


# CRT COMMUNITY ACTION PLAN REPORT 2019

Community Renewal Team

Changing lives… Creating opportunity!

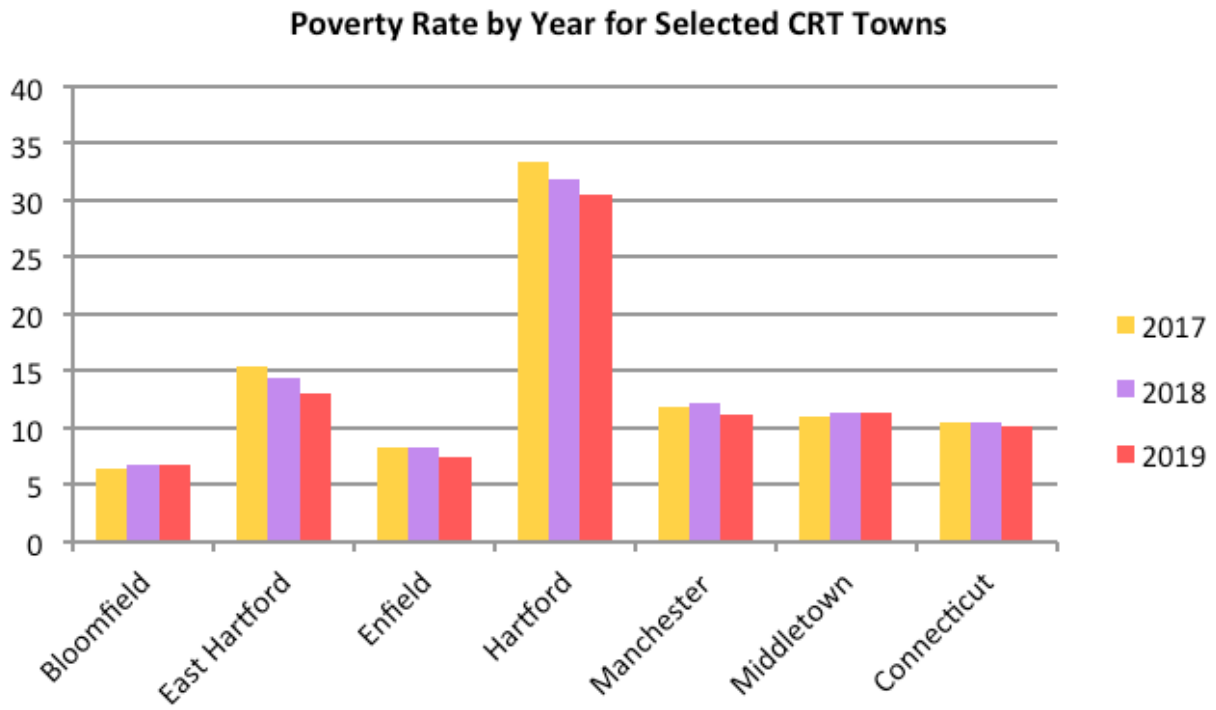
# EXECUTIVE SUMMARY

## Demographics

CRT continues to help tens of thousands of individuals each year. According to the 2018 CSBG Annual Report, CRT provided one or more services to 67,110 individuals from 28,166 families. CRT program participants continue to be racially diverse: 29.54% of program participants are White, 29.84% Black, and 5.51% multiracial. Hispanic or Latino participants accounted for 35.52% of those served. Program participants were mostly female, 59.84% compared with 40.05% male. Children younger than 18 years of age accounted for 33.24% of CRT program participants, and 27.4% of participants were 55 years of age and older, up 2.26 percent from last year. Over 24% of families reported an income up to 50% of the federal poverty guideline. Single parents accounted for 30.83% of all program participants for which a family type was documented which is down 3.77% from last year's CAP Report.

## Poverty

The percentage of all Connecticut residents who live in poverty is 10.1%, down .3% from last year. The percentage of Connecticut residents under 18 who live in poverty is 13.5% and the percentage of children under 5 who live in poverty is a staggering 15.3%. Meanwhile, in Hartford (the main catchment area for CRT and the town with the highest rate of poverty) the rate is 30.5%, down 1.4% from last year. While this is an improvement, the rate is still more than triple that of the state average. Unfortunately, poverty rates in many of the towns in CRT's service area climb for children and, typically, children under 5 suffer the greatest rates of poverty. Overall poverty rates are down in the state of Connecticut by .3% and in five of the six selected towns, with one staying the same: Bloomfield stayed the same at 6.7%, East Hartford is down 1.3%, Enfield is down .8%, Hartford is down 1.4%, Manchester is down 1%, and Middletown is down 1.1%. While Hartford's poverty rates are down, they are still significantly higher than that of any other town in CRT's service area.



# Educational Attainment

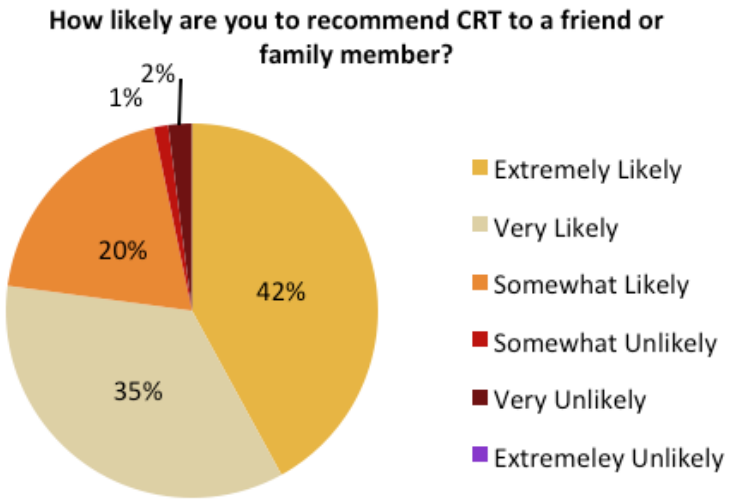
Research has continued to show a direct relationship between educational attainment, income, and quality of life: the more education, the higher the income, the better quality of life. In Connecticut 90.3% of people over the age of 25 have a high school diploma (or equivalent) but Hartford has a high school graduation (or equivalent) rate of only 72.4%, which is up .2% from last year, but still significantly lower than the state rate. The gap widens when considering an earned Bachelor's Degree or Graduate/Professional Degree. Statewide, 38.5% of people over the age of 25 have a Bachelor's Degree or greater compared to Hartford's 16.7%. Again, both East Hartford and Enfield have significantly lower rates of people with a Bachelor's Degree or higher; however, East Hartford's percentage increased .4% and Enfield's percentage increased 1.5% from 2018.

# Seniors

According to the U.S. Census, there are 575,757 people 65 years of age and older residing in Connecticut, 20,734 more than in 2018 (American Community Survey, 2013-2017). Typically, higher percentages of seniors reside in rural and suburban areas than in the more urbanized areas of Hartford and Middletown. Thirty-four of CRT's 40 congressionally assigned towns experienced increases in senior populations, as opposed to only 27 towns experiencing an increase in 2017. In 14 CRT towns (up 4 from last year), seniors make up 20% or more of the total population – Bloomfield (26.1%), Newington (20.9%), Rocky Hill (21.1%), Wethersfield (20.1%), Chester (24.6%), Essex (31.1%), Killingworth (20.7%) Old Saybrook (24.9%), Portland (20.3%), Westbrook (21.4%), Branford (21.5%), Guilford (22.4%), Madison (23.4%), and North Branford (21.1%). This is the first year that Hartford has more than 10% (10.3%) of the population age 65 and above; and with this increase, every town in CRT's service area has at least 10% of its population that is 65 and older.

# Client Satisfaction

CRT has continued to adhere to the customer satisfaction survey schedule for all programs as stated in last year's CAP Report. Each program has a window throughout the year in which they have, depending on the program, about two weeks to collect the surveys. This year 77% of clients across many programs said they would recommend CRT programs to a friend or family member. CRT works very hard to make sure that clients have input and are able to give feedback to the programs in which they participate.




Community Renewal Team
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## Table of Contents

## Section 1: Contact Information

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Federal Fiscal Year 2019

## Section 2: Community Needs Assessment Update

### Community Needs Assessment

According to the Connecticut Community Action Network Guide for Community Action Plans, all Community Action Agencies (CAA) must complete a comprehensive community needs assessment at least once every three years to accurately identify, thoroughly describe, and characterize the needs of low-income people within the CAA's service area. Fiscal Year 2019 is the third year of this triennial cycle, therefore this CAP Update Report includes an update of the demographic, social, economic, and health indicators for CRT's service areas. This CAP Update report is an overview and update of that data and issues identified last year.

Social determinates of health, that is the conditions in which people are born, grow, live, work, age and die, play a big role in the lives of Connecticut residents, as these circumstances are shaped by the distribution of wealth, and the wealth disparities in Connecticut, and even just in CRT's service area are very wide and having a measurable impact on seniors across the state.

#### *Population Description*

CRT continues to help tens of thousands of individuals each year. According to the 2018 CSBG annual report, CRT provided one or more services to 67,110 individuals from 28,166 families. CRT program participants continue to be racially diverse: 29.54% of program participants are White, 29.84% Black, and 5.51% multiracial. Hispanic or Latino participants accounted for 35.52% of those served. Program participants were mostly female, 59.84% compared with 40.05% male.

Children younger than 18 years of age accounted for 33.24% of CRT program participants, and 27.4% of participants were 55 years of age and older, up 2.26 percent from last year. Over 24% of families reported an income up to 50% of the federal poverty guideline. Single parents accounted for 30.83% of all program participants for which a family type was documented which is down 3.77 percent from last year's CAP Report. Of the 44,804 program participants 24 years of age and older, 18.7% never completed high school (up over 2 percent from last year), while 51.98% possess a high school diploma or GED. The 2018 CSBG annual report data demonstrates that CRT continues to reach Connecticut's most vulnerable citizens – children, seniors, the impoverished, single parents, and the under-educated.

#### *Service Area*

The U.S. Census estimates the total population within the CRT service area is 891,470, which is 785 fewer people than in 2018. Table 1 (on the next page) lists the total population for the 40 towns that CRT serves. Populations of these towns vary greatly, ranging from 4,286 in Chester to 124,390 in Hartford. In this Community Action Plan update, six specifically selected towns within CRT's 40 town service area are used to compare general demographics, socio-economic indicators, and health information to demonstrate the diversity and need throughout the service area. These towns are Bloomfield, East Hartford, Enfield, Hartford, Manchester, and Middletown.

*Table 1: Population for CRT Service Area*

| Hartford County | | Middlesex County | | New Haven County | |
|---|---|---|---|---|---|
| Total Population by County | | | | | |
| Avon | 18,381 | Chester | 4,286 | Branford | 28,149 |
| Bloomfield | 20,848 | Clinton | 13,041 | Guilford | 22,337 |
| Canton | 10,339 | Cromwell | 14,021 | Madison | 18,247 |
| East Granby | 5,220 | Deep River | 4,547 | North Branford | 14,275 |
| East Hartford | 50,812 | Durham | 7,292 | **Total** | **83,008** |
| East Windsor | 11,409 | East Haddam | 9,072 | | |
| Enfield | 44,608 | East Hampton | 12,890 | | |
| Glastonbury | 34,668 | Essex | 6,588 | | |
| Granby | 11,323 | Haddam | 8,303 | | |
| Hartford | 124,390 | Killingworth | 6,441 | | |
| Manchester | 58,172 | Middlefield | 4,402 | | |
| Marlborough | 6,420 | Middletown | 46,747 | | |
| Newington | 30,608 | Old Saybrook | 10,162 | | |
| Rocky Hill | 20,015 | Portland | 9,391 | | |
| Simsbury | 24,307 | Westbrook | 6,927 | | |
| South Windsor | 25,802 | **Total** | **164,110** | | |
| Suffield | 15,675 | | | | |
| West Hartford | 63,360 | | | | |
| Wethersfield | 26,395 | | | | |
| Windsor | 29,037 | | | | |
| Windsor Locks | 12,563 | | | | |
| **Total** | **644,352** | | | | |

Table DP05, 2013-2017 American Community Survey 5-Year Estimates

## *General Demographics*

Hartford, the state capital, is the most populated of all the cities and towns served by CRT, remains the core of the CRT service delivery area and as in 2018, and represents just under 14% of CRT's total service area population with 124,390 residents. West Hartford is the second most populated city with 63,360 people followed by Manchester with 58,172 people, East Hartford with 50,812, and Middletown with 46,747.

Connecticut's reputation of being one of the wealthiest and oldest states in the nation is misrepresentative of the population in Hartford. That city's population is young, predominantly minorities, and year after year, continue to be suffocated by the cycle of poverty. Hartford remains home to some of the state's neediest people and families. The U.S. Census estimates Hartford's population at 124,390 which is 70 more people than 2018. Hartford is one of the most diverse towns in CRT's service area as shown in Table 2 on the next page. Compared to last year, there were several

significant changes in Hartford with the White population decreasing 6.7%. However in East Hartford the Hispanic or Latino population again increased by 2.9%, and in Manchester the White population again decreased 4%. In Bloomfield this year the White population increased 3.7% while the Black population decreased 2.8%.

*Table 2: Population and Race/Ethnicity (Six CRT Service Areas and Connecticut)*

| | Bloomfield | East Hartford | Enfield | Hartford | Manchester | Middletown | Connecticut |
|---|---|---|---|---|---|---|---|
| **Total Population** | 20,848 | 50,812 | 44,608 | 124,390 | 58,172 | 46,747 | 3,595,478 |
| **Race alone or in combination with one or more other races** | | | | | | | |
| **White** | 33.70% | 51.30% | 84.30% | 33.10% | 64.80% | 76.00% | 76.90% |
| **Black or African American** | 59.70% | 26.50% | 6.30% | 37.90% | 14.60% | 13.60% | 10.50% |
| **American Indian & Alaska Native** | 0.10% | 0.70% | 0.70% | 0.30% | 0.30% | 0.30% | 0.30% |
| **Asian** | 1.60% | 4.20% | 2.60% | 3.00% | 11.20% | 5.60% | 4.40% |
| **Native Hawaiian & Other Pacific Islander** | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| **Some Other Race** | 0.70% | 13.60% | 2.70% | 19.60% | 4.20% | 1.60% | 5.10% |
| | | | | | | | |
| **Hispanic or Latino (any race)** | 5.10% | 34.10% | 8.60% | 44.30% | 13.60% | 9.20% | 15.40% |

Table DP05, 2013-2017 American Community Survey 5-Year Estimates

Age is a key factor in determining the immediate public health, housing, and human service needs within an area, and understanding the data helps CRT plan and design service delivery systems specific to each town's population. As was the case last year the same four CRT service towns have populations with a younger median age than the state average: East Hartford (37.9), Hartford (30.9), Manchester (35.4) and Middletown (37). In Hartford, 40.1% of residents are below the age of 24, down .3% from last year. Other towns with at least 30 percent of residents 24 years of age or younger are East Hartford (32.1%), Manchester (30.2%), Simsbury (30.4%), West Hartford (30.9%), Middletown (32.1%), Madison (31.9%), down 3 towns from last year. It should be noted that there are 5 other towns who are within 1% of meeting the 30% threshold.

The median age in Connecticut is 40.8, up slightly from 2018, and the fifth highest in the nation (American Community Survey Table DP05 2017). Thirty-three of 40 CRT service towns have over 30 percent of residents age 55 and up, an increase of two towns from 2018. Seniors in the community have unique needs that CRT is working to meet as the population grows.

