



**PY2019 Consolidated Annual Performance and
Evaluation Report (CAPER)**
DRAFT

Norwalk Redevelopment Agency
3 Belden Avenue
Norwalk, CT 06850

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CR-05 - Goals and Outcomes

Progress the jurisdiction has made in carrying out its strategic plan and its action plan. 91.520(a)

This could be an overview that includes major initiatives and highlights that were proposed and executed throughout the program year.

Program Year 2019 (PY2019), July 1, 2019 - June 30, 2020, marked the fifth and final year of the City of Norwalk's 2015-2019 Consolidated Plan for Housing and Community Development (ConPlan). The City worked towards accomplishing goals identified in the 2019 Annual Action Plan (AAP), and these accomplishments are summarized below:

Affordable Housing

The City assisted 4 single-unit and 28 multi residential units for low- and moderate-income households with housing rehabilitation through its CDBG Housing Rehab Program. Rehab activities included lead and asbestos abatement, installation of energy efficient HVAC systems, window replacement, septic and sewer replacement, and emergency roof repairs. There were also 583 persons who were assisted through emergency financial assistance to avoid utility shut-off, security deposits to obtain suitable housing and eviction. Through code enforcement activities the City assisted 100 households with inspections, followup on blight complaints and bringing the property into compliance.

Public Facilities and Infrastructure Improvements

The City made improvements to neighborhood facilities that had an areawide benefit to 10,769 persons in LMI areas. These activities included various improvements at the Keystone Foundation facility, gymnasium renovations at the Carver Foundation facility and HVAC improvements at the Norwalk Senior Center. There was an areawide benefit of 5,005 who were assisted with facility modernization activities through improvements to public parks and rec facilities at the locations of Ryan Park, Freese Park and Klondike Park. Community cleanup of a contaminated site within the City Neighborhoods area had an areawide benefit to 2,985 persons for the purpose of developing a public park.

Public Services &

The City supported public services that improved the quality of life of residents. Basic services for the elderly and youth programs benefitted 1,214 LMI persons. For the elderly, assistance was provided by Senior Services Coordinating Council. Services for youth included enrichment and

education and were provided by the East Norwalk Library Association, Higher Ed Literacy Professionals, Saturday Academy, and the SAVE Check and Connect program. Mental health services benefitted 500 LMI persons and services were provided by the Child Guidance Center and the Domestic Violence Crisis Center.

Economic Development

There were 35 LMI persons that benefitted from employment training services at the Open Door Shelter Jobs Program located at the new Smilow Life Center. The job training program provides job skills training, coaching and job placement for homeless individuals and youth living in poverty.

Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)

Categories, priority levels, funding sources and amounts, outcomes/objectives, goal outcome indicators, units of measure, targets, actual outcomes/outputs, and percentage completed for each of the grantee’s program year goals.

Goal	Category	Source	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year	Actual – Program Year	Percent Complete
Basic services	Non-Homeless Special Needs	CDBG	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	1500	2423	161.53%	250	1214	485.60%
Code enforcement	Affordable Housing	CDBG	Housing Code Enforcement/Foreclosed Property Care	Household Housing Unit	10	100	1,000.00%	10	100	1,000.00%
Community cleanups	Non-Housing Community Development	CDBG	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	3125	6110	195.50%	5357	2985	55.70%
Community cleanups	Non-Housing Community Development	CDBG	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	12000	5185	43.20%			
Community cleanups	Non-Housing Community Development	CDBG	Brownfield acres remediated	Acre	8	17	212.50%			
Economic development: technical assistance	Non-Housing Community Development	CDBG	Jobs created/retained	Jobs	0	0		5	0	0.00%

Economic development: technical assistance	Non-Housing Community Development	CDBG	Businesses assisted	Businesses Assisted	20	70	350.00%			
Employment training	Non-Housing Community Development	CDBG	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	100	79	79.00%	175	35	20.00%
Health & mental health services	Homeless Non-Homeless Special Needs	CDBG	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	200	1004	502.00%	186	500	268.82%
Housing services	Affordable Housing Public Housing Homeless Non-Homeless Special Needs	CDBG	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	1000	265	26.50%			
Housing services	Affordable Housing Public Housing Homeless Non-Homeless Special Needs	CDBG	Tenant-based rental assistance / Rapid Rehousing	Households Assisted	0	67				
Housing services	Affordable Housing Public Housing Homeless Non-Homeless Special Needs	CDBG	Homelessness Prevention	Persons Assisted	400	2151	537.75%	285	583	204.56%
Improve public infrastructure: modern & safe	Non-Housing Community Development	CDBG	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	15000	31377	209.18%	0	5005	100.00%

Public facility rehabilitation	Non-Housing Community Development	CDBG	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	50000	38346	76.70%	9523	10769	113.08%
Public facility rehabilitation	Non-Housing Community Development	CDBG	Homeless Person Overnight Shelter	Persons Assisted	0	0				
Residential rehabilitation	Affordable Housing	CDBG	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	0	40	100.00%	0	40	100.00%
Residential rehabilitation	Affordable Housing	CDBG	Rental units rehabilitated	Household Housing Unit	400	280	70.00%	26	28	107.69%
Residential rehabilitation	Affordable Housing	CDBG	Homeowner Housing Rehabilitated	Household Housing Unit	30	31	103.33%	9	4	44.44%
Residential rehabilitation	Affordable Housing	CDBG	Housing for Homeless added	Household Housing Unit	0	0		0	0	
Residential rehabilitation	Affordable Housing	CDBG	Housing for People with HIV/AIDS added	Household Housing Unit	0	0		0	0	

Table 1 - Accomplishments – Program Year & Strategic Plan to Date

Assess how the jurisdiction’s use of funds, particularly CDBG, addresses the priorities and specific objectives identified in the plan, giving special attention to the highest priority activities identified.

