

TRAINING, EDUCATION AND MANPOWER, INC.

~ TEAM, INC. ~

COMMUNITY ACTION PLAN

2007 - 2008

Main office:

30 Elizabeth Street
Derby, CT 06418
Tel. 203-736-5420

Management:

Richard J. Knoll, President/CEO
Richard A. Feher, Chairperson
www.teaminc.org

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Service Delivery Area (SDA):

Ansonia, Beacon Falls, Bethany, Derby, Milford, Orange, Oxford,
Seymour, Shelton, Woodbridge

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Overview of TEAM Inc.: a Community Action Agency

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

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

In 2006, over 7,000 people received support through a TEAM program that ultimately helped them to help themselves. A budget of approximately \$6.2 million facilitated the agency’s work, which is governed by a 20-member Board of Directors whose composition is legislatively mandated to ensure that it reflects the Agency’s constituency. Local chief officials currently select one-third of board members; another third represents social service agencies and businesses for whom community action is a priority; and the final third of the Board is composed of members who are elected by the consumers. An 80+ member staff, under the leadership of the President/CEO, carries out the daily operations of the agency.

Volunteers play a major role in delivering many valuable services. They currently number about 150 and their participation ranges from assisting in Head Start classrooms to serving meals at congregate meal sites for the elderly.

Community Needs Assessment

In 2004, TEAM conducted a comprehensive Community Needs Assessment. 725 clients of TEAM and other agencies belonging to the Valley Council of Health and Human Services received surveys. 235 surveys were completed and returned. 185 returns were TEAM clients and 50 were clients of Valley Council member agencies, representing a 14.8% rate of return. The highest number of returns came from clients over the age of 50 (105 surveys.) As a result, those needs relating to younger adults – such as childcare – rate a somewhat lower priority than past years. See the survey results below.

Action Priority by Community Need	Ranking
Affordable Housing (Rents)	1
Employment Opportunities	2
Transportation	3
Prescription Costs and Affordable Dental Costs	4
Information on Community Resources	5
Parenting Education	6
Youth Programs	7
Affordable Purchasing of Homes	8
Dropout Prevention	9
Preschool Care	10

Top Ten Community Needs – A Discussion

1. *Affordable Housing (Rents)*

In recent years, housing costs and rents have risen dramatically for many families in the Valley. It is interesting that the entire pool of respondents rated this item a priority as many seniors – the majority of respondents – often own their own homes and would be somewhat insulated from the market issues. A 2003 TEAM study, *Housing the Workforce: An Assessment of Housing in the All-America Valley*, found that the median income residents in the region are unlikely to be able to afford to purchase a house in their community. As a result, housing costs eat up a considerable percentage of families income, impacting the quality of their lives. Foreclosures are also on the rise.

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

2. *Employment Opportunities*

In Connecticut and the region, a trend has existed for twenty years in which manufacturing jobs that provided a living wage have been lost or replaced by service jobs. Data from the CT Department of Labor says that among the top 10 fastest growing jobs in the state are cashiers, retail salespersons, waiters/waitresses, stock clerks, and janitors (*Connecticut's Occupational Forecast*, viewed online 5/2/06). The figures paint a picture of much bleaker job growth for

Connecticut in the next several years. In fact, 60% of job growth will be in occupations paying below low-income wages (2003 *Community Audit*, The WorkPlace, Inc.). At the same time, Connecticut only has regained ½ the jobs lost in the national recession of 2001, according to Connecticut Voices for Children's *State of Working CT*. In July 2005, there were 29,100 fewer jobs in the state than in 2001. Moreover, industries have lost jobs paying much higher than in the industries now creating jobs (*State of Working CT*).

The employment figures disguise other problems with Connecticut's job future. In 2004, underemployment, the measure of employed people seeking a job but not finding them together with the unemployed, actually stood at 9.1%. Unemployment for minorities, moreover, proved worse than average. Unemployment for African Americans was 8% compared to 4.1% for whites. Similarly, Hispanic Americans had a 9.3% unemployment rate.

3. Transportation

Improvements have been made in past years through advocacy of nonprofits and the Regional Planning Agency (now the Valley COG). Bus service from Bridgeport to Derby was implemented and the Derby train station has become a regional hub. Valley Transit continues to operate as a dial-a-ride service at affordable rates although timing and availability remain issues.

A report from The WorkPlace, *Everyone Rides* (2005), finds that riders with disabilities have more problems locating transportation available to them than actually using it. Buses in the Valley do not come frequently enough, have shorter hours and fewer pickup/dropoff points than disabled riders want. Nonprofits that provide transportation for the disabled have especial difficulty bringing that population to and from work at the various employers of those disabled persons.

4. Affordable Dental Care & Prescriptions

Accessing dental care eludes many of Connecticut's poorest children. Connecticut ranks among the bottom 5 states providing significant levels of dental care to Medicaid eligible children (see www.ctappleseed.org/projects/dental.org). Alarming as it is, the problem may worsen. CT has consistently refused to raise dental reimbursement rates to a level that dentists would consider enrolling HUSKY clients. Fewer dentists are expected to serve children on the state's HUSKY medical insurance, and many are cutting services to children covered through Medicaid because of low imbursement rates (*Elements of Effective Action to Improve Oral Health & Access to Dental Care for CT's Children and Families*, CT Health Foundation). As it stands now, 71% of children in Connecticut's Medicaid program do not receive any dental care and nearly 1 in 3 children/adolescents in the state on HUSKY have increasing trouble obtaining the same (CT Health Foundation). As a result TEAM has pursued plans to create a modern dental client in Derby that will serve those currently not able to find dental care.

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

5. Information on Community Resources

More people in the community are seeking help for problems without knowing which specific resources to access or even how they can be helped. As a sign of this, Infoline 2-1-1, the free

phone service that connects people to community resources, recorded 794 requests in January 2004 for “information services”, that is general information about resources available to community members. In September 2005, the number of such requests rose to 1193. In April of this year, 2-1-1 received 1685 requests for “information services”, more than double the number logged just over 2 years ago (see www.infoline.org/professionals/Statistics/Default.asp).