*Table 3: Selected Age Distribution (Six CRT Service Areas and Connecticut)*

| | Bloomfield | East Hartford | Enfield | Hartford | Manchester | Middletown | Connecticut |
|---|---|---|---|---|---|---|---|
| **Total Population** | 20,848 | 50,812 | 44,608 | 124,390 | 58,172 | 46,747 | 3,595,478 |
| **Under 5** | 3.70% | 6.70% | 4.70% | 6.60% | 7.00% | 5.50% | 5.20% |
| **5 to 19** | 12.80% | 17.90% | 16.10% | 22.50% | 16.70% | 16.10% | 18.90% |
| **20 to 34** | 18.50% | 21.20% | 21.50% | 27.20% | 25.90% | 25.40% | 19.00% |
| **35 to 54** | 27.00% | 28.10% | 27.80% | 23.60% | 24.50% | 25.60% | 27.00% |
| **55 to 64** | 13.80% | 11.90% | 14.00% | 9.80% | 11.80% | 12.80% | 13.80% |
| **65 and older** | 16.00% | 14.30% | 15.90% | 10.30% | 14.10% | 14.50% | 16.00% |
| Table DP05, 2013-2017 American Community Survey 5-Year Estimates | | | | | | | |

While Hartford is not home to the state's oldest populations, it is home to some of the poorest. The median household income in the state of Connecticut is $73,781 which is up almost $2,000 from 2018. In comparison, the median household income of CRT's 40 service towns is $88,941 with values ranging from $125,536 in Avon, to $33,841 in Hartford, a difference of more than $91,000. Hartford's median household income is not only significantly lower than the state median, but frighteningly lower than the highest median income in CRT's service area. Table 4 on the next page shows the median income for all 40 CRT service towns and Connecticut. In the last two categories, "female householder, no husband present" and "male householder, no wife present" there is a serious discrepancy between median incomes. In only four towns (Canton, East Windsor, Enfield, and Guilford) do female householders with no male present make more than a single male head of household with no wife present. Though there is no change in the number of towns from last year, it is significant to note that in two of the three towns, East Windsor and Enfield, the difference between incomes in female head of household, no husband, and male head of household, no wife, is less than one thousand dollars.

The 2018 living wage calculations for the CRT service area are available by county and for different family structures. The living wage calculator estimates the living wage needed to support families of 12 different compositions. In Table 5 (located on page 9), we've chosen to use examples family compositions of one full-time working adult with two children and two adults (one working) with two children. The rest of the calculations can be found by following the link below Table 5. The estimate was derived by multiplying the living wage by 40 hours a week by 52 weeks a year. This is somewhat of an overestimate for a number of reasons whether it is unpaid sick time, vacation, etc.; however it provides a baseline for comparing current incomes to that which is considered a living wage. While there are nominal differences in living wage income by county, there are notable differences when comparing the living wage estimates with the median incomes in the 40 CRT towns.

*Table 4: Median Household, and Family Income (in 2017 inflation adjusted dollars) with Selected Characteristics for Connecticut and all CRT Service Areas*

| | Household ($) | All families ($) | Married couple families with own children under 18 years ($) | Female head of household, no husband, with children | Male head of household, no wife, with children |
|---|---|---|---|---|---|
| **Connecticut** | $73,781 | $93,800 | $123,275 | $31,569 | $50,899 |
| ***Hartford County*** | | | | | |
| Avon | $125,536 | $159,405 | $174,297 | $82,222 | $186,875 |
| Bloomfield | $73,593 | $87,589 | $110,034 | $52,067 | $72,865 |
| Canton | $90,594 | $114,174 | $142,132 | $83,813 | $73,864 |
| East Granby | $93,385 | $104,321 | $107,436 | $21,207 | -- |
| East Hartford | $52,049 | $62,261 | $84,630 | $29,127 | $50,078 |
| East Windsor | $75,056 | $87,831 | $125,664 | $39,514 | $38,772 |
| Enfield | $73,494 | $88,531 | $99,865 | $42,800 | $42,140 |
| Glastonbury | $111,645 | $135,791 | $169,719 | $69,081 | $93,830 |
| Granby | $111,220 | $131,613 | $153,250 | $62,679 | -- |
| Hartford | $33,841 | $37,830 | $60,918 | $23,159 | $24,637 |
| Manchester | $67,325 | $80,573 | $95,436 | $28,333 | $47,838 |
| Marlborough | $110,250 | $121,632 | $121,615 | -- | -- |
| Newington | $79,181 | $99,812 | $115,274 | $45,221 | $109,257 |
| Rocky Hill | $79,421 | $102,491 | $124,853 | $55,367 | $93,869 |
| Simsbury | $116,444 | $141,201 | $156,875 | $51,875 | $74,167 |
| South Windsor | $105,986 | $123,263 | $146,087 | $60,747 | $85,455 |
| Suffield | $105,777 | $115,609 | $147,143 | $41,726 | $145,270 |
| West Hartford | $95,298 | $124,679 | $166,544 | $40,946 | $72,500 |
| Wethersfield | $81,452 | $103,020 | $121,893 | $41,593 | -- |
| Windsor | $89,565 | $101,199 | $116,472 | $56,875 | $69,545 |
| Windsor Locks | $67,072 | $85,987 | $103,421 | $37,396 | -- |
| ***Middlesex County*** | | | | | |
| Chester | $86,675 | $118,846 | $118,966 | $39,217 | -- |
| Clinton | $76,509 | $89,967 | $110,769 | $31,683 | $63,257 |
| Cromwell | $85,856 | $103,644 | $140,227 | -- | -- |
| Deep River | $69,028 | $97,614 | $111,875 | $44,750 | -- |
| Durham | $116,232 | $122,450 | $133,828 | $41,520 | $96,333 |
| East Haddam | $78,177 | $97,801 | $104,438 | -- | -- |
| East Hampton | $99,104 | $116,790 | $125,590 | -- | $43,750 |
| Essex | $87,857 | $121,508 | $120,644 | $47,212 | -- |
| Haddam | $105,920 | $122,332 | $145,110 | -- | $102,955 |
| Killingworth | $113,413 | $130,263 | $161,250 | -- | -- |
| Middlefield | $103,844 | $123,021 | $146,071 | -- | $50,842 |
| Middletown | $63,914 | $87,204 | $111,413 | $30,228 | $60,060 |
| Old Saybrook | $74,185 | $89,449 | $105,156 | -- | $66,518 |
| Portland | $88,433 | $109,593 | $125,639 | $36,477 | -- |
| Westbrook | $95,583 | $131,196 | $166,689 | -- | -- |
| ***New Haven County*** | | | | | |
| Branford | $75,366 | $100,241 | $127,469 | $37,611 | $75,735 |
| Guilford | $107,587 | $128,057 | $194,861 | $67,250 | $58,846 |
| Madison | $108,167 | $130,300 | $192,802 | $57,500 | -- |
| North Branford | $83,637 | $99,227 | $122,097 | $46,875 | $71,523 |
| *Table S1903, 2013-2017 ACS 5-Year Estimates* | | | | | |

These living wage calculations help show how large the gap is between what families currently earn and what is needed in order to be able to support themselves. This disconnect is reflected year after year and this year the living wage increases for all categories other than 2 Adults (1 working) with 2 children in Middlesex and New Haven counties, though from 2018 to 2019 the living wage has not increased enough to make a significant impact on people in CRT's service area.

*Table 5: Living Wage Calculations by CRT service county*

| | 1 Adult, 2 Children | 2 Adults (1 Working), 2 Children |
|---|---|---|
| **Hartford County** | $66,518 | $55,598 |
| **Middlesex County** | $67,766 | $56,846 |
| **New Haven County** | $67,724 | $56,804 |
| http://livingwage.mit.edu/states/09/locations | | |

There are many reasons for low median incomes and insufficient wages; underemployment is one of them, especially in Connecticut. Underemployment is when workers' jobs are lower than their skill set, education, or availability to work. The "working poor" who work full time but earn incomes below the poverty level (U.C. Davis, Poverty Research), should also be included in those considered underemployed, according to Paul Osterman, co-director of the MIT Sloan Institute for Work and Employment Research. As underemployment continues in Connecticut, workers lose the ability to update their skills with on-the-job training, become discouraged, and may eventually find that they can never return to their former field without training. Many must retrain in another field, downscale their lifestyle, and accept long-term underemployment. The lower the incomes, the less people spend, which directly impacts the local, state, and national economy.

### *Adult Educational Attainment*

In Hartford especially, education may be another reason that median incomes are low. Research has continued to show a direct relationship between educational attainment, income, and quality of life: the more education, the higher the income, the better quality of life. In Connecticut 90.3% of people over the age of 25 have a high school diploma (or equivalent) but Hartford has a high school graduation (or equivalent) rate of only 72.4%, which is up .2% from last year, but still significantly lower than the state rate. The six CRT service areas in Table 6 (on the next page) show that most of CRT's service area has high school graduation rates at or higher than the state rate, with the exception of Hartford and East Hartford. While East Hartford's rate is more than 10% higher than Hartford's, it is significantly lower than that of the state and of the other CRT service towns. The gap widens when considering an earned Bachelor's Degree or Graduate/Professional Degree. Statewide, 38.5% of people over the age of 25 have a Bachelor's Degree or greater compared to Hartford's 16.7%. Both East Hartford and Enfield again also

have significantly lower rates of people with a Bachelor's Degree or higher, however East Hartford's percentage increased .4% and Enfield's percentage increased 1.5% from 2018.

*Table 6: Educational Attainment (Six CRT Service Areas and Connecticut)*

| | Bloomfield | East Hartford | Enfield | Hartford | Manchester | Middletown | Connecticut |
|---|---|---|---|---|---|---|---|
| Population > 25 | 16,113 | 34,549 | 32,286 | 74,600 | 40,651 | 31,700 | 2,480,297 |
| ***Educational Attainment*** | | | | | | | |
| Less than 9th Grade | 2.50% | 7.80% | 2.30% | 13.10% | 2.10% | 3.90% | 4.20% |
| 9th to 12th Grade, No Diploma | 5.90% | 9.30% | 6.30% | 14.20% | 4.90% | 4.10% | 5.60% |
| High School Graduate (Includes Equivalency) | 28.30% | 34.00% | 35.90% | 32.30% | 26.00% | 29.50% | 27.20% |
| Population with High School Degree or Equivalent | 91.60% | 83.00% | 91.40% | 72.70% | 93.10% | 90.90% | 90.30% |
| | | | | | | | |
| Some College, No Degree | 17.50% | 21.20% | 20.60% | 17.80% | 19.50% | 18.10% | 17.00% |
| Associates Degree | 9.80% | 9.00% | 8.60% | 5.90% | 8.60% | 6.60% | 7.60% |
| Bachelor's Degree | 18.50% | 12.40% | 16.20% | 9.90% | 23.30% | 19.30% | 21.50% |
| Graduate or Professional Degree | 17.50% | 6.40% | 10.10% | 6.80% | 15.70% | 17.40% | 17.00% |
| Population with Bachelor's Degree or Higher | 36.00% | 18.80% | 26.30% | 16.70% | 39.00% | 36.70% | 38.50% |

*Table S1501, U.S. Census American Community Survey 2013-2017, 5 Year Estimates,*

### *Poverty*

Connecticut is home to some of the wealthiest people in the nation yet poverty in the continues to be a burden for many. The percentage of all Connecticut residents who live in poverty is 10.1%, down .3% from last year. The percentage of Connecticut residents under 18 who live in poverty is 13.5% and the percentage of children under 5 who live in poverty is a staggering 15.3%

Meanwhile, in Hartford (the main catchment area for CRT and the town with the highest rate of poverty) the rate is 30.5%, down 1.4% from last year. While this is an improvement, the rate is still more than triple that of the state average. The poverty rate for all families in Hartford is 26.8%, the rate for families with children under 18 is 34.67%, and the poverty rate for families with children under 5 is 29.1%. Table 7 (on page 12) breaks down poverty rates for all ages in all of the towns CRT serves. As demonstrated in Table 7, Hartford's poverty rates are significantly higher in every age category compared to all of CRT's service towns. Once again females in CRT's six selected service towns live in poverty more than males. In all six towns, there are more females living in poverty; In Hartford 3,007

more females live in poverty than males, and in Manchester 1,374 more females live in poverty. Statewide, 41,417 more females live below the poverty line than men, a discrepancy that can be linked to the wage gap and inadequate child care.

Unfortunately, poverty rates in many of the towns in CRT's service area climb for children, and typically children under 5 suffer the greatest rates of poverty. As shown in Table 7 on page 12, there are a few towns in which the poverty rates of children under 5 are significant: East Hartford at 16.6%, East Windsor at 18.6%, Hartford at 43.1%, Manchester at 15.4%, Deep River at 25.3%, and Middletown at 21.5%.

Overall poverty rates are down in five of the six selected CRT service towns, with one staying the same: Bloomfield stayed the same at 6.7%, East Hartford is down 1.3%, Enfield is down .8%, Hartford is down 1.4%, Manchester is down 1%, Middletown is down 1.1%, and the state of Connecticut is down .3% as indicated in the bar chart below. While Hartford's poverty rate is down, it is still significantly higher than that of any other town in CRT's service area.