The following high priority Goals, as identified in the 2015-2019 Consolidated Plan for Housing and Community Development, received the following percentage of CDBG funds available during PY2019.

Increase High Quality and Affordable Housing Opportunities: The high priority Residential Rehabilitation goal received 61% of the CDBG funds available and provided assistance to 32 LMI housing units.

- Residential Rehab - 61%
- Code enforcement - 3%

Modernize Public Facilities and Infrastructure: The high priority Public Facility Rehabilitation goal received 22% of funds available, and activities included various improvements such as the improvements at the Keystone Foundation facility, gymnasium renovations at the Carver Foundation facility and HVAC improvements at the Norwalk Senior Center. Modernization improvements to public parks and rec facilities were made at Ryan Park, Freese Park and Klondike Park.

- Public facilities rehabilitation & Community cleanups - 22%

Increase Available Social Services: The City supported public services that improved the quality of life of residents. Basic services for the elderly and youth programs benefitted 1,214 LMI persons. Mental health services benefitted 500 LMI persons. There were also 583 persons who were assisted through emergency financial assistance to avoid utility shut-off, security deposits to obtain suitable housing and eviction.

- Basic services (elderly and youth services) - 3%
- Health and mental health services - 4%
- Housing services (emergency assistance) - 2%

Expand Economic Opportunities: There were 35 LMI persons that benefitted from employment training services.

- Employment training - 3%

CR-10 - Racial and Ethnic composition of families assisted

Describe the families assisted (including the racial and ethnic status of families assisted).

91.520(a)

	CDBG
White	1,240
Black or African American	1,095
Asian	65
American Indian or American Native	16
Native Hawaiian or Other Pacific Islander	11
Total	2427
Hispanic	892
Not Hispanic	1,535

Table 2 – Table of assistance to racial and ethnic populations by source of funds

Narrative

Data Note: The Table above does not include a category for people of “other” or “multiple races” or people who “refused to answer either racial or ethnic information” therefore the reported numbers above do not necessarily match the number of people actually served through City programs. As well, the total number assisted are measured by people assisted and others by households assisted and does not include the beneficiaries of projects determined to have an "area benefit" to the community, such as the rehabilitation of a community center, park and/or street improvements or projects which were measured by other means. This also does not include projects with assumed beneficiaries such as senior centers and handicapped facilities.

According to the 2015-2019 American Community Survey 5-Yr Estimates, white persons were 72.4% of the total population followed by black persons with 14.7% and Asian persons with 5.5%. Those who identified ethnically as Hispanic were 27.7%. In 2019, the City of Norwalk CDBG programs assisted by race whites with 51%, blacks with 45% and Asians with 2.7% of CDBG funds. Hispanic households were assisted with 36.7% of CDBG funds.

In comparing the beneficiary outcomes to the City demographic profile, the City has sufficiently assisted black and Hispanic households, however there is a need to identify Asian households who may be in need of assistance.

The Needs Assessment in the 2015-2019 Consolidated Plan, assesses if any racial/ethnic group by income category has a disproportionate need in the area with regards to housing problems, severe housing problems and cost burden. Households with housing problems are those that reside in units lacking complete kitchen and plumbing facilities as well as overcrowding (more than one person per room) and cost burden (spending 30% or more of income on housing per month). Households with severe housing

problems are those that reside in units lacking complete kitchen and plumbing facilities as well as severely overcrowded homes (more than 1.5 person per room) and severe cost burden (spending 50% or more of income on housing per month).

According to the Needs Assessment, several minority race groups have a disproportionate need with housing problems across several income categories. Asian households however have a disproportionate need across all lower income groups. For severe housing problems, Black and Asian households and have a disproportionate need. Asian households have a disproportionate need in the 0-30% AMI level. Black households have a disproportionate need in the 50-80% AMI level. For housing cost burden, with the exception of American Indian/Alaskan Native households, nearly all minority race groups have a disproportionate need from being cost burdened (having 30% or more of income going towards housing costs).

In comparing the disproportionate needs of certain race/ethnic groups as described by the Needs Assessment to the beneficiary outcomes provided by City programs, there is a need for the City to sufficiently serve Asian households.

CR-15 - Resources and Investments 91.520(a)

Identify the resources made available

Source of Funds	Source	Resources Made Available	Amount Expended During Program Year
CDBG	public - federal	1,046,185	1,104,563
Other	public - local	0	N/A

Table 3 - Resources Made Available

Narrative

In PY2019, the total resources made available to the City was \$1,046,185 which included the 2019 HUD CDBG allocation of \$845,023 and program income of \$186,206. There was also prior year resources of \$14,955 to be used in the program year. The City expended \$1,104,563 during the program year and funds were used to increase quality and decent affordable housing through housing rehab, expand economic opportunities with job training, modernize public facilities and infrastructure, and increase available social services to the residents of Norwalk.