6. Parenting Education

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

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

7. Youth Programs

Traditionally, Valley youth say that there are not enough activities to engage them after school. In the state, more than ½ of teens spend an hour or more alone daily (CT Voices for Children, State of CT’s Youth 2003). Unfortunately, many youth resort to drugs and crime when left unoccupied. Local nonprofits such as the Parent Child Resource Center, Lower Naugatuck Valley Boys & Girls’ Club, and the Valley Substance Abuse Action Council have worked to address the issue.

8. Affordable Housing (Purchasing)

(See information at #1 above.) A significant amount of over 55 housing is being constructed in Oxford and Seymour (1500 units). Also, there is considerable Brownfields conversion taking place along the Shelton waterfront that will add some 500 units (condos and apartments). Also, Derby is attempting to garner private financing to add some 400+ units along its waterfront. What impact this will have on housing prices remains to be seen. Currently, the housing market has stagnated and prices have dropped approximately 10 – 15% from twelve to eighteen months ago. Meanwhile, TEAM has established a grant-financed program to assist first-time homebuyers to save and increase their savings to purchase homes and other assets.

9. High School Dropout Prevention

High school students will be the future work force. But dropouts will face higher unemployment rates than graduates and those with more education. In 2004, adults with less than a high school degree had an unemployment rate of 15.3%. By contrast, adults with a bachelor’s or more had an unemployment rate of 3% only (*State of Working Connecticut*). Unfortunately, Ansonia and Derby, the two towns that TEAM serves primarily, had dropout rates higher than the state average in 2000 (*Valley Needs & Opportunities Report, 2005*).

Just like their counterparts, dropouts will face work environments that demand more computer literacy. But based on skill assessments during TEAM's Project Explore for disadvantaged youth, we have found many "at-risk" youth lag in such skills. Several of these youth also lack self-esteem to pursue serious goals of self-improvement, critical to gaining employment given their education status. Moreover, dropouts are at elevated risk for delinquency and drug and alcohol abuse (*CT Voices for Children: State of CT's Youth 2003*).

A work orientation and drop-out prevention program developed by TEAM – Project Explore – lost funding when the RWDB decided to end in-school youth program funding in 2006.

10. Preschool Care

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

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

Additional Community Information

Child Care Capacity Study

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

The Derby Discovery Project

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

Valley Needs & Opportunities Project's: Report on Progress

Supplementing and reinforcing TEAM's own community needs assessment, the *Valley Needs & Opportunities Project* in 2005 completed its *Report on Progress* that assesses community strengths and needs of the Lower Naugatuck Valley. Prepared by Mt. Auburn Associates, the report looked at many aspects of Valley life that community agencies address in comparison to the community assessment completed in 2000.

In the economic area, the report found jobs based in two Valley communities that TEAM serves had contracted in the last few years. Since 2000, Ansonia has lost 700 jobs while Derby has lost 100. Valley wide, unemployment increased annually from 2000, and, in 2003, exceeded the national average. Many of these unemployed people turned to community agencies including TEAM in their financial duress.

In the area of elder care, the *Report on Progress* said that identifying the number of homebound seniors in the Valley and their needs has been "a stumbling block" in helping seniors and requires attention by area leaders. The problem appears it will worsen without action. The fastest growing part of the Valley's senior population, the report said, is those 85+, who especially are prone to ill health and financial hardship. The report, further, noted more Hispanic people and their elders are moving into the Valley, and that these elderly in general do not access social service opportunities at the same rate of other ethnic groups. The same is true of elderly of other language minorities than Spanish. These elderly will need particular help taking advantage of all the community services available to them.

The *Report on Progress* also looked at youth. According to the report, the Youth Services Committee of the Valley Council for Health & Human Services had found filling gaps in teen services a "priority" for the Valley.

Concerning workforce development, the *Report on Progress* found the Valley falling short on realizing the potential of its workers. Since 2000, the federal and state governments have cut back on its financial support for school-to-career programs in the area. The report said that Shelton stands out in the Valley for continuing its school-to-career program. The report, moreover, concluded that if many adult workers in the Valley are not prepared through training and education, the high job growth of recent years in the nearby regions of Bridgeport, New Haven, and Waterbury may bypass the Valley region.

Another area the *Report on Progress* examined was housing. A study by the Valley Housing Coalition, "Housing the Workforce: An Assessment of Housing in the All-American Valley", that the report cited, brings forward troubling news about housing issues in the Valley. The study found that housing prices are outpacing the rise in residents' incomes and the chances for many working families to buy a home in the Valley have diminished. While creating new affordable housing may help alleviate the difficulty, a few prominent public officials, the *Report on Progress* said, had difficulty accepting the implications that their towns would bear more of a housing burden than others.

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

Description of Service Delivery System

Profile of Service Delivery Area

TEAM service area encompasses 6 towns/cities that compose the lower Naugatuck Valley area – Ansonia, Beacon Falls, Derby, Oxford, Seymour, and Shelton—and 4 towns/cities along its periphery – Bethany, Milford, Orange, and Woodbridge. The area population is approximately 186,178.

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

The ten communities have a far ranging economic composition. The formally blue-collar Valley communities have generally lower family income levels than the suburbs of New Haven. Household income ranges from a low of \$46,951 in Ansonia to \$112,096 in Woodbridge. Average household income in Derby was the second lowest at \$50,259, with the remaining seven towns falling between \$57,702 (Seymour) and \$86,515(Orange). Population remained essentially level in some towns like Orange and Beacon Falls, while it grew at over 4% in towns like Bethany and Woodbridge. Derby had the highest percentage of low-income families in 2000, although the rate (8.3%) is relatively low in comparison to neighboring urban areas of Bridgeport and New Haven. Because of their poverty levels, both Ansonia and Derby are identified as “distressed communities” by the federal government. Ansonia and Derby have traditionally had high unemployment rates, consistently in the top ten of Connecticut’s 169 towns.