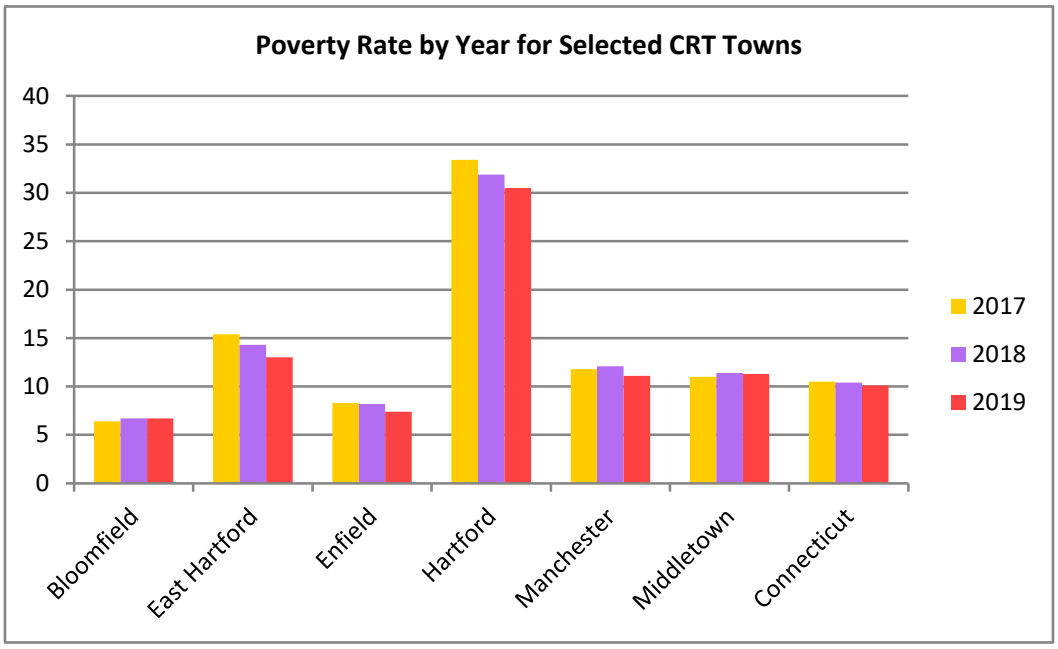


*Table 7: Poverty for All People in CRT's Service Area*

| | All People | Under 18 Years | Under 5 Years | 5 to 17 years | 18 to 34 | 35 to 64 | 60 and over | 65 and over |
|---|---|---|---|---|---|---|---|---|
| ***Hartford County*** | | | | | | | | |
| Avon | 3.20% | 2.90% | 0.70% | 3.80% | 4.70% | 2.60% | 3.50% | 3.90% |
| Bloomfield | 6.70% | 5.20% | 0.00% | 7.00% | 10.80% | 5.50% | 5.90% | 6.20% |
| Canton | 2.90% | 0.50% | 0.00% | 0.60% | 7.30% | 2.70% | 2.70% | 2.70% |
| East Granby | 2.70% | 1.80% | 0.00% | 2.40% | 2.50% | 3.70% | 3.00% | 1.80% |
| East Hartford | 13.00% | 17.30% | 16.60% | 17.60% | 11.10% | 11.70% | 12.70% | 13.50% |
| East Windsor | 7.00% | 15.10% | 18.60% | 13.60% | 5.80% | 4.70% | 5.50% | 5.70% |
| Enfield | 7.40% | 10.50% | 8.50% | 11.10% | 9.10% | 6.30% | 4.80% | 4.60% |
| Glastonbury | 3.80% | 2.60% | 5.50% | 2.10% | 4.80% | 3.40% | 5.00% | 6.00% |
| Granby | 3.90% | 8.60% | 4.40% | 3.70% | 7.50% | 2.60% | 3.40% | 2.70% |
| Hartford | 30.50% | 40.90% | 43.10% | 40.00% | 28.30% | 26.60% | 25.10% | 24.10% |
| Manchester | 11.10% | 15.80% | 15.40% | 15.90% | 12.90% | 8.80% | 6.40% | 6.10% |
| Marlborough | 2.50% | 0.00% | 0.00% | 0.00% | 3.20% | 2.00% | 4.70% | 6.70% |
| Newington | 4.80% | 4.20% | 4.20% | 4.30% | 4.60% | 3.60% | 7.00% | 7.90% |
| Rocky Hill | 7.00% | 8.50% | 6.50% | 9.30% | 6.80% | 6.70% | 5.80% | 6.20% |
| Simsbury | 3.50% | 2.80% | 0.70% | 3.20% | 3.20% | 4.00% | 3.60% | 3.70% |
| South Windsor | 2.70% | 0.80% | 0.00% | 1.00% | 2.90% | 2.30% | 5.00% | 5.90% |
| Suffield | 6.30% | 10.30% | 0.00% | 13.50% | 10.40% | 5.00% | 0.90% | 0.40% |
| West Hartford | 7.50% | 9.70% | 8.20% | 10.00% | 9.10% | 5.60% | 6.70% | 7.40% |
| Wethersfield | 5.30% | 3.50% | 2.00% | 4.10% | 8.20% | 3.40% | 7.00% | 8.10% |
| Windsor | 4.80% | 4.00% | 3.10% | 4.30% | 5.70% | 4.70% | 5.00% | 5.00% |
| Windsor Locks | 6.90% | 9.30% | 10.50% | 9.00% | 6.00% | 7.10% | 5.50% | 5.10% |
| ***Middlesex County*** | | | | | | | | |
| Chester | 4.00% | 4.00% | 0.00% | 4.40% | 4.50% | 4.80% | 2.40% | 2.30% |
| Clinton | 8.50% | 9.20% | 3.00% | 10.80% | 15.00% | 7.10% | 5.90% | 5.00% |
| Cromwell | 5.40% | 7.10% | 0.00% | 9.20% | 5.90% | 4.50% | 4.80% | 5.10% |
| Deep River | 6.00% | 7.00% | 25.30% | 0.00% | 15.00% | 4.00% | 2.60% | 2.90% |
| Durham | 3.40% | 0.00% | 0.00% | 0.00% | 7.60% | 3.10% | 4.40% | 4.50% |
| East Haddam | 4.80% | 5.00% | 10.70% | 2.40% | 3.50% | 5.10% | 6.00% | 4.80% |
| East Hampton | 5.70% | 4.80% | 0.00% | 6.00% | 7.00% | 5.90% | 4.70% | 5.00% |
| Essex | 5.00% | 2.70% | 0.00% | 2.90% | 8.70% | 7.80% | 2.20% | 0.90% |
| Haddam | 4.60% | 3.50% | 0.00% | 2.90% | 14.80% | 2.90% | 2.60% | 2.60% |
| Killingworth | 3.40% | 2.80% | 0.00% | 3.40% | 8.10% | 3.50% | 1.30% | 1.00% |
| Middlefield | 6.40% | 12.60% | 0.00% | 16.10% | 5.20% | 4.60% | 3.60% | 5.60% |
| Middletown | 11.30% | 15.50% | 21.50% | 12.70% | 13.50% | 9.10% | 10.00% | 8.50% |
| Old Saybrook | 4.80% | 2.90% | 7.50% | 2.00% | 11.40% | 2.80% | 5.90% | 6.50% |
| Portland | 7.30% | 9.30% | 6.80% | 10.00% | 13.50% | 5.90% | 4.50% | 3.40% |
| Westbrook | 7.80% | 3.30% | 7.00% | 2.30% | 6.90% | 10.80% | 4.20% | 4.40% |
| ***New Haven County*** | | | | | | | | |
| Branford | 5.50% | 7.40% | 6.40% | 7.70% | 6.10% | 4.90% | 4.40% | 4.40% |
| Guilford | 3.70% | 3.70% | 2.70% | 3.90% | 6.40% | 3.30% | 2.60% | 2.80% |
| Madison | 2.90% | 1.20% | 1.20% | 1.20% | 2.10% | 3.30% | 5.00% | 4.50% |
| North Branford | 2.40% | 1.80% | 0.00% | 2.30% | 1.80% | 2.70% | 3.30% | 2.60% |

*Table S1701, 2013-2017 ACS 5-Year Estimates*

Throughout the six selected CRT service towns, again greater percentages of Hispanic residents live below the poverty line compared to their non-Hispanic counterparts as show in Table 8 below. Poverty rates by race in the six selected towns, however, vary. In Bloomfield for example, the race with highest percentage of poverty is "two or more races" followed by "white". In Middletown however, the race with the highest percentage of poverty is "American Indian/Native American" followed by "some other race". It is clear that race is an indicator of poverty in several of CRT's six selected service area towns; ethnicity is also, as residents in all towns who identify their ethnicity as "Not of Hispanic or Latino Origin" are less likely to live in poverty.

Poverty by ethnicity for the six CRT service areas has changed since last year, and this year the poverty rate is highest for Hispanic or Latino origin in Hartford, followed by Middletown and then East Hartford. Unlike last year, for poverty by race, Hartford does not have the highest poverty rates for all races. This year Middletown has the highest rate of poverty for American Indians/Native Americans. The number of individuals in each racial and ethnic category differ from town to town, but understanding which groups are most likely to live in poverty is necessary to better understand who needs services, develop outreach and marketing strategies, and determine whether or not CRT is reaching those most in need.

*Table 8: Poverty by Race and Ethnicity (Six CRT Service Areas and Connecticut)*

| | Bloomfield | East Hartford | Enfield | Hartford | Manchester | Middletown | Connecticut |
|---|---|---|---|---|---|---|---|
| **Race** | | | | | | | |
| White | 6.90% | 11.90% | 6.20% | 31.20% | 9.80% | 9.80% | 7.70% |
| Black/African American | 6.60% | 8.50% | 21.10% | 27.00% | 18.80% | 20.3% | 18.60% |
| American Indian/Native American | 0.00% | 28.30% | 23.90% | 47.70% | 21.20% | 59.20% | 17.10% |
| Asian | 0.00% | 11.30% | 4.60% | 16.40% | 4.30% | 6.30% | 8.40% |
| Native Hawaiian/Other Pacific Islander | -- | -- | 0.00% | -- | -- | -- | 24.50% |
| Some Other Race | 3.40% | 26.90% | 42.30% | 35.00% | 8.40% | 16.10% | 25.90% |
| Two or More Races | 9.40% | 9.30% | 10.70% | 39.70% | 22.50% | 10.40% | 17.50% |
| **Ethnicity** | | | | | | | |
| Hispanic or Latino Origin | 9.30% | 20.60% | 15.20% | 38.10% | 19.90% | 25.10% | 23.00% |
| Not Hispanic or Latino | 6.30% | 9.40% | 6.10% | 18.00% | 8.00% | 8.00% | 5.90% |

*Table S1701, 2013-2017 ACS 5-Year Estimates, -- No Data Reported*

## *Housing*

The Connecticut homeowner rate is 66.5%, down half a percent from 2018 (CERC 2018). In the majority of towns within CRT's service area, homeownership rates are similar to that of the state. In Hartford, the ownership rate is only 23.7%, which is significantly lower than that of the state, as shown in Table 9 on the next page. As for subsidized housing, Hartford has the most of any town in CRT's service area. The city has over 19,000 units which make up 37.29% of its total housing, and correlates to the lower homeowner rate. A Hartford Courant article published on June 13, 2018 with data from the

National Low Income Housing Coalition says that "there is still nowhere in the country where someone working a full-time minimum wage job could afford to rent a modest two-bedroom apartment"(Tracy Jan) and even a one-bedroom is "only affordable for minimum wage workers in only 22 counties in five states"(Tracy Jan). Connecticut is not one of them. However, a CT Mirror article from 2018 says, "Connecticut homeowners have seen monthly housing expenses decrease, and fewer are spending what is considered a too-large part of their income on housing. But the same improvements haven't been seen by renters, who are increasing in number" (Jake Kara).

Stable and affordable housing, especially rental housing, continues to be a huge barrier to overcoming poverty as there continues to be a lack of affordable housing. This is true not only in CRT's service area, but across the state. As housing is usually one of the biggest expenses for people, the lack of affordable housing can force families to prioritize basic needs in order to make ends meet. This can spiral and lead to unhealthy choices when it comes to nutrition, childcare, and may even lead to prioritizing rent over personal health.

*Table 9: Selected Housing Characteristics (Six CRT Service Areas and Connecticut)*

| | Bloomfield | East Hartford | Enfield | Hartford | Manchester | Middletown | Connecticut |
|---|---|---|---|---|---|---|---|
| **Total Households** | 8,807 | 21,530 | 17,403 | 53,297 | 25,072 | 21,096 | 1,493,798 |
| **Owner Occupied Dwellings** | 6,070 | 11,016 | 12,014 | 10,877 | 13,346 | 10,297 | 900,223 |
| **As % of Total Dwellings** | 71.70% | 56.40% | 73.80% | 23.70% | 56.20% | 53.60% | 66.50% |
| **Subsidized (Assisted) Housing** | 961 | 3,360 | 2,155 | 19,875 | 3,654 | 4,574 | 168,576 |
| **As % of Total Dwellings** | 10.91% | 15.61% | 12.38% | 37.29% | 14.57% | 21.68% | 11.29% |

*Connecticut Economic Resource Center (CERC), (2017), Town Profiles https://www.cerc.com/resources/town-profiles/*

### *Unemployment*

Unemployment in Connecticut has decreased once again this year, as was the case in 2018. Unemployment in all but ten of CRT's 40 service towns either decreased or remained the same compared to last year. This year, the most significant drop in unemployment was in Branford, which dropped from 8.4% to 6.3%. The towns that had increases were all in either Middlesex or New Haven counties: Durham (up .3%), East Haddam (up .9%), East Hampton (up .9%), Essex (up .6%), Portland (up .7%), and Madison (up .5%). While Hartford County had no increases there were two towns that stayed the same: Avon and Windsor Locks; Middlefield and Old Saybrook also had their rate remain the same. While the decline in unemployment is an improvement overall, there are still towns in Connecticut where the unemployment rate is significantly higher than the state average, and Hartford is again the number one city in the state for joblessness. More work must be done to bring the rates down further, to attract and protect jobs, and address the issues of unemployment and underemployment.

### *Health Insurance*

Children need access to quality health care to remain healthy and thrive. By and large, most of the children in CRT's service area have health insurance, and statewide 96.9% of children under 6 have health insurance (Table S2701 American Community Survey, 2013-2017). Of the six selected CRT service towns: all children under the age of six have health insurance in Bloomfield; the rest of the selected towns have insurance rates over 95% for children under 6: East Hartford at 96.7%, Enfield at 98.8%, Hartford at 95.5%, Manchester at 97.1%, and Middletown at 96.6%. For all people, Middletown and Bloomfield are tied for the highest rate of people with health insurance at 96.2%, followed by Enfield (95.2%), Manchester (94.6%), East Hartford (92.5%), and Hartford (88.9%).

### *Education*

Children develop their capacities – learning, responsibility, trust, confidence, collaboration, altruism, etc. – through guided interaction with parents, teachers, and their peers. They experiment, make friends, try to please others, take advice, and, in short, develop their social skills to interact with peers and adults. Children must have access to stimuli, environments, and conditions that lay the foundation for their development – cognitive, emotional/social, physical, linguistic, and health.

Children growing up poor in Connecticut perform on educational tests at a much lower level than children from higher-income homes. According the National Center for Children in Poverty, low-income children attending high-quality early education programs are more likely to stay in school, go to college, and become successful, independent adults and are less likely to need remediation, be arrested, or commit violent crimes. Working parents need affordable, reliable child care in order to remain employed. And while the U.S. Department of Health and Human Services recommends that families spend no more than 10% of their income on child care, in a state such as Connecticut, where income disparity is one of the widest in the nation, this guideline is not realistic.

High quality early care and education opportunities are essential for promoting positive child development. In the period from birth to age 3, every experience shapes the architecture of a child's brain including cognitive, linguistic, social, and emotional capacities. Early care and education programs that start at birth and address the full range of children's development can identify health and developmental issues, link families to necessary supports, and assure that those who care for infants and toddlers have the tools to stimulate early learning and development.

Table 10 on the next page displays the percentage of the age group enrolled in school for the six selected CRT service towns and also the state. For 3-and 4 year-old children, Bloomfield, East Hartford, Manchester, and Middletown have enrollment percentages that exceed that of the state once again, the same as 2018. Enfield's percentage is 22.7% less than the state, which is the same as 2018, and by far the lowest percentage of school enrollment for 3 -and 4-year olds. The age groups that include ages 5 to 17 years, with the exception of Bloomfield, have over 95% of children enrolled in school. There are only 82% of children between the ages of 5 to 9 enrolled in school in Bloomfield which is significantly lower than other CRT towns though the percentage is the same as last year. Percentage of kids enrolled in school between the ages of 18 and 19 decline in all towns and the state, most likely due to high school graduates not furthering their education.

