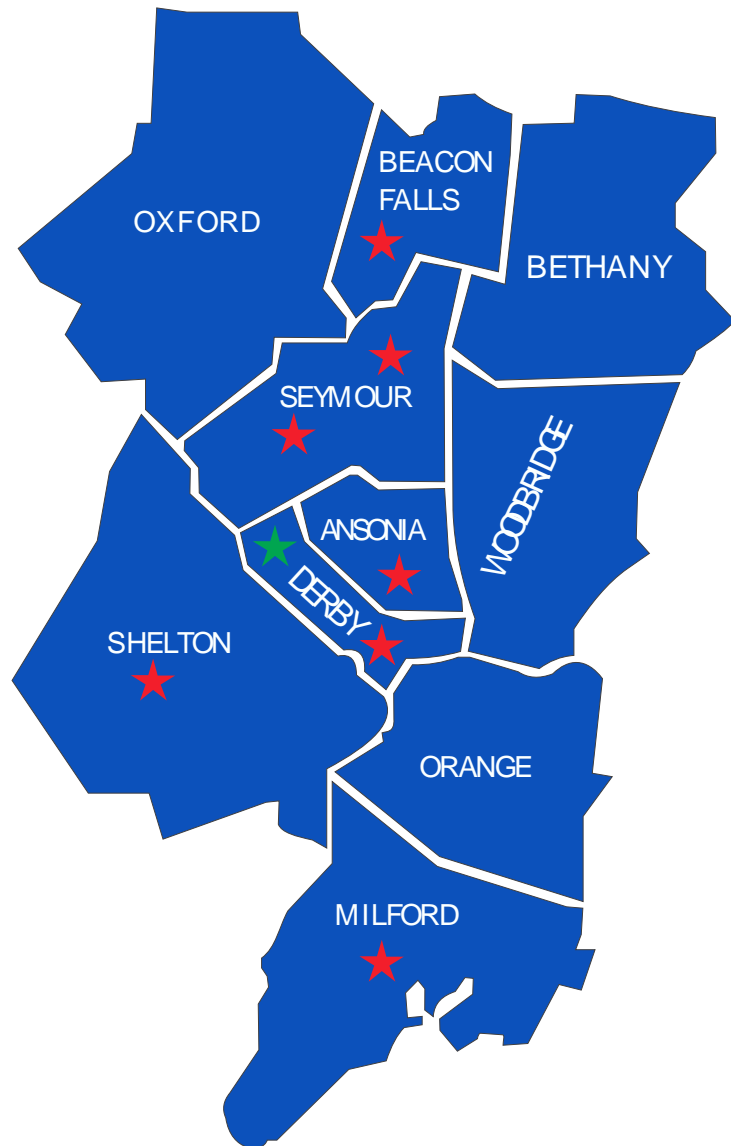
183 Howe Ave, Shelton

BEACON FALLS

30 Highland Ave, Beacon Falls

DERBY

9 Garden Place, Derby



Section II. DESCRIPTION OF THE SERVICE DELIVERY AREA (SDA)

The service area of six towns and four cities encompasses the six communities of the lower Naugatuck Valley area – Ansonia, Beacon Falls, Derby, Oxford, Seymour, and Shelton—and four towns/cities to the east and south of the core Valley that our suburbs of New Haven and Bridgeport – Bethany, Milford, Orange, and Woodbridge. Nine cities and towns are located in New Haven County, and one – Shelton – is located in Fairfield County.

There are no major urban areas in the ten-town SDA, but three major metropolitan areas are within fifteen miles of the region - Waterbury, New Haven and Bridgeport. Public bus transportation connects to New Haven and Bridgeport, and train transportation to Waterbury.

Table 1: Land area of each town in square miles and population per square mile

Town	Land area (square miles)	Pop./ Sq. Mile 2010
Ansonia	6	3,073
Beacon Falls	10	584
Bethany	21	266
Derby	5	2,530
Milford	23	2,409
Orange	17	804
Oxford	33	385
Seymour	15	1,102
Shelton	31	1,285
Woodbridge	19	480

Source: CERC Town Profiles 2011 ¹

The total land area for all communities is 180 square miles. At 3,073, Ansonia has the largest population per square mile with Derby (2,530) and Milford (2,409) coming in a close second and third. At 266 and 385, Bethany and Oxford respectively have the least number of people per square mile.

The region has two distinct characteristics. A semi-urbanized, post-manufacturing core with dense zoning and a large stock of older, multi-family dwellings (many part of the rental market), and a more affluent, residential suburban ring to the north, east and south. The core region – known as the lower Naugatuck Valley or simply “the Valley” – was once a prosperous part of Connecticut’s industrial base and includes Ansonia, Seymour, Beacon Falls, Derby and Shelton. Oxford has strong connections to the Valley but it is rural and part of the suburban ring, which also includes Bethany, Woodbridge, Orange,

and Milford. This ring area reflects large-acre zoning, owner-occupied single family housing, and higher median incomes. Its residents tend to have more relationships with the cities of New Haven, Waterbury or Bridgeport than the core Valley.

DEMOGRAPHICS

Population and related trends

The area has a total population of 184,625. The largest city is Milford (54,377 pop.) followed by Shelton (39,261 pop.) and Ansonia (18,531 pop.). Bethany (5,573 pop) and Beacon Falls (5,708) are the smallest towns. Table 2 below shows the total populations for each town in the area. Table 5 shows the percentage population by gender and age in each town.

Table 2: Population totals for each town with future projections for percentage growth between 2010 and 2015.

Town	Total Population				'10-'15 Growth / Yr
	1990	2000	2010	2015	
Ansonia	18,403	18,554	18,531	18,132	-0.4%
Beacon Falls	5,083	5,246	5,708	5,916	0.7%
Bethany	4,608	5,040	5,573	5,554	-0.1%
Derby	12,199	12,391	12,598	12,313	-0.5%
Milford	49,938	52,305	54,377	54,438	0.0%
Orange	12,830	13,233	13,817	13,698	-0.2%
Oxford	8,685	9,821	12,678	14,372	2.5%
Seymour	14,288	15,454	16,059	16,202	0.2%
Shelton	35,418	38,101	39,261	40,880	0.8%
Woodbridge	7,924	8,983	9,050	8,845	-0.5%

Source: U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate 2

The above table shows that Oxford has the highest projected increase in population of 2.5%. This may be due to the attraction of a good public school system and people moving from higher priced areas in Fairfield County. Please see Housing section below.

Governing Structure

The cities have Mayor/Aldermen governance structures, and towns have Selectmen structures. Each has its own board of education, although four communities share two high schools. Bethany, Orange and Woodbridge make up the Amity School district and Beacon Falls is part of Region 16 school district which also serves Prospect. Milford is served by two high schools.

Table 3: Governing structures by town.

Mayor/Alderman	Selectman/Town Meeting
Ansonia	Beacon Falls
Derby	Bethany
Milford	Orange
Shelton	Oxford
	Seymour
	Woodbridge

Source: CERC Town Profiles 2012 ³

Racial and Ethnic Composition of the Area

Table 4: Race and Ethnicity of population for each town

Town	Race/Ethnicity					
	White	Black	Asian Pacific	Native American	Other/Multi-Race	Hispanic (Any Race)
Ansonia	74.5%	9.1%	1.9%	0.2%	5.3%	9.0%
Beacon Falls	89.4%	3.1%	1.9%	0.1%	2.5%	3.1%
Bethany	87.7%	3.9%	2.6%	0.2%	2.6%	3.0%
Derby	77.9%	5.1%	2.6%	0.1%	5.0%	9.2%
Milford	84.8%	3.9%	3.5%	0.1%	3.2%	4.5%
Orange	86.7%	3.0%	5.5%	0.1%	2.4%	2.3%
Oxford	90.4%	2.9%	1.5%	0.1%	2.3%	2.8%
Seymour	86.3%	3.5%	2.8%	0.2%	3.1%	4.1%
Shelton	87.4%	2.0%	2.9%	0.1%	2.8%	4.7%
Woodbridge	83.9%	3.5%	7.1%	0.0%	3.2%	2.4%

Source: CERC Town Profiles 2011 ⁴

Gender and Age of Population

Children under the age of 5 comprise of 6% of the population in all towns but Beacon Falls where they comprise of 8% of the population in that town.

Table 5: Percentage population by gender and age for each town

Town	Gender	0-4yrs	5-17yrs	18-24yrs	25-49yrs	50-64yrs	65+yrs
Ansonia	Male	3%	8%	5%	17%	9%	6%
	Female	3%	8%	5%	18%	10%	9%
Beacon Falls	Male	4%	9%	4%	19%	10%	5%
	Female	4%	8%	4%	19%	10%	5%
Bethany	Male	3%	10%	3%	17%	12%	6%
	Female	3%	9%	3%	18%	11%	7%
Derby	Male	3%	8%	4%	18%	9%	6%
	Female	3%	7%	4%	18%	10%	10%
Milford	Male	3%	8%	4%	18%	10%	6%
	Female	3%	8%	3%	18%	11%	8%
Orange	Male	3%	9%	3%	15%	11%	8%
	Female	3%	9%	2%	15%	12%	11%
Oxford	Male	3%	10%	4%	18%	11%	4%
	Female	3%	9%	3%	19%	10%	5%
Seymour	Male	3%	8%	4%	18%	10%	6%
	Female	3%	8%	4%	18%	10%	8%
Shelton	Male	3%	9%	4%	16%	11%	6%
	Female	3%	8%	4%	16%	11%	9%
Woodbridge	Male	3%	10%	2%	14%	12%	7%
	Female	3%	10%	2%	16%	12%	9%

Source: CERC Town Profiles 2011 5

Table 6: Household type by town, county and state.

Town	Family Households	Non-Family Households
Ansonia	66.7%	33.3%
Beacon Falls	69.8%	30.2%
Bethany	86.4%	13.6%
Derby	65.7%	34.3%

Milford	66.5%	33.5%
Orange	78.2%	21.8%
Oxford	85.0%	15.0%
Seymour	67.1%	32.9%
Shelton	70.7%	29.3%
Woodbridge	77.4%	22.6%
New Haven County	65.6%	34.4%
Fairfield County	69.5%	30.5%
State	67.1%	32.9%

Source: U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate 6

Ansonia, Derby and Milford all have a lower percentage of family households than the state average. The highest percent of family households are in Oxford and Bethany.

EMPLOYMENT

Economic Activities

The core Valley area was once a primary manufacturer of copper, brass and rubber products, and the majority of family incomes came from this sector. These days, professional, scientific, and management jobs, and educational, health care and social services dominate the area. Many of the jobs in these industries are those for which the uneducated are not qualified – and service jobs replaced a portion of the lost manufacturing jobs. However, these service industry wages are below the compensation levels of the jobs they replaced. In addition to the loss of living-wage jobs, housing costs increased dramatically during the same period, rising 64% between 2000 and 2005 while average family incomes rose only 18%. As mentioned above, the migration of residents from neighboring Fairfield County, of people seeking more affordable housing, has driven the increase in housing prices, and forced up rents, leading many young and poorer residents to leave the area, accept older and substandard housing, or become homeless.