TABLE 1: POPULATION AND UNEMPLOYMENT RATES OF THE SERVICE DELIVERY AREA

<u>Towns</u>	<u>Population</u> <u>2004</u>	<u>Population</u> <u>2005</u>	<u>% Poverty</u> <u>2000</u>	<u>%Unemployment</u> <u>Rate 2005</u>	<u>%Unemployment</u> <u>Rate 2006¹</u>
Ansonia	18,922	18,992	7.6	6.1	5.6
Beacon Falls	5,396	5,375	5.9	4.7	5.1
Bethany	5,122	5,338	2.6	3.6	3.1
Derby	12,771	12,812	8.3	5.7	5.4
Milford	53,916	53,996	3.7	4.4	4.1
Orange	13,659	13,644	2.5	3.7	3.6
Oxford	10,298	10,634	2.1	3.8	3.4
Seymour	15,695	16,104	3.7	4.7	4.8
Shelton	39,548	39,645	3.2	4.3	4.1
Woodbridge	9,259	9,638	2.3	3.4	2.9
<i>TOTALS:</i>	<i>184,586</i>	<i>186,178</i>	<i>6.1 average</i>	<i>4.4 average</i>	<i>4.2 average</i>
<i>State Average</i>			<i>7.9</i>	<i>4.9</i>	<i>4.8</i>

¹ As of March 2006.

The minority population in the SDA varies from a high of 24% in Ansonia to a low of 7% in Oxford. In total, the SDA as a whole has a minority population of 13%. The many new residents of the area represent a huge diversity of cultural backgrounds. Valley Regional Adult Education reports serving immigrants from 128 different countries.

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

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

Community System of Services

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

Employment

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

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

Education

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

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

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

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

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

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

Health

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

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

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

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

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

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

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

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

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

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

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

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

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

Housing

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

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

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

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

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

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

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

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

Emergency Services

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

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

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

Linkages

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

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

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

Self-Sufficiency

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

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

Transportation

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

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

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

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

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

Milford Transit. (Milford) Subsidized transit in Milford.

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

Other

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

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

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

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

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

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

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

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

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

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

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

Salvation Army (Ansonia) - Food collection, church.

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

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

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

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

TEAM System of Services

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

FAMILY SUPPORT

Elderly Services

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

Employment

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

Asset Building

To assist individuals and families in achieving economic independence, TEAM provides individuals and families the opportunity to save through an Individual Development Account savings program. The IDA program is designed to reward the monthly savings of working-poor families who are trying to buy their first home, save for a security deposit, pay for post-secondary education or purchase an automobile. The account holders receive economic literacy training, qualified expense-specific training and services, case management, counseling and crisis intervention services. TEAM has the capacity to serve 36 low-income working individuals or families through IDA. The program provides a 2:1 savings match.

Tax Preparation Assistance

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

Energy Assistance

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

Housing

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

Valley Toys for Tots

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

EARLY EDUCATION

Head Start

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

Day Care

Day Care provides full day, quality childcare services and is located in Ansonia, the same location as TEAM's Valley Head Start. A sliding scale makes child care costs readily accessible for low-income families. Parents who cannot afford traditional private childcare are able to afford these services. State subsidies are also accepted. The program currently has the capacity for 30 children.

Derby Day Care (Delegate Agency)

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

School Readiness

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

Child and Adult Care Food Program

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

Information and Referral

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

Human Service Infrastructure (H.S.I.)

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

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

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

Intake and Assessment

A central, common intake process is the key to the H.S.I. model. All clients are pre-screened and assessed for needs. Based on this information, the client is informed of and referred to available services. When a referral to DSS (HSI W248) or an internal program is appropriate, TEAM staff

provide the client with information about the services and assist the client with the pre-application process, gathering necessary documentation the service provider needs. This allows for the client to be better prepared for their appointment with a DSS or TEAM program staff person when applying for services. It also shortens the process time that staff spends in securing services that clients need. If the client is in need of additional services that are not offered at TEAM or through DSS, TEAM contacts community resources and the 211 Infoline system to find resources to assist the client. In addition, TEAM receives Safety Net client referrals from CAFCA and provides the same intake and pre-assessment services to those clients, in addition to providing them with vouchers and/or direct pay assistance. TEAM is located on the public transportation route and is handicapped accessible.

Implementation Plan

A new support position - Community Resource Specialist - was created in 2004. A manual pre-assessment screen was implemented and became automated with CTFACS in 2005-6. The software, based on the principles of ROMA implementation, lets TEAM address the needs of each of its clients and measure their progress toward self-sufficiency.

Case Management

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

Collaborations

TEAM collaborates with many local agencies and each municipality it serves. TEAM has a memo of understanding (MOU) with each of the ten public school systems in the region and additional agreements with Ansonia and Derby to provide School Readiness. Referral MOUs or collaborations exist with Local Senior Centers, CT Light & Power/Northeast Utilities, Callahan Senior Housing, CT One Stop, ACT Food Bank, Spooner House, Interfaith Volunteer Caregivers of the Lower Naugatuck Valley, Griffin Hospital, Housing Division of the Judicial Branch of Superior Court, Parent Child Resource Center, Ansonia Library, Derby Neck Library, Derby Day Care and the Department of Social Services. Formal agreements are in place with Webster Bank and Naugatuck Valley Savings and Loan to cooperate in our IDA program. These formalized processes help to insure better service to our clients as they either participate in our services or are referred. In addition, TEAM maintains formal and informal partnerships and collaborations with another 63 community agencies. TEAM's CEO, Richard Knoll, is a founder of the Valley Council for Health & Human Services, a coalition of over 45 non-profit groups working in the Lower Naugatuck Valley, and sits on its executive committee.