*Table 10: Age Groups Enrolled in School (Six CRT Service Areas and Connecticut)*

| | Bloomfield | East Hartford | Enfield | Hartford | Manchester | Middletown | Connecticut |
|---|---|---|---|---|---|---|---|
| 3 to 4 | 87.30% | 65.60% | 42.40% | 63.30% | 69.60% | 74.70% | 65.10% |
| 5 to 9 | 82.00% | 98.80% | 95.80% | 98.30% | 95.80% | 99.60% | 97.20% |
| 10 to 14 | 100.00% | 98.40% | 98.10% | 98.50% | 99.70% | 98.60% | 98.60% |
| 15 to 17 | 96.50% | 97.60% | 96.00% | 96.00% | 98.20% | 95.50% | 97.50% |
| 18 and 19 | 85.00% | 75.70% | 55.00% | 78.80% | 83.60% | 90.90% | 80.50% |
| *U.S. Census American Community Survey 2013-2017 5 Year Estimates, Table S1401* | | | | | | | |

### *Children and Youth*

To improve the lives of children and families, factors affecting children must be examined. Indicators such as child poverty, family income, parental employment, and homeownership influence a child's perspective in life and his/her expectations pertaining to personal achievements. Investing in the development of children can yield extraordinary returns to the community. The quality of life for a child (and the contribution the child makes to his/her community) impact future personal academic success or failure, financial independence or reliance on the state, and the overall well-being and future of that child. Table 11 on the next page highlights some of the above-mentioned child - and - youth related indicators for the six selected CRT service towns.

### *Child Poverty*

Examining where and how many young children currently live in poverty is an important step in identifying and assisting Connecticut's most at-risk children. Children in poverty are extremely vulnerable. Poverty impacts many health and social issues and can lead to unhealthy living conditions, inadequate nutrition, a stressful home environment, lower educational attainment, and developmental problems that can have negative life-long effects.

Connecticut has a poverty rate of 15.3% for children under the age of 5, which is down 1.1% from 2018. However, the percentage of children who live in poverty varies from town to town. In Hartford 40.9% of children under 18 live in poverty compared with 9.7% of children in the same age group living in the town of West Hartford right next door (ACS 2013-2017).

*Table 11: Selected Child Data for Connecticut and Six Selected Service Area Towns*

| | Bloomfield | East Hartford | Enfield | Hartford | Manchester | Middletown | Connecticut |
|---|---|---|---|---|---|---|---|
| **Children Under 5**[1] | 762 | 3,406 | 2,115 | 8,202 | 4,078 | 2,581 | 186,118 |
| **Children Under 5 Living in Poverty**[2] | 0.00% | 16.60% | 8.50% | 43.10% | 15.40% | 21.50% | 15.30% |
| **Median Income for Families with Children Under 18**[3] | $88,291 | $55,662 | $84,539 | $30,752 | $72,874 | $77,451 | $92,153 |
| **Uninsured Children Under 6**[4] | 0 | 128 | 31 | 204 | 81 | 24 | 3279 |
| **Students Eligible for Free/Reduced Price Meals (SY2016-2017)%**[5] | 49.00% | 70.40% | 39.10% | 73.50% | 55.20% | 44.60% | 36.70% |

[1] *U.S. Census, ACS 2013-2017 5 Year Estimates, Table DP05*
[2] *U.S. Census, ACS 2013-2017 5 Year Estimates, Table S1701*
[3] *U.S. Census, ACS 2013-2017 5 Year Estimates, Table S1903*
[4] *U.S. Census, ACS 2013-2017 5 Year Estimates, Table B27001*
[5] http://edsight.ct.gov/SASPortal/main.do

### *Seniors*

Connecticut is in 2019 again one of only six states with a median age over 40 (ACS, 2013-2017). The older population will increase rapidly over the next 15 years with the most rapid increase forecast between now and 2030 when the Baby Boom generation reaches age 65. As the Baby Boom generation reaches retirement age, the growth of Connecticut's elderly population is expected to accelerate. The growing number of older adults places increasing demands on the public health system and social services. Seniors face concerns about health, finances, housing, etc. At the same time, they may be looking for new options in employment, community services, continuing education, or recreational and cultural activities. Given the increase in life expectancy, there is an ever-growing need to assist seniors with leading healthier, more independent, and satisfying lives. As the population ages, monitoring seniors' service needs and seeking out funding resources to sustain services is imperative.

According to the U.S. Census, there are 575,757 people 65 years of age and older residing in Connecticut, 20,734 more than in 2018 (American Community Survey, 2013-2017). Typically, higher percentages of seniors reside in rural and suburban areas than in the more urbanized areas of Hartford and Middletown. Thirty-four of CRT's 40 congressionally assigned towns experienced increases in senior populations, as opposed to only 27 towns experiencing an increase in 2017. Haddam had the highest percent increase of seniors as part of the total population at 2.6%, while South Windsor had the lowest increase, 0.1%. The percentage of seniors making up a town's total population stayed the same in three towns: East Hartford, Wethersfield, and Windsor. Six towns had decreases, the greatest being Old Saybrook with a decrease of 1.7%.

In 14 CRT towns (up 4 from last year), seniors make up 20% or more of the total population – Bloomfield (26.1%), Newington (20.9%), Rocky Hill (21.1%), Wethersfield (20.1), Chester (24.6%), Essex (31.1%), Killingworth (20.7) Old Saybrook (24.9%), Portland (20.3), Westbrook (21.4), Branford (21.5%),

Guilford (22.4%), Madison (23.4%), and North Branford (21.1%). This is the first year that Hartford has more than 10% of the population that are 65+ (10.3%), and with that increase, every town in CRT's service area has at least 10% of its population that is 65 and older.

### *Seniors in Poverty*

Income is an important factor in a senior's ability to live a fulfilling life. Seniors must have the income to afford medication, proper nutrition, and housing. In a 2017 report by the Administration for Community Living (ACL), "Profile of Older Americans," the median income of persons 65 years of age and over in 2016 was $31,618 for males and $18,380 for females; and while these figures changed slightly compared to the previous year, the gap between the genders remains a huge barrier, especially as older women outnumber older men by 5.7 million nationwide. Households of families headed by persons who are at least 65 years of age reported a median income of $58,559 (ACL 2017). A primary source of income for older Americans in 2017 was Social Security (84% collected SS) with it making up 90% or more of the income received by 34% of beneficiaries (ACL 2017). About 4.3 million elderly persons nationwide were below the poverty level in 2017. According to the U.S. Census (ACS, 2013-2017), 7.1% of Connecticut's residents 65 years of age and over live in poverty, the same as 2018. Hartford's percentage of seniors living in poverty is 24.1%, which is down 1.5% but still greater than any other CRT town and still over 3 times the state percentage.

### *Health Among Seniors*

Seniors are living longer than ever. The average life expectancy of a child born in Connecticut today is 80.8 years, the third-highest life expectancy in the nation (Connecticut Commission on Women, Children, and Seniors). The health of the senior community has important implications for public health. There are many health conditions affecting older adults including arthritis, high blood pressure, high cholesterol, disability, cardiovascular disease, diabetes, osteoporosis, prostate cancer, hypertension, hearing loss, cataracts, and orthopedic impairments.

Compared with younger people, older adults use more health care resources, including hospital and nursing home services, medical supplies, and prescription and over-the-counter medications. Other factors such as physical inactivity, limited mobility, and disability further underscore the unique needs of the elderly. Improving social connections and the health status of seniors through volunteer opportunities, employment, and targeted and effective programming is necessary to advance the physical and emotional well-being of Connecticut's older adults. Enrichments in the lives of seniors, such as those mentioned above, will ultimately reduce the burden on primary caregivers, decrease isolation, reduce medical costs, limit elderly who are institutionalized, and strengthen family and social relationships.

One major aspect of senior health is nutrition. Across the United States, nearly 50 percent of older Americans are malnourished: "Malnutrition among older adults is a serious health crisis, and nearly 50 percent of seniors are vulnerable to becoming malnourished or are malnourished. Malnourishment can lead to extensive and costly hospital visits due to health complications which becomes burdensome for individuals living off fixed incomes" (Register Citizen). According to a 2016 study on food insecurity and malnutrition among seniors, 3 million households with seniors older than 65 years of age and 1.2 million seniors living alone reported low access to nutrient-rich food due to restricted diets, decreased appetite, limited income and access to food; and The National Council on

Aging reports that only 2 out of every 5 seniors who qualify for Supplemental Nutrition Assistance Program (SNAP) are enrolled.

Seniors in Connecticut rely on social programs both for a nutritious meal and for socialization if the senior is mobile enough to get to a Congregate site or has the help to get to a site for a meal and for socialization. While the number of seniors in the state continues to rise, the meal programs that serve seniors struggle to find funding to keep up with demand and CRT's Meals on Wheels and Congregate Site Programs are no exception.

### *Seniors Raising Grandchildren*

As people age, they are faced with declining health, limited income, and decreased mobility. For a growing number of seniors, the retirement years resemble the younger years when they cared for their own children. Due to greater household expenditures, behavior of parents, and struggling single-parent families, many grandparents are primary caregivers to their grandchildren. The unexpected responsibility of raising children later in life can have dramatic consequences and seniors 65 years of age often find themselves financially and emotionally overextended. These caregivers struggle on a limited income to raise grandchildren and pay for the expenses that come with the typical parenting responsibility. While support groups in Connecticut exist for these grandparents, the stress is often too much for them to bear at an older age and support services designed specifically to meet their unique needs are necessary. In 2017, one million grandparents 60 years of age and older in America had the primary responsibility for their grandchildren who lived with them (ACL 2017).

The U.S. Census estimates that in Connecticut there are 63,256 grandparents living with one or more grandchildren under the age of 18, down 212 from 2018. Within this grandparent population, 18,660 have the responsibility for their grandchildren (down 988 from 2018). Despite Hartford's low elderly population, 3,735 grandparents lived with one or more of their grandchildren. Table 12 below shows the number of grandparents living with their grandchildren younger than 18 and the percentage that have responsibility for them.

### *Housing for Seniors*

With increased age comes the challenge, and often the inability, to care for oneself. Consequently, many seniors are faced with searching for services in alternative living arrangements. In recent years, a wide range of long-term care services have been developed that are specifically designed to assist people in maintaining their independence for as long as possible. These services range from aid with household tasks and personal care, to comprehensive home health services, to nursing home care.

*Table 12 Grandparents Living with Grandchildren Younger than 18 Years of Age by Responsibility in Six Service Areas and Connecticut*

| | Bloomfield | East Hartford | Enfield | Hartford | Manchester | Middletown | Connecticut |
|---|---|---|---|---|---|---|---|
| Total Grandparents living with own grandchildren 18 or younger | 792 | 808 | 673 | 3,735 | 956 | 365 | 63,256 |
| Grandparents Responsible for Grandchildren under 18 years | 364 | 345 | 246 | 1,615 | 249 | 79 | 18,660 |

*U.S. Census Bureau American Community Fact Finder 2013-2017 5 Year Estimates, Table B10050*

### *Veterans*

Currently, there are an estimated 180,111 Veterans living in Connecticut (ACS, 2013-2017) which means 6.4% of the population 18 years of age and older are Veterans. There are no towns in Hartford County where Veterans exceed 10% of the population, and only four in Middlesex County: East Hampton, Essex, Old Saybrook, and Westbrook. As in 2018 the town with the highest percentage of Veterans is Essex at 12.9% and the lowest is again Hartford at 2.6%. Table 13 below displays the total population 18 years of age and older, the number of Veterans, and the percent of the population that are Veterans for the six major CRT service areas.

The majority of Veterans do not have a service-connected disability. Nationally, 16% have a service-connected disability, and in Connecticut, 11% do. When all disabilities are considered, the proportion of Veterans who are disabled is much higher: 28.8% nationally, and 26.7% in Connecticut. Moreover, nationally and in Connecticut, Veterans are much more likely to have a disability compared to non-Veterans (CT Dept. of Administrative Services & CT Dept. of Veterans Affairs, May 2016).

By 2024, it is estimated there will be 155,158 Veterans living in Connecticut, a decline of about one-quarter and by 2034 an estimated 114,469 Veterans, a decline of about one-half (CT Dept. of Administrative Services & CT Dept. of Veterans Affairs, May 2016). Connecticut currently has a somewhat lower proportion of Veterans who are women, 6.2% compared with 8.4% nationally, both percentages up from 2018. In 2024, men will still make up the majority of the Veteran population, but will constitute a smaller proportion. Women will continue to comprise only a small proportion of the population, but their proportion will increase, and in the population age 65 and older, the number of men will decline, but the number of women will increase by half (CT Dept. of Administrative Services & CT Dept. of Veterans Affairs, May 2016).

*Table 13 Veteran Population in Connecticut and Six CRT Service Areas*

| | Bloomfield | East Hartford | Enfield | Hartford | Manchester | Middletown | Connecticut |
|---|---|---|---|---|---|---|---|
| Civilian Population 18 Years and Older | 17,866 | 39,547 | 36,377 | 93,994 | 45,438 | 38,546 | 2,823,180 |
| Veterans | 1,312 | 2,545 | 2,998 | 2,489 | 2,674 | 2,483 | 180,111 |
| % Veterans | 7.30% | 6.40% | 8.20% | 2.60% | 5.90% | 6.40% | 6.40% |

*U.S. Census Bureau American Community Fact Finder 2013-2017 5 Year Estimates, Table S2101*

### *Veteran Homelessness and Poverty*

Nationwide, an estimated 47,725 Veterans are homeless on any given night (National Coalition for Homeless Veterans, PIT 2015). Veterans make up about 9% of the nation's homeless population. Compounding issues include poverty, lack of social support, and mental illness. An estimated half a million Veterans require supportive services beyond those available through Veterans Affairs. Many of the existing federal housing subsidy vouchers are set aside for families, limiting the resources for Veterans in need of housing assistance. Homelessness contributes to mental health issues, substance abuse problems, and involvement with the criminal justice system. Research shows 70% of homeless Veterans have substance abuse problems and 51% have serious mental illness (National Coalition for Homeless Veterans, 2014). Below are additional statistics from the National Coalition for Homeless Veterans (National Coalition for Homeless Veterans, 2016) describing Veteran homelessness in the U.S.

- 11% of the homeless adult population are Veterans
- 45% of all homeless veterans are Black or Hispanic
- 50% of homeless Veterans are between the ages of 18 and 50
- 51% of individual homeless Veterans have disabilities
- 50% have serious mental illness
- 70% have substance abuse problems

(National Coalition for Homeless Veterans, 2016)
http://nchv.org/index.php/news/media/background_and_statistics/#facts

In 2016 Connecticut officially ended veteran homelessness, which is defined by the U.S. Interagency Council on Homelessness as successfully having developed a system whereby every Veteran who experiences homelessness will be quickly identified and provided appropriate and housing. Since then CRT has worked with The Greater Hartford Coordinated Access Network and other housing and homelessness providers to ensure that Veterans are accessing housing and services specifically designed for them.

According to the 2018 Point-In-Time Count (Connecticut Coalition to End Homelessness, 2018), a total of 38 Veterans were in an emergency shelter or transitional housing the night of the Count, and only 13 were chronically homeless. Since last year's PIT Count, Connecticut reached functional zero for Veterans, including chronically homeless Vets. Functional zero means having the systems and resources in place so that when people in the target population (Veterans, chronically homeless) are identified, they can be rehoused quickly. It does not mean that no Veteran will ever experience homelessness again, nor that no one will ever again become chronically homeless.

Veteran poverty rates are generally lower than for all people, and the percentages from the state and six selected CRT towns follow this pattern. Hartford's percentage of Veterans in poverty is still quite a bit higher compared to poverty among all people in the CRT service area.