Table 7: Percentage of industry type located in each town.

Industry	Ansonia	Beacon Falls	Bethany	Derby	Milford	Orange	Oxford	Seymour	Shelton	Woodbridge
Agriculture, forestry, fishing and hunting, and mining	3.6%	0.0%	0.0%	0.0%	0.3%	0.2%	0.5%	0.1%	0.1%	0.0%
Construction	8.8%	6.6%	8.5%	7.1%	5.6%	3.2%	8.6%	8.8%	7.6%	4.8%
Manufacturing	9.8%	19.5%	11.3%	15.1%	13.5%	14.2%	17.5%	17.5%	15.0%	10.0%

Wholesale trade	2.4%	3.8%	1.6%	2.6%	2.7%	2.9%	2.9%	2.5%	3.1%	3.5%
Retail trade	10.0%	14.9%	9.1%	16.6%	10.0%	7.6%	8.3%	12.0%	11.3%	6.9%
Transportation and warehousing, and utilities	2.7%	2.3%	5.3%	4.1%	3.9%	3.2%	4.1%	3.8%	3.4%	0.9%
Information	2.6%	8.5%	1.3%	2.6%	2.5%	3.4%	2.9%	3.1%	1.5%	1.7%
Finance and insurance, and real estate and rental and leasing	12.3%	7.1%	4.5%	7.1%	8.7%	9.7%	8.3%	7.2%	9.5%	8.5%
Professional, scientific, and management, and administrative and waste management services	9.3%	7.2%	10.6%	10.4%	12.8%	10.1%	10.1%	8.1%	11.6%	19.1%
Educational services, and health care and social assistance	23.8%	19.9%	31.5%	22.7%	24.8%	32.9%	22.8%	24.8%	21.9%	33.4%
Arts, entertainment, and recreation, and accommodation and food services	3.8%	3.3%	7.3%	4.1%	6.5%	6.1%	6.4%	4.6%	5.4%	4.8%
Other services, except public administration	4.1%	2.4%	4.7%	4.1%	4.5%	3.5%	3.5%	4.9%	5.5%	4.6%
Public administration	6.5%	4.5%	4.3%	3.6%	4.1%	2.9%	3.9%	2.5%	4.0%	1.9%

Source : U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate 7

Future Trends.

According to a February 2012 report on the CT Voices website entitled “*Connecticut’s Changing Demographics Foreshadow Declining Workforce Income*” by Orlando J. Rodriguez, M.A, Connecticut’s opportunity gaps will be necessary for the future economic health and quality of life in the state as a whole. Among the findings:

- A growing number of retirees and an increase in lower-paid minority populations mean that Connecticut is losing higher-income workers (older, more educated whites) while adding lower-income workers (younger, less educated minorities). This convergence of demographic trends will hamper the state's economic growth and its ability to pay for the growing costs of an aging population, according to Connecticut Voices.
- If racial and ethnic income gaps continue to grow at recent rates, the average per capita income for Connecticut’s working age population will decline by 8.6% between 2010 and 2030.
- However, if racial income gaps are closed by 2015 and incomes for all workers are raised to the same level as white workers, then per capita income for the working-age population will increase by 12% between 2010 and 2030. 8

To help in raising incomes of lower-wage workers, recommendations include investments in education and training; attracting new businesses and out-of state workers; and offsetting declines in state revenue through progressive income and estate tax reforms.

Unemployment Figures

As technology changed during the past five decades and companies moved production overseas and to the southern United States, high unemployment became characteristic of the region.

At the beginning of 2011, Ansonia saw unemployment rates of over 11%. Now unemployment rates are moderated slightly with Ansonia and Derby seeing the highest in the Valley (in January at 9.9% and 9.4% respectively; Oxford had the lowest unemployment rate at 6.6%.)

Table 8: Unemployment rate by town.

Town	Labor Force	Employed	Unemployed	Rate
Ansonia	10,293	9,273	1,020	9.9%
Beacon Falls	3,402	3,133	269	7.9%
Derby	7,106	6,436	670	9.4%
Oxford	7,398	6,911	487	6.6%
Seymour	9,336	8,594	742	7.9%
Shelton	22,489	20,828	1,661	7.4%
Valley LMA	60,024	55,175	4,849	8.1%

Source: Dept Labor January 2012 9

Median Level Income

Table 9: Median level income by town

Town	Median Household Income
Ansonia	\$56,541
Beacon Falls	\$81,214
Bethany	\$113,720
Derby	\$52,029
Milford	\$76,973
Orange	\$102,255
Oxford	\$107,500
Seymour	\$71,719
Shelton	\$80,656
Woodbridge	\$127,237
State	\$67,740

Source: U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate 10

Woodbridge and Bethany have the highest median income. The towns of Ansonia and Derby have not only the lowest median income in the region they are also lower than the state average.

Principal Source of Income.

According to the CERC there has been a significant shifting of employment from high-wage to low-wage industries – the state has added 80,000 jobs in low-wage industries while losing 20,000 jobs in high-wage industries. Jobs in low-wage industries may account for close to 50 percent of the employment base by the year 2020. If the state continues to shed manufacturing jobs at the current historic rate, it may lose another 100,000 manufacturing jobs by 2020.

Job creation momentum will enter negative territory within the next few years and may remain negative for the next several years (effectively losing more jobs than gaining over the long run). Connecticut is the only state in the country with fewer businesses in 2006 than it had in 1989.

Table 10: Civilian employed population percentages 16 years and over by town

Town	Occupation				
	Management, business, science, and arts occupations	Service occupations	Sales and office occupations	Natural resources, construction, and maintenance occupations	Production, transportation, and material moving occupations
Ansonia	38.1%	13.5%	27.0%	10.1%	11.4%
Beacon Falls	37.9%	11.8%	28.3%	11.3%	10.7%
Bethany	55.4%	10.3%	20.7%	7.4%	6.1%
Derby	24.7%	19.3%	30.8%	11.0%	14.3%
Milford	44.0%	13.2%	25.6%	7.9%	9.3%
Orange	58.6%	9.6%	21.4%	4.3%	6.1%
Oxford	46.2%	10.6%	24.4%	10.5%	8.3%
Seymour	35.7%	13.1%	27.0%	12.0%	12.2%
Shelton	41.5%	12.7%	25.9%	10.0%	10.0%
Woodbridge	64.8%	7.5%	20.6%	4.3%	2.8%

Source : U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate 11

INCOME & POVERTY

Percentage of Residents below the poverty line.

Table 11: Percentage of population living in poverty.

Town	Residents in Poverty	All Children in Poverty	Residents Below 200% of the FPL *
Ansonia	9.7%	17.6%	22.2%
Beacon Falls	3.8%	4.6%	13.6%
Bethany	2.1%	3.8%	7.0%
Derby	9.8%	19.1%	24.7%
Milford	3.9%	4.8%	12.8%
Orange	2.1%	0.8%	8.6%
Oxford	2.2%	3.0%	7.1%
Seymour	4.8%	2.6%	13.9%
Shelton	3.9%	4.2%	9.8%
Woodbridge	1.7%	3.1%	4.8%

Source : U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate 12

Table 11 shows that the highest percentage of poor children and residents in general, are in Ansonia and Derby. Oxford, Orange, Bethany and Woodbridge have the lowest number of residents living in poverty. (* 200% of the Federal Poverty Level (FPL) approaches Connecticut’s Self-Sufficiency Standard, the state’s official measure of the income necessary for a family to meet its basic needs.)

Poverty Guidelines and Head Start Eligibility Requirements.

Table 12: 2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia.

Persons in family/household	Poverty guideline(yearly income)
1	\$11,170
2	15,130
3	19,090
4	23,050
5	27,010
6	30,970
7	34,930
8	38,890

For families/households with more than 8 persons, add \$3,900 for each additional person.

Source: *Federal Register*, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035
 from [://aspe.hhs.gov/poverty/12poverty.shtml#](http://aspe.hhs.gov/poverty/12poverty.shtml#) 13

Household Composition.

Table 13: Percentage of families with children under 18, by town.

Town	Married couple family	Male householder no wife present	Female householder no husband present
Ansonia	20.5%	2.8%	7.0%
Beacon Falls	23.4%	2.3%	6.2%
Bethany	35.1%	1.8%	2.9%
Derby	18.0%	3.2%	7.9%
Milford	22.6%	0.9%	4.8%
Orange	30.5%	0.7%	2.6%
Oxford	33.1%	0.8%	3.0%
Seymour	22.7%	1.8%	6.2%
Shelton	24.7%	1.9%	3.2%
Woodbridge	28.1%	0.0%	4.5%
State	22.3%	1.8%	7.3%

Source : U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate 14

The above tables show that the majority of households in the area are family occupied. Ansonia and Derby have the highest percentage of single parent families while Bethany and Orange have the lowest. There is a higher percentage of single parents, particularly mothers, living in Ansonia and Derby. At 7.9% the percent of single mothers in Derby is higher than the state average of 7.3%.

Median Level Income.

Table 14 shows the relationship between poverty, level of education and median household income. The percentage of residents living in poverty directly corresponds to the level of education achieved. Those with lower educational attainment had a lower median household income. Higher paying jobs go to those with a higher education.

Table 14. Residents in poverty, median household income and those residents with a bachelors degree.

Town	Residents in Poverty	All Children in Poverty	Residents Below 200% of the FPL*	Median Household Income **	Residents with Bachelor's Degree or Higher ***
Ansonia	9.7%	17.6%	22.2%	\$56,541	20.1%
Beacon Falls	3.8%	4.6%	13.6%	\$81,214	27.8%
Bethany	2.1%	3.8%	7.0%	\$113,720	50.4%
Derby	9.8%	19.1%	24.7%	\$52,029	18.9%
Milford	3.9%	4.8%	12.8%	\$76,973	38.4%
Orange	2.1%	0.8%	8.6%	\$102,255	54.7%
Oxford	2.2%	3.0%	7.1%	\$107,500	37.2%
Seymour	4.8%	2.6%	13.9%	\$71,719	25.3%
Shelton	3.9%	4.2%	9.8%	\$80,656	32.7%
Woodbridge	1.7%	3.1%	4.8%	\$127,237	66.9%

Source: U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate 15

* 200% of the Federal Poverty Level (FPL) approaches Connecticut's Self-Sufficiency Standard, the state's official measure of the income necessary for a family to meet basic needs. However, in most areas of the state, the Self Sufficiency Standard is far higher than 200% of the FPL.