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

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

Identifying and Meeting Community Needs

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

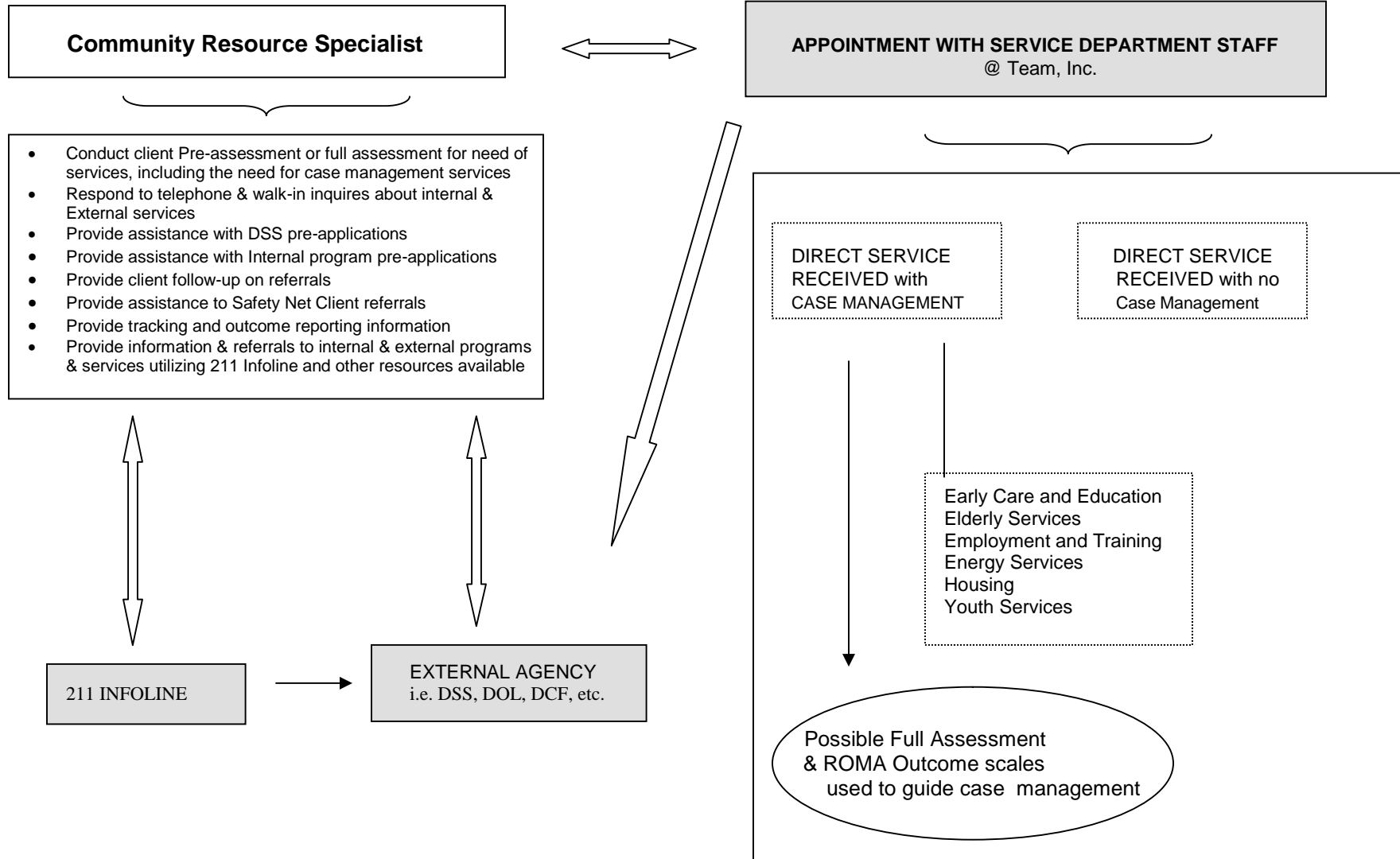
Identified Need	Action(s) to be Taken
<p>Affordable Housing Affordable Rents</p> <p>Community Need - 1, 8</p>	<ol style="list-style-type: none"> 1. Maintain federal/state resources for an eviction prevention and housing crisis intervention staff to assist 150 clients avoid homelessness. 2. Maintain an active list of landlords and affordable rentals, while publicizing openings for Section 8, RAP and other subsidized housing programs; and assist area residents to complete Section 8 applications. 3. Provide family budget development and management classes for clients; offer first-time homebuyer and credit reclamation seminars; 4. Provide information to municipalities on State funding and Smart Growth housing strategies that improve housing affordability and access in the region for first-time homebuyers. 5. Advocate the need for affordable housing to local leaders, and connect local developers with opportunities for public funding. 6. Assist 22 clients to acquire the financial resources to purchase a home through the co-funding of Individual Development Accounts (IDA). 7. Assist 4 clients to acquire the financial resources through an Individual Development Account (IDA) for the security deposit to a more appropriate apartment or home rental. 8. Assist 40 individuals to transition successfully from temporary, transitional shelters to permanent housing. 9. Identify additional resources to assist families transitioning from homeless shelters. 10. Assist 3000 families with heating costs to supplement financial resources during the winter months and to promote family health and safety as a by-product. 11. Promote the development of a private fund to support the development of affordable home ownership for IDA clients.
<p>Employment Opportunities</p> <p>Community Need – 2</p>	<ol style="list-style-type: none"> 1. Maintain linkages with area employers and business groups to assist clients to meet employment goals and improve self-sufficiency. 2. Host the regional One Stop Center to promote access to employment services for Valley residents. 3. Link low-income clients to Job Readiness training including resume writing, interviewing, and job retention skills. 4. Host a Department of Labor Veteran's staff person to improve resident's access to employment services. 5. Assist local and regional ITA skill training agents to provide successful post-training work placements by offering case management and life skills services/training to enrolled and graduating clients. 6. Assist a minimum of 5 clients to acquire the financial resources – through an Individual Development Account (IDA) – to obtain post-