### *Veteran Unemployment*

Unemployment among Veterans in Connecticut is slightly higher than the population as a whole. The U.S. Census (ACS, 2013-2017) estimates an unemployment rate of 7% among Connecticut Veterans 18 to 64 years of age, down 1.4% from 2018. Comparing Veteran unemployment data from the U.S. Census with the CT Department of Labor data, we find that the Veteran unemployment rate is higher among CRT towns. The rate of unemployed Veterans in Connecticut is also higher than the national average which is 5.6%, though it is not definitively clear as to why.

### *Senior Veterans*

The aging of the Veteran population is another major challenge confronting Connecticut. The program and service needs of aging Veterans are particularly challenging because of the possible debilitating issues pertaining to combat coupled with the typical service needs of seniors. In Connecticut, 180,111 of the civilization population 18 years of age and over are Veterans, and 58.7% are 65 years and older, higher than the national percentage (U.S. Census ACS 2013-2017). This represents an increase of 1.6% from 2018.

Over time, Connecticut Veterans age 55 years and over will constitute a smaller proportion of the population, as will the older adults. Elderly adults age 75 years and over will constitute a larger proportion of the population. Younger Veterans age 20 to 34 will continue to comprise only a small portion of the population, and projections may quickly change if there is an increase in the number serving in the armed forces for any reason (CT Dept. of Administrative Services & CT Dept. of Veterans Affairs, May 2016).

### *Crime*

Using the most recent data from the Connecticut Department of Public Safety (2017), Table 14 (next page) was constructed to show the number of crimes in CRT's six selected towns. Of all towns in CRT's service area, Hartford reported the highest number of offenses for violent and motor vehicle theft. The numbers of violent crimes and property crimes dropped dramatically outside of the city, and crime occurred much less frequently in towns located in Middlesex and New Haven County, as well as the suburban and more affluent towns in Hartford County.

Table 14: Crime in *Six CRT Service Areas in 2017*

| | Bloomfield | East Hartford | Enfield | Hartford | Manchester | Middletown | Connecticut |
|---|---|---|---|---|---|---|---|
| Murder | 0 | 1 | 0 | 29 | 2 | 0 | 128 |
| Rape | 10 | 25 | 6 | 45 | 26 | 6 | 685 |
| Robbery | 10 | 57 | 21 | 465 | 38 | 9 | 4049 |
| Aggravated Assault | 16 | 53 | 52 | 804 | 42 | 35 | 5906 |
| Burglary | 48 | 188 | 171 | 738 | 148 | 68 | 15122 |
| Larceny | 468 | 907 | 566 | 3,490 | 1,226 | 591 | 63497 |
| Motor Vehicle Theft | 68 | 161 | 60 | 679 | 115 | 72 | 8823 |
| Arson | 7 | 3 | 0 | 87 | 3 | 0 | 497 |
| https://www.dpsdata.ct.gov/dps/ucr/data/2017/Crime%20in%20Connecticut%202017.pdf | | | | | | | |

### *Opioid Epidemic*

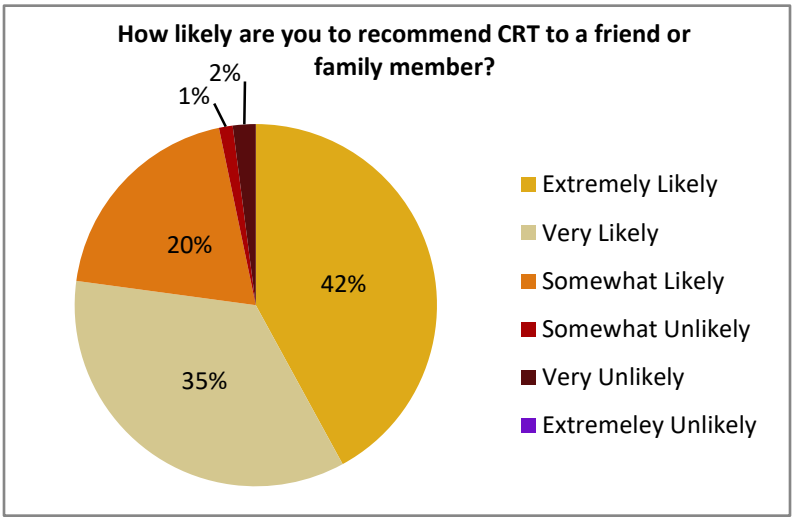
Throughout Connecticut, and across the nation, the opioid addiction is surging. According to the Connecticut Data Collaborative, opioid deaths have double and tripled in some towns in Connecticut in six years. They report that in 2016/2017 138 towns had at least one death by opioid, an increase of 24%, and 4 towns had over 100 deaths: Hartford, Bridgeport, New Haven, and Waterbury. This increase of opioid related deaths has had an impact on CRT's service area and the people we serve. In Windsor Locks Police Officers have begun to carry Narcan kits which contain the drug naloxone which works to reverse the deadly effects of opioids if someone is overdosing. Former Governor Dannel Malloy commissioned a plan created with the Connecticut Opioid Response Team in order to prevent addiction and fatal overdoses. The plan calls for six things: increasing access to treatment; reducing overdose risk, especially for those at high risk; promoting an increased following of opioid prescribing guidelines; increased access to the drug naloxone, the drug used to reverse overdoses; agencies sharing data about the crisis; and an increase in people's understanding on opioid use and abuse, as well as reducing the stigma that comes along with it. While the Governor's plan is a start, it is not enough to fully combat the opioid epidemic as it continues to ravage New England.

In Hartford at CRT's McKinney Shelter there have been several instances where CRT shelter staff have had to use Narcan to revive shelter residents who had overdosed. One staff member in particular has saved the same shelter resident's life two times. The opioid crisis is one that affects people from all walks of life and at CRT, staff work every day with shelter clients and clients enrolled in Behavioral Health programs who have addiction issues.

### *Agency Gathered Data*

CRT has continued to follow the customer satisfaction survey schedule implemented last year for all programs and described in last year's CAP Plan. Each program has a time- slot throughout the year in which they have, depending on the program, about two weeks to collect client satisfaction. The Planning Department then inputs and analyzes the data and writes a report that is then shared with the

program. The program staff has time to read and give comments on the report before it is returned to Planning where it is finalized, and presented to the Board. The surveys that go out to programs vary depending on the clients, survey requirements of funders, and what information the program managers want to collect; however, Planning worked to include at least one question on each survey in order to evaluate all clients across all CRT programs. Over this past year program surveys included the question: "Would you recommend CRT to a friend or family member?" The results are displayed on the next page.




All surveys include sections for clients to write in any comments or suggestions they had to help programs improve services. Some clients use this section to positively recognize staff members, some use it to write what they want to see improved, and some write in suggestions that they want to see implemented in order to help programs improve. For example, a client at CRT's McKinney Shelter this year wrote in, "Install and provide internet, Wi-Fi" in order for him to continue his job and housing search when his case manager is not working and when he has spare time at night. Suggestions like these, while not always feasible, are taken into consideration by CRT leadership and implemented if possible and practical. CRT values the input of clients and moving forward will continue to work with clients to improve services.

## Section 3: Description of Agency Service Delivery System

### *3a. Changes in Service Delivery System*

There have been a few changes in CRT's service delivery system starting with CRT relinquishing the Head Start grant. This meant the loss of several classrooms as they were taken over by The Community Development Institute Head Start (CDI) – the organization contracted by Head Start to take over CRT's contract. CRT still operates Early Care and Education classrooms in Hartford at: Job Corps – 100 William Campbell Blvd; Douglas Street – 170 Douglas Street; Grace Street – 37 Grace Street; Children's Learning Center – 211 Laurel Street; and Sigourney Mews – 206 Collins Street. The sites CRT is not currently operating are: Eric Coleman Center – 1051 Blue Hills Ave, Bloomfield; Hamlin Street – 44 Hamlin Street, Middletown; Ritter Early Care Center – 555 Windsor Street, Hartford; Goodwin College – 1 Riverside Drive, East Hartford; Heritage Child Development Center – 175 Enfield Street, Hartford; and two sites in Bristol; (254 Lake Avenue and 55 South Street).

### *3b. Other Updates*

3b. 1: Changes in Location of Services

From 2017 to 2018 there were no changes to CRT's service area. The Congressionally assigned service delivery area for CRT still includes 40 of Connecticut's 169 towns covering three different counties: Hartford County: Avon, Bloomfield, Canton, East Granby, East Hartford, East Windsor, Enfield, Glastonbury, Granby, Hartford, Manchester, Marlborough, Newington, Rocky Hill, Simsbury, South Windsor, Suffield, West Hartford, Wethersfield, Windsor, and Windsor Locks; Middlesex County: Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Middlefield, Middletown, Old Saybrook, Portland, and Westbrook; New Haven County: Branford, Guilford, Madison, and North Branford. CRT also provides weatherization services across the entire state. There was a change in CRT operated classrooms, as we relinquished our Head Start grant and no longer operate classrooms at: Eric Coleman Center – 1051 Blue Hills Ave, Bloomfield; Hamlin Street – 44 Hamlin Street, Middletown; Ritter Early Care Center – 555 Windsor Street, Hartford; Goodwin College – 1 Riverside Drive, East Hartford; Heritage Child Development Center – 175 Enfield Street, Enfield; Bristol: 254 Lake Avenue and 55 South Street.

3b. 2: Update on Governance

A. Updated Board List

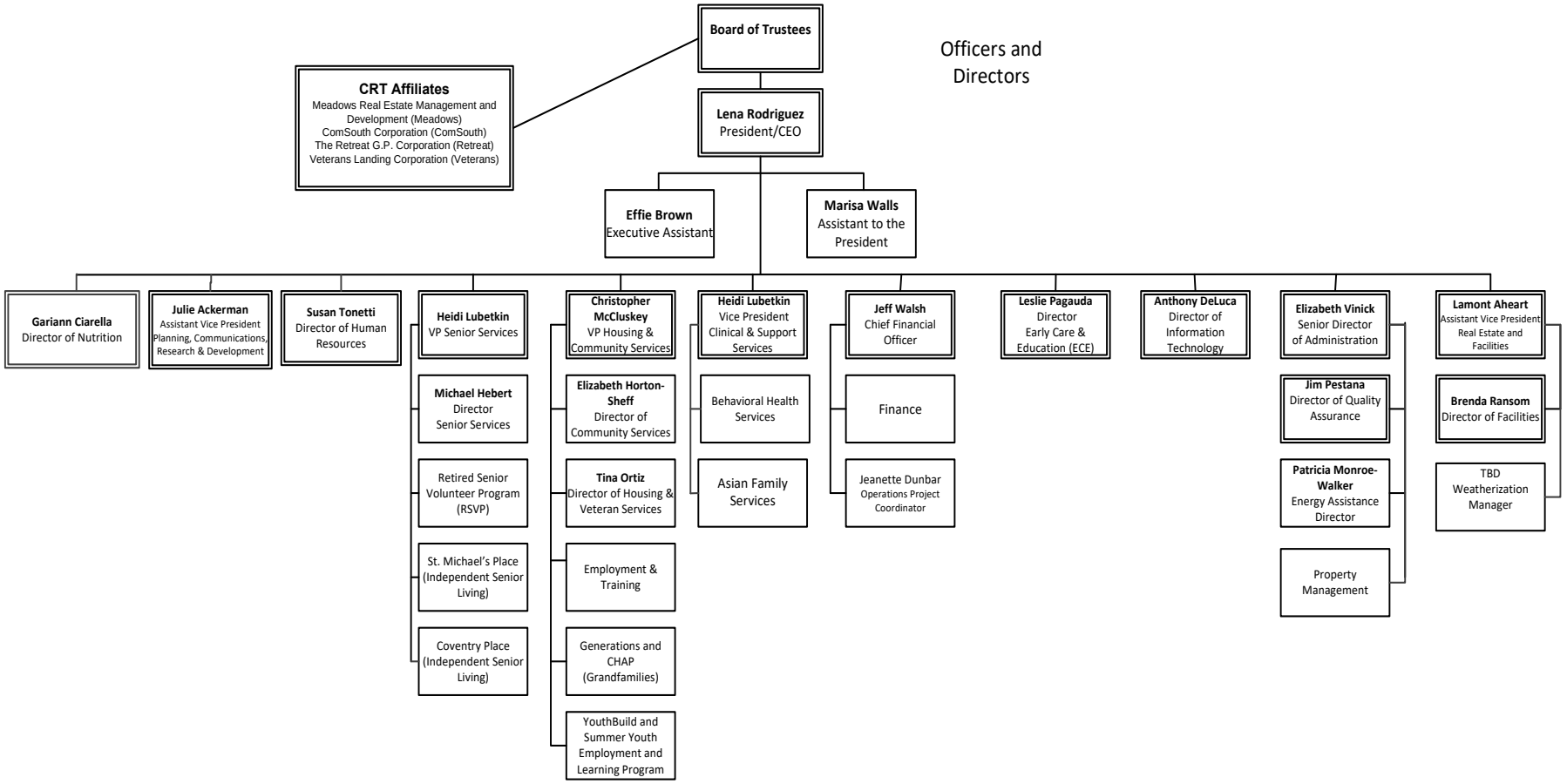
| ***2018 Board of Trustees*** | |
|---|---|
| *COMMUNITY SECTOR* | |
| *PRIMARY* | *REPRESENTS* |
| MARTA BENTHAM | Hartford Region |
| MARY EVERETT | League of Women Voters |
| GLORIA JONES (Vice Chairperson) | Hartford/Bloomfield & Windsor |
| NORMAN JONES (Vice Chairperson) | Hartford/Bloomfield & Windsor |
| DANIEL SCHAEFER | Hartford Region |
| NAVARDA WILLIAMS | CDC Committee |
| *PRIVATE SECTOR* | |
| *PRIMARY* | *REPRESENTS* |
| WALTER L. BENJAMIN (Treasurer) | Emeritus |
| ROBERT A. BENZINGER, P.E. | Phalcon Integrated, Ltd. |
| ROBERT A. CARUBIA | Carubia, CPA, CVA, ABV |
| ROBERT FISHMAN | CT Immigrant & Refugee Coalition |
| *PUBLIC SECTOR* | |
| *PRIMARY* | *REPRESENTS* |
| FERNANDO BETANCOURT (Chairperson) | Hartford Region |
| ERIC COLEMAN | Hartford/Bloomfield, Windsor |
| FAITH JACKSON (Secretary) as designated by Mayor Daniel Drew | Middlesex Region |
| MUI MUI HIN-McCORMICK | Minority Population at Risk Communities<br>Mental Health & Addiction Population |
| DR. WILFREDO NIEVES | Capital Community College |

B. Above is an updated board profile with sector representation. There were no ROMA trainings provided to the board this year; however there will be a ROMA introduction presentation given to the Board by the end of calendar year 2019.

3b. 3: Updated Organizational Chart

On the next page is an Organizational Chart for the entire agency by program area.