** Median household income is given in 2010 (inflation-adjusted) dollars.

*** Percent of residents over 25 who have completed a bachelor's degree.

Number of Children Living Below the Poverty Line.

Table 15. Percentage of children under 5 living in poverty and their family status.

Town	Children under 5 living in poverty	
	married couple families	single mother families
Ansonia	0.0%	60.8%
Beacon Falls	0.0%	0.0%
Bethany	0.0%	0.0%
Derby	3.8%	31.6%
Milford	0.0%	17.6%
Orange	0.0%	* no data
Oxford	3.2%	0.0%
Seymour	0.0%	0.0%
Shelton	0.0%	34.6%
Woodbridge	0.0%	0.0%
State	3.1%	40.5%

Source: U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate 16

According to a report by the Annie E Casey Foundation on responsible fatherhood, too many children live in communities where a large number of families are absent of fathers. This situation places kids at great risk and requires single mothers to do the job of two parents. It also allows for an increasing number of father-age men who are unattached to their kids, families, communities, and the world of work. Single parents -- especially young mothers -- with only one income face great challenges in their efforts to raise successful, financially secure kids.

When fathers are involved with their children, the children:

- * perform better in school, both academically and socially
- * have higher self esteem and lower rates of depression
- * are less likely to display aggressive or hyperactive behaviors
- * are less likely to engage in high risk behaviors (e.g., drugs, truancy), and
- * (for boys) are more likely to become responsible fathers themselves.

Children who live absent their biological fathers are more likely than their peers to:

- * use drugs (3 times more likely)
- * experience educational, emotional, and behavioral problems (3 times more likely)
- * drop out of school (twice as likely)
- * engage in criminal behavior (3 times more likely), and
- * *live in poverty (5 times more likely)* ¹⁷

Number of Public Assistance Recipients

Table 16. Number or percent of public assistance recipients.

TOWNS	Children Eligible for Free & Reduced Price Meals, 2009-10	Families of Preschool Aged Children Receiving Care4Kids Child Care Assistance, Feb 2012	Husky A Enrollment Dec 2011	Husky B Enrollment Mar 2012
Ansonia	58.5	93	2,108	115
Beacon Falls	11.3	3	209	27
Bethany	3.9	3	105	28
Derby	51.1	45	1,121	55
Milford	17.2	53	1,970	188
Orange	4.5	4	252	44
Oxford	4.5	5	323	38
Seymour	22.3	16	883	93
Shelton	15.6	49	1,443	137
Woodbridge	3.8	3	159	29
State	58.5	8310	*no data	* no data

Sources	CT Dept. of Education ¹⁸	CT Dept. of Social Services ¹⁹	CT Voices – ACS ²⁰	CT Voices – ACS ²¹
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Nearly half the children living in Ansonia are shown to be eligible for free and reduced price meals. Derby has 40.7% of its children eligible. The data for both of these towns is significantly higher than the figure for the State of CT (33.1%.)

The goal of the Care 4 Kids program is to make child care affordable for low to moderate income families in Connecticut. The program is a partnership between the State of Connecticut, the families in the program and the providers who take care of the children.

Higher numbers of children enrolled in the Husky Health Insurance programs are seen in Ansonia, Derby, Milford and Shelton. These programs provide healthcare for children and pregnant women based on income.

Table 17. Average number of children under 18 in food distribution program by town per month.

Town	Children under 18 in food distribution program
Ansonia	158
Derby	96
Milford	263
Seymour	25
Shelton	173

Source: CTFoodBank 2012 ²²

The data above, provided by the Connecticut Food Bank shows a large number of children participating in the food distribution program in Ansonia, Milford and Shelton.

EDUCATION

Adult Educational Attainment

Table 18: Shows adult educational attainment by town.

Town	Adult Educational Attainment						
	< 9th grade	9th - 12th Grade, No Diploma	High School Graduate	Some Collage, No Degree	Associates Degree	Bachelors Degree	Graduate or Professional Degree
Ansonia	5.9%	9.4%	33.8%	22.4%	8.3%	12.6%	7.5%
Beacon Falls	1.8%	4.2%	36.3%	20.6%	10.6%	17.2%	9.4%

Bethany	0.4%	2.0%	20.3%	17.6%	9.3%	24.3%	26.1%
Derby	8.0%	8.2%	41.1%	17.8%	6.0%	11.3%	7.6%
Milford	1.6%	5.4%	28.3%	19.0%	7.3%	21.9%	16.5%
Orange	2.3%	2.5%	18.0%	15.6%	6.9%	25.7%	29.0%
Oxford	1.8%	4.5%	32.6%	16.3%	7.6%	22.2%	15.0%
Seymour	1.1%	6.4%	37.8%	21.5%	7.6%	17.4%	7.9%
Shelton	4.1%	6.4%	31.4%	17.5%	7.8%	18.6%	14.1%
Woodbridge	2.2%	1.5%	11.3%	14.2%	3.9%	22.9%	44.0%
State	4.7%	7.0%	28.6%	17.3%	7.3%	19.9%	15.3%

Source: U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate ²³

The above data shows that the highest percent of residents with one or more degrees reside in Woodbridge, Orange and Bethany. This correlates to the data on income. The towns with the lowest number of residents with a higher education are Ansonia and Derby. These towns have the highest number of residents who did not graduate from high school and therefore are not qualified for higher paid jobs.

Higher education is one of the most effective ways that parents can raise their families' incomes. Conversely, low education levels of parents increase the likelihood of low family income. Education is the key to career success and economic self-sufficiency. ²⁴

Dropout Rates

Table 19. Dropout rates for high schools.

Town	Dropout Rate
Ansonia	2.1%
Beacon Falls	1.0%
Bethany	0.5%
Derby	3.3%
Milford	1.55% average between two high schools
Orange	0.5%
Oxford	0.5%
Seymour	1.1%
Shelton	2.4%
Woodbridge	0.5%
State	3.0%

Source: Strategic School Profiles 2009-10 ²⁵

Derby is the only town with a higher dropout rate (3.3%) than the state average of 3.0%. Ansonia and Shelton have a slightly lower rate than the state average of 2.1% and 2.4% respectively. Bethany, Orange, Oxford and Woodbridge all have a low rate of 0.5%. (Rates will change markedly as new State definitions are introduced to more accurately reflect this dynamic. Derby's is expected to rise to 10%). Children with a no diploma are unlikely to find well paid jobs and cannot go on to higher education to increase their chances of better pay.

Table 20. Percentage of children by town who go on to higher education or straight into the work force.

Town	Pursuing higher ed	Employed, civilian and military
Ansonia	78.5%	21.5%
Beacon Falls	90.8%	6.4%
Bethany	89.6%	6.7%
Derby	79.3%	10.9%
Milford	87.85% average between two high schools	6.55% average between two high schools
Orange	89.6%	6.7%
Oxford	* no data	* no data
Seymour	88.2%	6.1%
Shelton	91.9%	6.3%
Woodbridge	89.6%	6.7%
State	84.5%	10.4%

Source: Strategic School Profiles 2009-10²⁶

Ansonia with 78.5% and Derby with 79.3% have a lower number of children pursuing higher education than the state average of 84.5%. All other towns in the region have a higher percentage of children than the state average going into higher education.

Languages Spoken

Table 21. Percentage of high school children not fluent in English and percent of homes where English is the second language.

Town	High School Children not fluent in English	Homes where English is not the primary language
Ansonia	2.4%	9.1%
Beacon Falls	0.5%	2.0%
Bethany	0.4%	1.7%
Derby	4.8%	15.7%
Milford	0.8% average between two high schools	5.5% average between two high schools

Orange	0.4%	1.7%
Oxford	0.4%	1.1%
Seymour	1.6%	9.9%
Shelton	0.8%	9.1%
Woodbridge	0.4%	1.7%
State	3.6%	* no data

Source: Strategic School Profiles 2009 – 2010 ²⁷

Table 21 shows the percentage of children who are not fluent in English in Ansonia is just below the state average of 3.6% however, in Derby, the percentage of children who are not fluent in English is higher than the state average. This corresponds with the results in Table 20 which show that there are a lower percentage of children from these towns pursuing higher education which will therefore affect their ability to find well paid employment.

Information on Functional Literacy Levels

The Valley Regional Adult Education Center has people from 66 different countries of origin enrolled in its programs.

Table 22. Number of enrolled students in various courses by town.

Course	Number of Enrolled Students					
	Total	Ansonia	Derby	Oxford	Seymour	Shelton
Adult Basic Education	122	55	24	0	16	21
Credit Diploma Program	435	158	38	4	156	67
Citizenship	35	10	12	0	2	10
English as a Second Language	687	192	154	0	39	274
General Education Development	111	58	15	0	9	23
Life Skills.	547	13	16	0	0	20

Source: Valley Regional Adult Education Center 2012 ²⁸

The above table shows that there are a high number of students from Derby, Ansonia and Shelton enrolled in the ESL course which corresponds to the data in Table 21 above from the Strategic School Profiles on the number of families where English is not the primary language spoken in the home.

The Credit Diploma Program and the General Education Development are both High School completion programs offered by VRAE. The numbers of students enrolled in these programs are highest in Ansonia and Seymour.

Illiteracy or low literacy is a passport to poverty. Today’s economy and society require literacy skills at Level 3 or higher, measured on a five-point scale. Approximately 300,000 greater Hartford adults, or roughly 41% of the adult population are functioning below Level 3. Below this level, people have difficulty filling out a job application or reading the newspaper, street signs, ATM screens, or the dosage on a medicine bottle. As a result, these adults do not have some of the most fundamental economic, social and personal abilities.

Nationally, 43% of people with the lowest literacy skills live in poverty, 17% receive food stamps, and 70% have no job or part-time job. ²⁹

HEALTH

Number of Children with Disabilities, Types of Disabilities and Resources.

Table 23. Children with Disabilities in the Region.

3 and 4 year olds on 4/5/12	Insurance		
Town	Medicaid	Commercial	Total
ANSONIA	29	18	47
BEACON FALLS	2	7	9
BETHANY	2	4	6
DERBY	19	18	37
MILFORD	32	76	108
ORANGE	1	15	16
OXFORD	2	18	20
SEYMOUR	8	17	25
SHELTON	29	58	87
WOODBIDGE	4	10	14
Total	128	241	369

Source: Birth to Three 2012 ³⁰

Children with disabilities in the region who are therefore Head Start eligible and had been using the service of Birth to Three are charted above. Those on Medicaid are recorded to show what resources low income families are using. There is a larger number of children with disabilities living in Milford which has a large population. Derby and Ansonia also show a relatively large number of children with disabilities.

The data also shows that a large proportion of low income families use the resource of Birth to Three as seen by the number of Medicaid participants in the towns of Ansonia, Derby, Milford and Shelton.