	<p>secondary education leading to advancement in employment position and earnings.</p> <p>7. Participate in the Valley School to Career Task Force and assist the cities of Ansonia and Derby to create more robust work-study program.</p> <p>8. Manage the development and implementation of a State-funded summer employment program for lower-income youth.</p>
<p>Transportation</p> <p>Community Need – 3</p>	<p>1. Advocate for modifications and additions to public transportation routes that address client needs relative to employment and child care.</p> <p>2. Assist 5 clients to acquire the financial resources – by creating an Individual Development Account (IDA) – to purchase an automobile.</p> <p>3. Subcontract with the Valley Transit District to provide 5,000 medical rides for 400 elderly clients.</p> <p>4. Provide transportation to and from center-based programs for 54 Head Start children who lack the means for private conveyance.</p>
<p>Low Cost Medical Services</p> <p>Community Need – 4</p>	<p>1. Promote the benefits of and make referrals to the Valley Women’s Health Center, Griffin Hospital Community Access Network, and the local community based health center operated by Hill Health – the Community Health Connection – to promote the use of community health resources.</p> <p>2. Educate the clients and area residents on the services, rights and entitlements of Title 19, ConnPace, SAGA Medical, and Medicare Part D for prescription drug assistance and assist with the completion of the applications.</p> <p>3. Maintain membership in the Valley Council Health Sub-Committee and identify means to fill gaps in medical services to low-income residents.</p> <p>4. Advocate for improvements in HUSKY dental benefit rates and the participation of more area physicians.</p> <p>5. Improve access to dental care through the development of a full-service federal dental clinic in Derby.</p> <p>6. Advocate for and publicize State Medicaid and Medicare insurance as a resource for low-income parents; assist parents with the application process; and arrange for the DSS mobile van visits to the region.</p>
<p>Information & Referral</p> <p>Community Need – 5</p>	<p>1. Provide 2500 pre and full assessments for area residents seeking services via H.S.I. process.</p> <p>2. Assist area residents with preparing and interpreting of application and supportive documents required for DSS services.</p> <p>3. Provide clients with information and referrals to TEAM’s programs and those of other agencies.</p> <p>3. Provide office space for Spanish-speaking volunteers to assist area Latinos and Hispanics to link to translation services.</p> <p>4. Provide space to New Haven Legal Assistance to improve access to legal services.</p> <p>5. Provide office space for the Visiting Nurse Association of South Central Connecticut to simplify access to Valley residents.</p> <p>6. Provide information and referrals through community events, media, and other vehicles.</p>

<p>Parenting Education Community Need – 6 Parenting Need - 5</p>	<ol style="list-style-type: none"> 1. Act as fiduciary and convener of Graustein Memorial Foundation Derby Discovery Project to improve the rate of pre-school attendance in the City. 2. Advocate for and publicize the CARE 4 Kids subsidy program as a means to make day care affordable, improve TEAM program revenue; and assist parents with the application process. 3. Improve parent participation in the governance of the programs and the learning of their children. 4. Complete implementation of a Family Resource Center program that helps parents understand their child’s needs and be their first educator, and maintain funding from the Community Foundation.
<p>Youth Programs Community Need – 7</p>	<ol style="list-style-type: none"> 1. Coordinate Valley Toys for Tots Toy Drive benefiting 1000 Valley children. 2. Sponsor Boy Scout Troop # 50 benefiting developmentally challenged young men as well as Troop # 9. 3. Sponsor summer camp scholarships for 10 low-income youth.
<p>Child Care Community Need – 10</p>	<ol style="list-style-type: none"> 1. Maintain and develop the capacity to contract for 45 School Readiness slots to support local Boards of Education in Ansonia, Derby, and Seymour. 2. Collaborate with the VRAE Valley Even Start program to promote life skills, parenting education, GED and ESL for fifteen client parents. 3. Maintain funding for quality early childhood programming, specifically 75 State-subsidized day care pre-school slots and 160 Head Start pre-school slots. 4. Maintain State Department of Education support for wrap-around (full-day) preschool education services for thirty Head Start children. 5. Provide support, guidance and reimbursement for meals to 60 home daycare providers in the region through the CACFP. 6. Maintain CAFCP funding for a center-based nutrition program supporting 235 children. 7. Support the efforts of PCRC to continue the Prevention by Early Intervention program which serves preschool children identified as having significant social and emotional needs and assist teachers to acquire new coping skills. 8. Improve early childhood program accessibility through the development of sub-center in Shelton. 9. Maintain involvement in local School Readiness Councils, Discovery Committees, the Valley Council for Health & Human Services’s Early Child Care and Education Committee, Systems of Care, and the Milford Social Services Council. 10. Obtain affordable, long-term (lease) commitments for Milford, Seymour and ACA classrooms to affect greater stability. 11. Ensure program monitoring systems are in place that measure the quantitative and qualitative improvements in young children’s socialization and cognitive skills. 12. Maintain private resources for the ComputerTots literacy program. 13. Assist local Boards of Education to expand School Readiness programming in the region to the eligible communities of Shelton and

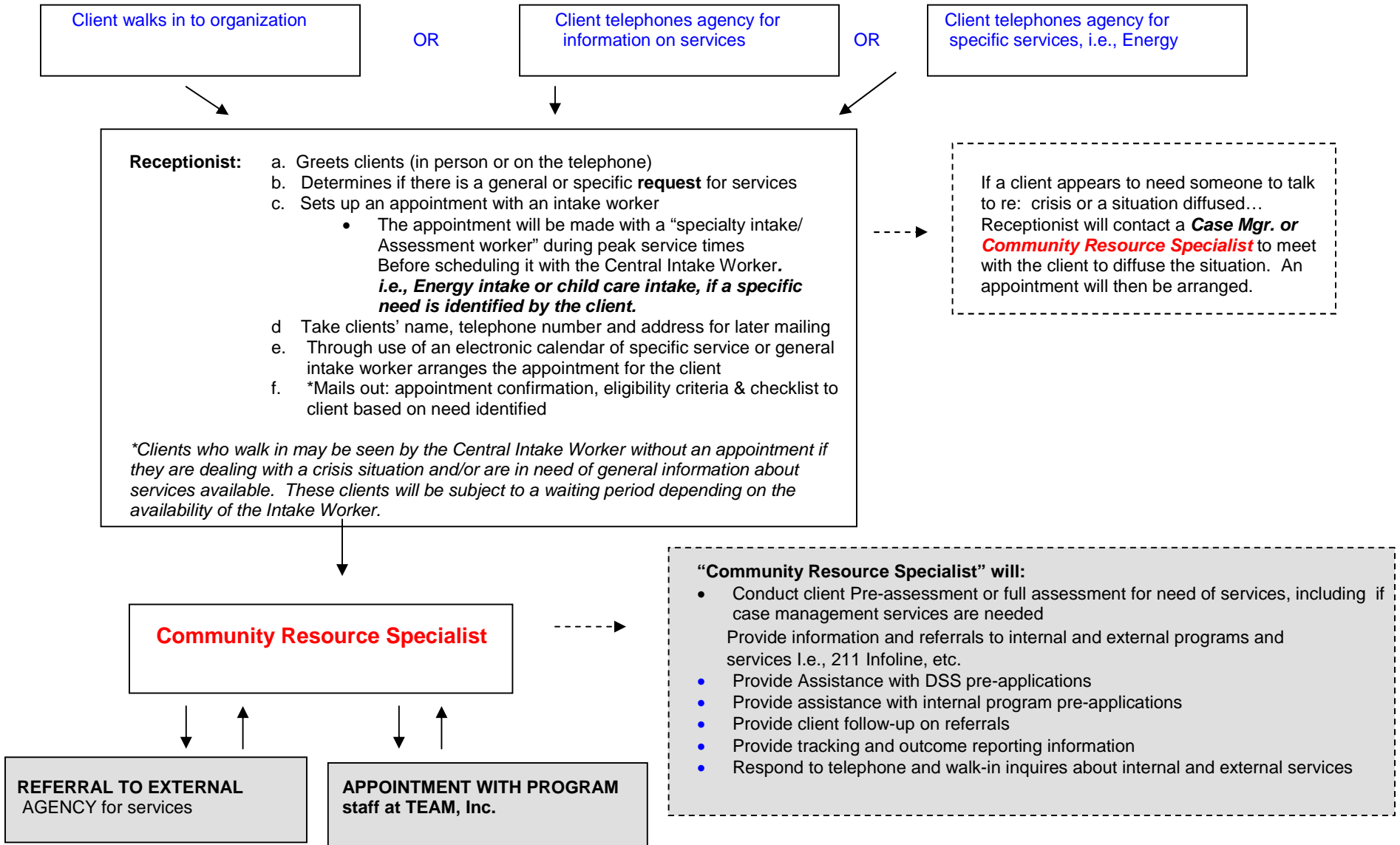
HUMAN SERVICE INFRASTRUCTURE SERVICE DELIVERY MODEL