# COMMUNITY RENEWAL TEAM, INC.




As of 6/5/19

3b. 4: Updated Roles and Responsibilities

| Name | Title | Roles & Responsibilities | How R & R relate to CSBG and/or HSI |
|---|---|---|---|
| Lena Rodriguez | President and CEO | Responsible for overseeing operations, the strategic direction of the agency, and is the legal signatory | She signs contracts, ensures that programmatic and financial requirements are met. |
| Jeff Walsh | Chief Financial Officer | Oversees the financial functions at CRT, as well as audits. | He is responsible for HSI and CSBG financial reporting and fiscal compliance. |
| Chris McCluskey | Vice President of Housing and Community Services | Responsible for all of CRT's Supportive Housing and Shelter Programs. | He oversees HSI contracts and is responsible for the implementation of CRT's Steps to Success. |
| Heidi Lubetkin | Vice President, Clinical and Support Services | She manages outpatient services at two licensed mental health clinics and two satellite offices; supervises programs for those affected by HIV/AIDS; and oversees both residential and outpatient treatment for clients on parole or probation. | She ensures implementation of the HIS service delivery model for her content area. |
| Julie Ackerman | Assistant Vice President of Planning | Responsible for identifying and pursuing innovative funding opportunities to support the CRT mission, vision and values she also directs research and agency communications and reporting. | Responsible for processing CSBG/HSI contracts. Completes annual CSBG reporting requirements. Participates in CAFCA Planner meetings. |
| Jim Pestana | Director of Quality Assurance | Responsible for coordinating and implementing quality management procedures. | He oversees Quality Assurance initiatives responsible for CSBG and HSI including tri-annual reviews. He also supervises the ROMA trainer and soon to be ROMA implementer. |
| Leslie Paguada | Director of Early Care and Education | Oversees CRT's Early Care and Education Programming, including Infant and Toddler Child Care, and School Readiness. | She ensures implementation of the HSI service delivery model for his content area. |
| Anthony De Luca | Information Technology | Responsible for CRT Information Technology resources including but not limited to internet, phone, computers, and software support | Oversees CRT's Steps Case Management Software and works with DSS on Data Bridge project and ensures software meets CSBG/HSI reporting requirements. |
| Sue Tonetti | Director of Human Resources | Responsible for hiring and recruiting; training and development; handling compensation; employee benefits; employee relations and legal responsibilities. | With agency leadership establishes annual calendar of employee training and development opportunities; ensures that the department complies with all CSBG organizational standards. |

3b. 5: Staff Trainings (Including ROMA)

| Date | Training Title | Trainer | Number of Attendees | Titles of Attendees |
|---|---|---|---|---|
| 07/19/2019 | Treating Criminal Thinking and Criminal Behavior | Steve Jones CRT | 29 | Behavioral Health Staff |
| 07/17/2018 | Full Day Orientation | HR Generalist | 3 | Teacher Assistant, Prevention Outreach Specialist |
| 08/14/2018 | Full Day Orientation | HR Generalist | 1 | Prevention Outreach Specialist |
| 08/16/2019 | DCF Mandated Reporter Training | Iris McGregor - Manchester DCF Office | 29 | Behavioral Health Staff |
| 09/11/2018 | Full Day Orientation | HR Generalist | 4 | Intake Specialist, Director of Human Resources, Call Center Representative Certifier |
| 09/20/2018 | Wellness Lunch and Learn | Benefits Admin | 5 | Finance, Planning, HR, Benefits |
| 09/20/2018 | Medication/Pharmacological Treatment | Kimberly Milaney APRN | 19 | Behavioral Health Staff |
| 10/12/2018 | Motivational Interviewing | Mary Kay O'Sullivan | 13 | Behavioral Health Staff |
| 10/19/2018 | Motivational Interviewing | Mary Kay O'Sullivan | 13 | Behavioral Health Staff |
| 10/26/2018 | Motivational Interviewing | Mary Kay O'Sullivan | 13 | Behavioral Health Staff |
| 11/15/2018 | Suicide Assessment Training | Elia Vecchitto | 28 | Behavioral Health Staff |
| 12/05/2018 | Wellness Lunch and Learn | Benefits Admin | 5 | Administrative Assistant, Finance, Planning, Benefits, HR |
| 12/11/2018 | Full Day Orientation | HR Generalist | 1 | Instructional Leader |
| 12/13/2018 | HIV/Aids update | True Colors | 29 | Behavioral Health Staff |
| 12/13/2018 | True colors overview -Transgender population | True Colors | 29 | Behavioral Health Staff |
| 01/08/2019 | Full Day Orientation | HR Generalist | 1 | Clinician - Level 2 |
| 01/29/2019 | Advanced MD Training | Heidi Lubetkin | 22 | Behavioral Health Staff |
| 01/30/2019 | Lunch & Learn Budgeting | Voya - 401K | 15 | Nutrition, Finance, HR, Benefits, Program Manager, Administration |
| 02/13/2019 | NEW HIRE ROMA & STS TRAINING | Tere Formilus | 5 | Youth Navigator, Forensic Case Manager, Assurance 16 Case Manager,Case Manager - Level 1 |
| 02/21/2019 | Wellness Lunch and Learn | Kristi Calverose | 6 | Planning, Nutrition, HR, Finance, Benefits |
| 02/22/2019 | HIPPA Client Disclosure Protection | Jim Pestana-Webinar | 23 | Clinical and Case Managers |
| 03/13/2019 | Wellness Lunch and Learn | Benefits | 7 | Finance, Planning, HR, Benefits, Nutrition |
| 3/15/2019 morning | Medically Assisted Treatment | Casie DeRosier & Dr. Muratti | 12 | Behavioral Health Staff |

| Date | Training Title | Trainer | Number of Attendees | Titles of Attendees |
|---|---|---|---|---|
| 3/15/2019 afternoon | Medically Assisted Treatment | Casie DeRosier & Dr. Muratti | 14 | Behavioral Health Staff |
| 03/28/2019 | Case Manager Conference | Multiple Speakers | 88 | Management Staff including Case Managers |
| 03/28/2019 | Sexual Harassment Training | Ralph Braithwaite | 88 | Management Staff including Case Managers |
| 03/29/2019 | CPR | Marisa Walls | **7** | Residential Aide, Facilities Safety Officer and Inspector, Lead Residential Aide |
| 4/18/2019 | LGBTQ Cultural Competency | True Colors | 28 | Director, Case Managers, Lead Clinician, VP, Clinicians and outreach Prevention Specialist, Medical Case Mgr. |
| 4/25/2019 | Preventing Harassment | Ralph Braithwaite | 25 | AVP of Real Estate and Facilities, A/P Supervisor, Audit - Budget - Internal Controls Manager, HR Generalist II, Development & Marketing Director, Budget Manager-Nutrition, Facilities Safety Officer and Inspector, Operations Manager, Director of Food Service Operations, Director of Integrated Services, Program Service Coordinator, Call Center Supervisor, Nutrition Manager, Prevention Outreach Specialist, Lead Clinician - Level 3, Transportation Manager, Dietician, Services Manager, Food Service Manager - The Retreat, Director of Education, Food Service Manager, Program Manager - Seniors, Receptionist, HR Generalist II, CFO |
| 5/16/2019 | Toxicology Reports, genetic reporting | Cordant | 22 | Case Managers, Lead Clinician, Clinicians |
| 5/31/2019 | Professionalism, Respect, Business Etiquette | Ralph Braithwaite | 10 | Energy Intake, Energy Manager, Financial Analyst, Call Center Rep |
| 6/20/2019 | Opioid Epidemic/Overdose Narcan | Susan Wolfe DMHAS | 25 | Clinicians, Director of Women's Services, Case Managers, Clinical Coordinator Prevention Outreach Specialist |

3b. 6: ROMA Training to Staff

CRT conducted staff development and training over the past year and via online training and videos. In addition, the QA department conducted 5 ROMA and Case Management Trainings. The trainings included case management services delivery, case presentations, community partners motivational interviewing, and review of the case management standards as well as entering customer data into the STEPs system.

3b. 7: Programmatic Changes (Addition, Deletion, or Modification)

| Program/service activity | A, D or M* | Reason for change and impact on client services |
|---|---|---|
| SAMHSA Opioid Treatment | A | CRT was awarded a grant from SAMHSA (Substance Abuse and Mental Health Services Administration) to provide opioid treatment in order to help combat the opioid crisis currently ravaging the nation and having major impact in Hartford. |
| Retired & Senior Volunteer Program | M | CRT's RSVP Volunteer Medical Transportation services were expanded to include the towns of Windsor Locks and Suffield. VMTP provides door-through-door transportation services to seniors, veterans, and disabled individuals who require more assistance than curb-to-curb transportation services typically provided by local municipal dial-a-ride programs. CRT's RSVP Medical Transportation volunteers increase access to medical appointments for vulnerable populations by offering door-through-door service for rides and helps individuals maintain independent living. The RSVP volunteers are trained to assist ambulatory clients with physical limitations and mental health challenges who need a companion throughout the duration of their appointment. |
| Senior Harm Reduction Program | A | CRT's Senior Wellness initiative offers a harm reduction program for seniors with a particular emphasis on Opioid Use Disorder (OUD). Five one-hour presentations will take place at senior housing complexes and/or congregate meal sites in Central Connecticut. This program will largely be managed by the volunteers from our Retired Senior Volunteers Program (RSVP), who will be responsible for community collaboration, scheduling and facilitation of the presentations. These events will include guest speakers and snacks will be served to create a warm and convivial atmosphere, conductive to open-dialogue discussion |

| Program/service activity | A, D or M* | Reason for change and impact on client services |
|---|---|---|
| | | engaging participants on what can be sensitive issues. |
| Homeless Youth Navigator Program | A | The Greater Hartford Homeless Youth Collective (GHHYC) is working to decrease youth homelessness in the Greater Hartford region. Working as a part of the Greater Hartford Coordinated Access Network (GHCAN), CRT's Youth Navigator is tasked with assessing individuals (age 18-24), conducting diversion appointments, offering "light" case management, referring and linking participants with resources, helping unstably and homeless youth find shelter, and tracking all enrollees to ensure they are progressing towards safe, permanent housing. |
| Ryan White 340B Pharmacy Services | A | CRT's Behavioral Health Services was able to expand program resources to clients in our Ryan-White programs to offer comprehensive pharmacy services. Ryan White clients who are diagnosed with HIV and approved for Medicare are eligible. |
| BHS – Phlebotomy Services | A | CRT's Behavioral Health Services was able to expand services and reduce barriers to clients by offering onsite blood work labs. Technicians are available onsite to complete blood work for clients, reducing barriers to transportation and addressing client fears. Results are completed in 48-72 hours and the data is fully integrated into the CRT's electronic health record. |
| U.S. Probation Office | M | CRT's Behavioral Health Services contract renewal was expanded to include services for Cognitive Behavioral Therapy as well as services for opioid treatment. |
| Women's Empowerment Center | A | CRT expanded and created programming and support for women. CRT's Women Empowerment Center was launched in 2019 and began to accept clients in May. A grand opening/ribbon cutting is planned for early summer. The program concept was conceived by CRT leadership and after a couple of fundraising events; CRT garnered enough funds to implement. The Women's Empowerment Center will provide specialized case management, education, and mentoring services to encourage women to establish economic security, stable careers, and commitment to personal success. |
| Puerto Rican Hurricane Relief Services | D | This was a time-limited program service offering. CRT continues to provide on-going case management support as needed to new and continuing families seeking assistance. |

| Program/service activity | A, D or M* | Reason for change and impact on client services |
|---|---|---|
| YouthBuild AmeriCorps Program | D | CRT's reapplication for its YouthBuild program was not accepted due to a technical error. Consequently, the remaining term of the AmeriCorps program was not warranted. CRT still operates a follow up year for the YouthBuild Program and will resubmit its application. |
| Early Head Start & Head Start | D | After careful consideration, CRT's Board of Trustees made the difficult decision and voted to relinquish its contract with the federal Department of Health and Human Services (HHS) to operate Head Start and Early Head Start programs in both Hartford and Middlesex counties. The effective date was September 4, 2018. The Community Development Institute Head Start (CDI) contracted through the Office of Head Start as the national interim operator for local Head Start programs – will be managing the Head Start program in Hartford/Middlesex Counties. CRT worked closely with Head Start families and CDI to ensure a smooth transition for children.<br>CRT continues to operate its Child Day Care and School Readiness programs, and these classrooms are currently operational and serving children. |

## Section 4: Meeting Needs

### *4a. Service Gaps and Strategies*

| # | Prioritized Issues/Service Gaps | CAA Strategies Implemented in Previous Year |
|---|---|---|
| 1 | Expand BHS Services for Families | With the relinquishment of our Head Start contract – CRT's Family Service Clinic at Locust Street was closed. CRT no longer operates programming at this site. At this time, strategy is on hold. |
| | Expand BHS Services to Include Pharmacy Services | CRT's Behavioral Health Services was able to expand program resources to clients in our Ryan-White programs to offer comprehensive pharmacy services. Ryan White clients who are diagnosed with HIV and approved for Medicare are eligible. |
| 2 | Expand 0-3 Services for Families | With the relinquishment of our Head Start contract CRT will delay research and expansion of 0-3 services at this time. |
| 3 | Expand Financial Literacy Services | CRT worked collaboratively with CenCap credit union to submit an application for a financial literacy partnership – the application was not funded. CRT developed a financial literacy strategy for families in our ECE programs, but due to program changes this was put on hold. CRT is continuing to look for additional client groups that CRT can assist with financial literacy training and services. |
| 4 | Expand Meals on Wheels Service Options to Private Pay Model | This past year, CRT has seen tremendous growth in our Meals on Wheels and Congregate grant funded program. This growth is beyond grant capacity. The program implemented several strategies to cut costs and streamline operations. New vendor bidding and processes were put into place to save on food/consumable costs. Additionally the program is in the midst of implementing new software designed to reduce time in ordering and reconciling meal counts and reporting. This is being rolled out to all of the senior café sites – requiring staff and volunteer training, many which are seniors who are not computer literate. CRT in consultation with our |

| # | Prioritized Issues/Service Gaps | CAA Strategies Implemented in Previous Year |
|---|---|---|
| | | funder has begun to implement a mitigation plan to reduce meal service to community cafés to ensure that we do not over serve meals by the end of the contract term. A fundraising campaign has been in operational for most of the year to raise funds to keep serving meals at these high levels. The private pay model will be revisited and finalized once the software rollout is complete. |
| 5 | SAMHSA Opioid Treatment | In order to combat the opioid crisis, CRT received a grant from SAMHSA to provide opioid treatment to residents of Hartford. CRT worked with Yale University to quickly review internal policy and procedure in order to become SAMHSA certified |
| **New for 2019 – Capital Funding Projects** | | |
| 1 | CRT Home Center (Park Street Building) | CRT received bond funding to renovate our Park Street location that closed last year. The new building - CRT Homes Center - will be dedicated to providing services to Veterans including a drop-in socialization center. All CRT Veteran Programs will be relocated to this site. Renovations to the building include: roof repair; porch/front stairway reconstruction; rear deck repairs; installation of an entryway security door system; installation of a sprinkler system and interior renovations. |
| 2 | East Hartford Shelter | CRT received two allocations of funding to support the East Hartford Family Shelter. Funds were received to purchase the building and additional funds were awarded to make the following renovations to the site: driveway paving; roof repair; replace exit doors and panic bars; install new flooring; update cabinetry; purchase and install new partitions for client privacy and for new siding. |
| 3 | Technology Upgrades | CRT received funding to update our STEPs software and to create a new external website. |

| New for 2019 – Capital Funding Projects | | |
|---|---|---|
| 4 | Nutrition Services/Commercial Kitchen | CRT received bond funds to purchase and install 5 new garage doors; purchase and install a new dishwasher; purchase and install new bread baggers and purchase a new meal delivery vehicle. |