Table 24. Type of disabilities or area of delay seen in children in the region.

3 and 4 year olds on 4/5/12 Disability or Area of Delay	Insurance		
	Medicaid	Commercial	Grand Total
Autism	0	9	9
Chromosomal Abnormality	1	1	2
Cleft Palate	1	6	7
Coordination Disorder	5	9	14
Delayed Milestones	56	97	153
Developmental Language Disorder	25	45	70
Down Syndrome	2	4	6
Feeding Difficulties	1	8	9
Holoprosencephaly	0	1	1
Hydrocephaly	1	1	2
Lack of Normal Physiological Development, Unspecif	8	19	27
Mixed Development Disorder	3	7	10
Other Specified Delays in Development	5	6	11
Peri-ventricular Leukomalacia	1	0	1
Porencephalic Cyst		1	1
Prader-Willi Syndrome	1	1	2
Prematurity, low birth weight	1	5	6
Receptive Language Disorder (Mixed)	8	7	15
Seizures w/o Mention of Intractable Epilepsy	1	1	2
Sensorineural Hearing Loss	1	4	5
Sensorineural Hearing Loss, Unilateral		1	1
Stroke	1	1	2
Traumatic Brain Injury/TBI	1	0	1
Unspecified Delay in Development	5	7	12
Grand Total	128	241	369

Source: Birth to Three 2012 ³¹

The data provided does not detail disabilities by town as this may identify individual children. The data shows higher numbers of delayed milestones and developmental language disorders as being the most commonly seen disabilities among children in the region.

Incidence of Drug and Alcohol Abuse.

Table 25. Shows number of people by town, seeking treatment for mental health issues and substance abuse problem.

Town	Mental Health Issues	Substance Abuse	Dual Enrollment (MH and SA)	Total
Ansonia	535	332	78	945
Beacon Falls	28	89	10	127
Bethany	16	38	3	57
Derby	231	193	32	456
Milford	822	599	140	1,561
Orange	78	86	7	171
Oxford	82	110	7	199
Seymour	226	227	30	483
Shelton	299	471	53	823
Woodbridge	23	47	6	76
Total	2,340	2,192	366	4,898

Source: Dept of Mental Health and Addiction Services 2012 ³²

The highest numbers of people seeking treatment for mental health and substance abuse issues are seen in the towns of Ansonia, Derby, Milford, Seymour and Shelton. These towns also have the highest levels of poverty in the region.

Women Receiving Prenatal Care

Table 26. Level of care accessed by women in each town.

Town	Prenatal Care		
	None	Adequate	Intensive
Ansonia	22	75	126
Beacon Falls	3	20	36
Bethany	2	21	9
Derby	17	46	71
Milford	53	203	196
Orange	5	43	42
Oxford	12	35	55
Seymour	16	66	86
Shelton	51	138	168
Woodbridge	6	25	14

Source: Dept. Public Health 2009 ³³

Ansonia, Derby, Milford and Seymour all have low levels of prenatal care compared to the relatively more affluent towns of Bethany, Beacon Falls and Orange.

Many low-income women do not seek timely or adequate prenatal care, even when their health plan provides services covered by Medicaid. Half of Medicaid recipients who were enrolled in a managed care program in Tennessee and who were pregnant or gave birth in 1996-1997 sought no care during their first trimester; likewise, half made too few prenatal visits, as measured by a standard index of care. Although most women understood the value of prenatal care, personal circumstances such as fatigue and a lack of support from their baby's father often kept them from seeking services. ³⁴

Infant and Child Death Rates

Table 27. Infant death rates by town.

Town	Total	Race/Ethnicity of Infant			
		White	Black	Other	Hispanic
Ansonia	2	0	2	0	0
Beacon Falls	0	0	0	0	0
Bethany	0	0	0	0	0
Derby	0	0	0	0	0
Milford	0	0	0	0	0
Orange	1	1	0	0	1
Oxford	0	0	0	0	0
Seymour	1	1	0	0	1
Shelton	1	0	1	0	0
Woodbridge	0	0	0	0	0

Source: Dept. Public Health 2009 ³⁵

The highest incidence of infant deaths is in the town of Ansonia with a total of two deaths. The race of both infants was black. Shelton had one death, again the infant was black. Seymour and Orange each had one death. Both babies were white.

Number of Low Birth Weight Babies

Table 28. Number of low and very low birth weight of infants born in each town.

Town	Low Birth Weight	Very Low Birth Weight
Ansonia	14	4
Beacon Falls	1	0
Bethany	1	0
Derby	13	2
Milford	35	3
Orange	9	0
Oxford	6	2
Seymour	12	2
Shelton	36	4
Woodbridge	2	0

Source: Dept. Public Health 2009³⁶

There are a higher number of babies born with low birth weights seen in the towns of Milford, Ansonia, Derby, Shelton and Seymour. This correlates to data showing the numbers of women receiving prenatal care in these towns.

Teen Pregnancy Rate

Table 29. Teenage pregnancy rate by town.

Town	Total Births	Births to Teenage Mothers		
		<15 yrs	<18yrs	<20 yrs
Ansonia	224	1	4	10
Beacon Falls	59	-	2	2
Bethany	34	0	1	1
Derby	136	0	3	8
Milford	464	0	4	14
Orange	93	0	0	0
Oxford	103	0	0	1
Seymour	171	0	1	4
Shelton	358	1	3	8
Woodbridge	46	0	0	0

Source: Dept. Public Health 2009³⁷

Ansonia, Derby, Milford and Seymour all show high rates of teenage pregnancies.

According to the Guttmacher Institute at least 38% of pregnancies in every U.S. state are unintended. In 29 states and the District of Columbia, more than half of pregnancies are unintended. The rate of unintended pregnancy among poor women (those with incomes at or below the federal poverty level) in 2006 was 132 per 1,000 women aged 15–44, more than five times the rate among women at the highest income level (24 per 1,000). ³⁸

Those teenagers who are still in high school may struggle to not only finish their education and provide for their offspring but without a high school diploma the struggle to find well paid work will continue throughout their lives. Concerns for children raised in single parent families were mentioned above.

Prevalent Health Problems

Asthma

Asthma is the single most avoidable cause of hospitalization, yet it is consistently one of the most common admitting diagnoses in pediatrics.

Asthma is a chronic disease of the respiratory system that is characterized by reversible obstruction of the airways and airway hyper-responsiveness to a variety of stimuli.

The prevalence of CT adults reporting current asthma increased from 7.8% in 2000 to 9.4% in 2009.

The following population subgroups have been identified as priority for asthma intervention in Connecticut: 1) children, 2) adult women, 3) elderly, 4) Hispanics, 5) non-Hispanic blacks, 6) residents of low socioeconomic status, and 7) residents of urban areas. ³⁹

Lead Poisoning

Lead-based paint hazards create a serious impediment for families with Medicaid enrolled children to get and keep safe, decent housing. Housing affordable to these families is skewed to the oldest, lowest quality on the market. That same housing has the highest likelihood for lead hazards – construction before 1950 when lead-based paint was frequently used, lack of cash flow for property maintenance, lack of knowledge about lead hazards by owners and tenants, etc. Families often face the choice between housing unsafe for their young children or no housing. ⁴⁰

Table 30. Number of cases of lead poisoning among children age 36-59 months by town.

Town	Number of cases
Ansonia	144
Beacon Falls	22
Bethany	10
Derby	73
Milford	183
Orange	18

Oxford	14
Seymour	67
Shelton	71
Woodbridge	15
State	18,342
Average	108.5

Source: Dept. Public Health 2010 ⁴¹

The number of cases of lead poisoning among preschool aged children in Ansonia and Milford is higher than the state average of 108.5 with 144 and 183 respectively.

Communicable Diseases

Table 31: Number of cases of TB by town between 2002-11.

Town	Number of cases
Ansonia	5
Beacon Falls	1
Bethany	0
Derby	2
Milford	12
Orange	1
Oxford	0
Seymour	4
Shelton	7
Woodbridge	0
State	970

Source: Dept. Public Health ⁴²

The highest number of TB cases in the past 9 years, were seen in Milford.

Table 32: Number of cases of flu by town between 2010-11.

Town	Number of cases
Ansonia	32
Beacon Falls	5
Bethany	1
Derby	31
Milford	89
Orange	20

Oxford	6
Seymour	27
Shelton	85
Woodbridge	10
State	4744

Source: Dept. Public Health ⁴³

The highest number of cases of influenza in the past year were seen in the more densely populated areas of Ansonia, Derby, Milford, Seymour and Shelton.

West Nile Virus.

West Nile Virus is a disease carried by mosquitoes. According to the Department of Public Health there were 9 cases of WNV contracted in Connecticut in 2011. No deaths were reported that year and since 2001 only 3 deaths caused by the virus have been reported. ⁴⁴

Air Quality

Local air quality affects how we live and breathe. Like the weather, it can change from day to day or even hour to hour. A key tool in understanding the health effects associated with outdoor air quality is the Air Quality Index, or AQI. When AQI values are above 100, air quality is considered to be unhealthy. The CT DEEP issues the AQI daily, to provide the citizens of Connecticut simple information on local air quality.

A point in time (PIT) snap shot of qir quality in the area is as follows



Table 33: Levels of pollutants in the air by town. Green = good.

Predicted Daily AQI Maximums for Thursday, May 03, 2012 (NA=Not Available)		
Town	Fine Particles (PM2.5)	Ozone (O3)
Bridgeport	33	
Cornwall	23	42
Danbury	23	42
East Hartford	26	41
Greenwich		45
Groton	16	42
Madison		43
Middletown		40
New Haven	29	39
Stafford		40
Stratford		43
Waterbury	26	
Westport		42

Source: DEEP 2012 ⁴⁶

Water Quality

The Safe Drinking Water Act (SDWA) is the main federal law that ensures the quality of Americans' drinking water. Under SDWA, EPA sets standards for drinking water quality and oversees the states, localities, and water suppliers who implement those standards. ⁴⁷

Old houses with lead pipes may be at a higher risk of lead contamination of drinking water. ⁴⁸ This may mean that Section 8 housing and the older houses found in the ten communities may contain higher levels.

NUTRITION

Children receiving free breakfast and lunch.

Table 34: Children receiving free breakfast and lunch by town between 2009 and 2010.

TOWNS	*SNAP Recipients	% Students Eligible for Free or Reduced Price School Meals	**School Breakfast Participation	Free/Open Summer Meals Program yes/no
Ansonia	2429	58.5	69.2	Yes
Beacon Falls	182	11.3	14.1	No
Bethany	49	3.9	no data	No
Derby	1212	51.1	23.2	No
Milford	1726	17.2	35.1	No
Orange	103	4.5	no data	No
Oxford	189	4.5	no data	No
Seymour	688	22.3	23.6	No
Shelton	1128	15.6	16.6	No
Woodbridge	74	3.8	no data	No

Source: endhungerct.org ⁴⁹

***SNAP participation** is provided through the CT Department of Social Services and represents the average monthly assistance recipients for each town.