Identify the geographic distribution and location of investments

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description
Citywide	72	100	Citywide Low/Mod or by eligibility
South Norwalk	26		
Wall Street	3		

Table 4 – Identify the geographic distribution and location of investments

Narrative

The City amended its PY2019 AAP and does not allocate funding based solely on geographic requirements. When projects or planned activities are intended to serve individuals or households directly, those individuals or households must meet income qualifications, as well as residency requirements, in order to receive assistance from the program. In these instances, City staff and/or one of its partner agencies shall complete an in-take and eligibility status review of the applicant individual, or household, before the project/activity is initiated.

Additionally, the City has identified infrastructure and public facility improvement activities. In which case, the planned activities will serve a community, neighborhood or “area”. These projects (or activities) are said to have an “area-wide” benefit. Per HUD requirements, these areas must be within an eligible Census Tract, as defined by HUD-CDBG regulations, whereby the majority of the residents are low to moderate-income.

Leveraging

Explain how federal funds leveraged additional resources (private, state and local funds), including a description of how matching requirements were satisfied, as well as how any publicly owned land or property located within the jurisdiction that were used to address the needs identified in the plan.

The City awarded a portion of its annual CDBG allocation as grants to local organizations through a competitive process and recommended applicants provide matching funds, \$2/\$1 match for public service programs and a \$1/\$1 match for all other programs. Organizations in receipt of these grants received support from an array of public and private sources to provide high quality and innovative programming in service of the community. The Norwalk Redevelopment Agency (Agency) worked strategically so that federal funds attract additional funding and spur private development to meet the needs of the community.

HUD awarded a \$30 million Choice Neighborhood (CN) Implementation grant to the Norwalk Housing Authority and the Agency in 2014. This transformational project has leveraged approximately \$120 million dollars from private, federal and state resources, which consists of approximately \$95 million in housing resources, over \$8 million for Critical Community Investments and about \$16.4 million for the delivery of social services. Funding sources for Critical Community Investments include CDBG, private developers, the City of Norwalk's Capital Budget, the State of Connecticut Departments of Transportation and Housing and the Connecticut Housing Finance Authority. The CN Initiative project will rebuild the outdated 136-unit Washington Village public housing development into a new 273-unit mixed-income development on two city-owned vacant properties. These critical community improvements will create additional affordable housing, preserve multi-family housing in the area, improve Ryan Park, promote walkability through the Complete Streets initiative, enhance residential façades, and strengthen public safety.

The Agency has continued to administer the CN Residential Façade Grant Improvement Program in PY2019. The original 8 properties were completed in PY43 (PY2017), the second tranche of 3 properties was completed in PY44 (PY2018), and the 3rd tranche underwent development in PY45 (PY2019). Funding had been increased for the CNI component by \$125,000 to \$500,000. There was 4 additional properties selected and developed in PY44 (PY2018). Additional funds are being sought from 2 other sources including \$375,000 from CHFA and \$850,000 from DOH.

The program, since its launch in PY42 (PY2016), has enhanced 11 properties that serve as the gateway to the CNI revitalization project and has improved the streetscape and neighborhood environment tremendously.

The Agency also continued to administer the South Norwalk Renovations Program. The first project of the program was completed and sold in PY42 (PY2016) to a moderate income, first-time home buyer family. The rental unit was leased to a family at 50% of the median income of Norwalk which was leveraged with CFHA funds. The second home was completed in PY43 (PY2017) and was closed in PY44

(PY2018).

The Norwalk Redevelopment Agency also received a \$2,000,000 DECD Brownfields grant in 2017 to assist in the remediation of Ryan Park. Ryan Park, a community park adjacent to the Washington Village CNI project, is being redesigned to be more responsive to community needs and underwent environmental remediation. This project was completed in August in the 2019 program year.

CR-20 - Affordable Housing 91.520(b)

Evaluation of the jurisdiction's progress in providing affordable housing, including the number and types of families served, the number of extremely low-income, low-income, moderate-income, and middle-income persons served.

	One-Year Goal	Actual
Number of Homeless households to be provided affordable housing units	301	583
Number of Non-Homeless households to be provided affordable housing units	19	32
Number of Special-Needs households to be provided affordable housing units	0	0
Total	320	615

Table 5 – Number of Households

	One-Year Goal	Actual
Number of households supported through Rental Assistance	285	583
Number of households supported through The Production of New Units	0	0
Number of households supported through Rehab of Existing Units	35	32
Number of households supported through Acquisition of Existing Units	0	0
Total	320	615

Table 6 – Number of Households Supported

Discuss the difference between goals and outcomes and problems encountered in meeting these goals.

In PY2019 the City of Norwalk exceeded its goals established in the 2019 AAP of affordable housing assistance for City residents. The activities included emergency assistance to avoid homelessness and residential rehab for single-unit and multi-unit residential housing.

The City helped fund Person to Person, a local nonprofit, to assist with emergency assistance for low- and moderate-income (LMI) individuals and their families to avoid homelessness. There were 583 persons assisted through emergency financial assistance to avoid utility shut-off, security deposits to obtain suitable housing and eviction.

The Residential Rehabilitation Program assisted 32 LMI households with residential rehab. Four were for single-unit housing and 28 were for multi-unit housing. Rehab activities included lead and asbestos abatement, installation of energy efficient HVAC systems, window replacement, septic and sewer

replacement, and emergency roof repairs.