### *4b. Success/Challenges of Strategies*

| **CAA Strategy:** Expand BHS Services to Families |
|---|
| **Description of Success / Challenge:** With the relinquishment of our Head Start contract – CRT's Family Service Clinic at Locust Street was closed. CRT no longer operates programming at this site. At this time, strategy is on hold. |
| **CAA Strategy:** Expand BHS Services to Include Pharmacy Services |
| **Description of Success / Challenge:** CRT's Behavioral Health Services was able to expand program resources to clients in our Ryan-White programs to offer comprehensive pharmacy services. Ryan White clients who are diagnosed with HIV and approved for Medicare are eligible. CRT recently received approval to begin to offer STD testing at our BHS location. This will expand the number of clients eligible to participate in our pharmacy services. Additionally, CRT is working with the pharmacy provider to offer a bricks/mortar facility in our BHS clinic. |
| **CAA Strategy:** Expand 0-3 Services for Families |
| **Description of Success / Challenge:** With the relinquishment of our Head Start contract CRT will delay research and expansion of 0-3 services at this time. |
| **CAA Strategy:** Expand Financial Literacy Services |
| **Description of Success / Challenge:** CRT worked collaboratively with CenCap credit union to submit an application for a financial literacy partnership – the application was not funded. CRT developed a financial literacy strategy for families in our ECE programs, but due to program changes this was put on hold. CRT is continuing to look for additional client groups that CRT can assist with financial literacy training and services. |
| **CAA Strategy:** Expand Meals on Wheels Service Options to Private Pay Model |
| **Description of Success / Challenge:** This past year, CRT has seen tremendous growth in our Meals on Wheels and Congregate grant funded program. This growth is beyond grant capacity. The program implemented several strategies to cut costs and streamline operations. New vendor bidding and processes were put into place to save on food/consumable costs. Additionally the program is in the midst of implementing new software designed to reduce time in ordering and reconciling meal counts and reporting. This is being rolled out to all of the senior café sites – requiring staff and volunteer training, many which are seniors who are not computer literate. CRT in consultation with our funder has begun to implement a mitigation plan to reduce meal service to community cafés to ensure that we do not over serve meals by the end of the contract term. A fundraising campaign has been in operation for most of the year to raise funds to keep serving meals at these high levels. The private pay model will be revisited and finalized once the software rollout is complete. |

| |
|---|
| **CAA Strategy:** SAMHSA Opioid Treatment |
| **Description of Success / Challenge:** CRT faced challenges in the short turn around time provided by SAMHSA to get certified but with the help of Yale University graduate students was able to make the quick turn around time in order to become certified to provided opioid treatment services. |
| **CAA Strategy:** Park Street Renovation |
| **Description of Success / Challenge:** An executed contract is in place and CRT is moving forward with the procurement process. |
| **CAA Strategy: East Hartford Shelter** |
| **Description of Success / Challenge:** CRT has submitted the contract documents to OPM – we are waiting for signed documents to be returned. Once a fully executed contract is in place, CRT will begin the RFQ process for vendors to complete the work. CRT is in active negotiation with the current owners on a purchase of sale agreement for the facility. |
| **CAA Strategy: STEPS and Website Updates** |
| **Description of Success / Challenge:** An executed contract is in place and RT has begun the RFQ process for vendors to complete the work. |
| **CAA Strategy: CRT Kitchen Updates** |
| **Description of Success / Challenge:** An executed contract is in place and CRT has begun the RFQ process for vendors to complete the work. |

### *4c. Board Update*

CRT uses the CSBG Annual Report to demonstrate results and accountability to the Board, funders, staff, the public, government officials and other community-based organizations. Data is collected from all CRT programs, which includes client characteristics and outcomes. Financial sections are completed utilizing CRT's automated financial software. A presentation to the full board was made by the Assistant Vice President of Planning on May 21, 2019.

### *4d. Significant Events/Changes*

| | |
|---|---|
| **Significant event or change** | An increased number of homeless teens and young adults in Hartford (ages 18-24) |
| **Service gap created or emerging** | Over the past year a gap in services has been identified regarding homeless teens and youth between the ages of 18 and 24 in Hartford, a population that is especially vulnerable. There is a statewide Youth Count that is done every year to find and reach out to youth who have no secure housing and this year some key findings are that: 22.1% of youth said the place they were currently staying was unsafe, 11.8% identified as bisexual, and 6.1% identified as gay or lesbian, 33.1% had DCF/Foster Care involvement, and 20.6% had criminal justice involvement. While there are shelters available for this age group, many feel unsafe entering because of their age or sexual identity and often tend to stay outside, in cars, or in unsafe situations to avoid entering shelter. |
| **Plan to fill gap including networking efforts** | CRT in the last year in collaboration with Journey Home, has hired a Youth Navigator to help identify youth in need of services in the Greater |

| | |
|---|---|
| | Hartford area. This Youth Navigator is charged with going out into the community to help identify and build relationships with youth who may be experiencing homelessness and help connect them to services offered by providers in the Greater Hartford Coordinated Access Network. This Youth Navigator is helping to identify places where homeless youth or those in danger of homelessness hang out, and identify unique services or housing situations that these youth may need as their needs are vastly different than those of adults experiencing homelessness. |

## Section 5: Linkages/Coordination of Funding

### *5a. Other Changes*

| Significant Change(s) |
|---|
| After careful consideration, CRT's Board of Trustees made the difficult decision and voted to relinquish its contract with the federal Department of Health and Human Services (HHS) to operate Head Start and Early Head Start programs in both Hartford and Middlesex counties. The effective date was September 4, 2018. The Community Development Institute Head Start (CDI) contracted through the Office of Head Start as the national interim operator for local Head Start programs – will be managing the Head Start program in Hartford/Middlesex Counties. |
| Identify Change as Community, Agency, and/or Partner |
| While the needs for early care continues in Hartford, CRT has worked collaboratively with CDI to transition Head Start children and families over to new management. No child or family lost services in the transition. CRT continues to operate its Child Day Care and School Readiness programs, and these classrooms are currently operational and serving children. |
| Impact on CAP |
| The Early Head Start and Head Start programs are being offered in the community by CDI, the interim provider. CRT is not aware of the number of children who are participating in the program operated by CDI. CRT continues to operate its Child Day Care and School Readiness programs, and these classrooms are currently operational and serving children now. |
| Partner(s) – new or ended; describe specifically identified purpose(s) |
| CRT's partnership with HHS to operate Early Head Start and Head Start has ended. CRT worked with Head Start and CDI to ensure a smooth transition to children and families. CRT's Nutrition Services is the nutrition/meal service vendor for CDI providing daily nutritious meals that conform to the CACFP standards. |
| Amount of coordinated funding |
| No funding. CRT's Food Service contract – is a fee for service private contract. |

### *5b. New Funding*

| Date | Purpose | Funding Source | Amount Requested | Amount Awarded | Status |
|---|---|---|---|---|---|
| 6/18/18 | Homeless Case Management | HUD/CT BOS | $290,000 | | Not Awarded |
| 6/18/18 | Youth Navigator | HUD/CT BOS | $139,850 | $139,850 | Awarded |
| 6/18/18 | Substance Use & Education | PHS Commissioned Officer Foundation | $5,000 | | Not Awarded |
| 6/18/18 | Victims Assistance Fund | CSSD | $400,000 | | Not Awarded |

| Date | Purpose | Funding Source | Amount Requested | Amount Awarded | Status |
|---|---|---|---|---|---|
| 6/18/18 | Head Start COLA/Training & Technical Assistance | OACF/OHS | $295,147 | $295,147 | Awarded |
| 6/18/18 | SYELP | Capital Workforce Partners | $75,568 | $75,568 | Awarded |
| 7/5/2018 | Medicaid Assisted Treatment | SAMHSA | $1,547,010 | $1,547,010 | Awarded |
| 7/31/18 | Funraise Photojournalism | Funraise | $35,000 | | Not Awarded |
| 8/1/18 | "Empower Hour Girls" | Aurora Foundation | $6,500 | | Not Awarded |
| 8/10/18 | Elderly Nutrition | NCAAA | $226,687 | $226,687 | Awarded |
| 8/17/18 | BHS | Bureau of Prisons | Fee for Service | | Not Awarded |
| 8/24/18 | Lowe's Community-1921 Park St. | Lowe's | $100,000 | | Not Awarded |
| 8/31/18 | Eviction Prevention | TD Bank Foundation | $125,000 | | Not Awarded |
| 9/6/18 | Elderly Nutrition | SRAA | $2,730 | $2,730 | Awarded |
| 9/18/18 | COLA | DPH | $366 | $366 | Awarded |
| 9/18/18 | COLA | DMHAS | $7,055 | $7,055 | Awarded |
| 9/18/18 | CSBG & HSI | DSS | $236,983 | $236,983 | Awarded |
| 9/18/18 | CEAP-Early Intake | DSS | $114,892 | $114,892 | Awarded |
| 9/18/18 | CEAP | DSS | $90,437 | $90,437 | Awarded |
| 9/18/18 | Weatherization | DEEP | $25,000 | $25,000 | Awarded |
| 9/18/18 | East Hartford Bond Funds | DOH | $199,292 | $199,292 | Awarded |
| 9/18/18 | RRH Expansion | HUD/CT BOS | $165,737 | | Not Awarded |

| Date | Purpose | Funding Source | Amount Requested | Amount Awarded | Status |
|---|---|---|---|---|---|
| 10/18/18 | McKinney & East Hartford Shelters | HFPG | Unsolicited | $8,500 | Awarded |
| 10/18/19 | Bond Funds | OPM | $980,000 | | Pending |
| 10/23/18 | SAFE Screening | DCF | $421,000 | | Not Awarded |
| 11/10/18 | Water Heaters | Operation Fuel | Fee for Service | Fee for Service | Awarded |
| 11/21/18 | Women's REACH | DMHAS | | | Not Awarded |
| 2/15/19 | Youth Shelter | Junior League | $15,000 | | Not Awarded |
| 2/15/19 | Generations | CDBG | | | Pending |
| 2/15/19 | Project Innovation-SERV TRACKER | NBC Universal | $62,348 | | Not Awarded |
| 3/31/19 | Youth Shelter | People's United Community Foundation | $24, 991 | | Pending |
| 3/25/19 | Targeted Capacity Expansion - BHS | SAMHSA | | | Pending |

### *5c. New Linkages*

After repeated tries, in 2018, CRT received its first grant from the federal Substance Abuse Mental Health Services Administration (SAMHSA). This department's grants are highly competitive and our Behavioral Health Services Division was proud and excited to be an awardee under SAMHSA's Targeted Capacity Expansion: Medication Assisted Treatment (MAT) Prescription Drug and Opioid Addiction program. This grant will enable us to use buprenorphine, a medication that prevents withdrawal symptoms when a client ceases to use opioids. This program, from its very inception, has been done in partnership with the University of Connecticut Health Center, which is serving as the evaluator for this endeavor. This entails data monitoring and collection, development of annual and final reports, acting as the liaison with the University's Internal Review Board. This collaboration was very valuable in developing the proposal and remains a key part of the implementation of the grant. After grant award, through the outreach efforts and perseverance of our MAT Program's Project Director, CRT has added two additional partners: one with Brown University, the other with Yale University. Each institution is involved with a separate part of this multifaceted program. Brown is acting as an adviser on the induction phase of MAT, in which clients are first given buprenorphine and monitored for their reaction to the medication. Yale is assisting with the development of an action plan to facilitate CRT medical staff members' certification as MAT providers – a mandatory, but highly cumbersome, process.

These new linkages are and will remain instrumental in our providing state-of-the art, evidence-based treatment for opioid addiction disorder.

### *5d. New Partnerships*

CRT has begun a new partnership with Utopia. Utopia is the provider of the Assisted Living Services at The Retreat, CRT's Assisted Living facility located in Hartford. Utopia provides nursing and personal care services to individuals residing in our facility. Utopia operates directly at The Retreat providing 24/7 access to services.

CRT has also partnered with the Civic Design class at the University of Hartford Art School to design a set of posters about CRT's programs and services. This group of a dozen junior and senior students works on design jobs for real companies and for non-profits their work is done pro-bono. Initially CRT proposed that they design 10 different posters; One which explains our mission and overall impact and the other nine including more detail on one specific area of service. The idea was that together it would be a visual overview of the services that we offer the community, and the detailed posters could be hung at each site where the services are provided. The class divided up into teams for each poster. Each team struggled with the challenge of answering "What is CRT?" The class reconvened and narrowed down the designs to four different options to present to CRT staff. CRT is currently working on providing feedback to the class on the elements from each poster we want to be worked into the final project.

### *5e. On-Going Initiative(s)*

Last year based on community need and a review of agency demographics, CRT began to pursue the establishment of a Women's Empowerment Center. The idea was that the center would serve as a safe space and open space for women from Hartford and Middlesex counties to access a program that combines intensive mentorship, holistic support services and case management, personal development classes, support groups, conferences, workshops and leadership training focusing on supporting financial literacy, entrepreneurship, as well as career and workforce readiness. CRT has hired a Director of Women's Services to run the Women's Empowerment Center, and together with the Planning Department, has created a survey in order to begin to identify current CRT clients that may benefit from extra services from the Women's Empowerment Center. CRT has worked over the past year to create a space at our 330 Market Street location that will serve as the Women's Empowerment Center. CRT began accepting clients to the center in May and held its first workshop, BYOB – Be Your Own Boss, with 17 women attending.