% Eligible for Free or Reduced School meals is provided through the CT State Department of Education. A child is eligible for subsidized meals if they are on SNAP/Food Stamps, Temporary Assistance for Needy Families (TANF), or at 130% or 185% of poverty.

****School Breakfast Participation** is based on data from the CT State Department of Education. The participation rate indicates the percent of free & reduced price lunch students that eat a free & reduced price school breakfast in any given town through the public schools. Towns with no information did not have a school breakfast program in school years 07-08.

*The **Summer Food Service Program** provides free meals to kids 18 and under during the summer when school meals are not available. If a town had "Free Summer Meals for Kids", there was at least one location in that town in 2010 where kids could go for a free breakfast and/or lunch. Data from the CT State Department of Education.

Women, Children and Infants Program

Current data from the Waterbury Health District is unavailable.

Participants in Food Distribution Programs

Table 35: Average number of children (per month) participating in food distribution programs.

Town	Children under 18 in food distribution program
Ansonia	158
Derby	96
Milford	263
Seymour	25
Shelton	173

Source: CT food bank 2012 ⁵⁰

Founded in 1982, Connecticut Food Bank is an affiliate of Feeding America, the nation’s food bank network. Connecticut Food Bank is the largest centralized source of donated, emergency food in Connecticut. Through warehouses in East Haven, Fairfield, and Waterbury, and affiliated distribution centers in New London and Stamford, they provide food products to approximately 600 soup kitchens, shelters, food pantries and child and adult day programs in Fairfield, Litchfield, Middlesex, New Haven, New London, and Windham counties. ⁵¹

According to Hunger Study 2010 done by Feeding America.org more than one-third of their client households report having to choose between food and other basic necessities, such as rent, utilities and medical care. And the number of children the Feeding America network serves has increased by 50 percent since 2006. ⁵²

HOUSING

Overcrowding and Availability.

Table 36. Occupancy of rooms per town.

Town	Occupancy of rooms		
	1.00 or less	1.01 - 1.50	1.51 or more
Ansonia	97.5%	2.0%	0.4%
Beacon Falls	100.0%	0.0%	0.0%
Bethany	98.40%	1.6%	0.0%
Derby	97.5%	1.6%	0.9%
Milford	98.7%	0.9%	0.4%
Orange	99.5%	0.5%	0.0%
Oxford	99.5%	0.5%	0.0%
Seymour	98.6%	0.9%	0.5%
Shelton	99.6%	0.4%	0.0%
Woodbridge	99.8%	0.2%	0.0%

Source: U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate. ⁵³

Derby, Ansonia, Milford and Seymour are the only towns with 1.51 people or more per room.

A report commissioned by HUD concludes that the most common definition of overcrowding used in literature on the subject is persons per room (PPR) in a dwelling unit. They also found, when analyzing data from the American Housing Survey, that overcrowding is more prevalent among households who rent. Where data was recorded by race and ethnicity they discovered that the Hispanic population had higher rates of overcrowding. ⁵⁴

In a study done by the UK Housing and Homeless charity Shelter it was found that cramped living conditions harm family relationships, negatively affect children's education and cause depression, stress and anxiety. ⁵⁵

Affordability and Conditions

Table 37. Median house prices per town.

Town	Median House Price
Ansonia	\$228,000
Beacon Falls	\$234,000
Bethany	\$357,500
Derby	\$222,070
Milford	\$300,000
Orange	\$368,750
Oxford	\$362,500
Seymour	\$248,000
Shelton	\$332,000
Woodbridge	\$400,000

Source: CERC Town Profiles 2009 ⁵⁶

The median price of a home in the area ranges widely from \$222,070 in Derby to \$400,000 in Woodbridge. \$220,070 is below the average house price of New Haven County which is \$246,000 and well below the average of the state which is \$265,000. As Woodbridge is in lower New Haven County it proves popular with those who work in Fairfield County but are forced out by the housing prices, as an average house in Fairfield county costs \$495,000. Route 8, Interstate 95, the Merrit Parkway and Metro north provide links to Fairfield County.

Affordable housing provides a solid foundation for a strong community. Residents who live in a home that is affordable have funds to purchase food, provide health care and satisfy other living needs. Residents of affordable homes also have the economic means to purchase goods and services in their communities. Affordable housing helps to create economic stability.

The common definition of an affordable home is one where the resident uses no more than 30 percent of his or her income to pay the rent or mortgage. In Connecticut, the amount a person must make per hour to afford a typical two-bedroom apartment is \$24.90. The median wage? \$19.61.

Inability to pay the rent or mortgage leads to eviction, foreclosure, homelessness and transience. Even if the rent or mortgage can be paid, spending too much on housing leaves too little income for food, clothing, health care, transportation and other necessities.

Equally important, those who can't afford their housing must live in overcrowded or substandard homes. Residents suffer in many ways when they lack privacy, don't have a place to do homework, must sleep on the couch and are exposed to lead paint, dust mites and other allergens, or live in a neighborhood without parks, sports leagues, library branches and schools that meet their families' needs.

Utilities

Table 38. Percent of people living in rented accommodation who are paying over 30% or more of their household income on utilities.

Geographic Area	Percent
Fairfield County	52.3
New Haven County	54
Connecticut	50.5
USA	48.9

Source: U.S. Census American Community Survey (ACS) 2006-2010 five-year estimate 58

The data shows that Connecticut has a higher cost of living compared to the rest of the United States. In New Haven County, 54% of people living in rented accommodation are paying 30% or more of their household income on utilities compared to 48.9% of people in US as a whole. As mentioned above in a report by Partnership for Strong Communities, this may leave people with little or no money for things like groceries.

Section 8 or HUD Housing.

An enquiry made to the Derby Housing Authority revealed that there are currently 45 families with Head Start eligible children living in Section 8 or HUD housing. 59

According to the Ansonia Housing Authority the HCV Rental Assistance Program was established by the Housing and Community Development Act of 1974. This program, funded by HUD and formerly known as "Section 8," provides rental subsidies to up to 647 low-income families who live in privately-owned housing units throughout Ansonia, Shelton, and Seymour.

Families pay approximately 30% of their income for housing and utilities. The Ansonia Housing Authority pays the difference between the payment standard and the amount contributed by the family as a subsidy directly to the landlord.

The HCV Program is a partnership between private landlords, low-income families, and the Housing Authority. We recognize that it takes all three parties working together to make this program a success, and appreciate the landlord's contribution to this effort. No data was provided on the specific number of Head Start eligible children were living in HUD housing. 60

Table 39. HUD income eligibility limits.

Family Size	Section 8	Public Housing
		& State Elderly
1	\$26,550	\$40,250
2	\$30,300	\$46,000
3	\$34,100	\$51,750
4	\$37,900	\$57,500
5	\$40,950	\$ 62, 100
6	\$43,950	\$66,700
7	\$47,000	\$71,300
8	\$ 50, 050	\$75,900

Source: Ansonia Housing Authority 2012 61

Homelessness

Table 40: Homeless population in Connecticut.

Region	Adults and Children in Families						Adults without Children		Un-accompanied Children		Total	% Within Region
	Adults		Children		Total							
Balance of State	222	13%	332	19%	554	31%	1217	69%	0	0%	1771	100%
Greater Bridgeport	56	11%	79	16%	130	26%	359	73%	2	0.4%	491	100%
Hartford	97	11%	167	19%	264	30%	617	70%	0	0%	881	100%
New Haven	77	13%	153	25%	230	38%	380	62%	0	0%	610	100%
Norwalk	14	7%	23	12%	37	19%	154	81%	0	0%	191	100%
Stamford-Greenwich	44	14%	52	16%	101	31%	222	89%	0	0%	323	100%
Waterbury	23	13%	46	25%	69	38%	115	63%	0	0%	184	100%
State	533	12%	852	19%	1385	31%	3064	69%	0	0%	4451	100%

Source: CCEH CT PIT 2011 Regional Breakdown Homeless Population 62

The only town in the TEAM Inc. catchment area to have a homeless shelter is Milford. The Bethel Center serves pregnant women and women with children under 14. It has 32 beds.

Nearby in the city of New Haven there are several homeless shelters and emergency shelters. A Point in Time (PIT) survey of the shelters in CT was carried out by the Connecticut Coalition to End Homelessness (CCEH) provided a regional breakdown of numbers and percentages of homeless children and adults.

Looking at the results for New Haven, the table shows that a quarter (25%) of the homeless population consists of children. The report on CCEH continues to show that of the unsheltered population of homeless people in New Haven, 2% are children.

Section III. COMMUNITY NEEDS

TEAM used existing studies, reports, statistics and internal data from client needs assessments to identify critical needs in the region. Key resources were: Valley/Milford Region Needs Assessment (2007, Sacred Heart University Graduate School of Business), City of Milford needs assessment (2007, United Way), TEAM Poverty Data Report (2008, Gary Stokes, Mountain Consulting), Community Conversation on Child Poverty Report (2009, Valley Council), and Valley CARES report (2011, Valley Council). The Community Conversation (2008) resulted in a compilation of short and long-term measures that the community could take to lessen the impact of poverty in the region. These TEAM reports are available on the website ([.teaminc.](http://teaminc.org)).

The agency's Service Area encompassing the lower Naugatuck Valley-Milford-New Haven suburbs is somewhat unique in that there exists two social service planning bodies – the Valley Council of Health & Human Services and the Milford Human Services Council – which monitor regional needs and design strategies to meet these needs. The Valley Council of Health and Human Services ([.valleycouncil.](http://valleycouncil.org)) produced the Valley CARES report in 2010. Four hundred respondents were surveyed on community needs and perceptions, and a research team analyzed and compiled the data. Using this document and the other sources noted above, TEAM concluded that six significant social needs exist in the region. These are listed below and explained in the following pages.

Primary Community Needs in the Region (for Low-income Families)

Need	Ranking
Employment Opportunities	Critical
Affordable Housing	Critical
Infant & Toddler Care	Serious
Transportation	Serious
Community Resources Awareness	High
Health Care Access	High

In addition to a discussion of the needs identified, the following narrative indicates the steps that TEAM will take to address the needs. Listed also are the resources currently available in the Agency and in the Community that address the needs directly and indirectly.

Employment Opportunities

Problem: 1) A shrinking number of living wage jobs are available to adults and youth with limited education and training. The continued erosion of production opportunities, a tightening service and retail market, and exposure to a newly troubled financial sector are factors that contribute to the region’s employment challenges. 2) Reports indicate that many entry level applicants without higher education lack critical literacy and life skills adequate to compete in the job market, gain employment and successfully maintain a job.