Discuss how these outcomes will impact future annual action plans.

The City successfully completed the intended outcomes of the PY2019 AAP, which is the final year of the 2015-2019 Consolidated Plan. As a result, the City does not anticipate an impact to future Annual Action Plans and will continue to address the need for emergency financial assistance for housing affordability activities and the need for residential rehab in the community.

Include the number of extremely low-income, low-income, and moderate-income persons served by each activity where information on income by family size is required to determine the eligibility of the activity.

Number of Households Served	CDBG Actual
Extremely Low-income	568
Low-income	33
Moderate-income	10
Total	611

Table 7 – Number of Households Served

Narrative Information

Data Note: There were 615 total individuals and families assisted however one was Non Low/mod Income and there were three assisted without income documentation in the reporting, which resulted in a total of 611 assisted in the above table. Beneficiaries were assisted through single-unit rehab (4 households), multi-unit housing rehab (28 households) and emergency financial assistance to avoid utility shut-off, security deposits to obtain suitable housing and eviction (583 assisted).

Of the total of 615 assisted there were 611 who reported LMI income and are reported in the table above. There was 1 was non-LMI and 3 did not report income. The breakdown of LMI assisted with CDBG affordable housing programs were 568 who were extremely low-income or 93%. Low income assisted were 5%, moderate-income were 2% and there was one non-low/mod assisted (less than 1%).

Of the 611 assisted who reported income 299 were white (49%) and 253 were black (44%) with all other races making up the rest (7%). By ethnicity, Hispanic individuals and families reported 355 assisted or 58%.

Those with worst case needs are individuals and families who are extremely low-income and are in need of emergency assistance to avoid homelessness. The City worked with nonprofit organization Person to Person to assist 583 persons to avoid homelessness with emergency financial assistance to avoid utility shut-off, security deposits to obtain suitable housing and eviction. There were 549 persons assisted that were extremely low income (94%). By race 253 were black individuals (43%) and by ethnicity 355 were Hispanic (61%).

CR-25 - Homeless and Other Special Needs 91.220(d, e); 91.320(d, e); 91.520(c)

Evaluate the jurisdiction's progress in meeting its specific objectives for reducing and ending homelessness through:

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

In southwestern Connecticut, all state-operated mental health authorities are represented by collaborative outreach and engagement programs. In addition, daily homeless outreach occurs via 3 PATH funded agencies (Projects for Assistance in Transition from Homelessness), Catholic Charities, Open Door Shelter, and Pacific House to ensure services are provided to street homeless and that providers are familiar with the unsheltered. DMHAS also funds a homeless outreach team in Bridgeport under the Greater Bridgeport Community Mental Health Center (GBCMHC). Homeless outreach teams are comprised of individuals with expertise in mental health, substance abuse, housing and vocational services.

Outreach teams visit locations where homeless individuals are known to congregate such as abandoned cars, rail stations, temporary outdoor encampments, food pantries, soup kitchens and homeless drop-in centers, to ensure that any newly unsheltered household is identified as soon as possible. Services begin with triage via the VI-SPDAT (Vulnerability Index--Service Prioritization Decision Assistance Tool), and all data on outreach activities and enrollments are documented in HMIS. Case managers record entry and exit destinations to determine the effectiveness of outreach efforts, and all households are added and prioritized appropriately on the regional housing registry for housing resource assignment. All are referred to Community Care Teams, which are collaborations of all the agencies that provide services to the homeless, for follow up to ensure safety, track hospital/emergency room visits and prepare them for assignment to permanent housing. Multiple referrals are made for primary health care, job training, and educational services and relevant supports are identified to secure housing. According to the 2018 PIT Count conducted by the CT Coalition to End Homelessness, in Norwalk on the night of January 23, 2019 there were 158 people experiencing homelessness and 36 were children.

Since 2014, the VI-SPDAT has been used by all projects funded by the Connecticut Department of Housing, as the front door triage instrument for housing assistance in addressing immediate barriers to housing access. To assign resources appropriately and efficiently, the tool enables staff to define the level of housing or services each household needs (e.g., community resources, rapid rehousing, permanent supportive housing), as indicated by the results of the survey's assessment. In addition to assessing individual needs, the VI-SPDAT has also enabled the Fairfield County region to initiate a by-name registry, prioritized by the unique vulnerability each household presents. This process ensures that housing is assigned to those who are most in need and who are most likely to perish on the streets without the appropriate housing and service interventions.

Addressing the emergency shelter and transitional housing needs of homeless persons

All housing resources, including emergency shelter and transitional housing, are assigned via a front door system which begins with a call to the housing unit of the 211 system. Each person who connects with the 211 system is assessed by a housing specialist, and if the information shared by the caller confirms a housing or homeless crisis, the caller is connected to one of the 8 Coordinated Access Networks (CAN) for an appointment with a local community navigator. If the call originates from the Norwalk area the caller is connected to the Fairfield County CAN. During the CAN appointment, the Navigator assesses the crisis with the individual/family and collects and documents information unique to their situation to determine if an impending homeless episode can be avoided. CAN staff initially make efforts to divert households from routinely entering an emergency shelter through mediation or reasonable minimum financial support which can be used to absolve debt for utilities, back rent to a landlord, or remittance for other types of debt, allowing the residents to remain in their current housing.