OVERVIEW



Detailed H.S.I. Service Delivery Model

Client Entrance to Organization



Community Resource Specialist

Energy” Intake Worker will:

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

Child Care Intake Worker will:

- An identified Child Service worker will complete intake with clients that indicate a need for Child Care Services during peak enrollment periods and other times identified as needed*
- Respond to “Child Care Service” appointments pre-arranged by the receptionist.
Complete the intake & pre-assessment with the client
Determines Child Care eligibility and completes a CC application
Submits CC application to Family Service Coordinator
Conducts follow-up with the client on incomplete information
If worker identifies other needs or services available to the client, Worker will:
- a. Provide client with information on of other eligible services, documents needed and permission to refer
 - b. Refer to “Central Intake Worker” for follow-up on full assessment of needs.
 - c. If client is eligible and interested in Energy Assistance and it is Energy season, the intake worker will take all required information, complete the Energy application with the client and submit application to the Certifier for processing.

Certifier will:

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

Family Service Coordinator will:

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

Family Advocate will:

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

Coordination of Funding

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

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

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

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

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

TEAM Programs and Service Delivery Categories	Grant Revenue FYE 2007	Source of Funding	% of Total
<u>Education</u>			
Head Start	\$ 1,270,181	USHHS	
Child Day Care	\$ 454,896	CTDSS	
HS Extended Day / Enhancement	\$ 96,986	CTDOE	
School Readiness / Ansonia	\$ 93,000	CITY OF ANSONIA/SDE	
School Readiness / Derby	\$ 105,000	CITY OF DERBY/SDE	
School Redainess/Seymour	\$ 107,000	TOWN OF SEYMOUR/SDE	
Computer Tots	\$ 28,800	PITNEY BOWES	
Derby Discovery	\$ 28,700	WILLIAM CASPAR GRAUSTEIN	
Family Resource Center	\$ 35,000	COMMUNITY FOUNDATION	
Sub-Total	\$ 2,219,563		40.77%
<u>Employment</u>			
Summer Youth Employment	\$ 61,000	CTDOL/WORKPLACE	
Sub-Total	\$ 61,000		1.12%
<u>Nutrition</u>			
Child - Adult Care Food Program	\$ 222,880	CTDSS	
Child Day Care - Central Food	\$ 129,565	CTDOE/USDA	
Nutrition - MOW	\$ 207,204	AASCC	
Nutrition - CONG	\$ 50,000	AASCC	
Sub-Total	\$ 609,649		11.20%
<u>Health</u>			
Medical Transportation	\$ 27,250	AASCC	
Sub-Total	\$ 27,250		0.50%
<u>Housing</u>			
Beyond Shelter	\$ 51,594	CTDSS	
Eviction Prevention	\$ 46,192	CTDSS	
Housing Crisis	\$ 18,010	CTDSS	
Energy Assistance	\$ 1,950,000	CTDSS	
Operation Fuel	\$ 21,000	USHUD	
Sub-Total	\$ 2,086,796		38.33%
<u>Income Management</u>			
IDA	\$ 45,000	CTDOL	
	\$ 45,000		0.83%
<u>Other</u>			
Crisis Aid	\$ 2,152	UNITED WAY	
Toys for Tots	\$ 12,000	PRIVATE DONATIONS	
Homemaking	\$ 45,000	AASCC	
SBG	\$ 30,780	CTDSS	
Various Programs	\$ 15,000	LOCAL DONATIONS	
Management & Support	\$ 340,334	CTDSS	
Management & Support	\$ 55,000	MUNICIPALITIES	
Sub-Total	\$ 395,334		7.26%
Grand Total:	\$ 5,444,592		100.00%

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

Outcomes	Indicators
Positive benefits and behaviors that result from a program or service intervention.	# and % of clients/units to achieve each outcome
1) Obtained Employment/Self-Employment for Unemployed Persons.	<ul style="list-style-type: none"> a) 45 of 100 (45%) obtained part-time employment – less than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.), w/o health insurance benefits. b) 10 of 100 (10%) obtained part-time employment – equal to or greater than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.), w/o health insurance benefits. c) 10 of 100 (10%) obtained full-time employment – number of hours as defined by employer; at least minimum wage, without benefits. d) 20 of 100 (20%) obtained full-time employment – number of hours defined by employer, above minimum wage and could include benefits. e) 1 of 100 (1%) became self-employed – and earned the equivalent of at least part-time employment.
2) Obtained Employment/Self-Employment for Employed Persons.	<ul style="list-style-type: none"> a) 6 of 22 (27%) obtained part-time employment – less than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.), w/o health insurance benefits. b) 6 of 22 (27%) obtained part-time employment – equal to or greater than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.), w/o health insurance benefits. c) 9 of 22 (41%) obtained full-time employment – number of hours defined by employer, at least minimum wage without benefits. d) 9 of 22 (41%) obtained full-time employment – number of hours defined by employer, above minimum wage and could include benefits.
3) Maintained Employment for at Least 90 days.	75 of 100(75%)
5) Increased Total Household Resources from Non-Employment Sources.	<ul style="list-style-type: none"> a) 75 of 130 (58%) obtained Federal Earned Income Tax Credit. <ul style="list-style-type: none"> 1) Aggregated dollar amount of credits: \$103,000 b) 31 of 130 (24%) obtained Federal Child Tax Credit. <ul style="list-style-type: none"> 1) Aggregated dollar amount of credits: \$39,000