Identified Need	Action(s) to be Taken by the Agency
<p>Employment Opportunities</p> <p>Community Needs</p>	<ol style="list-style-type: none"> 1. Liaison with WIA services to connect clients with employment and training opportunities. 2. Refer clients to the Derby One Stop Center office to promote access to employment training opportunities and Job Readiness support, i.e. resume writing, interviewing, and retention skills. 3. Assist clients to save and acquire financial resources – through the Individual Development Accounts (IDA) – to acquire post-secondary education and entrepreneurship. 5. Participate in area Youth Services Bureau advisory councils and promote work-orientation programming for youth. 6. Research best practices for high school success, work orientation projects.

Community Resources – Employment:

- *BH Care* (Ansonia) offers job placement and case management for clients with chronic mental illness as well as formerly incarcerated reentry clients.
- *Bureau of Rehabilitation Services* (Ansonia) aids residents with significant physical or mental disabilities to prepare for, find, or keep a job.
- *CT Works* (Derby) operates the summer youth employment and makes training grants to low-income clients for job skill development.
- *Career Resources (Bridgeport)* offers job seekers career counseling, job search assistance and referrals, training vouchers, and manages the One-Stop centers in the region.
- *Shelton High School Career Center* offers opportunities for mentoring, job shadowing and work experience for Shelton high school youth.
- *The Workplace, Inc.* (Bridgeport) coordinates job training and education programs in SW CT.
- *Valley Association for Retarded Children and Adults* (Derby) offers workshop for mentally retarded adults.
- *Ansonia & Derby Youth Services* collaborates with area employers to assist youth to identify job opportunities and potential.

Housing (Affordability)

Problem: 1) An increasing number of households now pay sixty to seventy percent of their income for rent while the number of publicly operated housing units and Section 8 certificates in the region do not meet the demand of families whose household income requires rental assistance, and 2) a housing purchase is beyond the financial ability of a significant percentage of the region’s residents, who lack savings for down-payment.

Agency resources - Housing:

- *Asset Building* - the Individual Development Account savings program matches client savings for buying their first home, education or auto; financial literacy training and case management are included.
- *Energy Assistance* - Staff assists over 4,000 lower-income families in the region annually to pay winter heating bills with State/Federal aid. (Median benefits in 2010-11 were \$650 per unit.)
- *Housing Intervention* - Staff offers mediation and rent bank grants to eligible residents to prevent homelessness; and staff assists shelter residents to obtain permanent housing through case management and counseling.
- *Tax Preparation Assistance* - the Volunteer Income Tax Assistance (VITA) clinic assists lower-income residents to file no-cost tax returns and obtain Earned Income Tax Credits, to help low income people to build assets.

Identified Need	Action(s) to be Taken by the Agency
<p>Affordable Housing</p> <p>Community Need</p>	<ol style="list-style-type: none"> 1. Maintain federal/state resources for eviction mediation and other housing intervention efforts to assist area residents avoid homelessness. 2. Publicize openings for Section 8, RAP and other subsidized housing programs, and assist area clients to obtain subsidized housing. 3. Instruct consumers in family budget development and management; connect clients with utility arrearage forgiveness programs. 4. Assist individuals to transition successfully from temporary, emergency shelters to permanent housing. 5. Administer the CT Energy Assistance Program and pay a portion of winter heating costs for needy families and individuals to supplement their financial resources. 6. Maintain resources for Individual Development Account programming to assist first-time homebuyers to be successful. 7. Provide financial literacy classes for clients; and arrange banking, credit reclamation and foreclosure assistance seminars. 8. Inform municipal officials and developers of Smart Growth housing strategies and State funding opportunities to improve housing affordability. 9. Advocate for affordable housing and conduct informational forums on the subject. 10. Research home-share project feasibility.

Community resources – Housing:

- *American Red Cross, Valley Chapter* (Ansonia) provides temporary housing vouchers for disaster relief.
- *Ansonia Housing Authority* (Ansonia) oversees 165 units of HUD low-income housing, 148 units of senior housing, and the Section 8 program for Ansonia, Seymour, and Shelton.
- *Area Congregations Together* (Derby) runs the Valley homeless shelter and maintains a food bank network in the region.
- *BH Care* (Ansonia) offers supportive housing to clients with chronic mental illness as well as low-income families in the Valley region.
- *Derby Housing Authority* (Derby) oversees 106 senior housing units and Section 8 certificates.
- *FHLA* offers low-interest loans through lending institutions and can provide grants for down-payments/closing costs.
- *Greater New Haven Community Loan Fund* offers “rescue” programs for foreclosure victims and multi-family dwellers.
- *Milford Redevelopment & Housing Partnership* (Milford) manages 400+ units of mixed development housing (i.e. elderly and non-elderly disabled residents) and 62 units of family housing and Section 8.
- *Mutual Housing Association of South Central CT, Inc.* (New Haven) oversees an affordable home ownership projects and development in the region.
- *New Samaritans* (Shelton, Derby) developed 68 units of HUD “202” housing for low-income seniors in Shelton, Derby.
- *Shelton Housing Authority* (Shelton) maintains 200+ units of senior housing.
- *Seymour Housing Authority* (Seymour) maintains 100 units of senior housing; 86 units for low-to-moderate income families; and recently constructed a 56-bed assisted living facility.
- *United Methodist Homes* – (Shelton) offers moderate rate congregate senior living facility with 92 Section 8 units.
- *Valley YMCA* (Ansonia) offers 32 single-room occupancy units.

Infant & Toddler Care & Development

Problem: 1) There are limited infant-toddler care slots in the Valley region; 2) the cost of infant-toddler care high, putting it beyond the resources of lower-income parents; and 3) there is no focal point in the Valley where young parents can go for guidance and information to understand their children’s early development.

Agency Resources – Child Care:

- *Child and Adult Care Food Program* provides curriculum information and food reimbursements for healthy meals in approximately 85 of the region’s licensed home day care homes (approximately 80 providers in a 19- town/city region currently participate).
- *Derby and Ansonia Day Care center* provide a subsidized, full day, quality care and development program for 75 preschool children.
- *Family Resource Center:* learning center and educational resources for young parents; and play groups for children.

- *Head Start* is a part day/year free, quality child development preschool program with opportunities for parent involvement (160 preschool slots are currently offered in center-based locations in Ansonia, Seymour, and Milford.)
- *School Readiness* programs offer full-day preschool development classes for 70 children in Ansonia, Derby, Shelton, Seymour and Beacon Falls using sliding fee scales to insure affordability.
- *Valley Toys for Kids* is an annual appeal to the Valley community that generates toys for over 1400 children in 600 economically disadvantaged families each holiday season.

Identified Need	<i>Action(s) to be Taken by the Agency</i>
<p>Child Care</p> <p>Community Need</p>	<ol style="list-style-type: none"> 1. Maintain quality, accredited, subsidized School Readiness, Day Care and Head Start preschool development programs in the region. 2. Examine the financial feasibility of converting preschool slots to infant-toddler slots. 3. Maintain CACFP supports for licensed home daycare providers. 4. Participate in local early education planning/development partnerships (e.g. School Readiness Councils, Discovery Committees, Valley Council Early Child Care Task Force, and the Milford Social Services Council) as well as state-wide associations to promote opportunities and development of infant-toddler care. 5. Implement the Maternal Infant Early Childhood Home Visiting program to improve health and development outcomes for low-income families. 6. Act as fiduciary and convener of the Derby Discovery Project to promote pre-school systems needs assessment and planning in the City. 7. Advocate for the CARE 4 Kids subsidy program as a means to make child care affordable, and promote its use to low-income parents. 8. Solicit resources to maintain a Family Resource Center program to assist parents to understand and participate positively in their child’s development.

Community Resources – Child Care (and Family Support):

- *Ansonia, Derby, Shelton Discovery Projects* convene early education providers, develop systems planning and author a web-based newsletter for parents.
- *Ansonia Community Action Center* provides after-school program in Ansonia.
- *Big Brothers, Big Sisters* (Bridgeport) matches children from single parent families and children with special needs with trained volunteers who foster children’s healthy development.
- *Boy Scouts—Housatonic Council* (Derby) prepares young men to make ethical choices over their lifetime.
- *Boys and Girls Village* (Milford) – provides programming and shelter for children from abusive homes.
- *Birmingham Group Health Services* (Ansonia) offers mental health care, HIV/AIDS outreach and education, domestic violence services, substance abuse prevention and education.
- *Christian Counseling and Family Life Center* (Shelton) offers family and anger management counseling
- *Catholic Family Services* (branch offices in Ansonia and Shelton) provides affordable personal counseling, adoption and pregnancy services, Hispanic outreach, and employment assistance.
- *Derby Day Care Center* (Derby) offers affordable child day care program for 50 preschoolers.
- *Derby Youth Services* assists students to succeed in high school through specialized programming.
- *Girls Scouts—CT Trails Council* (Waterbury offices) - Largest voluntary organization for girls.

- *International Institute of Connecticut* (Bridgeport) aids immigrants, refugees, and their families through counseling, advocacy, and translation.
- *Julia Day Nursery* (Ansonia) – A non-profit preschool and kindergarten program for ages 3-8.
- *Junior Achievement of Western CT* (Bridgeport) – Volunteers from area businesses teach youth about free enterprise system, financial literacy, promote workforce readiness.
- *Planned Parenthood* (branch office in Shelton) offers birth control education.
- *Parent Child Resource Center* (Derby) treats children with emotional and behavioral problems
- *Public (and private) libraries* offer a variety of free learning programs and classes, and web access.
- *Seymour-Oxford Nursery & Child Care Association* (Seymour and Oxford) provides affordable before and after school child care in six locations and during summer recess.
- *Shelton Youth Service Bureau* (Shelton) offers after-school programs, community service projects and peer support groups for youth in Shelton
- *Valley Boys & Girls' Club* (Shelton) provides after school care, recreation, and educational programs to Valley children ages 6 to 18.
- *Valley Council Early Childhood Committee* coordinates regional strategies, and early learning fairs.
- *Valley Recreation Camp* offers a summer program for area children
- *Valley Regional Adult Education* (Shelton) offers high school, basic adult education, GED and ESL classes, and workforce and technology training.
- *Valley YMCA* offers summer and year-round recreation programs for youth; after-school, preschool and infant-toddler programs in Derby and Ansonia

Transportation

The problem: 1) Public transportation systems are restricted to the New Haven/Bridgeport corridors, and are limited or unavailable on evenings and weekends. The local Transit Districts (i.e. Valley and Milford) do not offer fixed routes or evening/weekend service (and VTD concentrates eighty-five percent of its service to senior citizen needs.)