If a homeless episode is unavoidable, the CAN Navigator further assesses the household using the VI-SPDAT and if a solution for housing is available at the appointment, such is offered. In most cases, the household is placed onto the Fairfield County CAN by name list to be prioritized for the appropriate level of housing as soon as a solution is available; if shelter is requested and no beds are available, the household is placed on the regional shelter wait list. A by name list, primarily populated by those identified as chronically homeless, is used to prioritize resources for rapid rehousing, permanent supportive housing or transitional housing, if that level of care is determined as an appropriate intervention. Access to all temporary and/or permanent housing resources is consolidated by these CoC-wide lists, prioritized by acuity and living situation. (ODFC operates using *HUD CPD-14-012: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.*) Thus, the CoC's policy on prioritization is based on vulnerability, not first come first served.

Households are connected to resources in priority order, and those in need of emergency shelter are added to the prioritized list for shelters. Homeless and chronically homeless households are routinely placed on the registry and while they wait for a placement they are offered resources that increase community integration. Referrals are given to each household to connect them with services appropriate to respond to their assessed needs, and to increase opportunities to resolve the issues that led to the current crisis. If a household is placed into emergency shelter or on the by name list with a refusal of shelter, all efforts are made by the community navigator to collect required documentation necessary to enter into a lease for permanent housing and the household is case conferenced by a housing placement team to ensure consideration for a reported project vacancy.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and

institutions); and, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

Below is a list of services and activities that helped to assist LMI individuals and families avoid homelessness, including those that may become homeless after being discharged from institutions or systems of care.

1. ODFC implemented various prevention and diversion strategies in an effort to reduce first-time homelessness. 211 call specialists are prepared to identify resources outside of the shelter system to resolve the crisis and to connect those in crisis with appropriate community resources. A second level attempt of diversion is completed to extend support to maintain housing. If no alternatives are possible, issues that contributed to the housing crisis are addressed.
2. 211 data indicates that 2/3 of homeless and at-risk households originate from doubled up housing situations. In response, the CoC has partnered with the CT Coalition to End Homelessness (CCEH) to raise diversion funds in support of these households. In 2017 CCEH was awarded \$97,000 in diversion funds from Synchrony Bank with a renewable option based on performance and utilization specifically to divert homeless families from entering an emergency shelter.
3. As re-entry from institutions was also identified as a risk factor for homelessness, community response efforts include weekly community care team meetings in each of the sub-regions of the CoC to track high public resource utilizers and coordination with hospitals, the Dept of Children and Families and the Dept of Corrections to develop exit planning for community returns.
4. Households connecting with CAN staff develop plans identifying prevention options via natural resources and supports to encourage community connections, preventing re-entry into homelessness. The case manager routinely re-engages with households if destabilization occurs, as follow up tracks exits for stability in housing in HMIS for a period of 9 months. The VI-SPDAT identifies the appropriate housing intervention.
5. ODFC Economic Security workgroup tracks CoC housing stability outcomes to ensure coordination between resources and projects that address benefits and employment for homeless. The committee participates in a statewide project, "Secure Jobs Initiative" which created a vocational triage team that works through workforce development services to address barriers to employment. Partners in this effort with ODFC include the Dept of Labor, The Workplace, DCF, DSS, and others who represent the region's Workforce Investment system.
6. The ODFC region has a regional SOAR (SSI/SSDI Outreach Access and Recovery) lead to increase outcomes in connecting households with the disability income and benefits they need. For those who have a mental illness, chronic health conditions and other barriers to employment, access to benefits is a critical first step in recovery and housing stability. The SOAR lead is certified in applying for benefits and also coordinates training and tracking opportunities for local service providers to streamline applications.
7. Stable Families program offers those in the ODFC region support in accessing mainstream resources, entitlements, access to physical and behavioral health services and increased housing stability by connections to income supports.

8. CAN community navigators connect clients with information on opportunities to increase housing stability through training and income via the American Jobs Center, Dept. of Labor and DSS. CAN specialists connect clients with information on: TANF, JFES, and other income increase opportunities. American Jobs and Workplace staff can also connect with follow up consultations with the Bureau of Rehab or other benefit specialists and special needs providers for clients in rapid re-housing, transitional housing and emergency shelter or once placed into permanent housing with resources to increase income and housing stability.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

Below is a list of services and activities that help to assist individuals and families experiencing homelessness to make the transition to permanent housing or independent living.

1. The CoC's common assessment tool, VI-SPDAT, assigns housing resources based on assessed needs to ensure transition into housing options and housing stability once housed. The tool not only considers the unique barriers of each household to indicate the service needs for all, but also sorts for length of homelessness and in consideration of the HUD policies (HUD CPD 14012), the assessment at-risk in resource prioritization. HMIS supplements other household specific data, ensuring that the housing assignments for all on the registry are appropriate.
2. Housing stability rates have increased via use of VI-SPDAT as resource allocation transitioned from 1st come 1st served and not routinely assigning most intensive, costliest intervention. HMIS retention data from FY16 indicates rates of 88%, 93% & 99% respectively for TH, RRH & PSH over 2 year span respectively. FY17 data indicates 83%, 97% & 98% retention for the same program type. The VI-SPDAT acts as a tie breaker to fill slots for households with equal scores in PSH or rapid rehousing and informs a household's vulnerability specifics, while housing specialists who attend the regional housing placement meetings also advocate for the most appropriate and/or most vulnerable client to fill a particular vacancy based on historical personal information. Regional data is enhanced by 211, enabling the CoC to create system wide dashboards on all elements of homelessness and to efficiently engage providers representing each sub-population of homeless to ultimately close the side doors, ensuring that all who enter the system are appropriately triaged and assigned. Upshots of system change include better familiarity of providers with all homeless households residing in the region, better follow through and follow up on every single case, and improved housing stability for those exiting homelessness.
3. The CoC's regional by name list is used by FC CAN's four Housing First (HF) teams who house the chronically homeless who present with incredibly diverse barriers to success in independent housing. Community Care Teams and homeless outreach workers ensure that the HF team leaders have updated contact information for people in crisis also reflected in HMIS records, and