<p style="text-align: center;">Outcomes</p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;">Indicators</p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p>6) Increased Ability to Manage Income and Use Assets to Achieve Self-Sufficiency.</p>	<p>a) 44 of 44 (100%) demonstrated ability to complete and maintain a budget for over 90 days.</p> <p>b) 44 of 44 (100%) opened IDA or other savings account and increased savings.</p> <p>c) 25 of 43 (59%) decreased debt and maintained budget and savings plans for over one year.</p> <p>e) 7 of 16 began post-secondary education due to accumulated savings</p>
<p>7) Obtained Adequate, Safe, Affordable, Unsubsidized, Permanent Housing</p>	<p>a) 3 of 3 (100%) purchased home, mobile home or condominium.</p> <p>b) 25 of 41 (61%) obtained permanent rental housing of choice.</p>
<p>8) Eliminated/Reduced Barriers to Employment and Self-Sufficiency</p>	<p>a) 33 of 36 (92%) obtained work experience as a non-paid volunteer and developed measurable identified skill(s).</p> <p>b) 67 of 78 (86%) demonstrated a measurable increase in identified skills/competencies required for employment</p> <p>c) 81 of 92 (88%) completed training program and received certificate or diploma required for employment.</p> <p>d) 5 of 10 (50%) completed ABE/GED and obtained certificate or diploma in order to acquire or maintain employment.</p> <p>e) 5 of 5 (100%) completed post-secondary education program, and obtained certificate or diploma in order to acquire or maintain employment.</p> <p>f) 25 of 25 (100%) enrolled children in “before/after” school program, in order to acquire/maintain employment.</p> <p>g) 135 of 160 (84%) obtained care for child or other dependant, in order to acquire/maintain employment. (Identify type of care, for example, center-based care, family day care, relative day care, childcare certificate, and others).</p> <p>h) 5 of 8 (63%) obtained reliable transportation and/or driver’s license in order to acquire/maintain employment.</p> <p>i) 45 of 60 (75%) moved toward self-sufficiency by “moving up” at least one step on an outcome scale. (Attach a copy of scale used.)</p> <p>j) 137 of 164 (84%) completed goals on their case management plan in order to move toward self-sufficiency.</p>

Definitions:

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

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

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

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

Outcomes Positive benefits and behaviors that result from a program or service intervention.	Indicators # and % of clients/units to achieve each outcome
1) Increased Education and/or Skills.	a) 7 of 13 (54%) adults improve academic skills, and/or prepare to move on to other educational/training programs. b) 8 of 10 (80%) adults obtain ABE/GED certificate or diploma. c) 32 of 37 (86%) adults obtain or improve job skills. d) 90 of 91 (99%) youth obtain job skills.

<p style="text-align: center;">Outcomes</p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;">Indicators</p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p>2) Increased Families' Skills and Strengthened Families.</p>	<ul style="list-style-type: none"> a) 34 of 62 (55%) participants improve their behavior/family functioning as a result of counseling. b) 30 of 36 (83%) parents/caregivers improve family functioning as a result of classes or supportive services. c) 118 of 160 (74%) participants maintain family stability by accessing affordable care of minor child or other dependent. d) 4 of 4 (100%) child(ren) at-risk of DCF placement remain with family due to improved family functioning. e) 2 of 2 (100%) non-custodial fathers increase time spent with child. f) 1 of 1 (100%) non-custodial fathers who are behind in child support payments make payments against new payment schedule. g) 140 of 210 (67%) participants demonstrate increased knowledge of positive parenting skills and techniques.
<p>3) Increased Ability to Manage Income.</p>	<ul style="list-style-type: none"> a) 17 of 28 (61%) operate within established budget for at least 90 days. b) 33 of 33 (100%) households/individuals decrease energy usage due to Weatherization services. c) 32 of 41 (78%) participants demonstrate increased knowledge of skills to manage income and increase savings. d) 14 of 14 (100%) demonstrated increased knowledge of energy conservation e) 900 of 900 (100%) completed payment plan for matching payment program f) 17 of 17 (100%) completed payment plan for NUSTART Program

<p style="text-align: center;">Outcomes</p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;">Indicators</p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p>4) Obtained, Maintained, or Improved Housing Arrangements.</p>	<p>70 of 77 (91%) households/individuals in temporary or transitional housing arrangements obtain safe, stable housing.</p> <p>70 of 73 (96%) households/individuals maintain safe/stable housing for at least 90 days.</p> <p>5 of 5 (100%) Households improve home environmental safety thru installation of new heating and/or air conditioning system.</p> <p>5 of 8 (63%) households complete steps toward their first home purchase.</p> <p>e) 15 of 15 (100%) Households obtained safe/stable housing through payment of Security Deposit</p>
<p>5) Reduced or Eliminated an Emergency Need.</p>	<p>a) 150 of 150 (100%) receive emergency/supplemental food from food pantry. (Proxy)</p> <p>b) 175 of 175(100%) receive clothing. (Proxy)</p> <p>c) 5 of 5 (100%) receive emergency shelter.</p> <p>d) 2500 of 2500 (100%) avoid utility termination or fuel crisis through agency payment.</p> <p>e) 60 of 65 (93%) avoid eviction (due to rental non-payment or mortgage foreclosure) for at least 120 days through mediation.</p> <p>f) 24 of 35 (69%) avoid eviction (due to rental non-payment or mortgage foreclosure) through mediation for at least 360 days</p> <p>g) 85 of 90 (95%) obtain resolution of problem with fuel vendor</p> <p>h) 60 of 65(93%) avoid eviction through payment of rent</p>