Agency Resources – Transportation:

- *Volunteer Interfaith Caregivers* at TEAM connects volunteers to needy person to provide transportation for critical appointments.
- *Medical Ride program* (for seniors) – funded by the Agency on Aging of South Central CT, it subsidizes the cost of rides for needy seniors to medical appointments.

Identified Need	Action(s) to be Taken by the Agency
Transportation Community Need	1. Advocate for expansion of public transportation routes and timetables as well as Dial-Ride Transit service availability. 2. Explore partnerships with local auto dealers to improve purchasing options for clients. 3. Assist clients to acquire the financial resources – through Individual Development Account (IDA) program – to purchase an automobile.

	<p>4. Maintain resources for subsidized medical rides for elderly clients.</p> <p>5. Recruit and assign volunteers to transport needy residents.</p> <p>6. Research development of an agency-led off-peak transit service for clients.</p>
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Community Resources – Transportation :

- *The Greater Bridgeport Transit Authority (GBTA):* Regular bus service connects Bridgeport to Shelton and Derby and to a Coastal Link (CL) bus that operates along Route 1 from Guilford to Stamford.
- *Connecticut Transit (CT Transit):* Regular bus service connects New Haven to Derby, Shelton, Ansonia and Seymour; service connections are possible to Meriden, Wallingford, Milford, and the Shore Line; a Valley hub is maintained at the Derby train station.
- *ConnRail* provides commuter rail service between Bridgeport and Waterbury with stops in Seymour, Ansonia and Derby – currently four to six trips daily.
- *Metro-North Railroad* operates its New Haven Commuter Line from Union Station to Grand Central Terminal in New York City with stops in Milford, Bridgeport, etc.
- *Senior Centers of the communities of Oxford, Seymour, and Shelton* maintain senior vans to transport members for various purposes (e.g. shopping, events, etc.).
- *Valley Transit and Milford Transit* – Para-transit services offering Dial-A-Ride. Valley Transit operates from 6:15 a.m. to 5:50 p.m. Monday through Friday.

Community Resources Awareness

Problem: 1) The public is not fully aware of how to access public and private sources of assistance available to them in times of need and if they may qualify; and 2) immigrants have special difficulty understanding benefits available to their class.

Agency Resources – Information:

- *Human Services Infrastructure* system ensures all clients are screened for social needs and appropriate referrals are made within the agency and the community.

Identified Need	Action(s) to be Taken by the Agency
<p>Information Referral</p> <p>Community Need</p>	<ol style="list-style-type: none"> 1. Complete social assessments of all agency clients. 2. Maintain informational brochures of public/private resources at all agency locations. 3. Use the ABC Calculator to identify all programs for which clients are eligible, and refer them to community and public service resources in the region. 4. Provide space for organizations who compliment the agency’s mission. 5. Maintain an information rich website. 6. Participate in community fairs, events and forums; invite DSS personnel to co-locate. 7. Distribute print brochures of agency programs, and publish information in local media to inform the public of agency programs.

	<p>8. Assist area residents to submit applications for public assistance.</p> <p>9. Seek International Institute assistance for counseling and in-service training re. immigrant benefits.</p> <p>10. Conduct open houses of agency facilities/programs.</p>
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Community Resources – Information :

- *Community Response Team* (Valley-wide) is a coalition of health & human service agencies on call to respond to an event (such as a major employment downsizing) with information (coordinated by Valley United Way)
- *Infoline/United Way of Connecticut* offers free help-by-phone for service referral and crisis intervention from anywhere in Connecticut by dialing 2-1-1.
- *New Haven Legal Assistance* (New Haven) - Free legal aid for those unable to obtain it commercially because of limited income, disability, discrimination.
- *Public libraries* in the region provide information for residents about area services.
- *Valley Council of Health & Human Services*- A coalition of forty regional service providers which meets regular to plan strategy and review area needs.
- *Valley United Way* (Ansonia) – Provides referrals and financial assistance to local community agencies, and community leadership; oversees Corporate Volunteer Council, and Volunteer Action Council.

Health Care Access

Problem: 1) The lack of insurance and the high cost of health care reduce the preventive health measures taken by area residents; and 2) mental health and drug counseling programs are oversubscribed so that long wait lists for service preclude ready access for needy residents.

Agency Resources – Health:

- *Cornell Scott Hill Health Center* (Derby) R. O. Belden dental clinic provides affordable dental care.
- *Early Education program* provides health screenings for all enrolled preschool children and helps parents to arrange follow-up treatments.
- *Medical rides* provided by VTD are underwritten by an agency grant.
- *Senior Nutrition* programming provides home-delivered meals to the homebound and affordable Café meals for the mobile senior.
- *Valley Dental Advisory Committee* monitors dental care capacity and service in the region.

Identified Need	<i>Action(s) to be Taken by the Agency</i>
<p>Health Care Access</p> <p>Community Need</p>	<p>1. Participate in the Valley Council Health Indicators Project to promote analysis and awareness of the region’s health profile.</p> <p>2. Promote the use of affordable health care options through referrals to the Griffin Hospital Community Access Network and the local Federal Qualified Health Clinics (the Community Health Connection and Belden Dental Clinic.)</p> <p>3. Advise needy residents of public benefits and entitlement programs such as</p>

	<p>HUSKY, Medicare, Food Stamps (SNAP), and Medicare Part D for prescription drug assistance, and lend assistance in the application processes.</p> <p>4. Provide presumptive eligibility services for the HUSKY program, and maintain program information at agency sites.</p> <p>5. Maintain advisory oversight of the Belden Dental Clinic and convene the Valley Dental Advisory Council regularly to assess regional dental care issues.</p> <p>6. Advocate for additional public resources for counseling.</p> <p>7. Research feasibility for an agency food and diaper closet for emergencies.</p>
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Community Resources – Health :

- *C. Scott-Hill Health/Community Health Connection* (Ansonia) is the Valley region’s federal qualified walk-in clinic and offers affordable geriatric, ob/gyn care and general medical care.
- *CHOICES – AASCC program* offers counseling on medical benefits for seniors and trains benefits counselors.
- *Community Crisis Team* (Valley-wide) is a coalition of health & human service agencies on call to respond to a crisis which is coordinated by Birmingham Group Health Services
- *Griffin Hospital* (Derby) - 160 bed, acute care hospital that runs on a patient-centered model of care.
- *Liberty Center* (Ansonia) offers substance abuse & mental health services through outpatient and case management.
- *Medicare Part D* – publicly subsidized state and federal programs offering prescription assistance.
- *Milford Health District* provides programs in community health and environmental health.
- *Parent Child Resource Center* – Psychiatric counselors evaluate children, proscribe medication, and offer parent training and support.
- *Rape Crisis Center of Milford* (Milford) - Counseling for sex assault victims and their families, and prevention.
- *Salvation Army* (Ansonia) - Food collections, clothing.
- *Valley Health Departments* offers community health programming and WIC program.
- *Valley Parish Nurses* (Derby) - Nurses educate their church parishes on health issues, give health screenings, lead discussion groups, partner in the Safe Kids Coalition
- *Valley United Way* offers FamilyWize prescription discount cards.
- *Valley Women’s Health Access* (Derby) connects uninsured/underinsured women in Valley with free or low cost healthcare and human services.
- *VNA of South Central CT* (New Haven) - Home health care in 35 towns including the Valley/Milford.
- *Yale-Griffin Prevention Research Center* (Derby) conducts health research studies and projects.

V. HUMAN SERVICES INFRASTRUCTURE (HSI)

Procedures/Intake Process/Case Management/ Client Tracking

Human Services Infrastructure (HSI) Philosophy and Overview

The Human Services Infrastructure (HSI) program is a partnership between the Community Action Agencies of Connecticut, Connecticut's Department of Social Services, and 2-1-1 in order to foster a more effective coordination of services to needy, low-income, and vulnerable Connecticut populations. At TEAM, Inc., the Community Action Agency for the Naugatuck Valley and suburban New Haven County region, HSI exists to harness the available human service capital on behalf of the vulnerable populations served by TEAM Inc, removing barriers to services, ameliorating family and personal crises, and moving them toward self-sufficiency.

HSI intake procedures; pre-assessment, full assessment and case management services enable TEAM Inc. to:

- harness everything TEAM does to more efficiently serve the at-risk and vulnerable populations of the region
- enable TEAM to build the human service capital needed to serve the at-risk and vulnerable populations of the region
- assess the needs of the at-risk and vulnerable populations in the region
- coordinate the services available to the at-risk and vulnerable populations through TEAM and DSS services and programs
- create capacity for case coordination of all at-risk, low-income and vulnerable populations in the region

HSI enhances TEAM's capacity to coordinate more efficiently the services needed to remove social, family, and employment barriers for area residents, move at-risk and vulnerable people and families toward self-sufficiency, and thus fulfill its mission to alleviate the causes of poverty one person, one family at a time.

INTAKE PROCESS

Client Entry

Clients may access TEAM services through direct appointment, walk-in, referral and telephone inquiry. When a client enters the building, site or center, they need to register with the receptionist before proceeding any further. If the site does not have a receptionist, the client must enter the main office at

the site and register with the designated program staff. The receptionist or designated program staff will refer clients in the following manner;

- Clients that have a direct appointment are referred to that Program service for intake
- Clients that walk in are provided with the Universal Intake Form by the receptionist or designated program staff and then referred to the respective program.
- Clients that make telephone inquiries are directed to the appropriate intake staff person.

Clients do not have to wait for an initial contact from TEAM staff.

Intake Process

It is important to uncover the clients' need when they enter the building, site or center. This helps to ensure that the client's needs are met and that clients are referred to the appropriate program(s) and services(s) within (or without) TEAM. TEAM's many different programs and services have open enrollment while others require a referral from a funding source or an approved referral agency. The receptionist or designated program staff person uses a general inquiry: "How can we help you today? Once the client's need has been uncovered, the receptionist, or designated program staff will provide the client with the Universal Intake Form and then will direct the client to the appropriate program(s) and/or service(s). For those client's entering an Early Education site or center the client will complete the Early Education Enrollment Application and then be directed to the appropriate program(s) and/or service(s). Every client who enters TEAM's doors (at any building, site or center) is entered into the Client Tracking system. This client tracking system is an internet based computer software program that allows TEAM management, staff and funding sources to see and track the progress of each client TEAM serves. During the intake process, TEAM staff will use the CAPTAIN software system to do the computerized portion of the intake. This software system does not replace the method of intake as required by a program's funding source. Program staff completes the intake paperwork (or additional computer software entry) as instructed to do so by each funding source.

ALL client demographic and additional information is filled out completely leaving no sections blank. The entire CAPTAIN intake is to be completed while the client is in the office and is not to be done at a later date or after the client leaves except under special circumstances. This ensures that all information is filled out completely and accurately. A copy of the intake form with the necessary client and staff signatures is filed, and forms are printed out and filed for every TEAM program that the client is enrolled in, and/or when information is changed or updated.