community wide efforts exist to de-duplicate these lists amongst CoC partnerships for providers who serve the domestic violence cohort. All related strategies ensure that those housed are appropriately identified and that each household is supported with the services they need to increase their housing security and stability.

4. Weekly housing placement meetings, ongoing case conferencing on households on the by name list and system enhancements (which include adding navigators to the crisis response infrastructure to rapidly house the homeless via document readiness and application processing for available subsidies), have reduced the wait for housing. Better familiarity through connecting households with case management which begins at the CAN intake has created smoother transitions for households exiting homelessness, and better tracking and follow through on households when destabilization occurs has improved the stability of all subpopulations in housing, effectively reducing the returns to homelessness.
5. CoC models like Critical Time Intervention for case management by HF placements, rapid rehousing and permanent supportive housing have resulted in system return reductions. The case manager develops a plan identifying prevention via natural resources and encourages community connections, preventing, or at least reducing, re-entry into homelessness.

CR-30 - Public Housing 91.220(h); 91.320(j)

Actions taken to address the needs of public housing

The Norwalk Housing Authority (NHA), the principal provider of assisted housing in the City, has 1,131 public housing units and 680 housing choice vouchers. The NHA forms strategic partnerships with the City and nonprofits to serve its residents. As well, the City will continue to work with the NHA to work on solutions for affordable housing for City residents.

The NHA proposed in its FY2019 Annual Plan, that it intends to explore all opportunities including Project-Based Vouchers & Supportive Housing, Demolition and/or Disposition, and improvements to 20 West Avenue and Roodner Court. These activities support their #1 Goal: Transformation Initiatives which focuses on creating and sustaining more high-quality public housing units throughout the City.

Actions taken to encourage public housing residents to become more involved in management and participate in homeownership

The NHA has a resident advisory board (RAB) with a membership of 18 to 22 people. On occasion, a member resigns or leaves the NHA and a volunteer member is recruited to fill the vacancy. The RAB meets at least quarterly and is briefed by the NHA staff on changes to policy and improvements to the housing developments. In addition to the RAB, the NHA Board of Directors has a resident representative, and each development has a resident group that meets three to four times a year or as needed. Each of these groups participated in the formulation of the Five Year Plan for the NHA which was completed in 2014 as well as the FY2019 Annual Plan.

Goal #4 of the NHA's FY19 Annual Plan is to "Improve Opportunities for Residents". The NHA works to encourage self-sufficiency, reduce dependency and help break the cycle of poverty. The NHA has over 130 participants in the targeted Family Self-Sufficiency program. This program serves a range of households with programs ranging from managing finances to establishing careers and improving employment.

For the City Neighborhoods Initiative (CNI), the NHA and its consultants reached out to Washington Village residents to keep them engaged in the development of the replacement units. The NHA will implement a general "people plan" that includes a broad network of community partners. The total CNI funded commitment for the "people plan" is over \$4 million, leveraging over \$18 million. For instance, the Norwalk Community College and Workforce Inc. will provide educational and workforce training opportunities to Washington Village residents that could lead to an income level that would support homeownership.

Supported by the CNI, the NHA will help Washington Village residents become economically self-sufficient and more able to meet their personal wellness goals. Key partners include Norwalk Community College, Career Resources, Inc., Norwalk Community Health Center, Day Street Health Center and Norwalk Hospital.

Other goals of the NHA's FY19 Annual Plan are to "Improve the Wellbeing of Residents", "Increase Assisted Housing Choices", "Breaking the Cycle of Poverty", and "Promote Fair Housing". In fulfilling these goals, the NHA encourages residents to become more involved in management and participation in homeownership.

Actions taken to provide assistance to troubled PHAs

The Norwalk Housing Authority is not designated as troubled.

CR-35 - Other Actions 91.220(j)-(k); 91.320(i)-(j)

Actions taken to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment. 91.220 (j); 91.320 (i)

The Agency recently edited and amended the South Norwalk Transit Oriented District Redevelopment Plan. The purpose of the Plan is to improve the conditions of the South Norwalk area by encouraging the development of complete, compact neighborhoods that draw new residents and businesses within a socially and economically diverse district centered on the South Norwalk Metro-North Railroad Station. The neighborhoods within the district should be of moderate scale, be both mixed-use and mixed-income and have adequate amenities for circulation, public safety and open space. Equitable development combines both people-based and place-based strategies and the city's economic development tools, land use policies and regulations to create a thriving city based on a mutually supportive relationship between neighborhoods and commercial districts and to achieve the following principles:

- Create stable socially and economically diverse neighborhoods that are sustained by minimizing the neighborhood transition costs impacting existing low/moderate income (LMI) residents.
- Provide for LMI residents to establish equity in the revitalization by becoming investors in the redevelopment goals and objectives, not disaffected by them.