## Section 6: Performance Management

### *6a. Goal Progress*

| Expected Outcome(s) – change in status | Progress CAA has made toward reaching goal |
|---|---|
| Expand BHS Services for Families | Initial outcome was achieved; CRT's Family Wellness Center was licensed at our Locust Street Facility. With the relinquishment of our Head Start contract, CRT no longer provides services at Locust Street. |
| Expand BHS Services to Include Pharmacy Services | Achieved. CRT is currently providing pharmacy services to clients receiving Ryan White services. |
| Expand 0-3 Services for Families | This strategy is on hold. |
| Expand Financial Literacy Services | While services have not been expanded, significant work was completed. A new financial literacy strategy was developed for ECE families. This was put on hold during the transition of our Head Start program. CRT collaborated with CenCap Credit Union to submit a funding application to provide onsite financial literacy services to CenCap clients. Unfortunately CenCap did not receive funding for this initiative. |
| Expand Meals on Wheels Service Options to Private Pay Model | This strategy is on hold. |
| SAMHSA Opioid Treatment | CRT, with the help from Yale University became SAMHSA certified over the last year and has begun providing opioid treatment services. |
| CRT Homes Center (Park Street Building) | An executed contract is in place and CRT has begun the RFQ process for vendors to complete the work. |
| East Hartford Family Shelter | CRT has submitted the contract documents to OPM – and is waiting for signed documents to be returned. Once a fully executed contract is in place, CRT will begin the RFQ process for vendors to complete the work. |
| Technology Upgrades | An executed contract is in place and CRT has begun the RFQ process for vendors to complete the work. |
| Nutrition Services/Commercial Kitchen | An executed contract is in place and CRT has begun the RFQ process for vendors to complete the work. |

### *6b. Goal/Strategy Changes*

| Goal/Strategy Identified in CAP |
|---|
| Expand 0-3 Services for Families |
| Change(s) in Agency Performance and/or Community Needs |
| As CRT has relinquished the Early Head Start and Head Start grants, this strategy has been put on hold. CRT worked with CDI to ensure that no children or families lost services as they were transitioned over to CDI run programs. |
| Change(s) in Goals/Strategies |
| As CRT is no longer running Early Head Start or Head Start programs, this goal has been put on hold. |
| Explanation for No Changes |
| |

| Goal/Strategy Identified in CAP |
|---|
| Expand Meals on Wheels Service Options to Private Pay Model |
| Change(s) in Agency Performance and/or Community Needs |
| CRT's Meals on Wheels and Congregate Site programs have expanded tremendously over the past year. This growth is beyond grant capacity. |
| Change(s) in Goals/Strategies |
| Due to this exponential growth, CRT has implemented several strategies to cut costs and streamline operations. New vendor bidding and processes were put into place to save on food/consumable costs. Additionally, the program is in the midst of implementing a new software system designed to reduce time in ordering and reconciling meal counts and reporting. Once the new system is put into place, CRT will continue to explore how to expand Meals on Wheels to a private pay model. |
| Explanation for No Changes |
| |

| Goal/Strategy Identified in CAP |
|---|
| Expand BHS Services for Families |
| Change(s) in Agency Performance and/or Community Needs |
| There has been no change in community need, but with the relinquishment of CRT's Early Head Start and Head Start contracts, CRT's Family Service Clinic at Locust Street was closed. |
| Change(s) in Goals/Strategies |
| CRT no longer operates programming at Locust Street, so at the time this strategy is on hold. |
| Explanation for No Changes |
| |

| Goal/Strategy Identified in CAP |
|---|
| Expand BHS Services to Include Pharmacy Services |
| Change(s) in Agency Performance and/or Community Needs |
| There were no changes in agency performance or community need. |
| Change(s) in Goals/Strategies |
| |
| Explanation for No Changes |
| CRT was able to expand program resources to clients in our Ryan White programs to offer comprehensive pharmacy services. Ryan White clients who are diagnosed with HIV and approved for Medicare are eligible. |

| Goal/Strategy Identified in CAP |
|---|
| Expand Financial Literacy Services |
| Change(s) in Agency Performance and/or Community Needs |
| There was no change in agency performance or community need. |
| Change(s) in Goals/Strategies |
| CRT worked collaboratively with CENCAP Credit Union to submit an application for funding, however was not awarded. CRT developed a financial literacy strategy for families in our ECE programs but due to program changes this was put on hold. |
| Explanation for No Changes |
| |

| Goal/Strategy Identified in CAP |
| --- |
| SAMHSA Certification in order to provide opioid treatment. |
| Change(s) in Agency Performance and/or Community Needs |
| There continue to be gaps in services for those seeking opioid treatment and help managing their addictions. CRT was awarded a SAMHSA grant to provide these services. |
| Change(s) in Goals/Strategies |
| |
| Explanation for No Changes |
| In collaboration with the University of Connecticut, Brown University, and Yale University, CRT has begun to provide opioid treatment services in Hartford. |

| Goal/Strategy Identified in CAP |
| --- |
| CRT Home Center (Park Street Renovations) |
| Change(s) in Agency Performance and/or Community Needs |
| |
| Change(s) in Goals/Strategies |
| CRT received bond funding to renovate the Park Street location and turn it into CRT's Home Center, which will be dedicated to providing services to Veterans, including a drop in socialization center. |
| Explanation for No Changes |
| |

| Goal/Strategy Identified in CAP |
| --- |
| East Hartford Shelter |
| Change(s) in Agency Performance and/or Community Needs |
| |
| Change(s) in Goals/Strategies |
| CRT was awarded bond funding to purchase the East Hartford Family Shelter. CRT has been renting this facility for 15 years. Additional funding includes dollars to repair the driveway, repair the roof, replace exit doors and panic bars, install new flooring, update cabinetry, purchase and install new partitions for client privacy, and new siding. |
| Explanation for No Changes |
| |

| Goal/Strategy Identified in CAP |
| --- |
| Technology Upgrades |
| Change(s) in Agency Performance and/or Community Needs |
| |
| Change(s) in Goals/Strategies |
| CRT was awarded bond funding to update its STEPS software and to create a new external website. The update of this software will allow CRT to better collect client information and the new website will allow clients and potential clients to explore the wide array of services CRT offers. |
| Explanation for No Changes |
| |

| Goal/Strategy Identified in CAP |
| --- |
| Nutrition Services/ Commercial Kitchen |
| Change(s) in Agency Performance and/or Community Needs |
| As the median age of the population in Connecticut continues to rise, so does the need for seniors to access healthy, affordable meals. CRT serves thousands of meals through the Meals on Wheels program to home bound seniors, as well to seniors who come to eat at CRT's Congregate Community Cafes. |
| Change(s) in Goals/Strategies |
| CRT was awarded bond funding to upgrade the kitchen that makes all the meals for the Meals on Wheels program as well as the Café meals that feed seniors at Congregate sites. By upgrading the kitchen to be energy efficient, by adding a bread bagger, as well as a new truck to deliver meals, CRT will be able to save money on electricity, as well as deliver more meals to those seniors who need them. |
| Explanation for No Changes |
| |

### *6c. Board Update*

Progress toward meeting the goals of the strategic plan was presented to the Board on March 20, 2018. The CSBG Annual report presentation to the full board was made by the Assistant Vice President of Planning on May 21, 2019

### 6d. Data Tracking Systems

There have been no changes to client data tracking systems in the last year, however CRT's IT Department continues to work with DSS on the data bridge project, making changes to software to comply with ROMA -NG reporting requirements.

### 6e. Data Quality

Ensuring data accuracy and integrity continues to be an ongoing effort by CRT staff and management. Managers use the quality and productivity reports that can be generated using CRT's STEPs Express system. Program managers and supervisors have access to the CRT Report Server. This server generates the reports needed for the quarterly and CSBG Annual Report in the Next Generation Format. Data for both of these reports is compiled from the data entered into the STEPs Case Management System.

Using the report server, managers can now run the Module 4, Section A: Individual and Family National Performance Indicators (FNPIs), Module 4 Section B: Individual and Family Services, Module 4, Section C: All Characteristics Report, and Measurement of Self Sufficiency – Outcome Scale Matrix reports for their specific programs and departments over the course of the year. The server also allows the users to generate a report of the demographic, service and outcome detail associated with the individuals and families receiving services during the reporting period. This detail information can be used in comparison with the data of their program/funder required databases.

### 6f. Data Generated Changes

CRT continues to use data to make programmatic changes. The data CRT gathers also helps to inform CRT's Strategic Planning efforts. Over the course of the last year CRT as a part of the Greater Hartford Coordinated Access Network (GHCAN) worked collaboratively with Journey Home to successfully apply for and receive funding for a Youth Navigator to work with youth experiencing

homelessness. CRT and the GHCAN have been using data to track the age of individuals experiencing homelessness and how and when they access services. It became apparent that there was a gap in services for those between the ages of 18 and 24 experiencing homelessness who were reluctant to enter shelter or seek out services in the more traditional ways homeless providers generally see. Based on this data, CRT's Youth Navigator will go out in the community and meet these individuals where they are and help them access services and shelter.

### 6g. ROMA Goal/NPI Progress

| Prioritized Issue | Associated ROMA Goal | Associated NPI |
|---|---|---|
| Expanding BHS Services for Families | ROMA Goal 1 | FNPI 2E, FNPI 5C, FNPI 5D, CNPI 5B |
| **Progress:** As CRT has relinquished its Head Start and Early Head Start contracts, CRT's Family Services Clinic at Locust Street was closed. | | |
| **Prioritized Issue** | **Associated ROMA Goal** | **Associated NPI** |
| Expand ECE 0-3 Services for Families | ROMA Goal 1 | FNPI 2C1 |
| **Progress:** As CRT has relinquished its Head Start and Early Head Start contracts, this has been put on hold. | | |
| **Prioritized Issue** | **Associated ROMA Goal** | **Associated NPI** |
| Expanding Financial Literacy Services | ROMA Goal 1 | FNPI 3F |
| **Progress:** CRT worked with CepCap to submit an application for a financial literacy partnership, though the application was not funded. CRT developed a financial literacy strategy for families in our ECE programs, but due to programmatic changes, this was also put on hold. | | |
| **Prioritized Issue** | **Associated ROMA Goal** | **Associated NPI** |
| Expanding Meals on Wheels to a private pay model | ROMA Goal 1 | FNPI 5F |
| **Progress:** Due to the tremendous growth CRT has seen in the Meals on Wheels and Congregate Site programs, CRT is currently working to expand capacity to be able to provide the grant-funded services. Once strategies are implemented to save on food/consumable costs, CRT will work on expanding Meals on Wheels and Congregate Site programs to private pay models. | | |
| **Prioritized Issue** | **Associated ROMA Goal** | **Associated NPI** |
| SAMHSA Opioid Treatment | ROMA Goal 1 | FNPI 5b, FNPI 5c |
| **Progress:** | | |
| **Prioritized Issue** | **Associated ROMA Goal** | **Associated NPI** |
| Park Street Renovation | N/A | N/A |
| **Progress:** | | |
| **Prioritized Issue** | **Associated ROMA Goal** | **Associated NPI** |
| Purchase East Hartford Shelter | N/A | N/A |
| **Progress:** | | |
| **Prioritized Issue** | **Associated ROMA Goal** | **Associated NPI** |
| Update STEPS Software | N/A | N/A |
| **Progress:** | | |
| **Prioritized Issue** | **Associated ROMA Goal** | **Associated NPI** |
| Update CRT Kitchen | N/A | N/A |
| **Progress:** | | |

## Section 7: Innovation

CRT's SAMHSA-funded Medication Assisted Treatment (MAT) program is enabling us to enhance our Behavioral Health Services (BHS) Division's evidence-based interventions for individuals with opioid use disorder (OUD). CRT was already performing the majority of MAT components – psychosocial assessments, case management, clinical counseling for individuals with substance use and/or co-occurring disorders, medication management, linkage with support services and the prescription of vivitrol. With the SAMHSA grant, we have been able to obtain agency approval and certification for different medical providers to prescribe suboxone. The program is concentrating on men and women with a history of incarceration, particularly those recently released from jail or prison as they are at particularly high risk of overdose. This is a three-year grant and the first that CRT has received from SAMHSA.

## Section 8: Results Oriented Management and Accountability (ROMA)

***8a. ROMA Cycle/CAP Update***

| Community Action Plan | |
|---|---|
| Assessment | This is typically the beginning of the process. The formal part of Assessment includes the review and completion of the annual Community Action Plan. The Plan looks at a variety of data points, including community level data/census and other needs assessment plans created by funders and community groups. In addition, more detailed needs assessments are completed by the Planning department in response to specific grant applications. This allows CRT to complete a deeper dive into a specific content area in order to fully understand the issue, and the impact it has on our constituents. In this manner, the Plan assists us in formulating a strategy for program development. The CAP provides us with the opportunity to complete a 360-degree review, gathering feedback from a variety of stakeholders, including clients, funders, partners, faith-based organizations and community leaders. Also, throughout the year, CRT conducts a variety of customer satisfaction surveys and other feedback related activities to inform program operations. Following data gathered during Assessment we move into the Planning portion of the ROMA cycle. During the completion of the CSBG Annual Report data was analyzed and reviewed against the previous year's report including but not limited to demographics, outcomes and funding levels. |
| Planning | Encompasses our Strategic Planning process and subsequent work; program development and adjustments and the development of new and renewal grant proposals. Part of the decision making when considering to respond to an RFP includes but is not limited to reviewing the RFP requirements, scan of the issues based on needs data, demographics, and that all activities support CRT's mission. |
| Implementation | Implementation includes the actual delivery of program services and implementation of our strategic planning initiatives. As part of the implementation process, CRT's Planning Department conducts roll-out meetings of new and renewal grants. This process allows a cross functional team (Finance, Program, HR, Quality Assurance and Planning) to review the program model, deliverables and reporting requirements to ensure effective start-up and implementation of the grant. |

| | |
|---|---|
| Achievement of Results | This includes both internal reporting management systems/tools – program dashboards, internal financial reports and quality assurance reviews and monitoring. This also encompasses client survey feedback and review. Funder program and financial reports assist the program in documenting program deliverables and achievements. The program and financial data is shared with the CRT Board of Trustees throughout the year. During the year, CRT programs are audited by our funders. In 2018, CRT's Quality Assurance Department played a key support role before, during and after funding source monitoring and with accreditation visits. To date, the Department provided support for 53 program-monitoring visits conducted by 22 different state and federal funders/accreditations. Annually CRT completes the CSBG-Annual Report. This report reflects CRT as a whole and contains information on all agency programs and services, including program narrative, client demographic statistics, and financial data and program/agency outcomes. This report is presented to the CRT Board for review and approval. In addition, CRT completes an annual independent audit of our financial records. The Audit sub-committee of the Board is responsible for the oversight of the process and the full audit is presented to the sub-committee for review and then a presentation by our Auditors is made to the full Board of Trustees for approval. CRT also regularly reviews program and financial data to inform program operations. |
| Evaluation | Evaluation and Achievement of Results work together to inform program operations. During the year, we are able to review data monthly as part of our dashboard reviews. But on an annual/agency wide basis the CSBG Annual Report allows us to compare our outcomes/achievements against what are targets were for the year. When analyzing this data we look to determine how well we did in achieving benchmarks, trends and where we did not achieve our desired results. The information about our outcomes informs CRT long-range planning and highlights areas for improvements. During this past year, we saw a few areas where we did not meet our targets; this was due primarily to unanticipated State funding cuts which eliminated program services. This analysis and review data informed our decision to adjust our targets/benchmarks for the new year. |

***8b. ROMA Trainer/Implementer Update***

| | |
|---|---|
| Name of Certified ROMA Trainer or Implementer | Tere (Nicholson) Formilus (ROMA Trainer), Conrad Wynter (Implementer) |
| Relationship of Trainer/Implementer to Agency (on staff, consultant, State Association, Other) | Staff |
| Type of Interaction (in person or by phone/web meeting) | In Person |
| Date(s) of Interaction | 7/6/2018, 9/28/2018, 11/14/2018, 2/13/2019 |
| Brief Description of Interaction | Strategic Planning Participant, Review of C.N.A/CAP Plan |

# COMMUNITY RENEWAL TEAM PROGRAMS & SERVICES

## BASIC NEEDS
- Food Assistance
- Resource Centers

## COMMUNITY CORRECTIONS
- DOC Residential Program
- Re-Entry Recovery Services
- Transitional Case Management

## EDUCATION AND YOUTH
- Infant/Toddler Day Care
- Preschool
- Day Care Nutrition
- Summer Food

## EMPLOYMENT AND TRAINING
- Capital City YouthBuild
- Middlesex Youth Development
- Summer Youth Employment

## ENERGY AND WEATHERIZATION
- Energy Assistance
- Statewide Weatherization

## HOUSING AND SHELTERS
- Affordable Housing
- CHAP
- Family Shelter
- Grandparents Raising Grandchildren
- Housing Counseling
- Men's Shelter
- Supportive Housing

## MENTAL HEALTH AND WELLNESS
- Asian Family Services
- Behavioral Health
- HIV Outreach, Counseling, and Case Management Services
- Homeless Outreach
- Medication Assisted Treatment
- Transitional Case Management

## MONEY MANAGEMENT
- IDA Savings Program
- VITA Tax Filing
- Your Money

## SENIOR SERVICES
- Meals on Wheels
- Retreat Assisted Living
- Retired and Senior Volunteers
- Senior Affordable Housing
- Senior Cafés

## VETERANS PROGRAMS
- Supportive Services for Veteran Families
- Veterans Housing

**Community Renewal Team**
Changing lives... Creating opportunity!

crtct.org