Pre-Assessment and Full Assessment

The pre-assessment process is designed to help TEAM staff look holistically at the client's needs and determine if/what referrals should be made to help the client achieve their desired level of self-sufficiency. The pre-assessment screening tool asks clients the questions necessary to determine if they are in need of immediate and/or additional services. A pre-assessment screening tool is completed for each client to determine their needs and self sufficiency baseline. The pre-assessment

screening tool is completed when the client presents for their initial intake. The pre-assessment tool is a list of questions asked by the TEAM staff member and answered by the client. The answers to the questions will help the Community Resource Specialist and/or TEAM staff to determine what types of referrals are warranted to address the clients' needs. When a client answers: NO, for two (2) of the specified questions in the pre-assessment tool, that client is referred to the Community Resource Specialist for a full assessment and for Case Management Services in their primary area of need. If a need for additional services is identified, then the TEAM Community Resource Specialist or TEAM staff person would make an appropriate referral for the client. *Example: A client seeking energy aid may be in need of additional services. After completion of the intake and assessment, one may learn that the client was recently laid off from work and unable to pay the rent. The Community Resource Specialist or TEAM staff person can put the client in contact with TEAM's Eviction Foreclosure Prevention Program (EFPP). Therefore, one of the client's needs is addressed.*

Referrals

There are two (2) types of referrals that can be made for TEAM clients: internal referrals and external referrals. An internal referral is a referral made to a program, service or resource within TEAM. An external referral is a referral made to an agency, program or service outside of TEAM. It is important to familiarize yourself with the internal and external programs within the greater Valley region. The Community Resource Specialist identifies the areas of need for client referrals, and uses the pre-assessment and assessment tools in this process. After a pre-assessment and/or a full assessment has been conducted, a review of the answers will allow the specialist or TEAM staff person(s) to evaluate and determine what programs, services and referrals should be made. To determine the most effective method of referring clients, the referral source is contacted to ensure programs are still in place and have an opening. Not all programs, services and agencies accept referrals in the same manner. Referrals can be made with the client present, providing the client with program information so they may contact the program or service when they leave TEAM. However, if a client takes information to call a program or service after they have left, this will be documented in the case file and follow-up with the client will ascertain if additional services or assistance are needed. A client may need a referral to an unfamiliar program or service, in which case staff will use one or mechanisms to identify the program. Some examples include:

- **2-1-1** (this is CT's information line and has a list of most of the services and program eligibility requirements within the state of Connecticut). 2-1-1 is accessible through the internet or by dialing 2-1-1 on your phone.
- **Valley Council of Health and Human Services** - A listing is maintained by the Valley Council of Health and Human Services organizations serving the Lower Naugatuck Valley and can be obtained by accessing the Councils website ([.valleycouncil.](http://valleycouncil.org))
- **Colleagues** – Other social service staff are a great resource when locating programs and services in the local area.

- **Agency List** – Resources for external programs and/or partnerships most often utilized by the Agency are maintained.

All internal and external referrals to programs and/or services are logged into the **CAPTAIN client** tracking software. The data program recognizes a referral as a goal, and there are additional goals and services options available to choose from within the system – imbedded goals assigned for tracking.

Follow-up

Follow-up is extremely important in the HSI process and ensures that the client is able to receive the needed assistance and improved their level of self-sufficiency, and record the positive outcomes achieved. Follow-up is scheduled on a regular and consistent basis. The amount of follow-up needed depends on the referrals and services made for each client. When a client receives a referral, the information is entered into the client tracking software. The outcomes of those referrals are tracked during the follow-up process, and progress is outlined utilizing the CAPTAIN software. All TEAM staff and the Community Resource Specialists are responsible for updating the goals section of the *CAPTAIN* software as the client progresses through the programs and services. Goals permit classifications for “achieved” or “exited” from the “progressing” status. The CAPTAIN data program credits the Agency with completed goals when this final step is taken.

Staff understands that correctly tracking client goals using the *CAPTAIN* enables TEAM to meet its Federal Mandate to report on Result-Oriented Management and Accountability (**ROMA**) measures.

Software

TEAM utilizes the CAPTAIN software data systems for intake purposes. Many programs have an additional required data system required by the program grantor. For example the Housing program will use the *Service Point* data program; Early Education programs uses the *Child Plus* data program for specific tracking. The CAPTAIN data program is the data program TEAM uses to track the outcomes of all the clients served and the services they received.

VI. OUTCOMES AND MEASURES:

TEAM subscribes to the Results Oriented Management Accountability (ROMA) System adopted by USHHS Office of Community Services and undertakes its work in the context of six national goals, which are outlined below. In addition to the goal statements are measures (i.e. indicators) which determine how the agency will attain its goals. The period measured is October 1, 2011 to September 30, 2012.

OUTCOMES	MEASURES
<p style="text-align: center;">Family Goals</p> <p>i. Low-income customers become more self-sufficient.</p>	<ul style="list-style-type: none"> a. At least 10 out of the total 50 customers obtained part-time employment (less than 25 hours per week) at minimum wage or above without health insurance and benefits. b. At least 15 of the total 50 customers obtained part-time employment (equal to or greater than 25 hours per week), at a minimum wage or above without health insurance and benefits. c. At least 15 out of the total 50 customers obtained full-time employment (number of hours as defined by employer); at least minimum wage, without benefits. d. At least 5 out of the total 50 customers obtained full-time employment (number of hours defined by employer), above minimum wage and could include benefits. e. At least 120 out of the total 350 customers obtained a Federal Earned Income Tax Credit. f. At least 100 out of the total 350 customers obtained a Federal Child Tax Credit. g. At least 60 out of the total 150 customers demonstrated the ability to complete and maintain a budget for over 90 days. h. At least 10 out of the total 15 customers opened an Individual Development Account (IDA) savings account and increased savings. i. At least 2 out of the total 15 customers began post-secondary education due to accumulated savings. j. At least 2 out of the total 10 customers purchased a home, mobile home, or condominium. k. At least 15 out of the total 50 housing customers obtained or maintained permanent rental housing of choice. l. At least 100 out of the total 250 customers obtained care for child or other dependent, in order to acquire and/or maintain employment.

ii. **Low income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems**

- m. At least 150 out of the total 300 customers completed goals on their case management plan in order to move toward self-sufficiency
- a. At least 5 out of the total 10 customers (adults) obtain their ABE/GED certificate or diploma.
- b. At least 35 out of the total 100 customers (parents/caregivers) improved family functioning as a result of classes or supportive services.
- c. At least 250 out of the total 300 customers maintained family stability by accessing affordable care of a minor child or other dependent.
- d. At least 30 out of the total 50 customers demonstrated increased knowledge of positive parenting skills and techniques.
- e. At least 50 out of the total 100 customers demonstrated an increased knowledge of skills to manage income and increase savings.
- f. At least 450 out of the total 750 customers completed a payment plan for a matching payment program.
- g. At least 25 out of the total 50 customers completed a payment plan for the NUSTART Program.
- h. At least 25 of a total 35 customers in temporary or transitional housing arrangements obtained safe, stable housing.
- i. At least 25 out of the total 35 customers (households/individuals) maintained safe/stable housing for at least 90 days.
- j. At least 5 out of the total 15 customers (households) completed steps toward their first home purchase.
- k. At least 5 out of the total 15 customers (households) obtained safe, stable housing through the payment of a Security Deposit.
- l. At least 6 of the total 25 customers obtained a rental subsidy.
- m. At least 150 out of the total 200 customer households received emergency supplemental food from a food pantry.
- n. At least 3500 of the total 4500 customers avoided a utility termination or deliverable fuel crisis through agency payment.
- o. At least 30 of the total 50 customers avoided eviction or foreclosure through mediation for at least 120 days.

- p. At least 100 out of the total 200 customers obtained the resolution of a problem with a fuel vendor.
- q. At least 12 out of the total 75 customers avoided eviction or foreclosure through the payment of delinquent rent or mortgage.
- r. At least 150 of the total 250 customers participated in senior congregate meal program.
- s. At least 300 of the total 350 participated in Meals on Wheels.
- t. At least 150 of the total 170 customers (children) participated in congregate meal programs.
- u. At least 900 of the total 900 customers participated in the program's meal service.
- v. At least 300 of the total 400 customers obtained or maintained necessary services with assistance.
- w. At least 1000 out of the total 1500 customers received referrals to necessary services.
- x. At least 100 out of the total 1000 customers were denied services.
- y. At least 100 out of the total 125 customers obtained access to needed health care.
- z. At least 100 out of the total 100 customers maintained health, independence and self-sufficiency by utilizing shared-ride transportation.
- aa. At least 235 out of the 250 total customers (children) ages 0 – 5 obtained age appropriate immunization, medical and dental care.
- bb. At least 235 of the total 250 customers (children) ages 0 – 5 participated in preschool activities to develop school readiness skills.
- cc. At least 235 of the total 250 customers (children) ages 0 – 5 who participate in preschool activities demonstrated improvement in school readiness skills.
- dd. At least 16 of the total 250 customers (children) ages 0 – 5 who participated in pre-school activities and were diagnosed as needing special education or remedial services, received appropriate services.
- ee. At least 300 out of the 300 customers (seniors) maintained independent living status for 90 days through support services.
- ff. At least 350 out of the total 350 customers (Senior Nutrition Program / Meals on Wheel recipients) received a daily check .to ensure their well-being upon delivery of

their meal.

Agency Goals

- i. Agency among supporters and providers of services to low-income people are achieved.**
 - a. The Contractor has entered into or renewed at least 70 formal or informal cooperative agreements or partnerships with other agencies or organizations to mobilize and leverage resources to provide for customers, a 'continuum-of-services' social services delivery system that is considerate of ethnic, cultural, and other special needs of the community.
- ii. The Agency provides appropriate social services to the 'Target Population' designed to facilitate strengthened family and other support systems.**
 - a. The Contractor administered at least 18 social services programs or activities designed specifically to promote strengthened family and other support systems.
- iii. The Agency increases their capacity to achieve results.**
 - a. The Contractor applied for at least 2 new sources of funding for social services programs or activities designed to promote strengthened family and other support systems.

Community Goals

- i. The conditions in which low-income people live are improved.**
 - a. At least 6 of the 7 early childhood and childcare centers that are available to low-income customers receive accreditation.
 - b. The Contractor expanded the capacity of other agencies to serve low-income people by contributing in-kind services, space, and other resources amounting to the value of at least \$75,000.
- ii. Low-income people own a stake in their community.**
 - a. At least 15 of 200 low-income customers participate in formal community organizations, government boards, or councils that provide input to decision making and policy setting through efforts of the Contractor.
 - b. At least 25 of 100 low-income customers participate in social or volunteer activities through the efforts of the Contractor.

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