The Agency also recently updated the Wall Street/West Avenue redevelopment plan. The Agency retained the Regional Plan Association that developed a new plan that encourages mixes of uses in these areas, high density, and affordability. Accompanying zoning is also being amended to allow more flexibility in size, parking requirements, and uses which can encourage additional affordability within these communities.

Additionally, the Agency worked closely with the Department of Planning and Zoning in updating the Plan of Conservation and Development for Norwalk. The plan looks at Norwalk as a whole and address topics such as zoning, land use, affordability, density, and circulation. The plan and the redevelopment plans will be compatible with one another to promote the same goals and objectives.

Actions taken to address obstacles to meeting underserved needs. 91.220(k); 91.320(j)

The City of Norwalk continued to work to meet the needs of the community, including continued implementation of its Language Access Plan. The Human Relations and Fair Rent department began a review of the Language Access Plan and the Language Resource Guide used by City staff when providing services.

Actions taken to reduce lead-based paint hazards. 91.220(k); 91.320(j)

The Norwalk Health Department conducts lead poisoning prevention and control efforts through its Housing Program. The Housing Section uses trained and certified staff to conduct epidemiological investigations and lead inspections.

All health care providers in Connecticut are required to conduct universal blood lead testing annually in children younger than 3 years old. Typically, most providers test at 12 months and 24 months of age during well-child visits. If children were not previously tested, providers will test children between 3 and 6 years old, regardless of risk. Providers also test those children older than 6 years old if they have developmental delays. Once the Health Department receives notification of a child with an elevated blood lead level (5 mcg/dL [micrograms per deciliter] or more), staff will send the parents/guardians an informational packet along with a letter explaining retesting requirements.

If a child has a confirmed blood lead level of 20 mcg/dL or more OR two confirmed blood lead levels between 15-19 mcg/dL taken 90 days apart, the Health Department will conduct an epidemiological investigation and paint sampling from all deteriorated and/or accessible surfaces in a home. These samples are then submitted to the Connecticut Department of Public Health for laboratory analysis.

As part of routine housing code inspections or as a result of a complaint investigation, the Health Department will also conduct lead inspections in homes where children younger than 6 years old reside. The Department also provides educational material about lead upon request.

Norwalk Housing Authority (NHA) addresses lead based paint (LBP) hazards and increase access to housing without LBP hazards through the replacement of all 136 units of Washington Village apartments. When Washington Village was built in the late 1930s, lead paint was still in use. The Agency is rehabilitating units in the South Norwalk area, many of which were built prior to 1978. When these affordable housing units are finished, they will be free of LBP hazards. All housing developments supported by the Agency, in South Norwalk or elsewhere in the City, will be without LBP hazards.

Actions taken to reduce the number of poverty-level families. 91.220(k); 91.320(j)

The City of Norwalk's poverty reducing goals, programs and policies aim to increase the incomes of City residents and reduce the number of people who are living in poverty by moving them toward self-sufficiency. Increased income makes housing more affordable by reducing housing cost burden and by increasing the number of people who can afford to purchase or rent units produced by the Choice Neighborhoods Initiative and Norwalk Redevelopment Agency's (NRA) housing rehabilitation and new construction programs. The Norwalk Housing Authority (NHA) helps residents receiving housing assistance transition to independently maintaining their homes through their family self-sufficiency and educational programs.

The Choice Neighborhood Initiative (CNI) provides intensive case management to connect residents of the

NHA with services and programs that will help achieve their goals. Key partners include Norwalk Community College, Career Resources, Inc., Norwalk Community Health Center, Day Street Health Center and Norwalk Hospital. The plan also includes educational improvements and reforms. The NHA's scholarship program assists NHA residents to continue their education after high school.

The NRA provided technical assistance to area businesses and employment-training programs, which together strengthen and grow the job market by developing a qualified workforce. The Open Door Shelter Jobs Program located at the Smilow Life Center helped with job training, coaching and job placements.

Actions taken to develop institutional structure. 91.220(k); 91.320(j)

Opening Doors of Fairfield County Continuum of Care (CoC) provides structure to the organizations which comprise the homeless institutional delivery system. The merger of Norwalk/Fairfield County CoC, Stamford/Greenwich CoC and the Bridgeport CoC greatly expanded the capacity of the CoC.

Actions taken to enhance coordination between public and private housing and social service agencies. 91.220(k); 91.320(j)

The Choice Neighborhood Initiative significantly enhanced coordination between public and private housing as the development included replacement public housing units, workforce housing units and market rate units mixed together with all units designed to the same standards, regardless of the resident's income level.

The City partners with the CoC, and the CoC continues to be the main organization by which social service agencies coordinate and collaborate.

Identify actions taken to overcome the effects of any impediments identified in the jurisdictions analysis of impediments to fair housing choice. 91.520(a)

In January 2015, the Mayor of the City of Norwalk recognized the receipt of the document, "Analysis of Impediments to Fair Housing, An Update to the 2010 Analysis of Impediments." The document is available on the City's website and posted on the Norwalk Redevelopment Agency's website (www.norwalkct.org/1412/Community-Development-Block-Grant) in both English and Spanish.