<p style="text-align: center;">Outcomes</p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;">Indicators</p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p>6) Improved or Maintained Nutrition.</p>	<ul style="list-style-type: none"> a) 180 of 180 (100%) participate in senior congregate meal programs. (Proxy) b) 425 of 425 (100%) participate in Meals on Wheels. (Proxy) c) 242 of 242 (100%) children participate in congregate meal programs. (Head Start, child care, after school, summer meal programs, etc.) (proxy)
<p>7) Obtained Access or Links to Services.</p>	<p>30 of 30 (100%) obtained services/benefits due to translation assistance.</p> <p>135 of 135 (100%) report ability to access services independently.</p> <p>135 of 180 (75%) obtained or maintained necessary services with assistance.</p> <p>700 of 700 (100%) received referral to necessary services.</p>

<p style="text-align: center;">Outcomes</p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;">Indicators</p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p>8) Improved or Maintained Physical or Behavioral Health.</p>	<ul style="list-style-type: none"> a) 500 of 500 (100%) obtained access to needed health care. b) 300 of 300(100%) maintained health, independence and self-sufficiency by utilizing shared-ride transportation. c) 15 of 15 (100%) improved and/or maintained desired health statue behavior for at least three months d) 3 of 3 (100%) remained drug and alcohol free for at least six months.

<p style="text-align: center;">Outcomes</p> <p style="text-align: center;">Positive benefits and behaviors that result from a program or service intervention.</p>	<p style="text-align: center;">Indicators</p> <p style="text-align: center;"># and % of clients/units to achieve each outcome</p>
<p>9) Children and Youth Participate in Services that Support Their Growth and Development.</p>	<ul style="list-style-type: none"> b) 227 of 227 (100%) children (ages 0-5) obtain age appropriate immunizations and medical care. c) 227 of 227 (100%) children (ages 0-5) obtain age appropriate dental care. d) 227 of 227 (100%) children (ages 0-5) participate in pre-school activities that develop school readiness skills. e) 227 of 227 (100%) children (ages 0-5) who participate in pre-school activities demonstrate improvement in school readiness skills. f) 20 of 20(100%) children (ages 0-5) who participate in pre-school activities and diagnosed as needing special education/remedial services, receive appropriate services. (proxy).

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

Narrative Comments: Please attach a separate sheet if necessary.

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

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

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

Outcomes	Indicators
1) Low-Income People Participate in Formal Community Organizations, Government, Boards or Councils that Provide Input to Decision-Making and Policy Setting Through CAA Efforts.	a) 10 of 12 (83%) of low-income people serve on Head Start Policy Councils.
3) Low-Income People Participate in Social or Volunteer Activities.	a) 13 low-income people volunteered their services to help others through community agencies or community-oriented activities.

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

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

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

Table 1: Agencies Leverage External Resources to Increase their Capacity to Serve Low-Income People.	
	a) Amount of funding from CSBG: \$201,384 b) Amount of Federal Government (non-CSBG) funding: \$1,270,000 c) Amount of State Government funding (includes non-CSBG federal dollars passed through a state agency): \$3,802,000 d) Amount of Local Government entity funding: \$50,500 e) Amount of other local funding: \$269,000 f) Amount of private funding: \$216,000 g) Amount of funding from cash donors: \$134,000 h) Other: \$178,000
Table 2: Agencies Leverage External In-Kind and Donated Resources to Increase their Capacity to Serve Low-Income People.	
1. Volunteer or Donated Staff Hours	a) Number of volunteer hours from the <i>general public</i> : 4000 b) Number of volunteer hours from agency <i>clients</i> : 1400 c) Number of volunteer hours from agency <i>board members</i> : 720
2. Donated or In-Kind Space	a) The amount of donated or in-kind space in the community used for CAA supported programs, services or activities: \$165,000
3. Other Non-Cash Donations	a) The amount of donated materials and supplies: \$48,000 b) The amount of donated food: \$5,000.

Table 3: Agency Organizes and Operates its Programs, Services, and Activities Toward Accomplishing Family and Community Outcomes.
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<p>1. Agency has the Capacity to Measure Client/Customer Progress Towards Self-Sufficiency.</p>	<p>a) CAAs are organized in different ways depending on their configuration of programs and services. Please identify the one statement below that best describes how your CAA is organized.</p> <p>1.1a A common in-take process and common ID# is used for <u>all</u> clients of the CAA.</p> <p>b) CAAs are organized in different ways depending on their configuration of programs and services. Please identify the one statement below that best describes how your CAA is organized.</p> <p>1.1b Agency utilizes a regional database for <u>all</u> clients of the agency for use in intake and assessment and provision of services.</p>
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Table 4: Agency Organizes and Operates its Programs, Services, and Activities Toward Accomplishing Family and Community Outcomes.

<p>1. Agency has the Capacity to Report Client/Customer Progress Towards Self-Sufficiency. (Choose all that apply.)</p>	<p>b) Agency utilizes outcome scales to measure customer movement toward self-sufficiency.</p> <p>c) Agency has capacity to derive unit cost statistics for efficiency: cost per service delivered or cost of service per client.</p> <p>d) Agency has capacity to derive unit cost statistics for effectiveness: cost per outcome delivered.</p>
<p>2. Agency has Provided Results-Oriented Management and Accountability Training. (Choose all that apply.)</p>	<p>a) Agency Board has received Introduction to ROMA training.</p> <p>b) Agency management staff has received Introduction to ROMA training.</p> <p>c) Agency supervisory staff has received Introduction to ROMA training.</p> <p>d) Agency line staff has received Introduction to ROMA training.</p>
<p>3. Agency Programs Achieved Accreditation Demonstrating That Program Meets or Exceeds Nationally Recognized Standards.</p>	<p>a) 5 of 5 (100%) early childhood care and education sites that have NAEYC or other recognized form of accreditation.</p>

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

<p>1. Agency Staff Obtained Credentials That Improve Their Capacity to Achieve Results.</p>	<p>a) 1 staff who work with children obtain the Child Development Associate credential, or higher form of credential/degree.</p> <p>b) 4 staff who received Associates Degree.</p>
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