The Fair Housing Officer is responsible for reporting the collective fair housing accomplishments of the City to the Common Council and the Mayor's Office. In accordance with the Analysis of Impediments, the Redevelopment Agency assisted DPW in a SoNo Streetscapes program to enhance accessibility in the urban core, implemented and administered the Residential Facade Improvement Grant Program, and worked in partnership with HDF to provide housing counseling to prevent foreclosures.

CR-40 - Monitoring 91.220 and 91.230

Describe the standards and procedures used to monitor activities carried out in furtherance of the plan and used to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

The Norwalk Redevelopment Agency (Agency) ensures compliance with federal CDBG regulations through a comprehensive monitoring process. The Agency monitors sub-recipients and completed CDBG funded projects for compliance with related Federal requirements.

An executed written agreement outlining the scope of activities, performance criteria and length of funding period is required. Contracts for construction projects include all necessary information for Davis Bacon. Additionally, information is provided regarding compliance with HUD's Section 3 requirements and competitive contractor selection.

Attendance at a "Pre-Award Conference" is required for all new sub-recipients. The Agency reviews program and record keeping requirements with the entity receiving Federal funding.

Payment requests must be submitted with supporting documentation which may include time sheets, certified payroll records, affordable housing restrictions, income documentation, corresponding bills and/or cash receipts. Payment requests must include beneficiary information collected through household information sheets.

Quarterly reports are required to be submitted for each funding allocation. Such reports include information on the number of beneficiaries served, the status of the project, challenges and successes in the quarter and expectations for the upcoming quarter. Although a site-visit may be requested at any time, sub-recipients may request one when submitting their report.

The Agency conducts on-site monitoring by request and as needed during the program year. These visits are prioritized, by determining if any organizations are considered high risk. Sub-recipient's files are reviewed for compliance with all regulations governing its administrative, financial, procurement and programmatic operations and that it is achieving its performance objectives.

Any construction work has periodic and final inspections. Proper documentation of expenditures, appropriate wages and satisfactory completion of work must be submitted prior to the expenditure of CDBG funds for facility improvements.

Recipients of HUD funds in excess of \$200,000 and individual contracts or subcontracts in excess of \$100,000 are subject to Section 3. Any contract in excess of \$100,000 requires a Section 3 plan from the contractor and the Agency monitors that plan to ensure that businesses used and individuals hired are used to the greatest extent possible as delineated in that plan. The Agency furthers this effort by requiring all construction contracts using CDBG monies have at minimum 25% of the contract award go to Section 3 based businesses, Small Business Enterprises, Minority Based Enterprises and Woman-Owned

Enterprises.

Norwalk has also adopted a Conflict of Interest Policy for the CDBG Program that is in compliance with the U.S. Code of Federal Regulations Title 24, Part 570.11.

The City also understands its obligation to Affirmatively Further Fair Housing. The Norwalk Analysis of Impediments was updated in 2015. The Norwalk Fair Housing Officer is charged with ensuring education about fair housing is conducted and with managing complaints which might be received. In their applications for CDBG funding, all sub-recipients must submit their organization's Language Access Plan which ensures organizations supported by federal funding offer meaningful access to all persons, regardless of their ability to speak English.

Citizen Participation Plan 91.105(d); 91.115(d)

Describe the efforts to provide citizens with reasonable notice and an opportunity to comment on performance reports.

The Consolidated Annual Performance and Evaluation Report (CAPER) was made available for public comment for over 15 days and was also the subject of a public hearing at Common Council. A City Planning Committee meeting was held on January 7, 2020 to approve the CAPER. Legal notice alerting the public of the availability of the CAPER for review and notifying the public of the associated public hearing was published on the City's website on December 31, 2020.

The Public Comment Review Period ran from December 31, 2020 until January 15, 2021 and the Public Hearing at Common Council was held on January 7, 2021. Comments received after the January 7 hearing were documented and presented at the January 26, 2021 Common Council meeting.

The draft CAPER was available electronically from the City's website (www.norwalkct.org/Community-Development-Block-Grant). Interested participants are invited to attend the meeting via Zoom. <https://www.norwalkct.org/1913/Meeting-Notices> is a link to the City's webconferencing page. Information on the public hearing is available at: <https://www.norwalkct.org/1074/Actions-Agendas-and-Minutes>.

CR-45 - CDBG 91.520(c)

Specify the nature of, and reasons for, any changes in the jurisdiction’s program objectives and indications of how the jurisdiction would change its programs as a result of its experiences.

In response to the COVID-19 worldwide pandemic, the Federal Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law to assist communities in their efforts to prevent, prepare for and respond to the coronavirus. The CARES Act included formula grant allocation funding through HUD for entitlement cities, including the City of Norwalk. These funds were awards in three rounds, of which the City as a CDBG-CV recipient was awarded funds in Round 1 and Round 3 of the grant allocations. To facilitate this, the City amended it’s 2019 AAP to include CDBG-CV funds to address the pandemic. CDBG-CV funds were directed towards vital public services such as cleaning and sanitation, PPE assistance, meal delivery services, and other relief services that would help to assist LMI persons and households who were negatively affected by the pandemic. Funds also went towards job retention activities for businesses and workers affected by the pandemic. CDBG-CV funds are required to be tied to activities that prevent, prepare and respond to COVID-19.

Does this Jurisdiction have any open Brownfields Economic Development Initiative (BEDI) grants?

No

[BEDI grantees] Describe accomplishments and program outcomes during the last year.

N/A